

U.S. Army Corps of Engineers (USACE)
ENERGIZED ELECTRICAL WORK PERMIT

For use of this form, see EM 385-1-1; the proponent agency is CESO.

PART I: TO BE COMPLETED BY THE REQUESTING ORGANIZATION

1. Requesters Organization:	2. Requesters Name:
3. Requesters Phone Number:	4. Work Order Or Contract Number:
5. Date:	7. Facility And Specific Work Location:
6. Project:	
8. Equipment Description And Circuit To Be Worked:	
9. Description Of Work To Be Performed (<i>Include number of qualified workers to safely perform work</i>):	
10. Justification As To Why Work Cannot Be Performed De-Energized Or Deferred:	

PART II: TO BE COMPLETED BY THE PERSONS PERFORMING THE WORK

1. Detailed Description Of Work Steps To Be Performed:
2. Description Of Work Practices To Be Used To Ensure Personnel Safety:

SHOCK RISK ASSESSMENT

3. Nominal System Voltage:

4. Limited Approach Boundary (*Distance*):

5. Minimum Approach Boundary (*Distance*):

6. List Shock, Personal, And Other Protective Equipment That Will Be Used In Order To Safely Perform Work:

7. List Tools And Equipment To Be Used Inside The Limited Approach Boundary:

ARC FLASH RISK ASSESSMENT

8. Available Incident Energy At The Working Distance Or Arc Flash Personal Protective Equipment (PPE) Category:

Arc Flash Boundary (*Distance*):

9. If Using Table Method, Include The Following Equipment Ratings:

a. Clearing Time:

b. Amperage:

c. Voltage:

10. Arc Flash PPE And Equipment That Will Be Used To Safely Perform Work:

11. Means Used To Restrict Unqualified Workers Entry To Area:

EVIDENCE OF COMPLETING A JOB BRIEFING

(Attach documents as requested by signing authorities or required by contract, check all boxes completed)

12. Electrical Prints Reviewed By QPs

14. Activity Hazard Analysis (AHA)

13. Qualified Person' Training Certifications (*One for each signature below*)

15. Electrical Equipment Labels Present On Equipment
(Check box if present)

QUALIFIED PERSONS

The Undersigned Will Perform The Work And Confirm It Can Be Done Safety.

Note: Performance Of Energized Work Requires A Minimum Of 2 Electrically Qualified Persons.

16. **REQUIRED:** Electrically Qualified Person:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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17. **REQUIRED:** Electrically Qualified Person:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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18. **OPTIONAL:** Electrically Qualified Person:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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19. **OPTIONAL:** Electrically Qualified Person:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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PART III: REQUIRED SIGNATURES TO PERFORM THE WORK

Obtain Signatures In The Sequence Identified Below.

A. FOR CONTRACTOR AND USACE EMPLOYEES ON USACE CONTROLLED SITES

1. CDSO:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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2. Facility/Site Manager:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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3. Supervisor:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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4. Authority Having Jurisdiction (AHJ) (Government office, group or individual):

a. Name, Title, And Office Symbol	b. Date	c. Signature
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B. FOR CONTRACTOR CONTROLLED SITES

Note. Contractor preparatory meeting must be conducted prior to beginning work.

1. KO/COR (Government Personnel Only):

I acknowledge that I'm aware high hazard work will take place, and a preparatory meeting has been scheduled before the contractor starts work.

2. SSHO:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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3. Contractor Supervisor:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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4. Corporate Safety Office:

a. Name, Title, And Office Symbol	b. Date	c. Signature
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