

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):

Building:	Equipment Type:
Room:	Circuit:
Specific Area:	Famis #: EQU

(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:

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

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

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

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