

Energy Isolation Electrical Permit

PART 1: TO BE COMPLETED BY THE REQUESTER

Name of Requester		Date of Request	
Description of circuit/equipment/job location:			
Description of work to be completed:			
Justification of Permit:			

PART 2: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK

Detailed description of job procedures to be used:		
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Description of the safe work practices to be used:		
Means employed to restrict the access of unqualified persons from exposure:		
Positive results of the shock risk assessment:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Limited approach boundary confirmed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Restricted approach boundary confirmed:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Necessary shock, personal and electrical PPE provided:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Positive results of the Arc Flash risk assessment:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Necessary Arc Flash PPE provided:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Details:
Approval of electrically qualified person doing the work:		Date:
Name & Title:		Approved
		<input type="checkbox"/>

PART 3: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED

Name & Title:	Date:	Approved
		<input type="checkbox"/>
Name & Title:	Date:	Approved
		<input type="checkbox"/>