

Activity-Specific Electrical Worker Form - Course #2024

This is the electrical qualification form. Electrical training identified in section 3 below **must** be completed prior to filling out this form. A qualified electrical worker is anyone whose immediate manager has determined that they have the skills and knowledge related to the construction and operation of electrical equipment and installations and has received safety training on the hazards involved. Only those persons that are both qualified and authorized may install, fabricate, repair, test, calibrate, or modify electrical parts.

Learner Information

Learner Name (Print)

Learner PR# or HID

Learner Company (Non-PNNL Staff)

Identification of Authorized Electrical Work, Work Experience, and Training

Section 1: Select the type of electrical work you will perform (see associated sections of work control).

Energized

Diagnostic and Testing

De-Energizing

Other

Describe the job-specific function or activities to be performed. (**Required**): _____

Section 2: Characterize the experience and/or training the electrical worker has.

Technically Related Degree

Journeyman

Years of Experience: _____

N/A

Other Technical Training (*list training*): _____

Section 3: Select and date the training completed for activity(s) described in section 1.

Classroom Series:

Course #1014 Full Electrical Worker (*Pre-req for #2000 & #2001*)

Must also select one of the below courses

Course #2000 Power Distribution and Equipment Electrical Safety

OR

Course #2001 Electrical Safety for R&D Work Only

Date

Date

Date

OR Web-based/OJT Series:

☐ Course #1959 Limited Electrical Worker, Specialized/Subcontractor (*pre-req for OJT*)

Must also select one of the below OJT Trainings-Single Task Custom Electrical Safety Training

Course #2002

Course #2004

Course #2005

Course #2009

Course #2011

Course #2608

Date

Date

Energized Electrical Work Permit (EEWP)#: _____

Credit for non-PNNL OSHA/WISHA/NFPA 70E Training **within the last 3 years** (*Requires PNNL Electrical Safety SME approval*)

OSHA/WISHA/NFPA 70E Training

Date

PNNL Electrical SME (Print)

PNNL Electrical SME (Signature)

SME PR# or HID

Date

Manager Approval of Qualification (PNNL Staff Only)

I have verified that the worker named above has the appropriate work experience and has completed the formal training indicated above in order to perform the activities specified. This worker is authorized to perform the activities specified in section 1.

Manager Name (Print)

Manager Signature

Manager PR# or HID

Date

To receive credit for training, please email documentation to the Laboratory Training Coordinator: lrc@pnnl.gov

Student/manager information must be legible to receive credit.