Electric Job Briefing and Planning Checklist

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| **Qualified Electric Workers:** | |  | | |
| **Division:** | **COO/FM&L** | | **Location:** |  |
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| **Work Scope:** | | | | | | | | | | | | | | | | | | | |
|  | Type of Work: | | | | |  | |  | Subcontractor? | | | |  | | Yes |  | | No | |
|  |  | | Testing | |  | | Troubleshooting |  | SOTR: | | |  | | | | | | | |
|  |  | | Maintenance | |  | | Repair |  |  | |  | | | | | | | | |
|  |  | | Removal | |  | | Install |  |  | |  | |  |  | | | | | |
|  | Equipment: | | |  | | | |  |  | |  | | | | | | | | |
| Does the work impact operations? | | | | | | |  | | | | | | | | | | |
|  |  | | Yes | |  | | No |  |  | |  | |  |  | | |  | |  |
|  | Have proper notifications been made? | | | | | | |  |  | | | | | | | | | | |
|  |  | | Yes | |  | | No |  |  | |  | |  |  | | | | | |
|  | | List: |  | | | | | | | | | | | | | | | | |
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| **Work Hazards:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Is the equipment energized? | | | | | | | | | |  | | Multiple power sources? | | | | | | | | | | | |
|  | |  | | | Yes | | |  | | No | |  | |  | | | Yes | |  | No | | | | | |
|  | | Can the equipment be de-energized? | | | | | | | | | |  | | Can you de-energize both power sources? | | | | | | | | | | | |
|  | |  | | | Yes | | |  | | No | |  | |  | | | Yes | |  | No | | | | | |
|  | |  | | | | | | | | | |  | | Primary Voltage: | | | | | | | | | | | |
|  | |  | | |  | | |  | |  | |  | |  | | | 120/208 VAC | | | | |  | | > 50VDC | |
|  | |  | | |  | | |  | |  | |  | |  | | | 277/480 VAC | | | | |  | |  | |
|  | |  | | |  | | |  | |  | |  | |  | | | > 480 VAC | | | | |  | |  | |
|  | | Shock Protection Boundaries: | | | | | | | | | |  | |  | | | | | | | | | | | |
|  | | | Distance: | | | 42” | | | | | |  | | |  | | | Arc Flash PPE 11Cals | | | | | | | |
|  | |  | | | Tape & Cones | | |  | |  | |  | |  | | |  | | | | |  | |  | |
|  | | Confined Space? | | | | | | | | | |  | | Confined Space Permit? | | | | | | | | | | | |
|  | |  | | | Yes | | |  | | No | |  | |  | | | Yes | | | | |  | | No | |

|  |  |  |  |  |  |  |  |  |  |
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| **Job Information:** Work Order Numbers: | | | | | | | | | |
|  | Description of the work: | | | |  |  | | | |
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| **Authorizing Signatures:** | | | | | | | | | |
|  | Lead Qualified Electrical Worker | | | |  | Lead Qualified Electrical Worker’s **Supervisor** | | | |
|  | Print |  |  |  |  | Print |  |  |  |
|  | Signature |  |  |  |  | Signature |  |  |  |