Interior Health	Title: **Electrical – Low Voltage Permit**	Document No.:	Approved By:
	Author:	Revision No.:	Date Approved:

Work Order Number:		**Method Statement / Risk Assessment Number:**	
Permit Number:			

Section 1 to be completed by the Permit Requester

Permit Requester	Name:		Company:	
Intended Work Area	Building:		Location Number:	

Description of Work:

Equipment/tools to be used:

Section 2 to be completed by the Permit Requester
Hazard Identification and Risk Assessment

Have all electrical power sources been identified?	
Have all other energy sources been identified (e.g., mechanical, hydraulic, etc.)	
Are appropriate lockout/tag out devices and tags available in adequate number?	
Is there a group lock out procedure in place?	
Have notices been placed where adjacent equipment is still energized?	
Does the safe work plan include the verifying complete isolation and/or grounding?	

Additional Hazards:

Hazard	**Control**

Personal Protective Equipment Required:

Policy is to de-energize and lockout equipment before any work on or near equipment. Where this is not feasible, electrical safe work practices will be employed to prevent electric shock or other injuries. At a minimum the following measures shall be employed:

Is the work being done by a qualified person, competent and capable of working safely on energized electrical components and systems?	
Is a Buddy System in place?	
Is there additional Personal Protective Equipment (PPE) required?	
List Additional PPE:	

Section 3 to be completed by the Permit Requester and the Permit Authorizer

Permit Valid From:	Start Date:		Start Time:	
To:	End Date:		End Time:	

	Print Name	**Signature**	**Date**	**Time**
Permit Requester:				
Permit Authorizer:				

Section 4 to be completed by the Permit Requester the Permit Authorizer

I am satisfied that this work has been completed satisfactorily and that the area has been left in a safe and clean condition.

	Print Name	**Signature**	**Date**	**Time**
Permit Requester:				
Permit Authorizer:				