APPENDIX J

ENERGIZED WORK PERMIT
UVM PPD ENERGIZED ELECTRICAL WORK PERMIT

Part I: TO BE COMPLETED BY THE REQUESTER:
Job/Work Order Number ____________________________

(1) Description of circuit/equipment type & number/specific job location (bldg., room, area):

<table>
<thead>
<tr>
<th>Building:</th>
<th>Equipment Type:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Room:</th>
<th>Circuit:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Specific Area:</th>
<th>Family #: EQU</th>
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</table>

(2) Description of work to be done:
Voltage/Current Measurements ☐ Opening/Closing Disconnects/Breakers ☐ Racking Breakers ☐
Removing Panels and Dead Fronts ☐ Removing Equipment Doors for Inspection ☐ Other: ______________________________________________________________________

(3) Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:
___________________________________________________________________________

___________________________________________________________________________

Requester Name/Title ____________________________ Date ____________

Part II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

(1) Description of the Safe Work Practices to be employed:
___________________________________________________________________________

(2) Shock Hazard Analysis: Voltage Level Phase to Phase ___________

Approach Boundaries (inches): Limited ________ Restricted ________ Prohibited ___________

(3) Results of Flash Hazard Analysis:

Flash Protection Boundary: ___________ (Assumed or Calculated)

Hazard/Risk Category ___________ OR Calculated Flash Hazard at 18" ___________

(4) Necessary personal protective equipment and tools to safely perform the assigned task:
___________________________________________________________________________

(5) Means employed to restrict the access of unqualified persons from the work area:

Signage Posted ☐ Barrier Tape ☐ Closed Door/Physical Restriction of Access ☐ Other: __________

(6) Evidence of completion of a Job Briefing including discussion of any job-related hazards:

Was a verbal conversation (phone call) conducted with an Electrical Supervisor? Yes ☐ No ☐
Were specific safe work practices, PPE, and tools discussed with the Electrical Supervisor? Yes ☐ No ☐

For HRC3: Did the Electrical Supervisor conduct a site visit? Yes ☐ No ☐
For HRC3: Safety Hook, First Aid Kit & AED on site? Yes ☐ No ☐
For HRC3/4: Is the Confined Space Rescue Truck on site? Yes ☐ No ☐
For HRC4: Did the Electrical Supervisor and Safety Designee conduct a site visit? Yes ☐ No ☐
Did the Electrical Supervisor agree the live work can be performed safely? Yes ☐ No ☐

NOTE: Once this form is complete with signatures, forward a copy of this to the Training and Compliance Office.
PHYSICAL PLANT DEPARTMENT, TRAINING & COMPLIANCE OFFICE
284 East Avenue, Burlington, Vermont, 05405-0501

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***IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS “NO”, DO NOT PERFORM LIVE WORK!***

(7) Do you agree the above described work can be done safely? Yes ☐ No ☐

Electrically Qualified Person(s) Date Electrically Qualified Person(s) Date

***AFTER COMPLETING WORK, SEND THIS FORM TO AN ELECTRICAL SUPERVISOR FOR REVIEW!***

Part III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

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Approving Electrical Supervisor
(REQUIRED for HRC0-4 Live Work)

[Signature]

Date

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Approving Electrical Safety Team Manager
(REQUIRED only for HRC3-4 Live Work)

[Signature]

Date

---

TCO Safety Programs Manager / Coordinator
(REQUIRED only for HRC4 Live Work)

[Signature]

Date

NOTE: Once this form is complete with signatures, forward a copy of to the Training and Compliance Office at least 4 hours in advance of Live Electrical Work.

PHYSICAL PLANT DEPARTMENT, TRAINING & COMPLIANCE OFFICE
284 East Avenue, Burlington, Vermont, 05405-0501
(802)656-7233 (SAFE) · fax: (802)764-6620 · www.uvm.edu/~uvmppd/TCO

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