



Date: _____

OCE Job #: _____

Job/Work Order #: _____

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

1. Description of circuit / equipment / job location:

2. Description of work to be done:

3. 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

1. Detailed job description procedure to be used in performing the above detailed work including hazards, conditions, mechanical, environmental, space obstructions, other voltages:

2. 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 ²)		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

5. 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): _____

6. 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:
