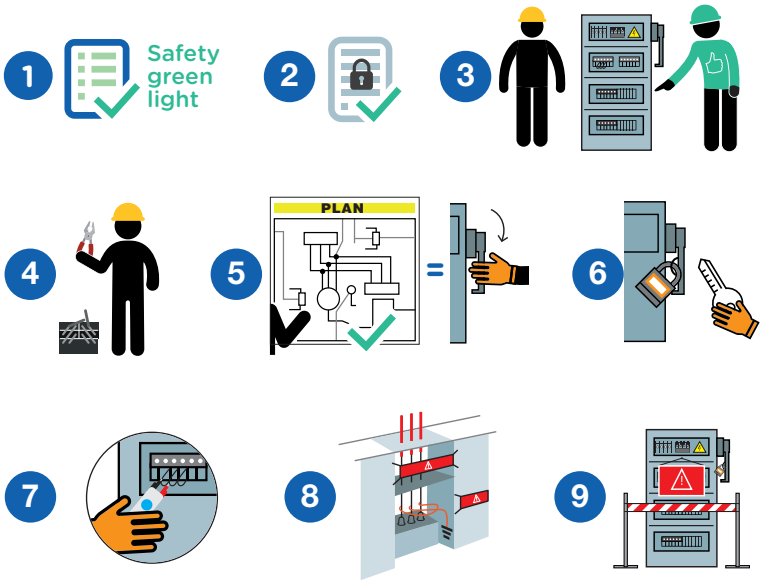


Work on electrical de-energized systems



11 fatalities related to work on powered systems occurred within the Company in the last 10 years.



Work on electrical de-energized systems



June 2022

Location _____ Date _____

Company observed _____ Permit No. _____

YES NO N/A

POINTS TO BE CHECKED

- | | | | | |
|-----------------------|-----------------------|-----------------------|----------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1 | Has the "Safety green light" been carried out? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2 | Has the representative of the workers received the validated isolation certificate(s) corresponding to the equipment involved in the work to be done? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 3 | Is the circuit or equipment on which the work is to be carried out identified in the field by an authorised person in the presence of a representative of the workers? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4 | Do personnel performing the activity wear specific PPE for the task? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 5 | Are separation devices set in the identified position as per approved isolation diagram / plan? (master copies to be checked in the dedicated place) |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 6 | Are separation devices locked and tagged? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 7 | Has the zero voltage testing been carried out by an authorized person and demonstrated to the representative of the workers? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 8 | Has the grounding / short circuiting been carried out on all conductors including neutral? |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9 | Are hazards on adjacent live parts signalled and are protections in place? |

Compliance rate (Nb YES/applicable points): _____ / _____ (_____ %)

Comments _____

Name _____ Company _____

Signature _____