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| **Electrical Risk Assessment** | | | | | | | | |
| 1. **Work Document(s):** | | | | | | | | |
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| 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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