

Energized Electrical Work Authorization Form

This Authorization must be available at the work location. This authorization is only valid for one shift.

Part I (To be Completed by Requestor)

1. Location / Space		
Building :	Location:	
Date:		
2. Work to be Preformed		
Description of Task:		
Equipment Panel Label and Panel Location:		
Power Source / Location:	Voltage:	
Personnel Performing the Work:		
1		
2		
Requestor:		
Print Name	Signature	Date

Part II: Safety Precautions (Completed by Electrically Qualified Persons Doing the Work)

Standard Hazard Risk Category Ratings with Arc Ratings in cal/cm²

N = Not Recommended, Y = Required, AN = As Needed, NA = Not Acceptable, AR = Arc Rated, VR = Voltage Rated

Category 0 = 0 - 1.1 cal / cm²

Category 1 = 1.2 - 4 cal / cm²

Category 2 = 5 - 8 cal / cm²

Category 3 = 9 - 25 cal / cm²

Category 4 = 26 - 40 cal / cm² (Cat 4 work is Prohibited)

Reference for when Incident Energy Levels are Unknown

Table 130.7(C)(15)(A)(A&B) For tasks not listed, refer to NFPA 70E Tables 130.7(C)(15)(A&B)

Task	120/208				277/480		
	ARC Flash PPE Category	VR Rated Gloves	VR Rated Tools		ARC Flash PPE Category	VR Rated Gloves	VR Rated Tools
Breaker on Fused Switch Operation with Cover on	N/A	N	N		N/A	N	N
Breaker or Fuseed Switch with the Cover off	1	N	N		2	Y	N
Work on Energized Parts, Incuding Amp & Voltage testing	1	Y	Y		2	Y	Y
Remove or install of breakers or fused switches	1	Y	Y		2	Y	Y
Removal of bolted covers (to expose bare energized parts)	1	N	N		2	N	N
Open Hinged cover (to expose bare energized parts)	1	N	N		2	N	N
MCC Bucket removal or insertion	N/A	N/A	N/A		4	Y	Y

PPE Category Requirements

Category	Min Arc Rating	AR Pants or Coverall	AR Long Sleeve Shirt	VR Gloves	Leather Gloves Protector	Hard Hat w/ Face Shield	Balaclava	AR Coat	AR Bibs	AR Switching Hood	Leather Boots	Hearing Protection	Safety Glasses	Cotton Long Sleeve Shirt
0	N/A	N	N	AN	Y	N	N	N	N	N	AN	Y	Y	Y
1	4	Y	Y	AN	Y	Y	N	N	N	N	AN	Y	Y	N/A
2	8	Y	Y	AN	Y	Y	Y	AN	AN	AN	Y	Y	Y	N/A
3	25	AN	AN	Y	Y	N/A	N/A	Y	Y	Y	Y	Y	Y	N/A
4	40	AN	AN	Y	Y	N/A	N/A	Y	Y	Y	Y	Y	Y	N/A

Shock Hazard and Incident Energy Analysis	Arc Flash PPE Category		Minimum Arc Rating
Shock Assessment (Feet or Inches)	Limited Approach Boundary (NFPA 70E Table 130.4D (A))		
	Restricted Access Boundary (NFPA 70E Table 130.4D (A))		
	Voltage:		
Arc Flash Risk Assesement	ARC Flash PPE Category (From Equipment Label or Table 130.7(C)(15)(A)(b))		
	ARC Flash Boundary (From Equipment Label or Table 130.7(C)(15)(A)(b))		
	cal/cm ² incident energy at		inches.

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Safe Work Practices to be used while performing the tasks above shall conform to NFPA 70E Work Practices					
How are unqualified persons restricted from the work area?	<input type="checkbox"/> Locked Access Door <input type="checkbox"/> Barrier Tape		<input type="checkbox"/> Safety Watch Required <input type="checkbox"/> Stanchions		<input type="checkbox"/> Hazard Signs <input type="checkbox"/> Other
Has the job briefing / discussion been conducted (as appropriate) to discuss hazards? (Check when Complete)					<input type="checkbox"/>
Is a Standby Person have a current First Aid / CPR, required training, PPE, and emergency commuicaton capability?					<input type="checkbox"/>
Description of Safe Work Practices being employed:		<input type="checkbox"/> Proper Associated PPE <input type="checkbox"/> Correctly Rated Hot Gear <input type="checkbox"/> Signage <input type="checkbox"/> Use of Two Authorized Personnel <input type="checkbox"/> Use of a Spotter <input type="checkbox"/> Barriers for Work Area			
If Terminating or demoing conductors, has the equipment ground wire been isolated in the field?				<input type="checkbox"/>	<input type="checkbox"/> N/A
Method of Isolation:					
3. Notification					
Personnel who may be in or near the area, and may be impacted, have been informed. (Include other tradesmen)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Names:			
4. Additional Permits					
Check as Appropriate:					
<input type="checkbox"/> Hot Work <input type="checkbox"/> Permit Confined Space <input type="checkbox"/> Other					
Part III: Approvals (Responsible Supervisor, Safety Representative and Contractor Representative)					
<input type="checkbox"/> Electrical System Construction	<input type="checkbox"/> Shutdown causes additional hazard or increased risk <input type="checkbox"/> Shutdown infeasible due to equipment design or Operational Limitations	Electrical Supervisor / Lead / Contractor Employee Foreman or Safety Champion Signature:			
<input type="checkbox"/> Electrical System Maintenance	<input type="checkbox"/> Shutdown causes additional hazard or increased risk <input type="checkbox"/> Shutdown infeasible due to equipment design or	Electrical Supervisor Signature:			
A. Contact CUP Control with Micron (66400) (208.368.4131)					
B. Live work on this equipment is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved					
	Print Name:	Signature:	Date:		
Supervisor					
Safety Representative:					
General Contractor:					
5. Safety Agreement					
Do you agree the above described work can be done safely? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not then do not perform work)					
Name of qualified person(s) doing the work:					
Print:		Signature:			
Pre - Task Checklist	Post - Task Checklist (If applicable)	Prepare for Emergency			
<input type="checkbox"/> Is portable lighting needed to perform tasks? <input type="checkbox"/> Equipment in working order? <input type="checkbox"/> All Hazards and control methods ID'd and discussed? <input type="checkbox"/> Guarding such as mylar / shielding in place? <input type="checkbox"/> All Tools and PPE inspected prior to use? <input type="checkbox"/> Discussed all Task Steps and Hazards with all personnel involved?	<input type="checkbox"/> Torque specifications met / torque seal applies? <input type="checkbox"/> Breakers settings / rating plugs correct? <input type="checkbox"/> Housekeeping? All tools / materials removed? <input type="checkbox"/> Shielding removed (if not permanent?) <input type="checkbox"/> All doors, covers, closed and screws in place? <input type="checkbox"/> Labeling and panel scheduled updated with info / details? <input type="checkbox"/> Return of all tools and equipment to correct	<input type="checkbox"/> Emergency Equipment Available? <input type="checkbox"/> Do you know Emergency Numbers? Fire Alarm Location; Where is the Fire Extinguisher? Where is the Telephone or radio location?			
Part IV: Work Completion:					
Electrical Work Complete:	Date:	Time:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					