



## ELECTRICAL HAZARD PLAN

Project Name/Number: \_\_\_\_\_

Date/Duration of Possible Hazard: \_\_\_\_\_

Supervisor: Name \_\_\_\_\_ Signature: \_\_\_\_\_

Location of Overhead Conductors (use diagram if needed): \_\_\_\_\_

Voltage: \_\_\_\_\_

Minimum Distance  3m  4.5m or  6m

### PROCEDURES USED TO PROTECT AGAINST ELECTRICAL HAZARDS (all boxes must be checked)

Sign/ sticker posted at operator's station (cab)  Arranged for signaller

Warning devices / signs at hazard location

Equipment Unit # / Description: \_\_\_\_\_  
(working with signaller)

Any Other Procedures Explained: \_\_\_\_\_

**By signing below I acknowledge that I understand the potential electrical hazards described in this plan and will comply with the procedures used to protect against these hazards:**

Position	Name	Signature	Date
Operator			
Signaller			
Other:			