San Diego State University
Energized Electrical Work Permit

PART I: TO BE COMPLETED BY THE REQUESTER:  
Work Order Number ______________

(1) Description of circuit/equipment/job location: ___________________________________________________
(2) Description of work to be done: ______________________________________________________________

(3) Justification of why the circuit/equipment/cannot be de-energized or the work deferred until the next schedule outage:
________________________________________________________________________________________
_______________________________________________________________________________________

Requester / Title ________________________________ Date _________________________________

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

(1) Detailed job description procedure to be used in performing the above detailed work: ____________________
____________________________________________________________________________________________
___________________________________________________________________________________________

(2) Description of the Safe Work Practices to be employed: ____________________________________________
____________________________________________________________________________________________

(3) Results of the Shock Hazard Analysis: __________________________________________________________
____________________________________________________________________________________________

(4) Determination of Shock Protection Boundaries: __________________________________________________
____________________________________________________________________________________________

(5) Results of the Arc Flash Hazard Analysis: _______________________________________________________
____________________________________________________________________________________________

(6) Determination of the Arc Flash Protection Boundary: ______________________________________________
____________________________________________________________________________________________

(7) Necessary personal protective equipment to safely perform the assigned task: __________________________
____________________________________________________________________________________________

(8) Means employed to restrict the access of unqualified persons from the work area: _______________________
____________________________________________________________________________________________

(9) Evidence of completion of Job Briefing including discussion of any job-related hazards: __________________
____________________________________________________________________________________________

(10) Do you agree the above described work can be done safely?          Yes                  No (If no, return to requester)

Electrically Qualified Person ___________________________________________  Date

Electrically Qualified Person ___________________________________________  Date

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

Appropriate Manager ___________________________________________  Date