

# REQUEST TO WORK ON ENERGIZED ELECTRICAL LINES, CIRCUITS, OR EQUIPMENT

LOCATION OF WORK (*Facility, Bldg, Room/Space*)

JOB DESCRIPTION

NAME OF QUALIFIED ELECTRICIAN

NAME OF SUPERVISOR WHO BRIEFED EMPLOYEE(S) ON JOB HAZARDS AND EMERGENCY RESCUE PROCEDURES

WHAT IS THE REASON /JUSTIFICATION FOR WORKING ON ENERGIZED LINES, CIRCUITS, OR EQUIPMENT PER 29CFR1910.333(a)(1)?

INCREASED OR ADDITIONAL HAZARDS IF DEENERGIZED

INFEASIBILITY

OTHER JUSTIFICATION FOR NOT DEENERGIZING POWER

IDENTIFY PERSONAL PROTECTIVE EQUIPMENT REQUIRED

## APPROVALS

SIGNATURE (*Code 3523 Supervisor*)

DATE

SIGNATURE (*Code 3540 Concurrence*)

DATE