



HV Electrical Switching Plan

EHSS North America Program – Electrical Safety Qualified, Appendix G

This template is provided as an example that meets the minimum requirement of the North America Electrical Safety Qualified program.

The form may be adopted as is or modified as required to be site specific; however, modification must not remove content.



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Mosaic High Voltage Electrical Switching Plan				Mosaic
PROJECT DESCRIPTION:		PROJECT START DATE:		
PREPARED BY:		DATE:		
CHECKED BY:		DATE:		
VERIFIED BY:		DATE:		
(Please Print)				
Reference Drawing List:				
Drawing Number	Rev	Drawing Number	Rev	
PROJECT WORKERS (See attached page(s) for additional workers)	REVIEWED WITH WORKER? (Date & Time)	PROJECT WORKERS (See attached page(s) for additional workers)	REVIEWED WITH WORKER? (Date & Time)	
Will this work be performed on an energized line ("Hot")? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If Yes, Why?				
Safety Equipment Required:	<input type="checkbox"/> Hot Gloves <input type="checkbox"/> Non-contact voltage detector <input type="checkbox"/> Tester for non-contact voltage detector <input type="checkbox"/> Face Shield <input type="checkbox"/> Flameproof PPE <input type="checkbox"/> Ground Harness (see list) <input type="checkbox"/> Other			
Is a Utility Permit Required?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Permit Number: _____	
If Yes, Details?				
Notification to Utility Operating Authority of Plant Outage <input type="checkbox"/> No <input type="checkbox"/> Yes				
Utility Operating Authority Permit Number: _____				
Time of Issue: _____		Time of Surrender: _____		
Utility Authority Operator Name: _____		Utility Authority Operator Name: _____		
Actions to be taken; People to be notified prior to outage: (Attach additional sheets if required)				



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Energy Sources to be Locked Out: (Attach additional sheets if required)						
<input type="checkbox"/> N/A Select this box only if the required information in this section is listed on the Potash Lockout Permit and/ or Lock Box Tag; the section can be left blank if N/A is checked.						
Device		Locked		Lock #	Time ON	Time OFF
		Open	Closed			

Ground Harness Assignment: (Attach additional sheets if required)				
Set #	Worker Responsible	Location	Time ON	Time OFF

Lockout Procedure Details: (Attach additional sheets if required)					
Step #	Time	Initial	Lock #	Location	Description
1					
2					
3					
4					
5					
6					

Re-energization Procedure Details: (Attach additional sheets if required)					
Step #	Time	Initial	Lock #	Location	Description
1					
2					
3					
4					
5					
6					

ELECTRICAL SUPERVISOR				DATE:	
	(Please Print) & (Signature)				

When job is finished, forward completed plan form to the designated person for document retention.

WARNING: Any changes to the work scope resulting in a required change to the isolation zone must be revalidated per section 7 of the EHSS North America Electrical Safety Program – Qualified.



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