

PURDUE UNIVERSITY
Electrical Safety Program

Hazard Assessment for Electrical Work

Job/Work Order Number: _____

Job Location/Circuit/Equipment: _____

Description of work to be performed: _____

1. Will this job or task require exposure to energized electrical conductors or circuit parts and/or work within an arc flash boundary (this includes testing and troubleshooting)? Yes No

2. Shock Hazard Analysis:

Voltage (V) Level Phase to Phase

- Less than 120 V 120 V 208 V 240 V 277 V
 480 V Greater than 600 V Single phase 3 Phase

Approach Boundaries

Limited: _____ inches Restricted: _____ inches Prohibited: _____ inches

3. Arc Flash Hazard:

Has an arc flash analysis been performed on this equipment? Yes No

• If "Yes", what is:

- The Hazard Risk Category for the task? _____
- The Arc Flash Boundary? _____ inches
- Incident Energy at Working Distance? _____ cal/cm²

• If "No", using the NFPA 70E Hazard/Risk Category Table, what is:

- The Hazard Risk Category for the task? _____
- The Arc Flash Boundary? _____ inches

4. Can equipment be de-energized, locked and tagged out prior to task (other than testing/troubleshooting)? Yes No
IF YOU ANSWERED "No" TO QUESTION 4, COMPLETE THE ENERGIZED ELECTRICAL WORK PERMIT ON PAGE 2 OF THIS DOCUMENT.

5. Non Electrical Hazards:

- | | | |
|-------------------------------------------|----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Falls | <input type="checkbox"/> Chemical Exposure | <input type="checkbox"/> Traffic in Public Areas |
| <input type="checkbox"/> Falling Objects | <input type="checkbox"/> Biological Exposure | <input type="checkbox"/> Obstructed Egress |
| <input type="checkbox"/> Lack of Lighting | <input type="checkbox"/> Radiation Exposure | <input type="checkbox"/> Heavy or Repetitive Lifting |
| <input type="checkbox"/> Wet or Damp Area | <input type="checkbox"/> Extreme Temperature | <input type="checkbox"/> Repetitive Motions |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Noise | <input type="checkbox"/> Other: _____ |

6. What personal protective equipment (PPE) and safety measures will be used (check all that are applicable)?

| | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Body | <input type="checkbox"/> Arc-Rated or <input type="checkbox"/> Cotton, Long Sleeve Shirt & Long Pants or Coveralls; <input type="checkbox"/> Arc-Rated <input type="checkbox"/> Rainwear or Jacket; <input type="checkbox"/> Arc-Rated Flash Suit Jacket and Pants; <input type="checkbox"/> Arc-Rated Fall Protection Harness |
| Eye, Face, and Head | <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Goggles <input type="checkbox"/> Arc-Rated Face Shield <input type="checkbox"/> Arc-Rated Hardhat <input type="checkbox"/> Arc-Rated Balaclava <input type="checkbox"/> Hardhat Liner <input type="checkbox"/> Arc-Rated Flash Hood <input type="checkbox"/> Hearing Protection (Ear Canal Inserts) |
| Hands and Arms | <input type="checkbox"/> Heavy Duty Leather Gloves <input type="checkbox"/> Rubber Insulating Gloves with Leather Protectors <input type="checkbox"/> Rubber Insulating Gloves Only <input type="checkbox"/> Rubber Sleeves |
| Foot | <input type="checkbox"/> Closed Toe Shoes <input type="checkbox"/> Leather Work Shoes |
| Respiratory | <input type="checkbox"/> Dust Mask <input type="checkbox"/> Air Filtering Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> SCBA |
| Tools | <input type="checkbox"/> Insulated Tools <input type="checkbox"/> Meter <input type="checkbox"/> Rubber Blankets |
| Safety Measures | <input type="checkbox"/> Barricades with Signs <input type="checkbox"/> Attendant |
| Other | |

Employee Name (Print)

Employee Signature

Date

Energized Electrical Work Permit

Part I: TO BE COMPLETED BY THE REQUESTER

Job/Work Order Number: _____

A. Description of Circuit/Equipment/Job Location:

B. Description of work to be done:

C. Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:

Requestor's Name (Print)

Requestor's Signature

Date

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

A. Evidence of completion of a Job Briefing including discussion of any job-related hazards:

B. 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

Approving Supervisor Name (Print)

Approving Supervisor Signature

Date

Part IV: DOCUMENTATION OF ELECTRICALLY ENERGIZED WORK

I understand that the above energized electrical work was completed on: _____

Date

Administrative Supervisor Name (Print)

Administrative Supervisor Signature

NOTE: Forward a copy of the completed form to Radiological and Environmental Management (REM/HAMP).