



FACILITIES SERVICES STANDARD PRACTICE

TITLE:
**FACILITIES SERVICES
 ELECTRICAL FIELD WORK SAFETY
 AUDIT CHECKLIST**

INSTRUCTION NUMBER:
33-4016.2

ELECTRICAL FIELD WORK AUDIT CHECKLIST

1. INFORMATION	
Inspector(s):	Location/Building:
Date of Inspection:	Equipment:
Time of Inspection:	Nominal Voltage:
Responsible Individual (RI):	PPE Category: HRC2 HRC4
Qualified Personnel Inspected:	Glove Class: 00 0 1 2 3 4

2. GENERAL	
Were approach and flash protection boundaries set-up by a qualified person (s)?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did qualified person(s) inspect and don proper PPE?	Y <input type="checkbox"/> N <input type="checkbox"/>
Did qualified persons(s) correctly apply Lockout/Tagout procedures?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Was a formal job briefing conducted by the RI?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Was a Job Planning Checklist completed?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Was a Complex LO/TO procedure Conducted?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Was the Complex LO/TO procedure documented?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>

3. ENERGIZED WORK	
Was any Energized Work Conducted?	Y <input type="checkbox"/> N <input type="checkbox"/>
Was energized work permit approved for the work?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Reason energized work permit was not used:	
Are written energized work procedures available?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Were unqualified persons in area notified of energized work being performed?	N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Was the First Responder bag and rescue hook available?	Y <input type="checkbox"/> N <input type="checkbox"/>
Was there a standby personal available and dressed out?	Y <input type="checkbox"/> N <input type="checkbox"/>

4. TRAINING	
Qualified Person Training Received? Level: LV HV	Y <input type="checkbox"/> N <input type="checkbox"/>
Re-training required?	Y <input type="checkbox"/> N <input type="checkbox"/>
Reason re-training is required:	N/A <input type="checkbox"/>

5. DEFICIENCIES - COMMENTS - OBSERVATIONS

4. CORRECTIVE ACTIONS

List corrective actions taken: Date corrective actions completed:

5. SIGNOFFS

Inspector:	Date: / /
Emailed to Supervisor:	Date: / /
Emailed to ESPT Chair:	Date: / /