



Date: \_\_\_\_\_ OCE Job #: \_\_\_\_\_ Job/Work Order #: \_\_\_\_\_

**PART I - TO BE COMPLETED BY THE REQUESTER (FACILITY OWNER REPRESENTATIVE)**

- Description of circuit / equipment / job location:  
\_\_\_\_\_
- Description of work to be done:  
\_\_\_\_\_
- Justification of why the circuit / equipment cannot be de-energized or the work deferred until the next scheduled outage:  
\_\_\_\_\_

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

|  |                 |      |
|--|-----------------|------|
|  | Requester/Title | Date |
|--|-----------------|------|

**PART II - TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK**

- Detailed job description procedure to be used in performing the above detailed work including hazards, conditions, mechanical, environmental, space obstructions, other voltages:  
\_\_\_\_\_
- Description of the Safe Work Practices:  LOTO  Two Workers  Attendant  Notify Affected Workers  \_\_\_\_\_  
Reason not to LOTO: \_\_\_\_\_  
Restart Checks Required: \_\_\_\_\_

|  |                      |                      |  |
|--|----------------------|----------------------|--|
| 3. Flash Hazard (1 - 4)                | Shock Hazard (max V) | Prohibited Approach  |  |
| Flash Boundary                         | Limited Approach     | Working Distance     |  |
| Incident Energy (cal/cm <sup>2</sup> ) | Restricted Approach  | Glove Class, minimum |  |

|  |   |   |   |  |
|--|---|---|---|--|
| 4. <input type="checkbox"/> Hard Hat         | <input type="checkbox"/> Category III Meter     | <input type="checkbox"/> Balaclava Hood         | <input type="checkbox"/> Leather Gloves       | <input type="checkbox"/> Leather Shoes       |
| <input type="checkbox"/> AR Clothing         | <input type="checkbox"/> Safety Glasses/Goggles | <input type="checkbox"/> 2 Layer Switching Hood | <input type="checkbox"/> Voltage-Rated Gloves | <input type="checkbox"/> Voltage-Rated Shoes |
| <input type="checkbox"/> Voltage-Rated Tools | <input type="checkbox"/> Arc Rated Face Shield  | <input type="checkbox"/> Ear Plugs              | <input type="checkbox"/> Flash Suit           | <input type="checkbox"/> Other               |

- Means employed to restrict the access of unqualified persons from the work area: \_\_\_\_\_  
Evidence of completion of Job Briefing including discussion of any job-related hazards (see attached Annex I checklist): \_\_\_\_\_

- Authorized Worked that understand agree work above can be done safety (name & date):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III - APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED (FACILITY OWNER'S REPRESENTATIVE)**

|                                      |      |  |      |
|--------------------------------------|------|--|------|
| Department/Division Manager/Designee | Date | Electrically Knowledgeable Person/Engineer | Date |
| Safety Manager                       | Date | Electrically Knowledgeable Person/Engineer | Date |

Additional Comments:  
\_\_\_\_\_