# ELECTRICAL ISOLATION & APPROVAL FORM

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Qualified Electrician: |  |
| Supervisor On-Shift: |  |
| Location: |  | WO #: |  |
| Description of Work: |
|  |
| Description of Affected Equipment: |
|  |
| MCC: |  | Panel: |  |
| Circuit/breaker Number(s): |  |  |  |  |
|  |  |  |  |  |
| Method of Isolation: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Assigned Personnel: |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **REQUIRED ITEMS CHECKLIST** |
|  | *Y* | *N* |
| **PPE** |  |  |
| **WPE** |  |  |
| **JSA/JRA** |  |  |
| **FRM’S** |  |  |
| **CONTROL ROOM NOTIFIED** |  |  |

*All items must be completed prior to starting work.*

***Do not proceed*** *until all paperwork has been completed and reviewed.*

|  |  |
| --- | --- |
| **Notes:** |  |

**YES**

**YES**

**NO**

**NO**

**ELECTRICAL SUPERVISOR CHECKLIST**

|  |  |  |
| --- | --- | --- |
|  | *Y* | *N* |
| Have competent, qualified persons been assigned to the job? |  |  |
| Are affected loads critical for operation? *If yes,* ***do not*** *proceed with task during operation or escalate to senior supervision for approval. If unclear* ***do not*** *proceed.* |  |  |
| Is isolation critical & necessary prior to lance change or SD?*If no,* ***do not*** *proceed until lance change or SD opportunity. Create a work order and schedule. If unclear* ***do not*** *proceed.* |  |  |
| Ensure direct contact with control room is made during isolation? |  |  |
| Provide a copy to senior supervisor? |  |  |

|  |  |
| --- | --- |
| Qualified Electrician Signature: |  |
| FMI Electrical Supervisor Signature: |  |