

Function of Beauty Energized Electrical Work Permit

Under NFPA 70E, there are only two instances in which an employee can work on live parts. In these situations, a work permit must be completed and approved by an authorized person.

1. When de-energizing would interrupt essential life support, emergency alarms or ventilation systems.
2. When the organization can demonstrate that de-energizing the system would introduce additional or increased hazards or that it is infeasible due to equipment design or operational limitations.

PART I TO BE COMPLETED BY THE REQUESTER	
Job/Work Order Number _____	
1. Description of circuit/equipment/job location: _____	
2. Description of work to be done: _____	
3. Justification of what the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage: _____	
PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DONG THE WORK	
	Check when Complete
1. Detailed job description procedure to be used in performing the above detailed work: _____	<input type="checkbox"/>
2. Description of the safe work practices to be employed: _____	<input type="checkbox"/>
3. Results of the shock hazard analysis: _____	<input type="checkbox"/>
4. Determination of shock protection boundaries: _____	<input type="checkbox"/>
5. Results of the flash hazard analysis: _____	<input type="checkbox"/>
6. Determination of the flash protection boundary: _____	<input type="checkbox"/>
7. Necessary personal protective equipment to safety perform the assigned task : _____	<input type="checkbox"/>
8. Means employed to restrict the access of unqualified persons from the work area: _____	<input type="checkbox"/>
9. Evidence of completion of job briefing including discussion of any job-related hazards: _____	<input type="checkbox"/>
10. Do you agree the above described work can be done safely? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, return to requester)	
Electrically Qualified Person(s) _____	Date _____
PART III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED	
Manufacturing Manager _____	Maintenance/Engineering Manager _____
Safety Manager _____	Electrically Knowledgeably Person _____
General Manager _____ Date _____	
Note: Once the work is complete, forward this form to the site Safety Department for review and retention.	