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| --- |
| **Electrical Risk Assessment** |
| 1. **Work Document(s):**
 |
|  |
| 1. **Equipment ID & Locations:**
 |
|  |
| 1. **Justification for Work:**
 |
| 1. [ ]  Greater Hazard
 | 1. [ ]  Infeasibility
 | 1. [ ]  Less the 50 volts
 |
| 1. Details:
 |
| 1. **EEWP Exempted Activity (Select all that Apply):**
 |
| 1. [ ]  Clearance Activities
 | 1. [ ]  Testing & Troubleshooting
 | 1. [ ]  Visual Inspection
 |
| 1. [ ]  Calibration/ adjustment
 | 1. [ ]  Voltage & current measurement
 | 1. [ ]  Work on Class 2 Circuit
 |
| 1. [ ]  Safe-to-work check
 | 1. [ ]  Remove/ replace cover
 | 1. [ ]  Escorting unqualified person
 |
| 1. [ ]  Installing temporary protective measures (VR shields, guards, insulating equipment)
 | 1. [ ]  Resetting overload devices, removing/ installing fuses, etc. when RAB will not be crossed
 | 1. [ ]  Equipment <50V but increased risk exposure to electrical burns
 |
| 1. **Arc Flash Boundary (AFB):**
 |
| 1. [ ]  <50V
2. [ ]  Single Phase
3. [ ]  < 208 V 3 Phase
4. [ ]  3 Phase 240V 2000 AMPS (35kV Transformer)
 | 1. [ ]  Arc Flash Label on equipment with AFB, & incident energy or required PPE
 | 1. [ ]  Tables 130. (C)(15)(A)(a), 130.7(C)(15)(A)(a), and 130.7(C)(15)(b)
 | **If NO AFB label,** 1. [ ]  Calc #
2. AFB:
3. Working Distance
4. Incident Energy
 |
| PPE Categories |
| [ ]  1 (4 cal/cm2)[ ]  2 (8 cal/cm2) | [ ]  3 (25 cal/cm2)[ ]  4 (40 cal/cm2) |
| 1. **Shock Hazard:**
 | 1. **PPE:**
 |
| 1. Nominal Voltage
 | 1. [ ]  Hearing Protection
2. [ ]  Insulated Tools
3. [ ]  Safety Glasses
4. [ ]  Hard Hats
5. [ ]  Face Shield
6. [ ]  Balaclava
7. [ ]  Hood
 | 1. [ ]  Voltage Rated Gloves
2. [ ]  w/ Protectors
3. [ ]  Leather Gloves
4. [ ] Long Sleeves/pants, or coveralls
5. [ ] Natural Fibers
6. [ ]  Arc Rated
7. [ ]  Arc Suit
 |
| 1. Approach Boundaries
 | 1. LAB
 | 1. RAB
 |
| [ ]  O.L. | [ ] Fixed |
| [ ]  50V- 150V | 10’ 0” | 3’ 6” | Avoid Contact |
| [ ]  151V- 750V | 10’ 0” | 3’ 6” | 1’ 0” |
| [ ]  751V- 15KV | 10’ 0” | 5’ | 2’ 2” |
| **Table 130.4(D)** |
| 1. **Energized Electrical Work Permit Required?**  [ ]  **YES** [ ]  NO
 |
| **Print:** | **Sign:** | **Date:** |
| Print: | Sign: | Date: |
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