APPENDIX J

ENERGIZED WORK PERMIT
UVM PPD ENERGIZED ELECTRICAL WORK PERMIT

Part I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number ____________________________

(1) Description of circuit/equipment type & number/specific job location (bldg., room, area):

<table>
<thead>
<tr>
<th>Building:</th>
<th>Equipment Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room:</td>
<td>Circuit:</td>
</tr>
<tr>
<td>Specific Area:</td>
<td>Famis #: EQU</td>
</tr>
</tbody>
</table>

(2) Description of work to be done:
Voltage/Current Measurements [ ] Opening/Closing Disconnects/Breakers [ ] Racking Breakers [ ]
Removing Panels and Dead Fronts [ ] Removing Equipment Doors for Inspection [ ] Other ____________________________

(3) Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:

__________________________________________

Requester Name/Title ____________________________ Date __________

Part II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

(1) Description of the Safe Work Practices to be employed:

__________________________________________

(2) Shock Hazard Analysis: Voltage Level Phase to Phase ____________

Approach Boundaries (inches): Limited _____ Restricted _____ Prohibited _____

(3) Results of Flash Hazard Analysis:

Flash Protection Boundary: ____________ (Assumed or Calculated)

Hazard/Risk Category ____________ OR Calculated Flash Hazard at 18” ____________

(4) Necessary personal protective equipment and tools to safely perform the assigned task:

__________________________________________

(5) Means employed to restrict the access of unqualified persons from the work area:
Signage Posted [ ] Barrier Tape [ ] Closed Door/Physical Restriction of Access [ ] Other [ ]

(6) Evidence of completion of a Job Briefing including discussion of any job-related hazards:
Was a verbal conversation (phone call) conducted with an Electrical Supervisor? Yes [ ] No [ ]
Were specific safe work practices, PPE, and tools discussed with the Electrical Supervisor? Yes [ ] No [ ]
For HRC3: Did the Electrical Supervisor conduct a site visit? Yes [ ] No [ ]
For HRC3: Safety Hook, First Aid Kit & AED on site? Yes [ ] No [ ]
For HRC3/4: Is the Confined Space Rescue Truck on site? Yes [ ] No [ ]
For HRC4: Did the Electrical Supervisor and Safety Designee conduct a site visit? Yes [ ] No [ ]
Did the Electrical Supervisor agree the live work can be performed safely? Yes [ ] No [ ]

NOTE: Once this form is complete with signatures, forward a copy of this to the Training and Compliance Office.
PHYSICAL PLANT DEPARTMENT, TRAINING & COMPLIANCE OFFICE
284 East Avenue, Burlington, Vermont, 05405-0501

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**UVM PPD ENERGIZED ELECTRICAL WORK PERMIT**

***IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS "NO", DO NOT PERFORM LIVE WORK!***

(7) Do you agree the above described work can be done safely? Yes ☐ No ☐

<table>
<thead>
<tr>
<th>Electrically Qualified Person(s)</th>
<th>Date</th>
<th>Electrically Qualified Person(s)</th>
<th>Date</th>
</tr>
</thead>
</table>

***AFTER COMPLETING WORK, SEND THIS FORM TO AN ELECTRICAL SUPERVISOR FOR REVIEW!***

Part III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

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Approving Electrical Supervisor
(REQUIRED for HRC0-4 Live Work)

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Approving Electrical Safety Team Manager
(REQUIRED only for HRC3-4 Live Work)

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TCO Safety Programs Manager / Coordinator
(REQUIRED only for HRC4 Live Work)

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Date

Date

Date

NOTE: Once this form is complete with signatures, forward a copy of to the Training and Compliance Office at least 4 hours in advance of Live Electrical Work.

PHYSICAL PLANT DEPARTMENT, TRAINING & COMPLIANCE OFFICE
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