

# Energized Electrical Work Permit

All References to 2015 NFPA 70E

Emergency - Dial 911

<b>Part I: To be completed by the requester</b>	
1. Date Start: Expiration:	2. Job/WO Number:
3. Equipment ID/Circuit/Panel:	
4. Address of work location (address/building name/floor/room):	
5. Description of work to be done:	
6. Justification why circuit/equipment cannot be de-energized:	
<b>Part II: To be Completed by the Electrically qualified person(s) performing the work</b>	
<i>Check when complete</i>	
1. Voltage Rating of the Equipment: 120V/208V 277V/480V 12.5kV Other (specify): _____	<input type="checkbox"/>
2. Detailed job description procedures to be used in performing the above work: _____ _____ _____	<input type="checkbox"/>
3. Description of the Safe Work Practices to be employed: _____ _____	<input type="checkbox"/>
4. Results of the Shock Hazard Analysis:	
a. Limited approach boundary: 130.4(D)(a) _____	<input type="checkbox"/>
b. Restricted approach boundary: 130.4(D)(b) _____	<input type="checkbox"/>
c. Necessary shock, personal and other protective equipment to safely perform assigned task: _____ _____	<input type="checkbox"/>
5. Results of the arc flash assessment	
a. Available incident energy at the working distance or arc flash PPE category: _____	<input type="checkbox"/>
b. Necessary arc flash, personal and other protective equipment to safely perform assigned task: _____ _____	<input type="checkbox"/>
c. Arc flash boundary: 130.5(B) _____	<input type="checkbox"/>
6. Means employed to restrict the access of unqualified persons from the work area: _____ _____	<input type="checkbox"/>
7. Completed Job Hazard Analysis? ( <i>Attach to this form</i> )	<input type="checkbox"/>
8. Completed pre-job briefing by supervisor? Yes No	<input type="checkbox"/>
9. Do you (Qualified Person) agree the above-detailed work can be done safely? Yes No ( <i>If no, provide explanation and return to the Requester.</i> )	<input type="checkbox"/>
10. Electrically Qualified Person's Name/Phone:	Signature:
11. Electrically Qualified Person's Name/Phone:	Signature:
12. FMOHS Representative Reviewed:	Signature:
<b>Part III: Final approvals required to perform the work while electrically energized</b>	
1. Supervisor Name/Phone:	Signature:
2. Superintendent Name/Phone:	Signature:

Please scan completed forms and email to [fm-ohs@virginia.edu](mailto:fm-ohs@virginia.edu)  
Please retain this form for one year for review by FM-Occupational Health and Safety

Facilities Management  
 Occupational Health and Safety

# Job Hazard Analysis (JHA)

General Operation (Task): \_\_\_\_\_

 Location:  Indoor  Outdoor

PPE required: \_\_\_\_\_

Training required: \_\_\_\_\_

Chemicals used: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Your Name: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Equipment used: \_\_\_\_\_

Date: \_\_\_\_\_

Activity	Potential Hazards	Procedures/Equipment/Training