



Tampa Electric Energized Electrical Work Permit

Work Order Number: _____

PART 1: Completed by Requester (TEC Employee)

Description of circuit/equipment:

Description of work to be done:

Justification of why circuit cannot be de-energized, or the work deferred until the next scheduled outage.

Requester Name: _____

Requester Signature: _____

Date: _____

Approval to Perform Work Energized
Management Name: _____

Management Signature: _____

Date: _____

PART 2: Completed by Electrically Qualified Employee **PERFORMING** the work.

Shock Risk Assessment Completed? YES NO Voltage Exposure: _____

Record Shock Hazard Boundaries: Limited: _____ Restricted: _____

Arc Flash Risk Assessment Completed? YES NO Incident Energy: _____

Record Arc Flash Hazard Boundary: _____ Working Distance: _____

Job Briefing completed prior to start of work? YES NO

Safe Work Practices reviewed? YES NO

Access Restriction? YES NO

PPE Reviewed? YES NO

Shock PPE: _____

Arc Flash PPE: _____

Do you agree that the above described work can be done safely? YES NO If **NO**, return to requester.

Comments: (Describe safe work practices and procedures to be used to mitigate the hazard)

Electrically Qualified Employee's Name: _____

Electrically Qualified Employee's Signature: _____

Date: _____

Additional Electrically Qualified Employee's Name: _____

Additional Electrically Qualified Employee's Signature: _____

Date: _____

Electrical Engineer/Supervisor's Name: _____

Electrical Engineer/Supervisor's Signature: _____

Date: _____

PART 3: Acknowledgement that Work is Scheduled to be Performed on Energized Circuit/Equipment

SPO/Team Leader or Designee Name: _____

SPO/Team Leader or Designee Signature: _____

Date: _____