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):

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<thead>
<tr>
<th>Building</th>
<th>Equipment Type</th>
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<tr>
<th>Room</th>
<th>Circuit</th>
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(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 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 ☐
Was SOS called and Confined Space Rescue Truck dispatched to have AED on-site for HRC3&4? 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
(802)656-7233 (SAFE) · fax: (802)764-6620 · www.uvm.edu/~uvmppd/TCO

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***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 ☐

Electrically Qualified Person(s)      Date          Electrically Qualified Person(s)     Date

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

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

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

Date

Approving Electrical Safety Team Manager (Rick Weld or Mike Enos)
(REQUIRED only for HRC3-4 Live Work)

Date

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

Date

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