PART 1:

<table>
<thead>
<tr>
<th>Job/Work Order Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of circuit/equipment/job location:</td>
</tr>
<tr>
<td>Indicate volts and amps:</td>
</tr>
<tr>
<td>Description of work to be done:</td>
</tr>
<tr>
<td>Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:</td>
</tr>
</tbody>
</table>

Requester/Title  Date

Part 2:
POTENTIAL HAZARDS:

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Yes</th>
<th>No</th>
<th>Hazard</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arc</td>
<td></td>
<td></td>
<td>Mechanical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shock</td>
<td></td>
<td></td>
<td>Stored Energy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slips/Falls</td>
<td></td>
<td></td>
<td>Inadequate Lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls from Heights</td>
<td></td>
<td></td>
<td>Noise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Individuals in Area</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 the Shock Protection Boundaries:

Check when complete
(5) Results of the Flash Hazard Analysis:

(6) Determination of the Flash Protection Boundary:

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

- Hard Hat
- Safety Glasses
- Insulating Gloves
- Face Shield
- 2* Face Shield
- Natural Fiber Clothing
- Insulating Gloves With Protectors
- Flame Resistant Clothing:
  - Jacket
  - Leggings

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

(9) Evidence of completion of a Job Briefing including discussion of any job related hazards:

(10) Do you agree the above work can be performed safely?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Electrically Qualified Person(s)  
Date

Electrically Qualified Person(s)  
Date

**Part 3: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:**

<table>
<thead>
<tr>
<th>Maintenance Coordinator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operations Manager</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Once the work is complete, forward this form to the Maintenance Coordinator and Operations Manager.