

# Energized Electrical Work

**Objective:** To reinforce proper preparation procedures for instances when working with energized work is necessary.

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## **Electrical equipment must be worked on in a de-energized state unless you are qualified and properly equipped to work on it when energized:**

Employees face potential arc flash and shock injuries from energized equipment when equipment is not properly guarded against shock hazards, or when not locked out and tagged-out in its de-energized state.

Qualified persons may work on systems when energized *only* if all of the following situations apply:

- De-energization causes a greater hazard
- The task to be performed is infeasible to complete in a de-energized state due to equipment design or operational limitations.
- Management has given special permission to work on a particular system energized.
- The qualified person has documented training in energized work.
- A **hazard assessment** has been completed.
- Personal Protective Equipment (PPE) and all needed controls are provided.

## **Personal Protective Equipment**

Qualified persons must wear the appropriate PPE as specified in the equipment-specific procedure for that equipment. Refer to NFPA 70E requirements and OSHA's PPE and electrical safety standard for further information. Appropriate PPE includes, but is not limited to the following:

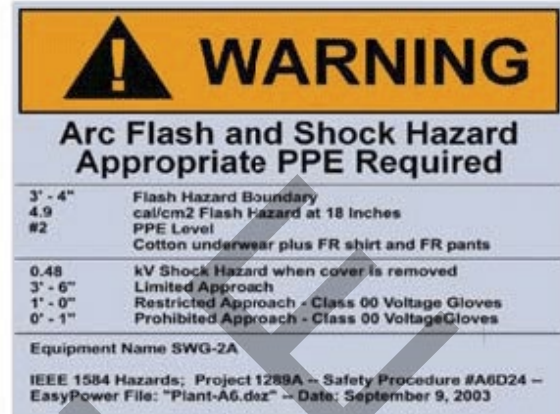
- Voltage rated gloves for voltage levels involved
- Leather over gloves
- Appropriate work shoes
- Apparel (fire resistant shirt and pants) appropriate for hazard risk category assigned
- Safety glasses
- Face shield or arc hood appropriate for the hazard risk category assigned

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## Labels

Equipment which may be worked on in an energized state needs to have a warning label (similar to the one shown right) on the panel, board, socket, or control.

**Remember that the label is required** in addition to your company's permitting requirements and electrical safety program.



SAMPLE

# Energized Electrical Work

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

**Class Participants:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Remember to document attendance in the Training Track application of the Risk Management Center.*