



# ENERGIZED ELECTRICAL WORK PERMIT

Document Number: HSER-SAF-EXE-FRM-061  
Version Number: 1.0

Effective Date: 08/01/25  
Page 1 of 1

## PART I - TO BE COMPLETED BY THE REQUESTER:

BU / Location: \_\_\_\_\_ Job/Work Order Number: \_\_\_\_\_

Description of work to be done: \_\_\_\_\_

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

Requester/Title (name, signature, date): \_\_\_\_\_

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

Job Safety Analysis completed and attached per company program? Yes / No

Description of the safe work practices employed: \_\_\_\_\_

**Results of the Shock Hazard Analysis:** \_\_\_\_\_

a) Voltage to which personnel may be exposed: \_\_\_\_\_

b) Limited approach boundary: \_\_\_\_\_ c) Restricted approach boundary: \_\_\_\_\_

d) Necessary protective equipment to safely perform assigned task: \_\_\_\_\_

**Results of the Arc Flash Hazard Analysis:** \_\_\_\_\_

a) Available incident energy at the working distance, or arc flash PPE category: \_\_\_\_\_

b) Necessary arc flash protective equipment to safely perform the task: \_\_\_\_\_

c) Arc flash boundary: \_\_\_\_\_

Means employed to restrict the access of non-qualified persons from the work area: Yes / No

Do you agree the above-described work can be done safely? Yes / No

Electrically Qualified Person (name, signature, date): \_\_\_\_\_

Electrically Qualified Person (name, signature, date): \_\_\_\_\_

## PART III – APPROVALS TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

HSER Representative (name, signature, date): \_\_\_\_\_

Supervisor / Manager (name, signature, date): \_\_\_\_\_

Note: Once the work is complete, forward this form to the Field HSER representative for review and retention.