



Describe work to be performed: **(Fill In All Gray Boxes)**

1) **Can Equipment be De-energized** to Perform Task

YES Proceed with company protocol for creating an **ELECTRICALLY SAFE WORK CONDITION**

NO Justify why equipment cannot be de-energized, or work deferred until next scheduled outage:

Job Planning must be completed by a qualified person for work on ENERGIZED equipment.

2) **Energized Electrical Work Permit (EEWP)** Required:

YES **NO** Why Not?

3) **Shock Hazard** Present

YES, Identify →

NO

SHOCK

a) Voltage to which personnel will be exposed:

b) **Limited** Approach Boundary (LAB):

c) **Restricted** Approach Boundary (RAB):

Add VR gloves and insulated tools to #6 below

4) **Arc Flash Hazard** Present (Determined by additional protective measures required per Table 130.5(C))

YES →

NO

a) Do Equipment Tables NFPA 70E apply: **YES, Identify** →

NO →

ARC FLASH

b) Is there a Arc Flash and Electrical Shock Tag:

b) **Arc Flash** Boundary (AFB):

c) **PPE** Category (1-4) or cal/cm²:

Detail PPE and Equipment at #6 below



Contact Your Supervisor

5) Details for **restricting access** to work area by unqualified persons:

a) **Method** for restricting access (Barricades, Attendants, etc.)

b) **Distance** from equipment for restriction methods (**greater of LAB or AFB**)

6) Details of **PPE and Equipment** Required:

Minimum Arc Rating for Equipment

___ cal/cm²

Head
Body
Hands
Feet
Other

7) Do you agree the above-described work can be done safely?

YES **NO** Explain