



## Energized Work Permit

Employee Requesting Work: \_\_\_\_\_ Date: \_\_\_\_\_

Circuit/Equipment/Job Location: \_\_\_\_\_

Description of Equipment and Location: \_\_\_\_\_ Voltage: \_\_\_\_\_

Justification for Energized Work: \_\_\_\_\_

TAW Competent/Qualified Person(s) to Energized Work: \_\_\_\_\_

Items listed below should be addressed with crew prior to onset of work. Supervisor will complete and place initial on line indicating completion:

\_\_\_ **Job Briefing included:** \_\_\_\_\_

\_\_\_ **Safe Work Practices:** \_\_\_\_\_

\_\_\_ **Approach Boundaries:** Restricted \_\_\_\_\_ Limited: \_\_\_\_\_ Flash: \_\_\_\_\_

\_\_\_ **PPE** \_\_\_ Rubber Gloves \_\_\_ Insulated Tools \_\_\_ Arc Hood

\_\_\_ 100% cotton clothing \_\_\_ FR clothing \_\_\_ Arc Shield

\_\_\_ Safety/Face Protection \_\_\_ Hearing Protection \_\_\_ Rubber Mat

\_\_\_ Rubber Barrier \_\_\_ Barricade Tape \_\_\_ LOTO Kit

\_\_\_ Other: \_\_\_\_\_

\_\_\_ **Provisions to Restrict Access of Unqualified Persons:** \_\_\_\_\_

\_\_\_ **Safe Work Procedures:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approval

Supervisor/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Rep: \_\_\_\_\_ Date: \_\_\_\_\_