

**ENERGIZED WORK JOB
PLANNING/BRIEFING CHECKLIST**

0206500_CP_11_31_en_A3



IDENTIFY:

<input type="checkbox"/> Hazards	<input type="checkbox"/> Any evidence of impending failure?
<input type="checkbox"/> Voltage levels involved	
<input type="checkbox"/> Skills required	
<input type="checkbox"/> Any "foreign" (secondary source) voltage source	
<input type="checkbox"/> Any unusual work conditions	
<input type="checkbox"/> Number of people to do the job/task	
<input type="checkbox"/> Shock protection boundaries	
<input type="checkbox"/> Available incident energy	
<input type="checkbox"/> Potential for arc flash (conduct an arc flash risk assessment)	
<input type="checkbox"/> Arc flash boundary	

ASK:

<input type="checkbox"/> Can the equipment be de-Energized?	<input type="checkbox"/> Is the equipment properly installed and maintained?
<input type="checkbox"/> Are back feeds of the circuits to be worked on possible?	
<input type="checkbox"/> Are standby personnel required?	
<input type="checkbox"/> Are unqualified workers required for any part of the task?	
<input type="checkbox"/> Will the workers be exposed to any other hazards while executing the task?	
<input type="checkbox"/> Does a co-Occupancy hazard exist with other contractors/personnel?	

CHECK:

<input type="checkbox"/> Job plans, AHA	<input type="checkbox"/> Vendor Information
<input type="checkbox"/> Single-line diagrams and vendor prints	
<input type="checkbox"/> Information on diagrams and prints is accurate	
<input type="checkbox"/> Safety procedures	
<input type="checkbox"/> Individuals are familiar with the task/process	
<input type="checkbox"/> Each affected employee has received safety training within the last three years	

KNOW:

<input type="checkbox"/> What the job is
<input type="checkbox"/> Who else needs to know? (Communication)
<input type="checkbox"/> Who is qualified to perform/supervise the activities?

THINK:

<input type="checkbox"/> About the unexpected event...what if?	<input type="checkbox"/> Test for Voltage - First
<input type="checkbox"/> Using the right tools, equipment and PPE	<input type="checkbox"/> What else...?
<input type="checkbox"/> Install boundaries/warning signs	
<input type="checkbox"/> Lock - Tag - Test - Try	

PREPARE FOR AN EMERGENCY:

<input type="checkbox"/> Are standby personnel current in CPR/FA/AED?
<input type="checkbox"/> Is the required emergency equipment immediately available? Where is it?
<input type="checkbox"/> How will personnel communicate in the event of an emergency? Where are the numbers?
<input type="checkbox"/> What facility alarm or other alarm systems are available? Where are they?
<input type="checkbox"/> How is equipment shut off in the case of an emergency?
<input type="checkbox"/> Are fire extinguishers and an AED immediately available? Where are they?
<input type="checkbox"/> What other emergency equipment may be required?

Electrically Qualified Person (written):

(signature): _____ Date:

Standby Personnel (written):

(signature): _____ Date: