

ENERGIZED ELECTRICAL WORK PERMIT

Part I – Request to Shutdown Equipment To be completed by the person requesting the permit.)

NPFA 70E trained person filling out this permit.

1. Site _____ Area: _____

2. **JOB # / JOB Name:** _____
(Enter Project # & Project Name – *not description, see description below, item 4.*)

3. Planned start date: _____ Time: _____ Duration: _____

4. Description of work to be done:

5. The following equipment was requested to be shutdown:

Until work is complete Temporarily, while barriers are being placed

6. Request by: (print name) _____ Date: _____

Signature _____ Title _____

Part II – Justification for Request to Shutdown Equipment To be completed by the person requesting the permit)

Check when complete

1. Detailed job description procedure to be used in performing the above-described work:

2. Description of the safe work practices to be employed:

Check when complete

3. Results of shock hazard analysis: (Voltage) _____

a) Limited approach boundary: _____ (see Table 130.4(E)(a))

b) Restricted approach boundary: _____ (see Table 130.4(E)(a))

c) Necessary shock personal and other protective equipment to safely perform assigned task: (see Table 130.7(C)(15)(c))

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Continuation of Part II – Justification for Request (To be completed by the person requesting the permit)

4. Results of the arc flash hazard analysis: Check when complete

a) Available incident energy or hazard/risk category: _____
Current Owner posted analysis information: _____
• Or if not available see Table 130.7 (C)(15)(a) and (b)

b) Necessary arc flash personal and other protective equipment to safely perform the assigned task.
• List protective equipment used (see Table 130.7 (C)(15)(c))

c) Arc flash boundary: _____
• 600V or less (see Table 130.7 (C)(15)(a))
• Over 600V call the office for Calculations:
o MN - Steve Broughton: 651-955-3087
o MN/WI - Greg Orton: 715-553-0434
o WI - Andy Komp: 715-492-0721

5. Means employed to restrict the access of unqualified persons from the workarea:
(See MOP & list what used, cones, marking tape, etc.)

6. Evidence of completion of job briefing, including discussion of any job-specific task:
NEI - MOP to be done: Date / Time / Attended by: _____

7. Do you agree the work described above can be done safely? Yes No
• If NO explain:

Signature, Electrically Qualified Person

Date

Signature, Electrically Qualified Person

Date

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Part III – Customer approval to de-energize or reject (work energized) (To be completed by operations.)

1. Reason for live work request: Please check one box,

- If de-energizing the electrical circuit would result in an increased or additional hazard, the task may be performed with the circuit energized. An example of an additional hazard could be the loss of electrical power to life support equipment. An example of an increased hazard might be that loss of electrical power could result in an environmental spill.
- If de-energizing the electrical circuit is not feasible due to equipment design or operational limitations, the task may be performed with the circuit energized. (*An example of not feasible due to equipment design might be that removing the source of voltage for a single instrument circuit would require a complete shutdown of a continuous process.*)

2. The next available date for shutdown is: _____

3. I deny the request for shutdown and authorize the live work to be done.

- If DENIED explain:

Signature, Customer / Operations, Maintenance Manager

Date

Signature, General Manager

Date

Charts provided are per the NFPA 70E 2024
Edition Article 130, Work Involving Electrical
Hazards