

VA LONG BEACH ELECTRICAL WORK PERMIT

(Revision 1.1)

* Refer to "340.1 ESSOP - Electric, Energized Work Permit" when filling out this form.

* Refer to "300.6 ESSOP - Safety, Lockout - Tagout of Equipment" which will be adhered to in addition to your procedures/policies.

ENERGIZED WORK		DE-ENERGIZED SHUTDOWN WORK	
Supervisor, Competent Person, or VA Project Engineer (if no contractor):			
Printed Name:		Sign:	
Work start/stop dates:	From:	To:	Time: -
EQUIPMENT NAME, LOCATION AND DESCRIPTION:		Work order number:	
DESCRIPTION OF WORK TO BE PERFORMED:			
JUSTIFICATION FOR ENERGIZED WORK:			
ELECTRICAL ENERGY SOURCES PRESENT: Check all that apply: 120 Volt 277 Volt 12KV 208 Volt 480 Volt 4160 Volt Generator			
RESULTS OF SHOCK AND FLASH ANALYSIS: Flash Protection Boundary (2 nd degree burn potential): Approach Boundary (shock protection boundary): (Note: Employee work on <u>Levels 3 and above is PROHIBITED</u> (work must be contracted) REQUIRED PERSONAL PROTECTIVE EQUIPMENT: Non-melting, untreated natural fiber clothing, all layers Leather gloves Shirt (long-sleeve) 8 cal/cm2 Flame-retardant coveralls (Level 1+) 8 cal/cm2 Pants (long) 8 cal/cm2 Type 1, Class E hard hat (Levels 1&2) Polycarbonate safety glasses Arc-rated face shield (Levels 1&2) Ear protection FR flash suit and hood (Level 3+) 40 cal/cm2 EH-rated footwear Switchboard matting/insulated blankets Insulated tools Other items (specify) Voltage-rated rubber gloves (Minimum 600V) (Inspect all gloves before each use)			
BARRIERS (to prevent access to flash protection and limited approach boundaries) Locked access Electrical hazard signs Barrier tapes, stanchions Other (describe):			
SUPERVISOR'S PRE-JOB BRIEFING BY: Printed Name:		Sign:	
<input type="checkbox"/> Workers are "qualified" (see 29 CFR 1910.399) with a journeyman electrical rating.			
<input type="checkbox"/> Safety watch is required. This person must be "qualified," able to disconnect all power sources with proper PPE and have immediate access to a telephone or radio to summon help in the event of an emergency.			
<input type="checkbox"/> All jewelry and metal apparel have been removed.			
<input type="checkbox"/> Confirmed that insulated tools, EH-rated footwear, switchboard matting, FR-clothing and other equipment is available, in good condition, and appropriate for the hazard level to be encountered.			
<input type="checkbox"/> Verified that barricades and warning signs are installed.			
<input type="checkbox"/> Outlined safe work practices to be followed (document under Special Instructions, below).			
<input type="checkbox"/> STOP WORK POINTS: Permit is void if any unexpected energy is found, or equipment has been modified since the permit was issued.			

[] Special instructions and specific job-related hazards:

QUALIFIED PERSONS that understand and agree to the above plan: * Additional signature blocks at the bottom

Printed name(s):	Signature(s) & Date:	Printed name(s):	Signature(s) & Date:

SAFETY WATCH:

Printed name:	Signature & Date:	Printed name:	Signature & Date:

APPROVALS	Print	Sign	Date
Electric Shop Supervisor	Mike Mommerency		
Project Engineer			
Maintenance Supervisor	John Gorman		
Safety Officer			
Facility Manager	Anthony Streletz		
Medical Center Deputy Director	Bryan Arnette		

Additional: QUALIFIED PERSONS

1. _____

3. _____

2. _____

4. _____

Work completed date/time:

List any unexpected hazards or "STOP WORK" issues encountered:

Additional Signature Blocks:

QUALIFIED PERSON:

5. _____

7. _____

6. _____

8. _____

SAFETY WATCH:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____