



**FREEMPORT-
McMORAN**

Energized Electrical Work Permit Electrical Safety FCX-HS03

JOB/WORK ORDER NUMBER	
REQUESTOR NAME/TITLE	
DATE	

PART I: TO BE COMPLETED BY THE REQUESTER

ITEM	COMMENTS
Description of circuit/equipment/job location	
Description of work to be done	
Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage	

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DURING THE WORK

ITEM	COMMENTS Use the back of this form or attach additional information if necessary.	Task Completed?	
		YES	NO
Detailed job description procedure to be used in performing the above detailed work			
Description of the safe work practices to be employed			
Result of the shock hazard analysis			
Determination of shock protection boundaries			
Result of the arc flash hazard analysis			
Determination of the arc flash protection boundary			
Necessary personal protective equipment to safely perform the assigned task:			
Means employed to restrict the access of unqualified persons from the work area			
Evidence of completion of a job briefing including discussion of any-job related hazard			
Do you agree the above described work can be done safely?			
Do you have a 2 nd electrically qualified person or trained attendant?			

***** NOTE: If any of the above answers are no, return to requester. *****

PART III: APPROVAL TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED

Electrically Qualified Person(s)		Electrically Qualified Person(s)/Trained Attendant	
Operations Supervisor		Electrical Supervisor*	
APPROVER'S NAME			

***If the Electrical Supervisor is not available then contact must be made with the Sr. Electrical Supervisor or Electrical Superintendent. In the event none of the above can be contacted then contact must be made with the Department Manager and the Health and Safety Manager.**