



UVM ENERGIZED ELECTRICAL WORK PERMIT

Part I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number _____

(1) Description of circuit/equipment type & number/specific job location (bldg., room, area):

Building: _____ Equipment Type: _____

Room: _____ Circuit: _____

Specific Area: _____ Planon #: _____

(2) Description of work to be done: _____

- Voltage/Current Measurements
- Opening/Closing Disconnects/Breakers
- Racking Breakers
- Removing Panels and Dead Fronts
- Removing Equipment Doors for Inspection
- Other (specify): _____

(3) Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage: _____

Requester Name/Title _____ Date _____

Part II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

(1) Description of the Safe Work Practices to be employed: _____

(2) Shock Hazard Analysis:

Voltage Level Phase to Phase _____

Approach Boundaries (inches): Limited _____ Restricted _____ Prohibited _____

(3) Results of Flash Hazard Analysis:

Flash Protection Boundary: _____ Assumed Calculated



University of Vermont

Hazard/Risk Category

OR

Calculated Flash Hazard at 18"

(4) Necessary personal protective equipment and tools to safely perform the assigned task: _____

(5) Means employed to restrict the access of unqualified persons from the work area:

Signage Posted

Barrier Tape

Closed Door/Physical
Restriction of Access

Other (*specify*): _____

(6) Evidence of completion of a Job Briefing including discussion of any job-related hazards:

Was a verbal conversation (phone call) conducted with an Electrical Supervisor? Yes No

Were specific safe work practices, PPE, and tools discussed with the Electrical Supervisor? Yes No

For PPE CAT3 : Did the Electrical Supervisor conduct a site visit? Yes No

For PPE CAT4 : Did the Electrical Supervisor and Safety Designee conduct a site visit? Yes No

Did the Electrical Supervisor agree the live work can be performed safely? Yes No

*****IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "NO", DO NOT PERFORM LIVE WORK!*****

(7) Do you agree the above described work can be done safely? Yes No

Electrically Qualified Person(s) Date

Electrically Qualified Person(s) Date

*****AFTER COMPLETING WORK, SEND THIS FORM TO AN ELECTRICAL SUPERVISOR FOR REVIEW!*****

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

Approving Electrical Supervisor Date
(REQUIRED for PPE CAT0-4 Live Work)

Approving Electrical Supervisor Date
(REQUIRED for PPE CAT3-4 Live Work)

Approving Electrical Supervisor Date
(REQUIRED for PPE CAT4 Live Work)

NOTE: Once this form is complete with signatures, forward a copy of this to the Occupational Health and Safety Office.

OCCUPATIONAL HEALTH AND SAFETY OFFICE
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