

EXHIBIT A: ENERGIZED ELECTRICAL WORK PERMIT FOR CONTRACTORS

PART I: TO BE COMPLETED BY THE PERMIT REQUESTER

Contract Number/Task Order Number: _____

1. Description of circuit/equipment: _____
2. Location: _____
3. Scope of work: _____
4. Justification of why the circuit/equipment that cannot be de-energized or why work cannot be deferred until the next scheduled outage/shutdown: _____

Permit Applicant – Electrical Contractor Representative /Title/Company _____

_____ Date

General Contractor's Site Safety Representative/ Name and signature _____

_____ Date

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSON PERFORMING THE WORK:

1. Detailed description of the of the work procedures to be used in performing the above described work: _____
2. Results of the shock risk assessment: _____
3. Results of the arc flash risk assessment: _____
4. Flash Risk/Arc Rating (cal./cm2): ☐ <4 ☐ 4 – 7 ☐ 8 – 24 ☐ 25 – 39 ☐ > 39

	Hazards	Distance	Determined By (Arc Flash Risk Label, Table, Other (Specify)
5.	Flash Protection Boundary		
	Prohibited Approach Boundary		
	Restricted Approach Boundary		
	Limited Approach Boundary		

6. **Personal Protective Equipment to be used**

Eyes	Extremities	Body
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Insulated/Rated Gloves	<input type="checkbox"/> Non-Melting, Non-Flammable Street Clothes (plus cotton under garments*)
<input type="checkbox"/> Goggles	<input type="checkbox"/> Leather Gloves	<input type="checkbox"/> FR Shirt and FR Pants (plus cotton under garments*)
<input type="checkbox"/> Arc-Rated Face Shield & Goggles/Safety Glasses	<input type="checkbox"/> Work Shoes/Rubber Boots	<input type="checkbox"/> FR Shirt, FR Pants and Coveralls (plus cotton under garments*)
<input type="checkbox"/> Other - Describe: _____	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Layered FR Coveralls (plus cotton under garments*)

- | | | |
|--|--|---|
| Hearing | Ventilation | Fall Protection |
| <input type="checkbox"/> Ear Plugs | <input type="checkbox"/> Exhaust Fan | <input type="checkbox"/> Safety Harness |
| <input type="checkbox"/> Ear Muffs | <input type="checkbox"/> Blower Fan | <input type="checkbox"/> Fixed Anchor Location: _____ |
| <input type="checkbox"/> Other - _____ | <input type="checkbox"/> Other - _____ | <input type="checkbox"/> Lanyard |
| | | <input type="checkbox"/> Self-Retracting Lifeline (SRL) |
| | | <input type="checkbox"/> Portable Anchor Type: _____ |

If additional hazards (i.e., Confined Space Entry or Hot Work) are present then additional CSP's and/or Permits are necessary.

*Please note, this permit is only valid until the specified activities at the specified location are completed.

PART II Continued

7. Means employed to restrict access of unqualified persons from the work area: _____
8. Evidence of completion of a job briefing (please attach if additional room is needed). Please include any job-related hazards. _____
9. Do you agree the above described work can be done safely? Yes ☐ No (If no, return to applicant) ☐

Permit owner and Electrically Qualified Person:

I certify that all required precautions have been taken, the necessary equipment has been provided for the above work, and that the information contained in this permit truly reflects the work plan which will be used by all who perform work under this permit.

Print Name of Qualified Electrical Worker and Title

Sign and date

Print Name of additional Qualified Electrical Worker and Title

Sign and date

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

- ☐ This permit is approved *
- ☐ This permit is not approved for the following reason(s) (required if not approved): _____

Electrical Engineer - Print Name

Sign and date with the time

Electrical Maintenance Manager (for existing facilities) - Print Name

Sign and date with the time

Electrical Supervisor (for existing facilities) - Print Name

Sign and date with the time