|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor Company Name: | | | Emergency Contact No. | | | | | Employees Performing Work  1)  2)  3)  4) | | | | |
| Contractor Supervisor Name: | | |  | | | | |
| Area/Panel #: | |  | | | | Volts: | | |  | Date: |  | |
| (Area description must be precise) | | | | | | | | | | | | |
| Permit Requestor: | | |  | | Sign | | |  | | | |  |
| Performing Work: | | |  | | Sign | |  | | | | | |

**Note:** I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Description of work:** |  | | | | | | | |
|  | | | | | | | | |
| **Work Execution Date:** | | |  | **Time:** |  | **Valid From:** |  | **To:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reason for Energized Work (check all that apply):** | | | | | |
|  | Emergency Systems |  | Life Support Systems |  | Critical Vent/Exhaust Systems |
|  | Testing |  | Troubleshooting |  | Shutdown not Feasible |

|  |  |
| --- | --- |
| **Detailed Reason for Energized work:** |  |
|  | |
|  | | |
|  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location of nearest telephone Fill In 🡪 | | |  | | | |
| Current Emergency contacts numbers Fill In 🡪 | | |  | | | |
| Location of up line source of power: |  | Grid (column) |  | Panel |  | Circuit # |

I certify that I am qualified to perform the above described work, that I am properly trained to do such and that I commit to following all applicable safety policies and procedures included in this permit and our Company’s safety program and that I have inspected the work area prior to beginning.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person Performing Work 1:** |  | **Sign** |  | **Date:** |  |
| **Person Performing Work 2:** |  | **Sign** |  | **Date:** |  |
| **Person Performing Work 3:** |  | **Sign** |  | **Date:** |  |
| **Spotter:** |  | **Sign** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contractor/Project Safety:** |  | **Sign** |  | **Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Facility Manager (if an existing facility):** |  | **Sign** |  | **Date:** |  |

**Checklist**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Item | Yes | No | N/A |
| 1. | Energized work permit signed by Samet/Facility manager |  |  |  |
| 2. | Safety equipment & meters available & tested for reliability/accuracy |  |  |  |
| 3. | Spotter understands his Roles & Responsibilities as being an observer/safety monitor |  |  |  |
| 4. | Safety hazards & issues in work area reviewed |  |  |  |
| 5. | Establish shock hazard boundary according to line to line voltage (NFPA 70E, Table 130.2 (c) |  |  |  |
| 6. | Barricades in place to keep unauthorized personnel clear of work |  |  |  |
| 7. | Other forms of hazardous energy not required for work are properly LOTO |  |  |  |
| 8. | Confirm adequate lighting (no flashlights) |  |  |  |
| 9. | All conductive personal articles removed from work are and persons |  |  |  |
| 10. | Metal fasteners on clothing (zippers, buttons, snaps), torso and arms removed from exposure |  |  |  |
| 11. | Clearly identified and marked egress pathway |  |  |  |
| 12. | All tools inspected and in good working condition (check insulation) |  |  |  |
| 13. | Appropriate PPE in place and in good working condition |  |  |  |
| 14. | Location & availability of emergency equipment verified |  |  |  |

**PPE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Item: | Yes | No | Certification date |
| Rubber insulated floor mats |  |  |  |
| Rubber insulated gloves |  |  |  | |
| Non-conductive safety glasses |  |  |  | |
| Approved insulated tools |  |  |  | |
| Blankets |  |  |  | |
| Face shield |  |  |  | |
| Nomex or equivalent clothing |  |  |  | |
| Sleeves |  |  |  | |
| Other: |  |  |  | |