|  |  |  |
| --- | --- | --- |
| 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 | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 2. | Safety equipment & meters available & tested for reliability/accuracy | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 3. | Spotter understands his Roles & Responsibilities as being an observer/safety monitor | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 4. | Safety hazards & issues in work area reviewed | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 5. | Establish shock hazard boundary according to line to line voltage (NFPA 70E, Table 130.2 (c) | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 6. | Barricades in place to keep unauthorized personnel clear of work | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 7. | Other forms of hazardous energy not required for work are properly LOTO | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 8. | Confirm adequate lighting (no flashlights) | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 9. | All conductive personal articles removed from work are and persons | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 10. | Metal fasteners on clothing (zippers, buttons, snaps), torso and arms removed from exposure | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 11. | Clearly identified and marked egress pathway | [ ]  [x]  | [ ]  [x]  | [ ]  [x]  |
| 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: | [ ]  | [ ]  |  |