|  |  |
| --- | --- |
| [ ]  Extended duration from       to       (maximum of 12 months) | [ ]  One-time use only  |
| Division:       | Building:   | Room/Area:       | Person in charge:       |
| Job supervisor/responsible engineer:       | Start date:       | Expiration date:       |
| Description of work (scope) to be done:       |
| Description of circuit/equipment:       |
| [ ]  Reference all applicable drawings, diagrams, identification tags, and so on. [ ]  Field verify the possible energy sources.[ ]  Determine all possible sources of electrical supply to the equipment including stored energy (capacitors, inductors, and so on).[ ]  Simple LOTO: isolation device ID      [ ]  Complex LOTO: (written procedure)       When reenergizing equipment after work is completed, wear PPE determined below. |
| **Results of Shock Hazard Analysis (Electrical Safety Manual (ESM) Chapter 7) from the Arc Flash/Shock Hazard Sticker.**  |
| Maximum voltage:       | Glove voltage rating:    [ ]  (Inspect gloves before use, check certification date) |
| Limited approach boundary:      (in.) | Restricted approach boundary:      (in.) |
| [ ]  Insulated tools and equipment required |
| **Results of Arc Flash Hazard Analysis (Electrical Safety Manual (ESM) Chapter 8) from the Arc Flash/Shock Hazard Sticker.** |
| Incident energy      cal/cm2   | Arc flash boundary:      (in.)  | Working distance:      (in.) |
| Arc flash PPE category:       |
| [ ]  Required additional PPE:       | [ ]  Use barricades and warning signs. |
| Additional personnel: | [ ]  Safety watch | [ ]  Additional person | [ ]  Observer (required) |
| Qualified electrical workers level      (must be trained per Electrical Safety Manual (ESM) Chapter 6, qualified, and have full knowledge of equipment) |
| [ ]  Capacitor training required as determined by JHQ |
| Line manager must determine if the work is to be completed by skill of the worker or by procedure.[ ]  Skill of the worker [ ]  Procedure required ― Procedure number:        |
| [ ]  See page 2 and attachments for added information, special requirements, procedures, WCDs, or written work plans. |
| [ ]  If this form reflects Mode 2 work (energized diagnostics, testing and troubleshooting), it has been verified that work cannot be completed in Mode 0, i.e., connecting instruments to test points in Mode 0. |
| [ ]  If this form reflects an energized operational voltage check or a megger test following repair, installation, or replacement of electrical components (Mode 0) then this is an excpetion to Mode 2 approval for energized diagnostics, testing, and troubleshooting. Only the QEW and the line supervisor/foreman or designee are required to review and approve. |
| **APPROVALS:** |
| Hazard analysis verified by (QEW):       | Sign & Date: |
| Line supervisor/foreman, or designee:       | Sign & Date |
| ***Additional approval signatures below this line are REQUIRED for Mode 2 work (except voltage checks and megger test).*** |
| ESH Coordinator:       | Sign & Date |
| Electrical Safety SME:       | Sign & Date |
| Division Director or Dept. Mgr.        | Sign & Date |
| **PERSON IN CHARGE (PIC) delivers the** **job briefing – must include scope of work, hazard analysis, and required controls.** |
| Printed or typed name:       | Sign & Date: |
| **AUTHORIZED WORKERS that have attended required job briefing by the person-in-charge.:** |
| Printed or typed name(s):  | Signature(s) & Date(s): |
|       |  |
|       |  |
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| **Notes:** Include here any details needed from the blocks above: |
|       |
| **Closeout information:** Use the spaces below to provide feedback on any improvements, corrections, or clarifications if needed. |
| Date work was completed:       |
|       |

Upon completion, return this form to electricalsafety@anl.gov