

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 |
|-----------------------------------|---------|--------------|

17. **REQUIRED:** Electrically Qualified Person:

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

18. **OPTIONAL:** Electrically Qualified Person:

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

19. **OPTIONAL:** Electrically Qualified Person:

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

**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 |
|-----------------------------------|---------|--------------|

2. Facility/Site Manager:

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

3. Supervisor:

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

4. Authority Having Jurisdiction (AHJ) (Government office, group or individual):

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

**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 |
|-----------------------------------|---------|--------------|

3. Contractor Supervisor:

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

4. Corporate Safety Office:

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