

# Electrical Work Hazard Assessment

**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

- |  |   |                                       |                                  |                                |
|--|---|---------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Less than 120 V | <input type="checkbox"/> 120 V              | <input type="checkbox"/> 208 V        | <input type="checkbox"/> 240 V   | <input type="checkbox"/> 277 V |
| <input type="checkbox"/> 480 V           | <input type="checkbox"/> Greater than 600 V | <input type="checkbox"/> Single phase | <input type="checkbox"/> 3 Phase |                                |

Approach Boundaries

Limited: \_\_\_\_\_ inches                      Restricted: \_\_\_\_\_ inches

**3. Arc Flash Hazard:**

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

- If "Yes", what is:
  - The Arc Flash PPE Category for the task? \_\_\_\_\_
  - The Arc Flash Boundary? \_\_\_\_\_ inches
  - Incident Energy at Working Distance? \_\_\_\_\_ cal/cm<sup>2</sup>
- If "No", using the NFPA 70E Arc Flash PPE Category, what is:
  - The Arc Flash PPE 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 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

Employee Signature

Date

# Energized Electrical Work Permit

## Part I: Completed by the Requestor

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

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

## Part II: Completed by the Electrically Qualified Person

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

\_\_\_\_\_  
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

\_\_\_\_\_  
Administrative Supervisor Signature

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