

Activity-Specific Electrical Worker Form - Course #2024

Electrical training identified in section 3 below must be completed prior to signing this form. A qualified person is one who has demonstrated skills and knowledge related to the construction and operation of electrical equipment, and installations, and has received safety training to identify the hazards and reduce the associated risk. Only those persons that are both qualified and authorized are permitted to perform the task specific activities listed in Section 1. Re-evaluation is required when changes in job assignment, the requirements, or deficiencies are identified in the field.

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 function and specific task activities to be performed (**Required**):

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

Technically Related Degree Journeyman License: _____ N/A

Years of Experience: _____ Other Technical Training or Certifications: _____

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*)

Date

Course #2000 Electrical Safety for F&O, and R&D Practical Evaluation

Date

Course #2001 Electrical Safety for R&D Work Only

Date

OR Computer Based Training (CBT) with Classroom Series:

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

Date

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

Course #2004 Course #2005 Course #2009 Course #2608

Date

Specialized or Subcontractor Lab Assist Activity # (**Required**):

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

OSHA/WISHA/NFPA 70E Training Course ID _____

Date

Must be Classroom or Instructor Led Online Approved Curriculum.

PNNL Electrical SME (Print)

PNNL Electrical SME (Signature)

SME PR# or HID

Date

Manager Approval of Qualification

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 and is authorized to perform the task specific activities specified in Section 1.

Manager Name (Print)

Manager Signature

Manager PR#, HID, or SR#

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.