

PERMIT HOLDER	<b>00001</b>	Ref. WP #	Permit Holder	Date	
	Other Certificates/ supporting documents	<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lift Plan	Estimated Time of Completion: _____
		<input type="checkbox"/> Hot Work	<input type="checkbox"/> LOTO	<input type="checkbox"/> Traffic management plan	
	Equipment ID	<input type="checkbox"/> HV	<input type="checkbox"/> LV	<input type="checkbox"/> ELV	<input type="checkbox"/> Emergency response plan
Nominal voltage (V): Frequency (HZ): Current (A):		Equipment type		<input type="checkbox"/> Cable	<input type="checkbox"/> Lighting
		<input type="checkbox"/> Transformer	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Generator	<input type="checkbox"/> Others
Work Description - Reason for energised electrical work			Location	Date/time valid from	
			Circuits/equipment affected	Date/time valid to	
OTHER ASSOCIATED PERMITS/CERTIFICATES/DRAWINGS					
DOCUMENT NO.	DATE ISSUED	DATE COMPLETED	SIGNATURE		
Permit Holder:	Signature:	Date:	Time:		
GENERAL SAFETY PRECAUTIONS					
Req'd	Confirmed				
<input type="checkbox"/>	_____	HITRA completed and approved			
<input type="checkbox"/>	_____	Shock Hazard Analysis attached.			
<input type="checkbox"/>	_____	Shock Protection Boundary required. Specify limits:		Limited: _____	Restricted: _____ Prohibited: _____
<input type="checkbox"/>	_____	Flash Hazard Analysis attached.			
<input type="checkbox"/>	_____	Flash Hazard Protection Boundary. Specify Limits.		Limited: _____	Restricted: _____ Prohibited: _____
<input type="checkbox"/>	_____	PPE/tools required by HITRA tested and adequate for the job			
<input type="checkbox"/>	_____	Barricades erected to prevent unauthorised access			
<input type="checkbox"/>	_____	Signages posted			
<input type="checkbox"/>	_____	Grounding required on mobile equipment			
<input type="checkbox"/>	_____	Standby Person required			
<input type="checkbox"/>	_____	Insulating barriers required			
<input type="checkbox"/>	_____	Competency certificate required			
<input type="checkbox"/>	_____	Lighting required			
<input type="checkbox"/>	_____	No metallic objects worn by workers			
<input type="checkbox"/>	_____	PPE and tool restrained from infringing the live line minimum approach distance			
<input type="checkbox"/>	_____	Fault current protection device is operational			
<input type="checkbox"/>	_____	Reclose features identified and disabled			
<input type="checkbox"/>	_____	Safe working distance for crane operation (if used) is confirmed with crane operator			
Additional precautions/instructions required for the electrical work					
APPROVAL TO PROCEED					
My signature below indicates that I fully understand and will fully comply with all conditions and requirements of this certificate					
Permit Holder:	Signature:	Date:	Time:		
Qualified Electrical Person:	Signature:	Date:	Time:		
Authorised Electrical Person:	Signature:	Date:	Time:		
My signature below indicates that if all requirements & conditions of this certificate & related permits/forms remain in effect, electrical work can be safely performed.					
Permit Issuer:	Signature:	Date:	Time:		
Additional Approval (if required):	Signature:	Date:	Time:		
REQUEST FOR EXTENSION (ENERGISED ELECTRICAL WORK CERTIFICATE MAY BE EXTENDED ONCE FOR MAXIMUM OF 16 HOURS.)					
Extended from (Date/time):		Extended to (Date/time):			
Permit Holder:	Signature:	Date:	Time:		
Qualified Electrical Person:	Signature:	Date:	Time:		
Permit Issuer:	Signature:	Date:	Time:		
WORK COMPLETION					
Permit Holder:	Signature:	Date:	Time:		
Qualified Electrical Person:	Signature:	Date:	Time:		
Permit Issuer:	Signature:	Date:	Time:		