# **ELECTRICAL WORK PERMIT**

### PERMIT DETAILS

| Permit Number      | Date Issued | Start Date and Time | End Date and Time |
|--------------------|-------------|---------------------|-------------------|
|                    |             |                     |                   |
| Location/Work Area |             |                     |                   |
|                    |             |                     |                   |

## WORKER DETAILS

| Name | Worker ID | Gender | Skillset |
|------|-----------|--------|----------|
|      |           |        |          |
|      |           |        |          |
|      |           |        |          |
|      |           |        |          |
|      |           |        |          |
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|      |           |        |          |
|      |           |        |          |

### ELECTRICAL WORK ACTIVITY DESCRIPTION

#### **RISK ASSESSMENT**

| Has a risk assessment been conducted for the electrical work activity? | YES | No |
|--|-----|----|
|--|-----|----|

#### DECLARATION

I hereby declare that I have:

| 1. | Conducted a thorough inspection of the work area and identified potential electrical hazards.  | YES | No |
|----|--|-----|----|
| 2. | Ensured all necessary precautions have been taken to mitigate electrical risks.  | YES | No |
| 3. | Verified that all personnel involved in the electrical work activity have received appropriate training and possess the required skills. | YES | No |
| 4. | Confirmed that all relevant permits, licenses, and authorizations have been obtained.  | YES | No |
| 5. | Verified that the work area is free from any potential electrical hazards or risks.  | YES | No |
| 6. | Ensured proper isolation of electrical equipment from the power source and tagged/locked out.  | YES | No |

| 7. Provided workers with appropriate personal protective equipment (PPE) for electrical work.   |     |    |
|---|-----|----|
| PPE Checklist:  |     |    |
| Safety glasses/goggles  |     |    |
| Insulated gloves  |     |    |
| Flame-resistant clothing  |     |    |
| Safety footwear   |     |    |
| Electrical shock-resistant tools  |     |    |
| Other (specify)   |     |    |
| 8. Established a communication plan for emergencies.  | YES | No |
| 9. Conducted a final inspection before authorizing the electrical work activity.  | YES | No |
| 10. Communicated all necessary safety precautions to workers.   | YES | No |
| 11. Confirmed that appropriate testing equipment, such as voltage testers and multimeters, are available and in proper working condition. | YES | No |
| 12. Verified that workers are aware of the proper procedures for electrical isolation, lockout/tagout, and testing before starting work.  | YES | No |
| 13. Ensured that workers are trained in the safe handling of electrical equipment and materials.  | YES | No |
| 14. Implemented a permit-to-work system.  | YES | No |
| 15. Verified that workers have received proper training on electrical safety.   | YES | No |
| 16. Established and communicated an emergency response plan.  | YES | No |

#### DECLARATION

I hereby declare that all necessary precautions and safety measures have been taken, and I understand and accept the responsibility for the safe execution of the electrical work activity described above.

Name, signature and date:

| Approver 1 | Approver 2 | Approver 3 |  |
|------------|------------|------------|--|
|            |            |            |  |
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