

## Appendix A Energized Electrical Work Permit

<b>Appendix A</b>				<b>UNC CHARLOTTE -- ENERGIZED ELECTRICAL WORK PERMIT</b>			
Extended Duration <input type="checkbox"/>		One-time Use Only <input type="checkbox"/>					
Department:	Building:	Room/Area:					
Job Supervisor/Responsible Engineer:			Date Start:	Expiration Date:			
Description of work to be done:							
Description of Circuit/Equipment:							
Justification for why equipment cannot be de-energized:							
<b>TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:</b>							
<input type="checkbox"/> Workers must be trained, qualified, and have full knowledge of equipment.							
<input type="checkbox"/> Ensure Shock Protection Boundary of at least 10 feet unless specified on electrical equipment.							
<input type="checkbox"/> Ensure Arc Flash Protection Boundary of at least 4 feet unless specified on electrical equipment.							
<input type="checkbox"/> All Natural Fiber Outerwear is being worn							
<input type="checkbox"/> Fire Retardant Clothing is being worn							
<input type="checkbox"/> Required Additional PPE:							
<input type="checkbox"/> Safe work practices to be followed:							
<input type="checkbox"/> All measuring / testing tools (Voltmeter, Multi-meter, Ampere meter, etc.) are rated to be safely used on the equipment to be worked on.							
<input type="checkbox"/> 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.							
<input type="checkbox"/> Insulated tools and equipment required:							
<input type="checkbox"/> Remove all jewelry and metal apparel.							
<input type="checkbox"/> Use safety signs, attendants, or other means of barricading to restrict the access of unqualified persons from the work area							
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you agree the work can be completed safely?							
<b>AUTHORIZED WORKERS that understand and agree to the above:</b>							
Printed or typed name(s):	Signature(s) & Date(s):	Printed or typed name(s):	Signature(s) & Date(s):				
<b>APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:</b>							
Departmental Supervisor:				Date:			
Departmental Manager:				Date:			
Fax a completed copy of this form to the EH&S Office at 75302.							