## **Electrical Work/Switch Permit**

Location		Data	T'	Timo		
Location		Date	Time	From	to	
Description of Wo	rk					
Subcontractor			Company			
Company		Name				
Name applicant		Position				
Signature		Signature				
It is allowed to e	xecute operations provided that the followir	g points are adhered to:				
Entry to switchroom marked "Authorized Personnel only".						
Signs p	laced on panels or cabinets:					
	DC	NOT SWITCH				
DANGER HIGH TENSION (> 1000 VOLTS)						
DANGER HIGH TENSION (< 1000 VOLTS)						
Check and test sheets to be attached to permit.						
Locking out of integrated systems not to be activated.						
Mark clearly on attached diagram which point of system is live.						
Close panels and cabinets after work.						
Entry of A minin	f high tension switchrooms (< 1000 V) is only pour of one person <b>AND</b> a safety watch, trained	ermitted to authorized Electrical first aid, may	trical Enginee enter at any t	ers. ime.		
Additional require	ments					
				T		
Checked by				Date		
	(Name of Company Electrical/Ins	strumentation Specialist)				

Full responsibility for instructions received with this permit is accepted by subcontractor's supervisor. It is HIS obligation to pass on all relevant information to his executing foreman and his men. Permit is to be handed in to the Company issuing authority at the end of EACH workday

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