

ELECTRICAL

THIS PERMIT NEEDS TO BE DISPLAYED AT ALL TIMES

Job Details

Permit # 000001

Special Tools to be Used

Job Location / Facility Name

Is any other work currently being undertaken that may interact or affect this Permit? (Reference Permit Numbers where applicable)

This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. Remember, all accidents are preventable and it is people who get hurt and suffer pain. Please use this permit in the spirit intended to protect yourself and others. Please ensure that you sign this work permit. Do not proceed with your work until this permit has been signed by an authorized company

HAZARDS AND PRECAUTIONS TO BE TAKEN

PRIMARY HAZARDS - fumes, electrical, gases, liquids, sludge, radiation, moving parts

PERSONAL PROTECTIVE EQUIPMENT

Please answer the following questions truthfully

Yes No N/A

#1 Are all workers qualified and trained to perform the required tasks?

#2 Are all workers medically fit to perform this work?

#3 Has an "authorized company representative" informed the relevant departments and all affected

#4 Has the electrical supply been switched off?

#4a Is energy-isolation required, has it been done in accordance with OSHA's standard for

#4b Is the energy-isolation device locked out / tagged out?

#4c Has all stored or residual energy been dissipated or restrained by methods such as grounding,

#4d Are Ground Fault Circuit Interrupters or grounding required?

#4e Has a test been conducted to ensure the system has been de-energized and rendered safe?

#5 Are sufficient spark and / or arc flash containment measures in place?

#6 Is voltage detection and / or measurement equipment required?

#7 Are insulation mats and / or blankets required?

#8 Have all flammables and combustibles been removed from the work area and / or permit space?

#9 Is an automatic fire sprinkler system and / or fixed fire extinguishing system active?

#10 Are fire extinguishers available within a safe distance of the work area and / or permit space?

#11a Are all workers aware of emergency evacuation procedures; including escape routes and a method for sounding emergency alarms?

#12 Are guarding and / or barricades required?

#13 Are caution / danger signs required?

#14 Are you likely to come into contact with asbestos?

#15 Is the appropriate PPE available to all workers? (Check applicable box(s) under "Protective Equipment")

Other Precautions Required

Other Safety Equipment Required

	Yes	No	N/A		Yes	No	N/A
Goggles / Eye Protection				Dust Mask			
Protective / Insulating				Safety Harness			
Gloves				High Vis. Jacket / Vest			
Safety Footwear				FR / Hazmat / Safety			
Hearing Protection							

AUTHORIZATION AND ACCEPTANCE

I confirm that I have verified the information contained on this permit and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined and the permit information has been explained to all workers involved. I accept responsibility for this work.

Person in Charge

Company

PROJECT COMPLETION

I confirm that the work has been completed / partially completed*, inspected by myself and the area left in a safe and tidy condition. (*delete as appropriate)

Person in Charge Name Signature

I have inspected the completed / partially completed* work and hereby cancel this permit. (*delete as appropriate)

Authorizing Person Date Time

