

Energized Electrical Work Permit

(RSP-1162-000-FORM3)

Section I: To be completed by the Originator	
Location: _____ Area: _____ Work Order #: _____	
Equipment Function # / Description: _____	
Energized Equipment	<input type="checkbox"/> Switchgear <input type="checkbox"/> Starter Rack <input type="checkbox"/> Overhead Lines <input type="checkbox"/> Panelboards <input type="checkbox"/> Transformer <input type="checkbox"/> MCC <input type="checkbox"/> Other (specify): _____
Work Scope & Justification	Detailed description of work to be done:
	Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:
Electrical Hazard	<input type="checkbox"/> Working within the Restricted Approach Boundary <input type="checkbox"/> Interacting with equipment with no exposed energized parts
Work Performed	<input type="checkbox"/> Hand or Tool Contact <input type="checkbox"/> Cable Connection <input type="checkbox"/> New Installation/Construction <input type="checkbox"/> MCC Bucket Removal/Insertion <input type="checkbox"/> Install/Removal Shielding Material <input type="checkbox"/> Panel/Molded Case Breaker Removal/Install <input type="checkbox"/> Maintenance/Repairs <input type="checkbox"/> Other (specify): _____
Electrical Information	Feeds to:
	Feeds from:
	One-Line Drawing Number:
	Voltage Level:
	Incident Energy:

Energized Electrical Work Permit

(RSP-1162-000-FORM3)

Section II: To be completed by the Owning Department and the Electrically Qualified Person		
YES	NO	
<input type="checkbox"/>	<input type="radio"/>	1. Can all circuit(s) be de-energized without creating additional hazards?
<input type="checkbox"/>	<input type="checkbox"/>	2. Is a hot work permit required? (Obtain prior to work if required)
<input type="checkbox"/>	<input type="radio"/>	3. Are the one line diagrams of the circuit to be worked on available?
		4. The Shock Protection Boundaries has been determined as:
		5. The Arc Flash Protection Boundary has been determined as:
<i>If any circles were checked, explain all special precautions taken.</i>		
Special Precautions		
Sign-Off Level	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2
Approvals	MPC Electrical Supervision / Date:	MPC Electrical Supervision / Date:
	Owning Department Supervision / Date:	Owning Department Supervision / Date:
		Maintenance Manager / Date:
		Owning Department Manager / Date:

Energized Electrical Work Permit

(RSP-1162-000-FORM3)

Section III: To be completed by the Electrically Qualified Person performing the work		
Safety Equipment Required	<input type="checkbox"/> Leather Gloves <input type="checkbox"/> Class 2 Insulating Gloves <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Voltage Detection Device <input type="checkbox"/> Insulating Shielding Blankets <input type="checkbox"/> Insulated Tools <input type="checkbox"/> Class 0 Insulating Gloves <input type="checkbox"/> _____ Cal Arc Flash Suit <input type="checkbox"/> Face Shield <input type="checkbox"/> Hot Stick	<input type="checkbox"/> Sleeves <input type="checkbox"/> Relay Maintenance Setting <input type="checkbox"/> Class 1 Insulating Gloves <input type="checkbox"/> Rubber Overshoes <input type="checkbox"/> Balaclava (Sock Hood) <input type="checkbox"/> AED <input type="checkbox"/> Barricades <input type="checkbox"/> Rescue Hook <input type="checkbox"/> Other (specify): _____
YES NO	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="radio"/>	1. Are all parts mechanically sound?
<input type="radio"/>	<input type="checkbox"/>	2. Are there signs of overheating, deteriorated insulation, moisture, dirt, dust, tracking?
<input type="checkbox"/>	<input type="radio"/>	3. Have all the affected areas been notified?
<input type="checkbox"/>	<input type="checkbox"/>	4. Will ladders and/or scaffolds be needed?
<input type="checkbox"/>	<input type="radio"/>	5. Is lighting sufficient?
<input type="radio"/>	<input type="checkbox"/>	6. Are weather conditions a safety factor?
<input type="checkbox"/>	<input type="radio"/>	7. Are there two means for exiting work?
<input type="checkbox"/>	<input type="radio"/>	8. Have the voltage & current ratings of replacement parts been verified?
<input type="checkbox"/>	<input type="radio"/>	9. Are barricades or designated watch in place?
<input type="checkbox"/>	<input type="radio"/>	10. Has job briefing been completed?
<i>If any circles were checked, explain all special precautions taken.</i>		
Special Precautions		
Sign-Off Level	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2
Final Review & Approval	MPC Electrical Supervision:	MPC Electrical Supervision:
	Electrically Qualified Person:	Electrically Qualified Person:
	Electrically Qualified Person:	Electrically Qualified Person:
		Safety Representative: