

SESAC ENERGIZED ELECTRICAL WORK PERMIT

COMPLETED BY REQUESTER			
Equipment description and location: _____			
Work to be done: _____			
Justification of why the circuit cannot be de-energized: _____			
COMPLETED BY ELECTRICALLY QUALIFIED PERSON DOING THE WORK			
Safe work practices to be employed: <input type="checkbox"/> Qualified workers <input type="checkbox"/> Protective shields <input type="checkbox"/> Illumination			
<input type="checkbox"/> Verify meter before/after <input type="checkbox"/> Glove/tool inspection <input type="checkbox"/> No jewelry <input type="checkbox"/> EH rated boots <input type="checkbox"/> Left hand rule			
Other: _____			
Shock Hazard Analysis (voltage): _____			
Shock Protection Boundaries: Limited: _____ Restricted: _____ Prohibited: _____			
Shock Protective Equipment: <input type="checkbox"/> Voltage-rated Gloves <input type="checkbox"/> Voltage-rated Tools			
Flash Hazard Analysis – Hazard/risk Category: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Flash Protection Boundary: _____ see Table 130.7(C)(15)(a) or calculate incident energy per 70E - Annex D			
Necessary PPE (Clothing must meet or exceed Hazard Category of work to be performed):			
<input type="checkbox"/> Non-melting shirt/pants <input type="checkbox"/> AR Long Sleeve Shirt <input type="checkbox"/> AR Pants <input type="checkbox"/> AR Coverall			
<input type="checkbox"/> AR Jacket/Rainwear <input type="checkbox"/> AR Flash Suit Jacket <input type="checkbox"/> AR Flash Suit Pants <input type="checkbox"/> Hard Hat			
<input type="checkbox"/> Safety Glasses <input type="checkbox"/> AR Face Shield <input type="checkbox"/> AR balaclava <input type="checkbox"/> AR Flash Suit Hood			
<input type="checkbox"/> Ear Canal Inserts <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Leather Work Shoes			
Means employed to restrict access of unqualified persons: <input type="checkbox"/> Safety monitor <input type="checkbox"/> Warning line/signs			
<input type="checkbox"/> Other: _____			
Job Briefing			
<input type="checkbox"/> hazards, controls, and other permit details reviewed			
<input type="checkbox"/> affected personnel notified			
<input type="checkbox"/> emergency shut-off locations confirmed			
<input type="checkbox"/> standby person CPR trained			
<input type="checkbox"/> location of fire extinguisher, fire alarm, and rescue equipment confirmed			
<input type="checkbox"/> Other: _____			
Do you agree that this work can be performed safely? YES ___ NO ___ (If no , return to requestor)			
_____	_____	_____	_____
Electrically Qualified Person	Date	Electrically Qualified Person	Date
APPROVAL TO PERFORM WORK WHILE ELECTRICALLY ENERGIZED			
_____	_____	_____	_____
Supervisor/Foreman	Date	Project Manager	Date
_____	_____	_____	_____
Safety Manager	Date	Electrically Knowledgeable Person	Date
Additional Information is required:			