**TO BE COMPLERED BY ELECTRICALLY QUALIFIED PERSON:** (attach additional documentation as needed)

(1) Description of the Job:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

(2) Description of each individual task to be performed and identification of the electrical and other hazards associated with each step of the task. (attach completed JSA):

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Use this section for notes and comments

(4) Results of the shock risk assessment:
- Electrical system nominal voltage: ____________________________
- Limited approach boundary distance: ___ ft. ___ in
- Restricted approach boundary distance: ___ ft. ___ in
- Appropriate shock and other personal protective equipment required for the work to be performed:

(5) Results of the arc flash risk assessment:
- Available incident energy level _________cal/cm² or arc flash PPE category__________
- Arc flash boundary ______ ft _______in
- Appropriate arc flash and other personal protective equipment required for the work to be performed:

(6) Specific safe work procedure that may involve with individual task:

______________________________________________________________________________________________

(7) Special precautions that may be necessary:

______________________________________________________________________________________________

(8) Necessary energy source controls:

______________________________________________________________________________________________

(9) Pre-Job Safety Briefing

______________________________________________________________________________________________

I acknowledge that a pre-job briefing has been performed and that I understand this job safety plan and will comply with all safety requirements.

Electrically Qualified Person Signature: ____________________________ Date:___ / ___ / ___

Additional Workers Signatures:

Date:___ / ___ / ___

Date:___ / ___ / ___

NOTE: If scope of plan changes so must the Job Safety Plan- a new plan must be completed for different work.

Provide this form and all supporting documentation prior to work to Manager for filing, retain and have copy at job site for the duration of work.