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(General Work Permit number or Routine work order)

LIVE ELECTRICAL WORK WORK PERMIT



longer met. This permit is only valid when Live electrical work shall only be done w	all appropriate sections are completed and the section of the sect	eted and signed by the appropriate individuals	d. Our basic requirement is to conduct work on
Section 1		eral Information	
This permit is linked to:			
A General Work Permit or		No:	
• An SOP or other written wo	rk instruction	Reference:	
		able)	
Permit Live Electrical Work Requested by: (name & Company)			
		To: (date & time; max. 7 days)	
	/ equipment:		
Work description:			
Does this work include: • The voltage in the circuit is H • Energized Electrical Work -T • Low voltage circui • High Voltage circui • Energized Electrical Work - T Justification 'Why' the work cannot be	esting and Troubleshooting try (< 600V) iitry (≥ 600V) Maintenance and Replacement	☐ Yes => No permit required ☐ Yes => No permit required ☐ Yes => Permit required ☐ Yes => Permit required ☐ Yes => Permit required	
Has a documented risk control procec	dure been provided? Yes: (ref No, hazai	of procedure): rd identification and control will be docum Irds & Mitigations - Shock Hazard Ana	ented by this permit
Voltage type selection \Box A.C \Box D.C			
Arc Flash Hazard Analysis applicable? Apply local regulatory requirements.			
AC system DC system In absence of local information use th			
Voltage (AC/DC) Limit	ed Approach Boundary	Restricted Approach Boundary	Prohibited Approach Boundary
< 600V	3 m (10 ft 0 in)	1,2 m (4 ft 0 in)	25 mm (0 ft 1 in)
≥ 600 V < 46KV	3 m (10 ft 0 in)	1,2 m (4 ft 0 in)	0,4 m (1 ft 5 in)
Highest voltage to which personnel w			
	ftin or m	□ Work will be conducted within this	-
Restricted approach boundary?		□ Work will be conducted within this	
Prohibited Approach Boundary?		Work will be conducted within this Hazard Prevention	boundary
Section 2A Necessary shock, personal and other p			
Voltage-rated tools	□ Voltage-rated gloves		Face shield
Hard hat	□ Voltage rated Isolating mat	Flame resistant work clothing with lo	
□ 2nd person present	Other:		-
Line a job briefing and alarming the still	ist been completed?	Vec (Please attach)	\square No (Co to Section 2C)
Has a job briefing and planning check	ist been completed?	□ Yes (Please attach)	□ No (Go to Section 2C)

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Section 2B	Section 2B Arc Flash Hazard Analysis									
Method applied to define Arc flash er	iergy									
□ Incident energy analysis method (Cald	culations)	□ Arc flash PPE categories from lo	□ Arc flash PPE categories from local regulatory requirements							
Available incident energy (Ma	x)cal/ cm²	Using the task tables and then defi	Using the task tables and then defining the appropriate PPE.							
Arc Flash Boundary	.ft ormm		Clothing, insulated tools and PPE must be in good condition and inspected in accordance with site Electrical Safety Program requirements prior to using.							
Identify appropriate clothing in the table below.										
Arc flash protective clothing (PC = Perso	onal clothing/ ARC = Arc rated clothin	ng)								
□ Long sleeve shirt (PC)	□ Long Pants (PC)	Long Sleeve shirt (ARC)	□ Long Pants (ARC)							
□ Face shield or Arc flash suit hood	Coverall (ARC)	□ Suit pants (ARC)	□ Suit hood (ARC)							
🗖 Balaclava (ARC)	□ Suit Jacket (ARC)	□ Jacket, parka, rainwear, or hard	hat liner (ARC)							
Gloves (ARC)	Other:									
Shock Protective Clothing			Uten a duty leather clause							
☐ Hard hat ☐ Isolated Leather footwear	□ Safety glasses or safety goggles	Hearing protection	Heavy duty leather gloves							
	Other:									
Has a job briefing and planning check	list been completed?	□ Yes (Please attach)	□ No (Go to Section 2C)							
Section 2C	Methods to Prevent 'Unqua	alified Persons' Access the Work A	rea							
□ Signs/ Tags	□ Barricades		tendants							
Section 3	Authorizat	tion and Acceptance								
Viasat Site Expert Electrical Person of										
I give authorization for the described to work are controlled.	work to proceed as per the condi	itions of this permit and I am satisfied	that all the hazards associated with this permit							
Name:	Phone:	Signature:	Date & Time:							
		-								
Additional requirements:										
Demon in Change										
Person in Charge I confirm that Person(s) Carrying Out	the Work have the appropriate s	kills, knowledge, information, tools and	d equipment to perform the work safely. I							
	•		g Out the Work and have ensured these							
		dures. It is safe to perform the work as								
Name & Company:	Phone:	Signature:	Date & Time:							
Person Carrying Out The Work DPe	erson in Charge is sole Person Car	rrying Out The Work (no extra signatur	e required)							
e .	ons have been explained to me a	and by virtue of my signature I commit	to adherence of the permit conditions. Each							
person working on the job must sign.										
		ented risk control procedure (Safe Plar								
Name & Company:	Signature:	Name & Company:	Signature:							
Section 4	Hand-O	ver (Start of Work)								
Section 4 Hand-Over (Start of Work) Area Owner or Authorized Designee / EHS Manager or EHS Representative										
I have reviewed the plan(s) to complete the described work and the hazards associated with this work are or will be controlled. I have checked the										
area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization										
for the described work to proceed as	· · · · · · · · · · · · · · · · · · ·									
Are the Utility System owners inf		∃Yes □NA								
Are the Area Owners of possible										
 I have informed all affected Emp Name & Company: 	Phone:	Yes INA Signature:	Date & Time:							

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Section 5	ection 5 Hand-Back (End of Work)									
Person in Charge										
All activities associated with this permit to work have been completed and the area has been left in a safe, clean and tidy condition.										
Name & Company:	Signat		Date & Time:							
Area Owner or Authorized Designe	ee/ EHS Manager or I	EHS Representativ	e							
I have verified, through in place inspection, that the activities associated with this permit have been completed and that the area has been left in a safe,										
clean and tidy condition.										
Name & Company:	Signature:		Date & Time:							
Section 6		Extensio	n of Validity							
I have verified that General Work Permit no										
is given.										
Permit extension until	Viasat Site Expert Electrical Person		Area Owner or Authorized Person in Ch							
(Date & time, max 7 days/ extension):	or Designee Designee/ EHS Ma			nager or EHS						
	Representative									
	Name:	Signature:	Name:	Signature:	Name:	Signature:				
	••••••	*****		*****		•••••				
Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work										
under applicable laws or the requirements of the Agreement governing the work.										

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS.