



Appendix 14-C2 Hot Work Request Form (Service & Maintenance Only)

Service/Maintenance Electrician Performing Hot Work:		(REQUIRES ONLY A JOURNEYMAN ELECTRICIAN TO COMPLETE HOT WORK)
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">(PRINT NAME)</div>		
Location of Hot Work:		
Customer is aware of Hot Work being performed:		(CUSTOMER SIGNATURE)
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Job Number:		Job Name:
Hot Work is being performed on:		Date:
		Time:

1. Description of Work: (CHECK ALL THAT APPLY)

Check	Description of Hot Work	Check	Description of Hot Work
<input type="checkbox"/>	Trouble Shooting Light Circuit	<input type="checkbox"/>	Trouble Shooting Power Circuit
<input type="checkbox"/>	Pulling K. O. in Panel Board	<input type="checkbox"/>	Pulling Wire in Existing Conduit
<input type="checkbox"/>	Add Circuit Breaker in Panel Board	<input type="checkbox"/>	Install Metering Clamps in Panel Board
<input type="checkbox"/>	120/208 Volts	<input type="checkbox"/>	277/480 Volts

Explain in detail why work must be completed while circuit is energized. In addition explain any work not identified above (USE BACK OF FORM FOR ADDITIONAL INFORMATION):

2. Safety Considerations and Personal Protective Equipment (PPE) Required: (CHECK ALL THAT APPLY)

Check	Type of PPE Required & Used	Check	Type of PPE Required & Used
<input type="checkbox"/>	Hot Work Gloves	<input type="checkbox"/>	Lockout/Tagout Equipment placed on all other circuits (IF APPLICABLE)
<input type="checkbox"/>	Face Shields	<input type="checkbox"/>	Hot Work Tools (INSULATED TOOLS REQUIRED)
<input type="checkbox"/>	Blankets	<input type="checkbox"/>	Meters are in operational condition and have been tested
<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Other employees in the area have been informed of Hot Work being performed
<input type="checkbox"/>	Signage or Barricading	<input type="checkbox"/>	All employees assigned to perform work or assist have been briefed
<input type="checkbox"/>	Barriers and Guards are in workable condition and are properly placed to isolate hazardous area.	<input type="checkbox"/>	Other Considerations (EXPLAIN ON BACK OF FORM IF APPLICABLE)

NOTE: FOR ANY WORK ABOVE TESTING OR TROUBLE SHOOTING A SECOND ELECTRICIAN MUST BE PRESENT.

Service/Maintenance Technician Signature: _____

(Must be signed by person performing Hot Work after all safety considerations are made and implemented.

Form should be maintained on site during work and returned to the Service Manager after work is completed)



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