



ENERGIZED WORK PLANNING PERMIT

Requesting Person _____ Job Name _____

Equipment/Machine to be Locked Out and Tagged Out _____

Equipment and/or Circuits to be worked on energized _____

Date(s) of work to be performed _____

Work to be performed _____

Energy Source and Location _____

Statement of why equipment cannot be de-energized _____

Is it possible to reschedule work at a later date when equipment may be de-energized? YES NO

Hazards (risk to personnel, property, production)

Results of Shock/Flash Hazard Analysis:

Flash Protection Boundary _____ PPE Category _____

Restricted Approach Boundary _____ Limited Approach Boundary _____

Employees who will be performing the energized work _____

Have employees been properly trained? Yes No

Have affected employees been notified of procedures and hazards? Yes No

Date of Notification _____ Competent person assigned _____

List personal protective equipment needed _____

Date equipment last tested _____ Tested by: _____

Has written plan/Job Hazard Analysis (JHA) been completed for energized work? _____, attach copy.

Job Supervisor _____ Date _____

Manager _____ Date _____