**APOLLO ENERGIZED ELECTRICAL WORK PERMIT**

**PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROJECT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION OF WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB DESCRIPTION**

**(INCLUDE ACTIVITIES TO BE PERFORMED, COMPONENTS INVOLVED, VOLTAGES, ETC.)**

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**ENERGIZED ELECTRICAL WORK AUTHORIZATION JUSTIFICATION**

**( ) INTRODUCES ADDITIONAL HAZARDS ( ) INFEASIBLE DUE TO EQUIPT. DESIGN**

**( ) INTRODUCES INCREASED HAZARDS ( ) INFEASIBLE DUE TO OPERATIONAL LIMITATIONS**

**EXPLAIN JUSTIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SAFE WORK REQUIREMENTS**

**( ) Qualified Personnel assigned to perform work.**

**( ) Person trained in First-Aid/CPR & emergency electrical rescue procedures, standing by.**

**Standby person to be equipped with insulating equipment needed for rescue.**

**( ) Adequate working clearance available, escape route(s) in case of emergency.**

**( ) Communications available and in operating condition. EMERGENCY NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) Work area has adequate lighting.**

**( ) Work area control measures: ( ) barriers & signs ( ) attendant**

**( ) Conductive items removed: metal rings, watches, jewelry, buckles, badge holders, etc.**

**( ) De-energize and isolate equipment to the extent feasible.**

**( ) Insulating protective equip. used: ( ) line hoses & covers ( ) rubber insulating matting ( ) rubber blankets**

**( ) Voltage rated, insulated tools.**

**( ) Portable ladders with clean & dry, non-conductive side rails.**

**( ) Testing equipment at work site compatible with voltage present.**

**( ) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIMITS OF APPROACH**

**Arc Flash Calculation:\_\_\_\_\_\_ System voltage:\_\_\_\_\_\_**

**Arc Flash Boundary:\_\_\_\_\_\_ Limited Approach Boundary:\_\_\_\_\_\_ Restricted Approach Boundary:\_\_\_\_\_\_**

**PERSONAL PROTECTIVE EQUIPMENT**

**Required Per Attachment B (EEW PPE MATRIX)**

**Hazard/Risk Category 1: *4*** ***cal/cm2* ( ) Hazard/Risk Category 3: 8 cal/cm2 ( )**

**Hazard/Risk Category 2: *25 cal/cm2* ( ) Hazard/Risk Category 4: 40 cal/cm2 ( )**

**APOLLO SAFETY SIGNOFF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR(S) SIGNOFF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WORKER(S) SIGNOFF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**