# Appendix A Energized Electrical Work Permit

## UNC CHARLOTTE -- ENERGIZED ELECTRICAL WORK PERMIT

<table>
<thead>
<tr>
<th>Extended Duration</th>
<th>One-time Use Only</th>
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</table>

### Department: 

### Building: 

### Room/Area: 

### Job Supervisor/Responsible Engineer: 

<table>
<thead>
<tr>
<th>Date Start</th>
<th>Expiration Date</th>
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</table>

### Description of work to be done: 

### Description of Circuit/Equipment: 

### Justification for why equipment cannot be de-energized: 

### TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK: 

- [ ] Workers must be trained, qualified, and have full knowledge of equipment. 
- [ ] Ensure Shock Protection Boundary of at least 10 feet unless specified on electrical equipment. 
- [ ] Ensure Arc Flash Protection Boundary of at least 4 feet unless specified on electrical equipment. 
- [ ] All Natural Fiber Outerwear is being worn 
- [ ] Fire Retardant Clothing is being worn 
- [ ] Required Additional PPE: 
- [ ] Safe work practices to be followed: 
  - [ ] All measuring / testing tools (Voltmeter, Multi-meter, Ampere meter, etc.) are rated to be safely used on the equipment to be worked on. 
  - [ ] Safety watch is required. This person must be trained in CPR, qualified to do the work, and be able to cut off all power sources, and have immediate access to a telephone or radio to call 911 in case of emergency. 
- [ ] Insulated tools and equipment required: 
- [ ] Remove all jewelry and metal apparel. 
- [ ] Use safety signs, attendants, or other means of barricading to restrict the access of unqualified persons from the work area 
- [ ] YES NO Do you agree the work can be completed safely? 

### AUTHORIZED WORKERS that understand and agree to the above: 

<table>
<thead>
<tr>
<th>Printed or typed name(s):</th>
<th>Signature(s) &amp; Date(s):</th>
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<tr>
<th>Printed or typed name(s):</th>
<th>Signature(s) &amp; Date(s):</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Departmental Supervisor:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Departmental Manager:</td>
<td>Date:</td>
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Fax a completed copy of this form to the EH&S Office at 75302.