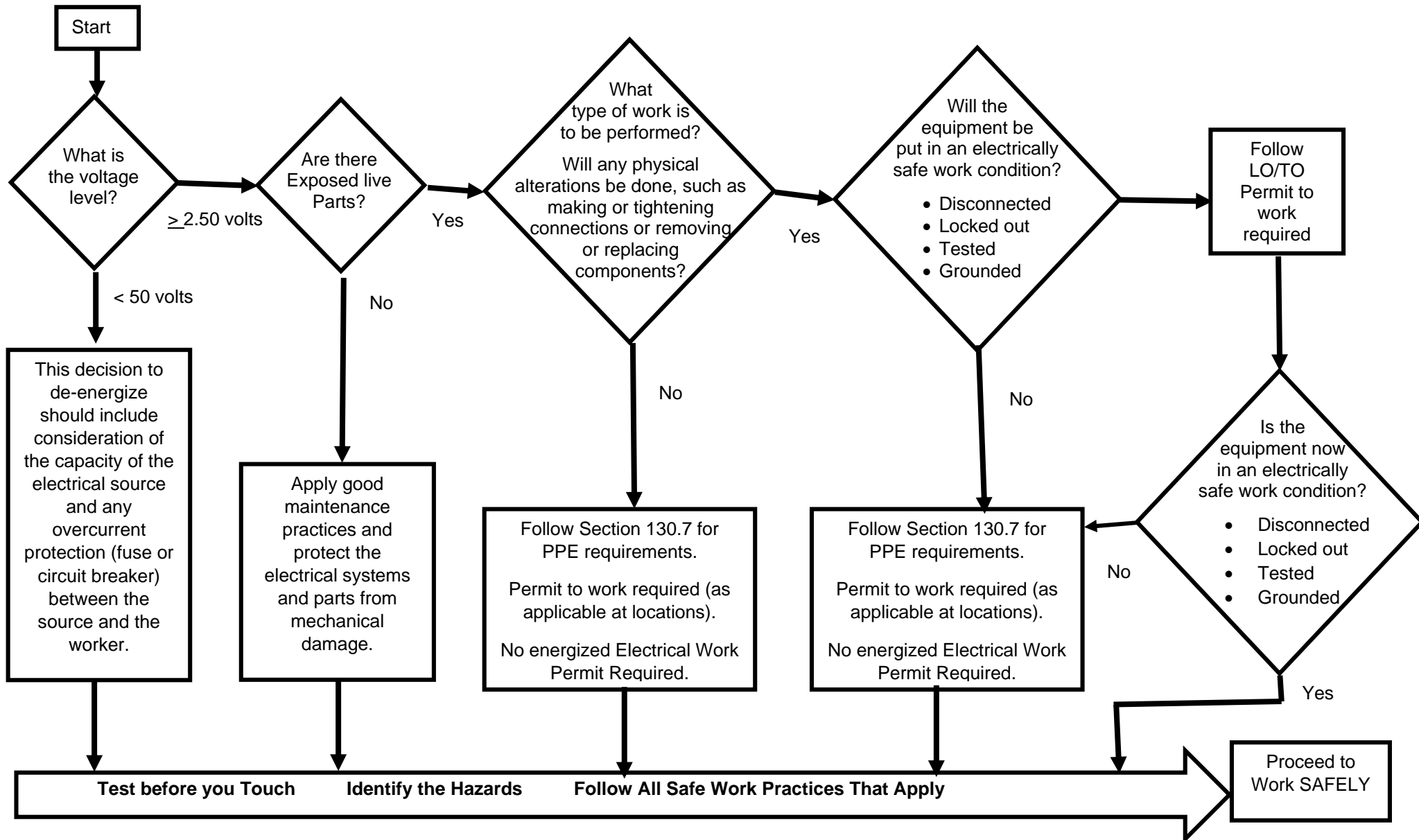


BYU-IDAHO – ENERGIZED ELECTRICAL WORK PERMIT



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W.O.:	CSP:	Other:
Completed by the Requestor		
<input type="checkbox"/> In House	<input type="checkbox"/> Contractor:	
Description of Job Location: _____		
Description of work to be done: _____		
Requestor(s): _____ Date: _____		
Completed by the qualified person doing the work		
Description of procedure to be used in performing above work, include safe work practices:		

Shock Hazard Analysis -	Voltage: _____	
	Approach Boundaries: Limited _____ ft Restricted _____ ft Prohibited _____ ft	
Flash Hazard Analysis -	Flash Protection Boundary _____ ft	
	Hazard Category: ____ 0 ____ 1 ____ 2 ____ 3 ____ 4	
Safety Checklist (verify that proper controls are in place:		
____ Workers must be trained, qualified, and have full knowledge of equipment & hazards. ____ Personnel trained in CPR & First Aid on site ____ Location of closest AED _____ ____ Adequate working clearance and egress routes are available ____ Work Area control measures include: ____ Barriers & Signs ____ Attendant / Safety person ____ Equipment has been de-energized and isolated to the extent feasible. ____ Insulating Protective Equipment to be used: ____ Line hoses & covers ____ Insulating Matting ____ Insulating Blankets ____ Insulated tools and equipment required and compatible with voltage present ____ Remove all jewelry and metal apparel ____ Document job briefing including discussion of any job specific hazards ____ See attachment for added information, special requirements, procedures, or written work plans.		
Personal Protective Equipment:		
____ All natural fiber outerwear ____ FR Outerwear – Level ____ ____ Arc-flash rated clothing – Level ____ ____ Voltage Rated Insulated Gloves ____ Voltage Rated Insulated Shielding ____ Other PPE: _____		
Authorization of Energized Electrical Work Permit		
_____ Electric Services Supervisor		_____ University Safety Officer
_____ Date		_____ Date
Qualified Worker(s):		
_____ Print	_____ Sign	_____ Date
_____ Print	_____ Sign	_____ Date
_____ Print	_____ Sign	_____ Date

Fill out, PRINT, and bring to meetings with
Safety Officer & Electrical Supervisor.