

# Meade County RECC

P.O. Box 489  
Brandenburg, KY 40108-0489  
(270) 422-2162  
Fax: (270) 422-4705

July 21, 2011

RECEIVED  
JUL 26 2011  
PUBLIC SERVICE  
COMMISSION

MR. JEFF DEROUEN  
KENTUCKY PUBLIC SERVICE COMMISSION  
211 SOWER BLVD  
FRANKFORT KY 40602

Mr. Derouen:

Please find enclosed copies of the safety audits for our contractors as well as our own safety audits. This was e-mailed to you the other day. If you need further, please don't hesitate to contact me @ (270) 422-2911, ext. 3128.

Sincerely,

Carol Cundiff, Supervisor  
Operational Services

Quarterly Contractor Safety Update

RECEIVED  
JUL 23 2011  
PUBLIC SERVICE  
COMMISSION

Contractor: Bowline Energy

Date of update: 7-19-11 Location: B-604g Office

Attendees: Mary Crowe, Al Gibson, Tony Epperson,  
D. Poe, B. Wardrip

Manhours worked: 5971 (11,842 YTD)

Accidents and Near Misses

Quantity: 0 Lost time accidents 0 Time lost 0

Accident #1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Crew name (foreman): \_\_\_\_\_

Violation(s) found: \_\_\_\_\_

\_\_\_\_\_

Remedies or corrections taken: \_\_\_\_\_

\_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

Safety program accomplishments and updates: \_\_\_\_\_

- Bill Stabon*
- new G.F. to be on board ~~next~~<sup>month</sup> + a crew audit to be performed ~~on~~ each day. Bowlin to provide MCREC one audit per crew per month + also a summary of the audits each quarter.
  - Tony Epperson is now the director of operations.
  - Rubber goods quality + quantity to be addressed in the next quarter.
  - Pre-job briefings to occur each day by each crew to assure safe environments + good communications - being documented

# PRE-JOB BRIEFING



Date \_\_\_\_\_ Time \_\_\_\_\_



Job Location \_\_\_\_\_

Description of Work \_\_\_\_\_

Feeder \_\_\_\_\_ Voltage \_\_\_\_\_

Discussion Topic Guide (Check all that apply)

<input type="checkbox"/>	Work Procedures	<input type="checkbox"/>	Cover- up Required
<input type="checkbox"/>	Vehicle Placement	<input type="checkbox"/>	Assignment of Work Tasks
<input type="checkbox"/>	Public Safety Precautions	<input type="checkbox"/>	Traffic Control Requirements
<input type="checkbox"/>	Grounding of Equipment	<input type="checkbox"/>	Grounding of Conductor
<input type="checkbox"/>	Utility Locates	<input type="checkbox"/>	Potential Distractions
<input type="checkbox"/>	Material Handling & Rigging	<input type="checkbox"/>	Environmental Issues
<input type="checkbox"/>	Minimum Approach Distance	<input type="checkbox"/>	Identify Other Work Groups in Area
<input type="checkbox"/>	Excavation/Trench Hazards	<input type="checkbox"/>	Confined Space Entry Precautions
<input type="checkbox"/>	PPE Requirements	<input type="checkbox"/>	Verify Isolation Points
<input type="checkbox"/>	Check for Back feed Potential	<input type="checkbox"/>	Check all PPE and Fall Arrest Devices

Provide Work Overview Discussed with Crew

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What could go wrong on this job site?

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List Preventative Measures Implemented to Ensure Work is Done Safely

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Crew Leader Signature & ID#: \_\_\_\_\_

Crew Member Signatures & ID#:

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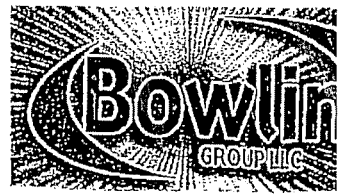
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**Remember - Visualize, Verify, Validate!**

If the job cannot be performed safely ---STOP THE JOB and ask for assistance!



CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Jo Jackson

Date: Apr. 14<sup>th</sup> 2011

Location: Meade Co. Elec.

Crew Leader Signature: Jerry Hensa

Others: \_\_\_\_\_

Work Being Performed: gpr

**Job Briefing:**

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Work Area Protection:**

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	

**PPE Being Used:**

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Rubber Goods Tested:**

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Safety Tools Condition**

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Work Procedures Satisfactory
- Housekeeping of Job Site

Notes:

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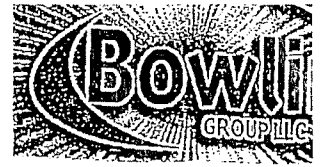


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**CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST**



Observer: J. J. [Signature]

Date: 5/12/11

Location: Macleo. Eden

Crew Leader Signature: [Signature]

Others: \_\_\_\_\_

Work Being Performed: yes

**Job Briefing:**

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Work Area Protection:**

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			
✓			

**PPE Being Used:**

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			
✓			
✓			
✓			

**Rubber Goods Tested:**

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			
✓			

**Safety Tools Condition**

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

OVER



Properly Grounded  
House Keeping Satisfactory  
House Keeping Excellent  
Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Energized Lines:

All Phases Covered  
Neutral Covered  
Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

De-Energized Lines:

Tested (Voltage Detector)  
Grounded  
Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

General:

Work Procedures Satisfactory  
Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

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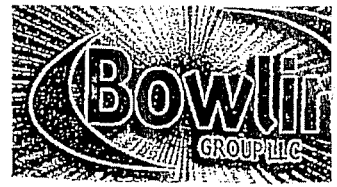
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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: John Jackson

Date: 6/16/11

Location: Maude Co. Elec.

Crew Leader Signature: David Eller

Others: \_\_\_\_\_

Work Being Performed: YES

**Job Briefing:**

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Work Area Protection:**

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PPE Being Used:**

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Rubber Goods Tested:**

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Safety Tools Condition**

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVER

Vehicles/Equipment.

YES	NO	N/A	If no, corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Properly Grounded  
 House Keeping Satisfactory  
 House Keeping Excellent  
 Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All Phases Covered  
 Neutral Covered  
 Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Tested (Voltage Detector)  
 Grounded  
 Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Procedures Satisfactory  
 Housekeeping of Job Site

Notes:

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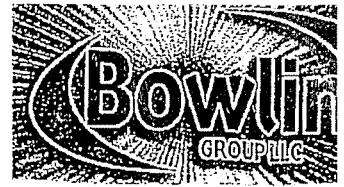


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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: J. Jack

Date: 4/14/11

Location: Meads Co.

Crew Leader Signature: Ronald Douglas

Others: \_\_\_\_\_

Work Being Performed: Gas

Job Briefing:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Work Area Protection:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

PPE Being Used:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Safety Tools Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- Work Procedures Satisfactory
- Housekeeping of Job Site

Notes:

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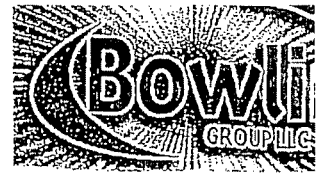


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**CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST**



Observer: *J. Jack*

Date: *5/12/11*

Location: *Miami Co. Elec.*

Crew Leader Signature: *Ronald Wright*

Others: \_\_\_\_\_

Work Being Performed: *yes*

**Job Briefing:**

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Work Area Protection:**

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**PPE Being Used:**

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Rubber Goods Tested:**

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Safety Tools Condition**

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Properly Grounded  
 House Keeping Satisfactory  
 House Keeping Excellent  
 Wheel Chocks in Use

<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

All Phases Covered  
 Neutral Covered  
 Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

Tested (Voltage Detector)  
 Grounded  
 Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Work Procedures Satisfactory  
 Housekeeping of Job Site

Notes:

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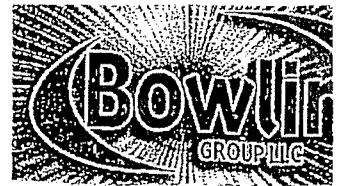


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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: J. J. Smith

Date: 6/16/21

Location: Macle W. Blvd.

Crew Leader Signature: Ronald Douglas

Others: \_\_\_\_\_

Work Being Performed: UPS

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER



Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

- Work Procedures Satisfactory
- Housekeeping of Job Site

Notes:

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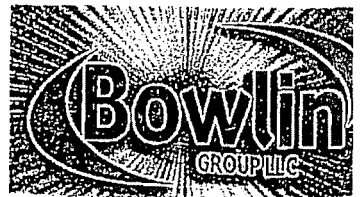


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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: Jr. Quirk

Date: 4/14/11

Location: Maat W. Elm

Crew Leader Signature: Chris Anderson

Others: \_\_\_\_\_

Work Being Performed: Yes

**Job Briefing:**

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Work Area Protection:**

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

**PPE Being Used:**

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Rubber Goods Tested:**

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

**Safety Tools Condition**

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			
✓			

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
		✓	
		✓	
		✓	

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
✓			
✓			
✓			

- Work Procedures Satisfactory
- Housekeeping of Job Site

Notes:

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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: J. Jank

Date: 5/12/11

Location: Mead Co. Elec.

Crew Leader Signature: C. Salvo

Others: \_\_\_\_\_

Work Being Performed: yes

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Properly Grounded  
 House Keeping Satisfactory  
 House Keeping Excellent  
 Wheel Chocks in Use

Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

All Phases Covered  
 Neutral Covered  
 Approach Distance Followed

De-Energized Lines:

YES	NO	N/A	If no, Corrective action taken
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Tested (Voltage Detector)  
 Grounded  
 Locked and Tagged

General:

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Procedures Satisfactory  
 Housekeeping of Job Site

Notes:

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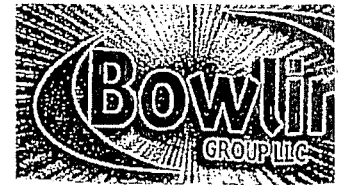


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CREW WORK PROCEDURES/SAFETY OBSERVATION CHECKLIST



Observer: J. Jank

Date: 6/16/11

Location: M. Lake Co. Ill.

Crew Leader Signature: Cris Salzman

Others: \_\_\_\_\_

Work Being Performed: yes

Job Briefing:

- Tailgate Conducted Before Job
- Job Procedures Covered
- Engery Control Procedure
- PPE
- Job Hazards
- Emergency Procedures
- Special Precautions

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Work Area Protection:

- Appropriate work signs
- Flagman required
- Flagman used
- Flagman properly equipped
- Traffic control cones in place

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	
		<input checked="" type="checkbox"/>	

PPE Being Used:

- Hardhat
- Safety glasses
- Rubber gloves
- Rubber sleeves
- Apparel
- Fall Protection
- Foot Protection

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Rubber Goods Tested:

- Gloves
- Gloves Air Tested Before Use
- Sleeves
- Line Hoses
- Blankets

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

Safety Tools Condition

- Gloves Stored Properly
- Sleeves Stored Properly
- Sleeves In Good Condition
- Line Hoses Stored Properly
- Line Hoses In Good Condition
- Blankets Stored Properly
- Blankets In Good Condition
- Fiberglass Sticks Stored Properly
- Fiberglass Sticks In Good Condition

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

OVER

Vehicles/Equipment:

- Properly Grounded
- House Keeping Satisfactory
- House Keeping Excellent
- Wheel Chocks in Use

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Energized Lines:

- All Phases Covered
- Neutral Covered
- Approach Distance Followed

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

De-Energized Lines:

- Tested (Voltage Detector)
- Grounded
- Locked and Tagged

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General:

- Work Procedures Satisfactory
- Housekeeping of Job Site

YES	NO	N/A	If no, Corrective action taken
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

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MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Bowlin

Date: 6-30-11  
 Crew Leader/Foreman Ron Douglas  
 Crew Members \_\_\_\_\_

Observer's Name Billy Wardrip  
 Vehicle #(s) \_\_\_\_\_

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	///		
2. Cover-up materials	///		
3. Personal protective equipment	///		
a. Eye/face protection	///		
b. Hearing protection			/
c. Hand protection	///		
d. Foot protection			/
4. Vehicle or personal protective grounds	///		
5. Traffic control devices	///		
a. Signs	///		
b. Cones	///		
6. Flagmen - with proper equipment	///		
7. Chocks	///		
8. Fall protection	///		
a. Safety belts			
b. Harness	///		
c. Lanyards	///		
9. Tailgate conference held	///		
10. Proper equipment location and use (trucks, ladders, etc.)	///		
11. Equipment safety check made	///		

Comment:

Stringing flow wire on Jake Housley  
#5 (UPK)



MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

*Bowlin*

Date: 6-29-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman DAVE ELLIS Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection	/		
d. Foot protection			/
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flag men - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment:

Setting Poles on Battown Rd D.C. 3PH  
Job.

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Bowlin

Date 6-27-11

Observer's Name

Billy Wardrip

Crew Leader/Foreman Chris Salyer

Vehicle #(s)

Crew Members

DESCRIPTION	USED PROPERLY	HOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection	/		
d. Foot protection			/
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagmen - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			/
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment:

Working on 1232 Hwy Job 3PH  
Setting Pole Laying wire out on HOT Arms

**MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
CREW WORK PROCEDURES AND  
SAFETY OBSERVATION AND CHECKLIST**

Date: 5-20-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Dave Ellis Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_  
Bowlin Eng

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			-
c. Hand protection			-
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagmen - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety bells			
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comments: Clipping in new line / Resizing 795 wire  
on Hwy Job 313 Floherty

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 6-1-11 Observer's Name: Billy Wardrip  
 Crew Leader/Foreman: Chris Salyer Vehicle #/s: \_\_\_\_\_  
 Crew Members: \_\_\_\_\_

Bowlin Crew

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagger in - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			
b. Harness			
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: Working on Single Ph. Relocation Hwy 363 Flathead

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 6-1-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Dave Ellis Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

Bowlin Crew

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flag men - with proper equipment	/		
7. Chocks	/		
8. Fall protection	/		
a. Safety bells	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: Working on 3Ph Relocation Hwy 313 Flaherty  
Moving TAPS To New 3Ph line

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5-20-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Ronald Douglas Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_  
Boadwin Eng.

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		/
b. Hearing protection			/
c. Hand protection			
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagging - with proper equipment	/		
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: WORKING ON NEW STATE R&E RELOCATION  
MOVING KVA'S AND SER'S

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/28/11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Ronald Douglas Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

Bowling Eng

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection		/	/
d. Foot protection			/
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagger - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			/
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment

Replaced jumpers on 795 line to Backfeed  
Line

Billy Wardrip

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4-13-11 Observer's Name ~~Roger Hart~~ Billy Wardrip  
 Crew Leader/Foreman LARRY HENSON Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

Bowlin Crews

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	///		
2. Cover-up materials	///		
3. Personal protective equipment	///		
a. Eye/face protection	///		
b. Hearing protection			///
c. Hand protection			///
d. Foot protection			///
4. Vehicle or personal protective grounds	///		
5. Traffic control devices	///		
a. Signs	///		
b. Cones	///		
6. Flagman - with proper equipment	///		
7. Chocks	///		
8. Fall protection	///		
a. Safety belts			///
b. Harness	///		
c. Lanyards	///		
9. Tailgate conference held	///		
10. Proper equipment location and use (trucks, ladders, etc.)	///		
11. Equipment safety check made	///		

795 wire

Comment covering breakers in substation String New Wire on 313 Job  
WAS String wire NOT USING TRAVELING GROUND

Billy Wardrip



MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5-10-11  
 Crew Leader/Foreman DAVE ELLIS  
 Crew Members \_\_\_\_\_

Observer's Name Billy Ware Grip  
 Vehicle #(s) \_\_\_\_\_

Bowling Crew

DESCRIPTION	USED PROPERLY	NOT	
		USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			/
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagger - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc)	/		
11. Equipment safety check made	/		

Comment: (795)  
Stringing wire on highway job. Everything  
covered and grounded.

Rolling grounds were being used

RECEIVED

JUL 26 2011

PUBLIC SERVICE  
COMMISSION

Quarterly Contractor Safety Update

Contractor: Pike Electric

Date of update: 7-12-11 Location: B-burg office

Attendees: Steve Bryant, W. Cosbee, D. Poe, B. Wardrip

Manhours worked: <sup>etc</sup> 3907

Accidents and Near Misses

Quantity: 1 Lost time accidents 0 Time lost 0

<sup>Near miss</sup> ~~Accident~~ #1: Cross-arm broke while working - had removed conductor backing up conductor, allowing excessive strain on cross-arm.

Crew name (foreman): Bruce Wynn, Scott Keith

Violation(s) found: \_\_\_\_\_

Remedies or corrections taken: Safety mtg held

Disciplinary action(s): -none-

Other pertinent information: Temporary situation went too long; high winds came through & placed too much tension on arm.

Accident #2: *Disciplinary* Did not communicate that the sub-  
station enclosure "hot-line tag" was initiated

Crew name (foreman): Bruce Wynn

Violation(s) found: lack of communications

Remedies or corrections taken: reprimand

Disciplinary action(s): Written warning

Other pertinent information: \_\_\_\_\_

- Did not communicate to MCRECC that  
the "hot-line tag" had been placed on  
the C-part enclosure.

Accident #3: \_\_\_\_\_

Crew name (foreman): \_\_\_\_\_

Violation(s) found: \_\_\_\_\_

Remedies or corrections taken: \_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

- seat belts

- climbing & dismounting the truck haphazardously

Safety program accomplishments and updates: Have cut accidents by 39% & 25% in the last 2 years respectively.

Correcting any and all hazardous action, no matter how small.

- Concentrating on vehicle/DOT issues.

- Continuing foreman training program, focusing on safety.

- OSHA 10-hr refresher coming soon

# Pike Safety Audit Report : By Customer from 4/1/2011 to 6/30/2011

By Customer	Audit Date	Safety Audits	Avg. Crew Size	# of Safe	# of Unsafe
MEADE COUNTY RECC		<u>15</u>	<u>3.75</u>	<u>1,112</u>	<u>5</u>
	06/28/2011	1	4.00	128	0
		#00033050	4.00	128	0
	06/06/2011	2	3.50	217	0
		#00032481	3.00	93	0
		#00032480	4.00	124	0
	06/01/2011	1	4.00	109	0
		#00032479	4.00	109	0
	05/26/2011	1	4.00	136	0
		#00032334	4.00	136	0
	05/23/2011	1	5.00	170	0
		#00032340	5.00	170	0
	05/05/2011	1	3.00	52	2
		#00032022	3.00	52	2
	04/29/2011	1	3.00	96	0
		#00031936	3.00	96	0
	04/18/2011	1	4.00	66	3
		#00032021	4.00	66	3
	04/04/2011	3	3.67	138	0
		#00031860	4.00	49	0
		#00031859	4.00	49	0
		#00031858	3.00	40	0
MEADE COUNTY RECC GF Audits		<u>3</u>	<u>4.00</u>	<u>248</u>	<u>0</u>
	06/19/2011	1	4.00	80	0
		#00000292	4.00	80	0
	06/15/2011	1	4.00	89	0
		#00000290	4.00	89	0

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)  
 % of Safe = # of Safe / (# of Safe + # of Unsafe)

Pike Safety Audit Report : By Customer from 4/1/2011 to 6/30/2011

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06/08/2011	1	4.00	79	0
	#00000291	4.00	79	0

# Pike's Safety Audit Report : Individual Audit Report #00000290

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	20788	SCOTT A KEITH	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers	4			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance			4	0.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling			4	0.00 %	0.00 %	6.6 Traffic Vest	4		
2.3 Ascend, Descend, Climb	2		2	100.00 %	0.00 %	6.7 Work Gloves	3		
2.4 Overextended, Posture	2		2	100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	4		
<b>3.0 Communication</b>						6.9 Work Boots	2		
3.1 Pre-Job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	2		
3.2 Echo Protocol	4			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	4		
3.3 Mechanical Jumpers	2		2	100.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use	2		2	100.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech. Cond, Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4		
4.3 Equipment, Cond, Use, Ground	2		2	100.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt	2		2	100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	1		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	1		3	100.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr, Cover Up (OH & UG)	2		2	100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>89</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00000291

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	27078	JODY ROBERT SMALLWOOD	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>	
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4
1.3 Outriggers			4	0.00 %	0.00 %	6.3 Dust Mask	
<b>2.0 Ergonomics</b>						6.4 Hearing	
2.1 Lifting, Carrying, Assistance	2		2	100.00 %	0.00 %	6.5 FR Clothing	4
2.2 Pushing, Pulling	2		2	100.00 %	0.00 %	6.6 Traffic Vest	4
2.3 Ascend, Descend, Climb	3		1	100.00 %	0.00 %	6.7 Work Gloves	4
2.4 Overextended, Posture	1		3	100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	4
<b>3.0 Communication</b>						6.9 Work Boots	1
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	1
3.2 Echo Protocol			4	0.00 %	0.00 %	6.11 Fall, Rescue Equipment	4
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>	
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4
4.1 Tool Section, Cond, Use	2		2	100.00 %	0.00 %	7.2 Walking, Work Surfaces	4
4.2 Vech. Cond, Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4
4.3 Equipment, Cond. Use, Ground	2		2	100.00 %	0.00 %	7.4 Animals, Insects, Plants	
4.4 Seat Belt			4	0.00 %	0.00 %	<b>8.0 Switching</b>	
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	1
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>	
5.1 Qualified Observer	1		3	100.00 %	0.00 %	9.1 Other Behavior	
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4
5.3 Confined Space Entry			4	0.00 %	0.00 %		
5.4 Min. Appr. Cover Up (OH & UG)	1		3	100.00 %	0.00 %		
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %		
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>79</b>

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)



# Pike's Safety Audit Report : Individual Audit Report #00000292

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	12409	BRUCE DAVID WYNN	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	2

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers			4	0.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	3		1	100.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling	2		2	100.00 %	0.00 %	6.6 Traffic Vest	4		
2.3 Ascend, Descend, Climb	2		2	100.00 %	0.00 %	6.7 Work Gloves	4		
2.4 Overextended, Posture	2		2	100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	4		
<b>3.0 Communication</b>						6.9 Work Boots	1		
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	1		
3.2 Echo Protocol			4	0.00 %	0.00 %	6.11 Fall, Rescue Equipment	4		
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use	2		2	100.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech Cond, Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4		
4.3 Equipment, Cond, Use, Ground	2		2	100.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt			4	0.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	1		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	1		3	100.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr, Cover Up (OH & UG)	1		3	100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>80</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00032334

Assessor	03580	WILBURN C COFFEY	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	27078	JODY ROBERT SMALLWOOD	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un
<b>1.0 Body Position</b>						<b>6.0 Personal Protective Equipment</b>		
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4	
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4	
1.3 Outriggers	4			100.00 %	0.00 %	6.3 Dust Mask		
<b>2.0 Ergonomics</b>						6.4 Hearing		
2.1 Lifting, Carrying, Assistance	4			100.00 %	0.00 %	6.5 FR Clothing	4	
2.2 Pushing, Pulling	4			100.00 %	0.00 %	6.6 Traffic Vest	4	
2.3 Ascend, Descend, Climb	4			100.00 %	0.00 %	6.7 Work Gloves	4	
2.4 Overextended, Posture	4			100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	4	
<b>3.0 Communication</b>						6.9 Work Boots	4	
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	4	
3.2 Echo Protocol	4			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	4	
3.3 Mechanical Jumpers	4			100.00 %	0.00 %	<b>7.0 Environment</b>		
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4	
4.1 Tool Section, Cond, Use	4			100.00 %	0.00 %	7.2 Walking, Work Surfaces	4	
4.2 Vech. Cond, Op, Wheel Chocks	4			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4	
4.3 Equipment, Cond, Use, Ground	4			100.00 %	0.00 %	7.4 Animals, Insects, Plants	4	
4.4 Seat Belt	4			100.00 %	0.00 %	<b>8.0 Switching</b>		
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	4	
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>		
5.1 Qualified Observer	4			100.00 %	0.00 %	9.1 Other Behavior	4	
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4	
5.3 Confined Space Entry			4	0.00 %	0.00 %			
5.4 Min. Appr, Cover Up (OH & UG)	4			100.00 %	0.00 %			
5.5 Grounding, Flags, Tags	4			100.00 %	0.00 %			
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>136</b>	

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00032340

Assessor	03580	WILBURN C COFFEY	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	12409	BRUCE DAVID WYNN	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	5
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	5			100.00 %	0.00 %	6.1 Hard Hat	5		
1.2 Eyes on Path, Task	5			100.00 %	0.00 %	6.2 Safety Glasses	5		
1.3 Outriggers	5			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	5			100.00 %	0.00 %	6.5 FR Clothing	5		
2.2 Pushing, Pulling	5			100.00 %	0.00 %	6.6 Traffic Vest	5		
2.3 Ascend, Descend, Climb	5			100.00 %	0.00 %	6.7 Work Gloves	5		
2.4 Overextended, Posture	5			100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	5		
<b>3.0 Communication</b>						6.9 Work Boots	5		
3.1 Pre-job Briefing	5			100.00 %	0.00 %	6.10 Overshoes	5		
3.2 Echo Protocol	5			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	5		
3.3 Mechanical Jumpers	5			100.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	5		
4.1 Tool Section, Cond, Use	5			100.00 %	0.00 %	7.2 Walking, Work Surfaces	5		
4.2 Vech. Cond, Op, Wheel Chocks	5			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	5		
4.3 Equipment, Cond, Use, Ground	5			100.00 %	0.00 %	7.4 Animals, Insects, Plants	5		
4.4 Seat Belt	5			100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	5			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	5		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	5			100.00 %	0.00 %	9.1 Other Behavior	5		
5.2 Competent Person			5	0.00 %	0.00 %	9.2 Safety Attitude	5		
5.3 Confined Space Entry			5	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	5			100.00 %	0.00 %				
5.5 Grounding, Flags, Tags	5			100.00 %	0.00 %				
5.6 Excavation, Trenching			5	0.00 %	0.00 %	<b>Total</b>	<b>170</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00032479

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	27078	JODY ROBERT SMALLWOOD	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers	4			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	4			100.00 %	0.00 %	6.5 FR Clothing	2		
2.2 Pushing, Pulling	4			100.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb	1		3	100.00 %	0.00 %	6.7 Work Gloves	3		
2.4 Overextended, Posture	4			100.00 %	0.00 %	6.8 Rub Glove & Sleeve	4		
<b>3.0 Communication</b>						6.9 Work Boots	1		
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	1		
3.2 Echo Protocol	4			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	4		
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use	4			100.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech. Cond, Op, Wheel Chocks	4			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4		
4.3 Equipment, Cond, Use, Ground	4			100.00 %	0.00 %	7.4 Animals, Insects, Plants	4		
4.4 Seat Belt	4			100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety			4	0.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	4		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	2		2	100.00 %	0.00 %	9.1 Other Behavior	4		
5.2 Competent Person	3		1	100.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	4			100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>109</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00032480

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	20788	SCOTT A KEITH	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers	4			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	4			100.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling	4			100.00 %	0.00 %	6.6 Traffic Vest	4		
2.3 Ascend, Descend, Climb	3		1	100.00 %	0.00 %	6.7 Work Gloves	4		
2.4 Overextended, Posture	4			100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	4		
<b>3.0 Communication</b>						6.9 Work Boots			
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	0		
3.2 Echo Protocol	4			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	4		
3.3 Mechanical Jumpers	4			100.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use	4			100.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech. Cond, Op, Wheel Chocks	4			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	4		
4.3 Equipment, Cond, Use, Ground	4			100.00 %	0.00 %	7.4 Animals, Insects, Plants	4		
4.4 Seat Belt	1		3	100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	4		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	4			100.00 %	0.00 %	9.1 Other Behavior	4		
5.2 Competent Person	4			100.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	4			100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>124</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)  
 % of Safe = # of Safe / (# of Safe + # of Unsafe)

Pike's Safety Audit Report : Individual Audit Report #00032481

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	12409	BRUCE DAVID WYNN	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	3
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	3			100.00 %	0.00 %	6.1 Hard Hat	3		
1.2 Eyes on Path, Task	3			100.00 %	0.00 %	6.2 Safety Glasses	3		
1.3 Outriggers	3			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	3			100.00 %	0.00 %	6.5 FR Clothing	3		
2.2 Pushing, Pulling	3			100.00 %	0.00 %	6.6 Traffic Vest	3		
2.3 Ascend, Descend, Climb	3			100.00 %	0.00 %	6.7 Work Gloves	3		
2.4 Overextended, Posture	3			100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	3		
<b>3.0 Communication</b>						6.9 Work Boots	1		
3.1 Pre-job Briefing	3			100.00 %	0.00 %	6.10 Overshoes	2		
3.2 Echo Protocol	3			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	3		
3.3 Mechanical Jumpers			3	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	3		
4.1 Tool Section, Cond, Use	3			100.00 %	0.00 %	7.2 Walking, Work Surfaces	3		
4.2 Vech. Cond. Op, Wheel Chocks	3			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	3		
4.3 Equipment, Cond, Use, Ground	3			100.00 %	0.00 %	7.4 Animals, Insects, Plants	3		
4.4 Seat Belt	3			100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety			3	0.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	3		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	3			100.00 %	0.00 %	9.1 Other Behavior	3		
5.2 Competent Person	3			100.00 %	0.00 %	9.2 Safety Attitude	3		
5.3 Confined Space Entry			3	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	3			100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			3	0.00 %	0.00 %				
5.6 Excavation, Trenching			3	0.00 %	0.00 %	<b>Total</b>	<b>93</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00031858

Assessor	25169	STEVEN D. BRYANT	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	24868	GERALD DWAYNE HURST	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	3
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Unsafe	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	3			100.00 %	0.00 %	6.1 Hard Hat	3		
1.2 Eyes on Path, Task	3			100.00 %	0.00 %	6.2 Safety Glasses	3		
1.3 Outriggers			3	0.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	3			100.00 %	0.00 %	6.5 FR Clothing			
2.2 Pushing, Pulling	3			100.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb	2		1	100.00 %	0.00 %	6.7 Work Gloves	3		
2.4 Overextended, Posture			3	0.00 %	0.00 %	6.8 Rub. Glove & Sleeve			
<b>3.0 Communication</b>						6.9 Work Boots	3		
3.1 Pre-job Briefing	3			100.00 %	0.00 %	6.10 Overshoes	0		
3.2 Echo Protocol			3	0.00 %	0.00 %	6.11 Fall, Rescue Equipment			
3.3 Mechanical Jumpers			3	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	3		
4.1 Tool Section, Cond, Use			3	0.00 %	0.00 %	7.2 Walking, Work Surfaces	3		
4.2 Vech. Cond, Op, Wheel Chocks	2		1	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light			
4.3 Equipment, Cond, Use, Ground			3	0.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt			3	0.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety			3	0.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags			
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer			3	0.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			3	0.00 %	0.00 %	9.2 Safety Attitude	3		
5.3 Confined Space Entry			3	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)			3	0.00 %	0.00 %				
5.5 Grounding, Flags, Tags			3	0.00 %	0.00 %				
5.6 Excavation, Trenching			3	0.00 %	0.00 %	<b>Total</b>	<b>40</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)  
 % of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00031859

Assessor	25169	STEVEN D. BRYANT	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	12409	BRUCE DAVID WYNN	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Unsafe	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point			4	0.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers			4	0.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	4			100.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling			4	0.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb	3		1	100.00 %	0.00 %	6.7 Work Gloves	4		
2.4 Overextended, Posture			4	0.00 %	0.00 %	6.8 Rub. Glove & Sleeve			
<b>3.0 Communication</b>						6.9 Work Boots	4		
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	0		
3.2 Echo Protocol			4	0.00 %	0.00 %	6.11 Fall, Rescue Equipment			
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use			4	0.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech. Cond, Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light			
4.3 Equipment, Cond, Use, Ground			4	0.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt			4	0.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety			4	0.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags			
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer			4	0.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)			4	0.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>49</b>	<b>0</b>	

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)



# Pike's Safety Audit Report : Individual Audit Report #00031860

Assessor	25169	STEVEN D. BRYANT	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	27078	JODY ROBERT SMALLWOOD	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point			4	0.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers			4	0.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	4			100.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling			4	0.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb	2		2	100.00 %	0.00 %	6.7 Work Gloves	3		
2.4 Overextended, Posture			4	0.00 %	0.00 %	6.8 Rub Glove & Sleeve			
<b>3.0 Communication</b>						6.9 Work Boots	4		
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	0		
3.2 Echo Protocol			4	0.00 %	0.00 %	6.11 Fall, Rescue Equipment			
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond, Use			4	0.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Vech. Cond, Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light			
4.3 Equipment, Cond, Use, Ground			4	0.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt	1		3	100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety			4	0.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	1		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer			4	0.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min Appr, Cover Up (OH & UG)			4	0.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>49</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00031936

Assessor	07592	DANNY HUBERT BINGHAM	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	20788	SCOTT A KEITH	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	3
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	3			100.00 %	0.00 %	6.1 Hard Hat	3		
1.2 Eyes on Path, Task	3			100.00 %	0.00 %	6.2 Safety Glasses	3		
1.3 Outriggers	3			100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	3			100.00 %	0.00 %	6.5 FR Clothing	3		
2.2 Pushing, Pulling	3			100.00 %	0.00 %	6.6 Traffic Vest	2		
2.3 Ascend, Descend, Climb	2		1	100.00 %	0.00 %	6.7 Work Gloves	2		
2.4 Overextended, Posture	3			100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	3		
<b>3.0 Communication</b>						6.9 Work Boots	1		
3.1 Pre-job Briefing	3			100.00 %	0.00 %	6.10 Overshoes	2		
3.2 Echo Protocol	3			100.00 %	0.00 %	6.11 Fall, Rescue Equipment	3		
3.3 Mechanical Jumpers	3			100.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	3		
4.1 Tool Section, Cond. Use	3			100.00 %	0.00 %	7.2 Walking, Work Surfaces	3		
4.2 Vech. Cond. Op, Wheel Chocks	3			100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light	3		
4.3 Equipment, Cond. Use, Ground	3			100.00 %	0.00 %	7.4 Animals, Insects, Plants	3		
4.4 Seat Belt	1		2	100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	3			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	3		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	2		1	100.00 %	0.00 %	9.1 Other Behavior	3		
5.2 Competent Person	3			100.00 %	0.00 %	9.2 Safety Attitude	3		
5.3 Confined Space Entry			3	0.00 %	0.00 %				
5.4 Min. Appr, Cover Up (OH & UG)	3			100.00 %	0.00 %				
5.5 Grounding, Flags, Tags	3			100.00 %	0.00 %				
5.6 Excavation, Trenching			3	0.00 %	0.00 %	<b>Total</b>	<b>96</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)  
 % of Safe = # of Safe / (# of Safe + # of Unsafe)

Pike's Safety Audit Report : Individual Audit Report #00032021

Assessor	25169	STEVEN D. BRYANT	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	12409	BRUCE DAVID WYNN	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	4
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Un	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	4			100.00 %	0.00 %	6.1 Hard Hat	4		
1.2 Eyes on Path, Task	4			100.00 %	0.00 %	6.2 Safety Glasses	4		
1.3 Outriggers			4	0.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance	2		2	100.00 %	0.00 %	6.5 FR Clothing	4		
2.2 Pushing, Pulling	1		3	100.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb		2	2	0.00 %	100.00 %	6.7 Work Gloves	2		
2.4 Overextended, Posture	1		3	100.00 %	0.00 %	6.8 Rub. Glove & Sleeve	1		
<b>3.0 Communication</b>						6.9 Work Boots	4		
3.1 Pre-job Briefing	4			100.00 %	0.00 %	6.10 Overshoes	4		
3.2 Echo Protocol			4	0.00 %	0.00 %	6.11 Fall, Rescue Equipment	1		
3.3 Mechanical Jumpers			4	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	4		
4.1 Tool Section, Cond. Use	2		2	100.00 %	0.00 %	7.2 Walking, Work Surfaces	4		
4.2 Veh. Cond. Op, Wheel Chocks	2		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light			
4.3 Equipment, Cond. Use, Ground	2		2	100.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt	2		2	100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	4			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags			
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	1		3	100.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			4	0.00 %	0.00 %	9.2 Safety Attitude	4		
5.3 Confined Space Entry			4	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	1		3	100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			4	0.00 %	0.00 %				
5.6 Excavation, Trenching			4	0.00 %	0.00 %	<b>Total</b>	<b>66</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)  
 % of Safe = # of Safe / (# of Safe + # of Unsafe)

# Pike's Safety Audit Report : Individual Audit Report #00032022

Assessor	25169	STEVEN D. BRYANT	Region	N
Supervisor	03580	WILBURN C COFFEY	Job Number	2798-000
Employee In Charge	24868	GERALD DWAYNE HURST	Type Of Work	OHD
Customer Name	13061	MEADE COUNTY RECC	Crew Size	3
			Days Visited	1

Safety Categories	Safe	Unsafe	N/A	% Of Safe	% Of Unsafe	Safety Categories	Safe	Unsafe	
<b>1.0 Body Position</b>						<b>6.0 Personal, Protective Equipment</b>			
1.1 Line of Fire, Pinch Point	3			100.00 %	0.00 %	6.1 Hard Hat	3		
1.2 Eyes on Path, Task	3			100.00 %	0.00 %	6.2 Safety Glasses	3		
1.3 Outriggers	2		1	100.00 %	0.00 %	6.3 Dust Mask			
<b>2.0 Ergonomics</b>						6.4 Hearing			
2.1 Lifting, Carrying, Assistance			3	0.00 %	0.00 %	6.5 FR Clothing	3		
2.2 Pushing, Pulling	1		2	100.00 %	0.00 %	6.6 Traffic Vest			
2.3 Ascend, Descend, Climb	1	1	1	50.00 %	50.00 %	6.7 Work Gloves	1		
2.4 Overextended, Posture			3	0.00 %	0.00 %	6.8 Rub. Glove & Sleeve	1		
<b>3.0 Communication</b>						6.9 Work Boots	3		
3.1 Pre-job Briefing	3			100.00 %	0.00 %	6.10 Overshoes	3		
3.2 Echo Protocol			3	0.00 %	0.00 %	6.11 Fall, Rescue Equipment	1		
3.3 Mechanical Jumpers			3	0.00 %	0.00 %	<b>7.0 Environment</b>			
<b>4.0 Tools, Vehicle, Equipment</b>						7.1 Housekeeping, Storage	3		
4.1 Tool Section, Cond, Use	1		2	100.00 %	0.00 %	7.2 Walking, Work Surfaces	3		
4.2 Vech. Cond, Op. Wheel Chocks	1		2	100.00 %	0.00 %	7.3 Weather - Hydra, Wind, Light			
4.3 Equipment, Cond, Use, Ground	1		2	100.00 %	0.00 %	7.4 Animals, Insects, Plants			
4.4 Seat Belt	3			100.00 %	0.00 %	<b>8.0 Switching</b>			
4.5 Work Zone Safety	3			100.00 %	0.00 %	8.1 Switch - Clearance, Comm, Tags	1		
<b>5.0 Procedure Related</b>						<b>9.0 Other</b>			
5.1 Qualified Observer	1		2	100.00 %	0.00 %	9.1 Other Behavior			
5.2 Competent Person			3	0.00 %	0.00 %	9.2 Safety Attitude	3		
5.3 Confined Space Entry			3	0.00 %	0.00 %				
5.4 Min. Appr. Cover Up (OH & UG)	1		2	100.00 %	0.00 %				
5.5 Grounding, Flags, Tags			3	0.00 %	0.00 %				
5.6 Excavation, Trenching			3	0.00 %	0.00 %	<b>Total</b>	<b>52</b>		

% of Unsafe = # of Unsafe / (# of Safe + # of Unsafe)

% of Safe = # of Safe / (# of Safe + # of Unsafe)

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
CREW WORK PROCEDURES AND  
SAFETY OBSERVATION AND CHECKLIST

*RKE*

Date 6-29-11 Observer's Name Billy Warcup  
Crew Leader/Foreman Bruce Wynn Vehicle # \_\_\_\_\_  
Crew Members \_\_\_\_\_

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	//		//
2. Cover up materials			//
3. Personal protective equipment	//		
a. Eyeface protection	//		
b. Hearing protection			//
c. Hand protection	//		
d. Foot protection			//
4. Vehicle or personal protective grounds			//
5. Traffic control devices	//		
a. Signs	//		
b. Cones	//		
6. Flagging with proper equipment	//		
7. Chocks	//		
8. Fall protection			//
a. Safety bells			//
b. Harness			//
c. Lanyards			//
9. Tailgate conference held	//		
10. Proper equipment location and use (trucks, ladders, etc.)	//		
11. Equipment safety check made	//		

Comment: Setting Pole on 261Y Balltown 3Ph Job.

SCANNED W

JUN 30 2011

AMR \_\_\_\_\_

Local: O Form crew observation sheet

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

*Pike*

Date: 6-29-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Scott Keith Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

DESCRIPTION	USED PROPERLY	NOT	
		USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	///		
2. Cover up materials	///		
3. Personal protective equipment	///		
a. Eye/face protection	///		
b. Hearing protection			/
c. Hand protection	/		
d. Foot protection			/
4. Vehicle or personal protective grounds	///		
5. Traffic control devices	///		
a. Signs	///		
b. Cones	///		
6. Flagging - with proper equipment	///		
7. Chocks	///		
8. Fall protection	///		
a. Safety belts			
b. Harness	///		
c. Lanyards	///		
9. Tailgate conference held	///		
10. Proper equipment location and use (trucks, ladders, etc.)	///		
11. Equipment safety check made	///		

Comment: Taking d& wire down on USGO 3Ph Jds  
MAKING up Jumps

SCANNED the

JUN 30 2011

AMR \_\_\_\_\_

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date 5-31-11 Observer's Name Rilly Warr  
 Crew Leader/Foreman Scott Keith Vehicle #(s) \_\_\_\_\_  
 Crew Members \_\_\_\_\_

Pike Crew

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			/
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagmen - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Watt 09 50334

Comment: Working on 3Ph line Hwy 60 Ft Burg And 144

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date 5-31-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman Dallas Gibbs Vehicle #/s \_\_\_\_\_  
 Crew Members \_\_\_\_\_

Bruce Wynn's  
on vac. Pike Crew

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			/
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flaggers with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Work 10-5012 H

Comment:

Work on 992-10-Balltown Taking old  
line down Replaced with new 3 Ph line



Quarterly Contractor Safety Update

RECEIVED  
JUL 23 2011  
PUBLIC SERVICE  
COMMISSION

Contractor: Townsend Tree Service

Date of update: 7-19-11 Location: B-bug office

Attendees: R. Harrington, Larry Gillis, Dennis  
D. Poe

Manhours worked: 12,709 VTD

Accidents and Near Misses

Quantity: 1 Lost time accidents 0 Time lost 0

Accident #1: limb fell pinning trimmer's hand  
against the bucket. Took him to the  
doctor for 1st aid treatment.

Crew name (foreman): Seldon Dean (also the one injured)

Violation(s) found: none

Remedies or corrections taken: none

Disciplinary action(s): none

Other pertinent information: \_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

- none -

Safety program accomplishments and updates: \_\_\_\_\_

- have cut back to 8 hr days due to the heat.

- passing out Gabovude

TOWNSEND TREE SERVICE, LLC  
**ACCIDENT STATISTICS REPORT**  
 June 2011

Tree Trimming Division	First Aids Non Recordables		Medical Attention Recordables		Lost Time Injuries		OIR		LWIR		Vehicle Accidents		Property Damage		Total YTD
	Current Month	YTD Total	Current Month	YTD Total	Current Month	YTD Total	YTD		YTD		Current Month	YTD Total	Current Month	YTD Total	
Year-->	2011		2011		2011		2011	2010	2011	2010	2011		2011		2011
<b>MICK SAULMAN</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,072
Eddie Mattingly	-	1	-	-	-	-	-	-	-	-	-	-	-	-	18,154
Bill Skrobot*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6,021
<b>Total: Mick Saulman</b>	-	1	-	-	-	-	-	-	-	-	-	-	-	-	26,251
<b>Gary Leonard</b>	-	-	-	-	-	-	-	38.04	-	12.68	-	-	-	-	12,072
Jon Luther	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10,494
<b>Total: Gary Leonard</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22,566
<b>Dennis Benskin</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,752
Larry Gillis	1	1	-	-	-	-	-	13.74	-	5.97	-	-	-	-	12,709
Robert Thomas	-	-	-	-	1	1	18.17	-	18.17	-	-	-	-	-	11,010
<b>Total: Dennis Benskin</b>	1	1	-	-	1	1	7.56	-	7.56	-	-	-	-	-	26,471
<b>Eddie Pruett</b>	-	-	-	-	-	-	-	13.08	-	13.08	-	1	-	-	17,924
Tony Cole	-	-	-	-	-	1	24.61	-	24.61	-	-	-	-	-	8,128
Robert Gosc	-	-	-	-	-	-	-	-	-	-	-	-	1	1	15,694
<b>Total: Eddie Pruett</b>	-	-	-	-	-	1	4.79	-	4.79	-	1	1	1	1	41,750
<b>Total Area: MICK SAULMAN</b>	1	2	-	-	1	2	3.42	5.88	3.42	3.17	-	1	1	1	117,034
<b>Preston Mills</b>	-	-	-	-	-	-	-	49.06	-	49.06	-	-	-	-	3,935
Jeff Abshear	-	-	-	-	-	-	-	-	-	-	-	-	-	1	25,194
Nathan Anders	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22,814
Javier Cantu	-	-	-	-	-	-	-	6.59	-	6.59	-	-	-	-	12,863
Neal Conder	-	-	-	-	-	-	-	14.95	-	-	-	-	-	-	11,741
Greg Elliott	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33,824
Dallas Milner	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11,251
Preston L. Mills	-	-	-	-	-	-	-	-	-	-	-	-	-	1	15,285
<b>Total: PRESTON MILLS</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	2	136,925

\*-Fatality

LWIR =  $\frac{\text{Number of Lost Time Injuries} \times 200,000}{\text{Total Hours Worked}}$

OCCURRENCE FACTOR =  $\frac{(\text{Number of Medical Attentions} + \text{First Aids} + \text{Lost Time Injuries} + \text{Vehicular Accidents} + \text{Property Damages Claims}) \times 200,000}{\text{Total Hours Worked}}$

OIR =  $\frac{\text{Number of Recordables Injuries} \times 200,000}{\text{Total Hours Worked}}$

Prepared By: Dawn Godfrey  
 Department: Insurance  
 Date Prepared: 7/16/2011  
 Routing To: G Townsend P  
 G Hinkle M  
 Area Managers

OIR is between 5.01 - 6  
 OIR is above 6

# The Townsend Corporation

9 M 206 / 64630

Supervisor Dennis Benoskin Location Fackler Rd Date 4-21-11  
 Foreman (Print) Rob Moor Foreman (Signature) [Signature]  
 Inspector (Print) Larry Gillis Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gaffs/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

Equipment #	Vehicles			
	Chipper	Bucket	Manual	Pickup
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic insp.				
Chipper insp.			X	
Tire Insp.				
Broken windshield/ mirror				

PPE and Equipment TOTAL: 100%

Vehicles TOTAL: 90%

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw Inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL: 100%

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL: \_\_\_\_\_

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: Lights on chipper, NOT working  
Corrective Action Taken: Replaced plug on wire
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation

9L209

Supervisor Dennis Ben skin Location: Fackler Rd Date: 4-18-11  
 Foreman (Print) Seamus Dean Foreman (Signature) \_\_\_\_\_  
 Inspector (Print) Larry Gillis Inspector (Signature) \_\_\_\_\_

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gaffs/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

Equipment #	Chipper	Bucket	Manual	Pickup
<b>Vehicles</b>				
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

PPE and Equipment TOTAL 100%

Vehicles TOTAL 100%

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	X
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw inspection	X
Signage and cones	
Proper care/use of hand tools	

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

General Safety TOTAL 80%

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Herbicide work TOTAL \_\_\_\_\_

Right of way Mowing Work TOTAL \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: Chain Catcher OW 192 Broke off  
 Corrective Action Taken: Replaced 4-18-11
- Finding: First Aid Kit not full or mounted  
 Corrective Action Taken: filled up and mounted 4-19-11
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation 52140 / 64630

Supervisor Dennis Benson Location: Awy 406 Date 5-3-11  
 Foreman (Print) Groy Smith Foreman (Signature) [Signature]  
 Inspector (Print) Lenny Gillis Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gaffs/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

Equipment #	Chipper	Bucket	Manual	Pickup
<b>Vehicles</b>				
<b>OOS Violation***</b>				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

PPE and Equipment TOTAL: 100%

Vehicles TOTAL: 100%

General Safety	
<b>Job briefings/ equipment insp form/DVIR ***</b>	
Fire Extinguisher/Mounted	
First aid kit	
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw Inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL: 100%

Work Observations	
<b>Drop Zone/Danger Zone Violation ***</b>	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL: 100%

Herbicide work	
<b>Application Records ***</b>	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL: \_\_\_\_\_

ROW/Mowing Work	
<b>Employees/Bystanders 300' from Mower ***</b>	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc	
Seat belt use	

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation

42153 / 04633

Supervisor Dennis Benskin  
 Foreman (Print) [Signature]  
 Inspector (Print) [Signature]

Location: Hwy 259 Date 5-16-11  
 Foreman (Signature) [Signature]  
 Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gaffs/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

PPE and Equipment TOTAL: 100%

Equipment #	Vehicles			
	Chipper	Bucket	Manual	Pickup
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

Vehicles TOTAL: 100%

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL: 100%

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL: \_\_\_\_\_

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

1. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
2. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
3. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
4. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
5. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
6. Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation

52140 / 44624

Supervisor Dennis Bewick Location Leontress Lookout Date 6-29-11  
 Foreman (Print) Grey Smith Foreman (Signature) [Signature]  
 Inspector (Print) Larry Gillis Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gaffs/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

PPE and Equipment TOTAL: 100% ~~100%~~ / 6

Equipment #	Chipper	Bucket	Manual	Pickup
Vehicles				
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp				
Boom/Hydraulic Insp		X		
Chipper insp.				
Tire Insp				
Broken windshield/ mirror				

Vehicles TOTAL: 90% ~~100%~~ / 10

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	X
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw Inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL: 90%

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL: \_\_\_\_\_

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: First A.I.D Kit  
 Corrective Action Taken: Feeld up First A.I.D Kit 6-29-11
- Finding: Truck had hydraulic fitting leaking  
 Corrective Action Taken: Replaced fitting 6-29-11
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_



# The Townsend Corporation

7R362 LVS

Supervisor Dennis Benskin Location Bald Knob Rd Date 6-13-11  
 Foreman (Print) Rob Meoy Foreman (Signature) [Signature]  
 Inspector (Print) Larry Gillis Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	<input checked="" type="checkbox"/>
Ropes	
Saddies	
Safety lanyard	
Gafts/Guards	
Hard hat *	<input checked="" type="checkbox"/>
Safety glasses *	<input checked="" type="checkbox"/>
Ear plugs *	
Traffic vests *	<input checked="" type="checkbox"/>
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

PPE and Equipment TOTAL 100%

Equipment #	Vehicles			
	Chipper	Bucket	Manual	Pickup
Vehicles				
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

Vehicles TOTAL 100%

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw Inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL 100%

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL 100%

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Right of way Mowing Work TOTAL \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation

9R350 LUS

Supervisor Dennis Benson Location:  Hwy 378  Date  6-13-11   
 Foreman (Print) Kevin Brady Foreman (Signature) Kevin Brady  
 Inspector (Print) Larry Gillis Inspector (Signature) Larry Gillis

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	<input checked="" type="checkbox"/>
Ropes	<input type="checkbox"/>
Saddles	<input type="checkbox"/>
Safety lanyard	<input type="checkbox"/>
Gaffs/Guards	<input type="checkbox"/>
Hard hat *	<input checked="" type="checkbox"/>
Safety glasses *	<input checked="" type="checkbox"/>
Ear plugs *	<input type="checkbox"/>
Traffic vests *	<input checked="" type="checkbox"/>
Chain saw chaps *	<input type="checkbox"/>
Proper clothing/No Jewelry *	<input type="checkbox"/>
Bucket harness and lanyard	<input type="checkbox"/>
Storage of climbing gear	<input type="checkbox"/>

Equipment #				
	Chipper	Bucket	Manual	Pickup
Vehicles				
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

PPE and Equipment TOTAL: 100%

Vehicles TOTAL: 100%

General Safety	
Job briefings/ equipment insp form/DVIR ***	<input type="checkbox"/>
Fire Extinguisher/Mounted	<input type="checkbox"/>
First aid kit	<input type="checkbox"/>
Warning Reflectors	<input checked="" type="checkbox"/>
Labeled gas cans	<input checked="" type="checkbox"/>
Labeled chemical containers	<input type="checkbox"/>
Safety gas can	<input type="checkbox"/>
Safety Manual	<input type="checkbox"/>
Supervision / Foreman's manual	<input type="checkbox"/>
Chain saw Inspection	<input type="checkbox"/>
Signage and cones	<input type="checkbox"/>
Proper care/use of hand tools	<input type="checkbox"/>

General Safety TOTAL: 80%

Work Observations	
Drop Zone/Danger Zone Violation ***	<input type="checkbox"/>
100% tied in.	<input type="checkbox"/>
Rigging/Positive Control	<input type="checkbox"/>
Command/Response	<input type="checkbox"/>
Chain saw starting and operations	<input type="checkbox"/>
Chipper operation	<input type="checkbox"/>
Work zone set up	<input type="checkbox"/>
Maintaining minimum approach	<input type="checkbox"/>
Aerial lift operation	<input type="checkbox"/>
Use of seat belts	<input type="checkbox"/>
Safe Lifting	<input type="checkbox"/>

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	<input type="checkbox"/>
Proper PPE Being Utilized	<input type="checkbox"/>
Appropriate Clothing Being Worn	<input type="checkbox"/>
Proper Handling of Herbicide Products	<input type="checkbox"/>
Appropriate MSDS available	<input type="checkbox"/>
Qualification/Certifications	<input type="checkbox"/>
Storage of herbicide	<input type="checkbox"/>
Spill kit with shovel	<input type="checkbox"/>

Herbicide work TOTAL: 100%

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	<input type="checkbox"/>
Guy wires, poles, holes marked	<input type="checkbox"/>
Debris on equipment (fire hazard)	<input type="checkbox"/>
Maintain 10' Guy wires, poles, etc.	<input type="checkbox"/>
Seat belt use	<input type="checkbox"/>

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: Gas cans not labelled  
Corrective Action Taken: Labelled Gas 6-13-11
- Finding: NO Warning Reflectors  
Corrective Action Taken: Put Reflectors on Truck 6-16-11
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
Corrective Action Taken: \_\_\_\_\_

# The Townsend Corporation

12137  
14664

Supervisor David Benson Location Woodbury Rd Date 6-28-11  
 Foreman (Print) William Hall Foreman (Signature) [Signature]  
 Inspector (Print) [Signature] Inspector (Signature) [Signature]

If assessed issue is not satisfactory, place an "X" in the box and subtract ten percent per violation from 100% to come up with a total percentage of compliance for each area. In addition, highlighted \*\*\* subtract an additional 20% from section.

Personal Protection Equipment and Equipment	
PPE Violation***	
Ropes	
Saddles	
Safety lanyard	
Gafts/Guards	
Hard hat *	
Safety glasses *	
Ear plugs *	
Traffic vests *	
Chain saw chaps *	
Proper clothing/No Jewelry *	
Bucket harness and lanyard	
Storage of climbing gear	

Equipment #	14664	14137		
Vehicles	Chipper	Bucket	Manual	Pickup
OOS Violation***				
2 outrigger pads				
2 wheel chocks				
Truck Lights				
Housekeeping				
Hand rail				
DOT Certs/ Annual Insp.				
Boom/Hydraulic Insp.				
Chipper Insp.				
Tire Insp.				
Broken windshield/ mirror				

PPE and Equipment TOTAL: 100%

Vehicles TOTAL: 100%

General Safety	
Job briefings/ equipment insp form/DVIR ***	
Fire Extinguisher/Mounted	
First aid kit	
Warning Reflectors	
Labeled gas cans	
Labeled chemical containers	X
Safety gas can	
Safety Manual	
Supervision / Foreman's manual	
Chain saw inspection	
Signage and cones	
Proper care/use of hand tools	

General Safety TOTAL: 90%

Work Observations	
Drop Zone/Danger Zone Violation ***	
100% tied in.	
Rigging/Positive Control	
Command/Response	
Chain saw starting and operations	
Chipper operation	
Work zone set up	
Maintaining minimum approach	
Aerial lift operation	
Use of seat belts	
Safe Lifting	

Work Observations TOTAL: 100%

Herbicide work	
Application Records ***	
Proper PPE Being Utilized	
Appropriate Clothing Being Worn	
Proper Handling of Herbicide Products	
Appropriate MSDS available	
Qualification/Certifications	
Storage of herbicide	
Spill kit with shovel	

Herbicide work TOTAL: \_\_\_\_\_

ROW/Mowing Work	
Employees/Bystanders 300' from Mower ***	
Guy wires, poles, holes marked	
Debris on equipment (fire hazard)	
Maintain 10' Guy wires, poles, etc.	
Seat belt use	

Right of way Mowing Work TOTAL: \_\_\_\_\_

Additional comments to be placed on rear of form.

ANY unsatisfactory (Finding) REQUIRE a comment.

- Finding: Hand Sprayer was not labeled  
 Corrective Action Taken: labeled Hand Sprayer (6-28-11)
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_
- Finding: \_\_\_\_\_  
 Corrective Action Taken: \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Seldon Dead

Audit Date: 06/30/11

Work performed: Cutting + chipping brush

Location: Meter # 16418

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats		✓				
Chaps		✓				
Safety Glasses, goggles, and/or shields		✓				
Hearing Protection		✓				
Vest (if applicable)		✓				
Foot Protection		✓				
Appropriate clothing		✓				
Device safely secured, protected, and situated		✓				
Operator secured						
First aid kit and fire extenguisher		✓				
Safety devices		✓				
Equipment warning signs		✓				
Proper operation		✓				
Safe tree removal or trimming		✓				
Seat belts used		✓				
Job Briefing		✓				
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Travis Hall

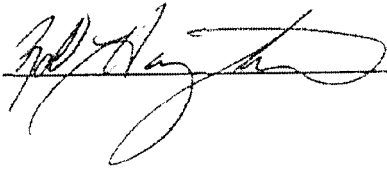
Audit Date: 06/02/11

Work performed: Cutting S.G.

Location: 4329 Hwy. 79. Genevieve

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Chris Ashley

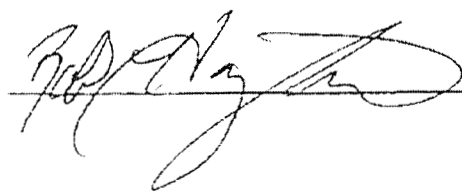
Audit Date: 06/02/11

Work performed: Bush-hogging

Location: Guston Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	<sup>Bush-hog</sup> Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats					/	
Chaps					/	
Safety Glasses, goggles, and/or shields					/	
Hearing Protection					/	
Vest (if applicable)					/	
Foot Protection					/	
Appropriate clothing					/	
Device safely secured, protected, and situated					/	
Operator secured					/	
First aid kit and fire extinguisher					/	
Safety devices					/	
Equipment warning signs					/	
Proper operation					/	
Safe tree removal or trimming					/	
Seat belts used					/	
Job Briefing					/	
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

## Right-of-Way Contractor On-site Audit

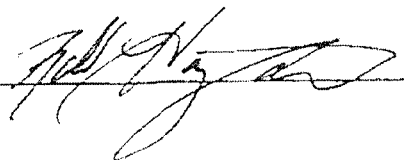
Contractor: Townsend Tree Service Foreman: Robert Moon

Audit Date: 06/01/11 Work performed: spraying

Location: Crosier Rd. Battletown sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats						✓
Chaps						
Safety Glasses, goggles, and/or shields						✓
Hearing Protection						
Vest (if applicable)						
Foot Protection						
Appropriate clothing						
Device safely secured, protected, and situated						
Operator secured						
First aid kit and fire extenguisher						
Safety devices						
Equipment warning signs						
Proper operation						
Safe tree removal or trimming						
Seat belts used						
Job Briefing						
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Kevin Bondy

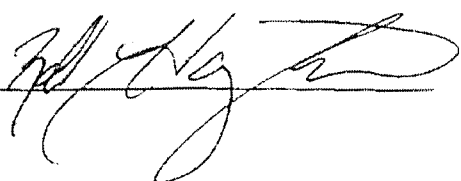
Audit Date: 06/13/11

Work performed: spraying

Location: Bottle town subs

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats						✓
Chaps						
Safety Glasses, goggles, and/or shields						✓
Hearing Protection						
Vest (if applicable)						✓
Foot Protection						✓
Appropriate clothing						✓
Device safely secured, protected, and situated						✓
Operator secured						
First aid kit and fire extinguisher						✓
Safety devices						✓
Equipment warning signs						✓
Proper operation						✓
Safe tree removal or trimming						
Seat belts used						✓
Job Briefing						✓
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 



## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Greg Smith

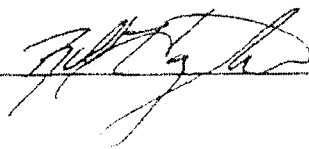
Audit Date: 06/13/11

Work performed: Cutting out W.O.

Location: Ammons Bottom near Duetske Mills Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Bill Cabisca

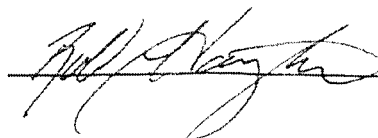
Audit Date: 05/09/11

Work performed: Trim w/ bucket

Location: Turner Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jarafi	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

SCANNED JW

JUN - 6 2011

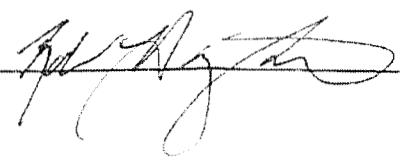
AMR \_\_\_\_\_


## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service Foreman: Greg Smith  
 Audit Date: 05/05/11 Work performed: Cutting W.O.  
 Location: Hwy. 259

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

SCANNED   
 JUN - 6 2011  
 AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Robert Moon

Audit Date: 05/31/11

Work performed: Chipping brush

Location: 120 Bucky Ln. Irvington Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓	✓				
Chaps		✓				
Safety Glasses, goggles, and/or shields		✓				
Hearing Protection		✓				
Vest (if applicable)		✓				
Foot Protection		✓				
Appropriate clothing		✓				
Device safely secured, protected, and situated		✓				
Operator secured						
First aid kit and fire extenguisher		✓				
Safety devices		✓				
Equipment warning signs		✓				
Proper operation		✓				
Safe tree removal or trimming		✓				
Seat belts used		✓				
Job Briefing		✓				
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

SCANNED *[Signature]*

JUN - 6 2011

AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Seldon Dean

Audit Date: 05/31/11

Work performed: side trimming ROW w/ bucket

Location: 120 Bucky Ln.

Irrington Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	—					
Vest (if applicable)	—					
Foot Protection	—					
Appropriate clothing	—					
Device safely secured, protected, and situated	—					
Operator secured	—					
First aid kit and fire extenguisher	—					
Safety devices	—					
Equipment warning signs	—					
Proper operation	—					
Safe tree removal or trimming	—					
Seat belts used	—					
Job Briefing	—					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *Jeff Hays*

SCANNED *W*

JUN - 6 2011

AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Travis Hall

Audit Date: 05/31/11

Work performed: Cutting w.o.

Location: J.B. Ball Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: Parked on wrong side of road.

Auditor: Bob Mangata

SCANNED W

JUN - 6 2011

AMR \_\_\_\_\_

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Travis Hall

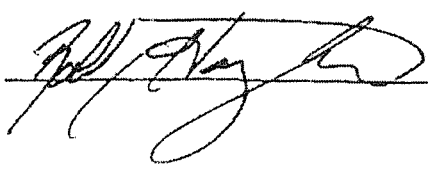
Audit Date: 04/20/11

Work performed: Removing tree from service.

Location: 126 Short Leaf Ln. Doe-Valley

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment:						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: William Cabisco

Audit Date: 04/29/11

Work performed: Trimming w/ bucket

Location: Hwy. 428 Guston Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 



# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Robert Moon  
*+ cutting*

Audit Date: 04/29/11

Work performed: Chipping brush

Location: Road Rd. Irvington Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats		✓				
Chaps		✓				
Safety Glasses, goggles, and/or shields		✓				
Hearing Protection		✓				
Vest (if applicable)		✓				
Foot Protection		✓				
Appropriate clothing		✓				
Device safely secured, protected, and situated		✓				
Operator secured						
First aid kit and fire extinguisher		✓				
Safety devices		✓				
Equipment warning signs		✓				
Proper operation		✓				
Safe tree removal or trimming		✓				
Seat belts used		✓				
Job Briefing		✓				
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Seldon Dean

Audit Date: 04/29/11  
820

Work performed: Trimming w/ bucket

Location: Eckler Rd. Irvington Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

# Right-of-Way Contractor On-site Audit

Contractor: Townsend Tree Service

Foreman: Greg Smith

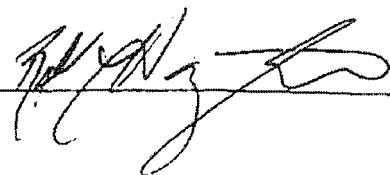
Audit Date: 04/29/11

Work performed: Cutting Locust

Location: Hudson KY.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenquisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

Quarterly Contractor Safety Update

RECEIVED  
JUL 23 2011  
PUBLIC SERVICE  
COMMISSION

Contractor: A + G Tree Service

Date of update: 7-18-11 Location: Burg Office

Attendees: Eddie Anderson, D. Poe, R. Harrington,  
Gail Cain

Manhours worked: 5175

Accidents and Near Misses

Quantity: 0 Lost time accidents 0 Time lost 0

Accident #1: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Crew name (foreman): \_\_\_\_\_

Violation(s) found: \_\_\_\_\_

\_\_\_\_\_

Remedies or corrections taken: \_\_\_\_\_

\_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disciplinary action(s): \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

Contractor updates (safety, operations, and corporate)

Deficiencies, violations, and other concerns found and/or reported during observations and audits:

Safety program accomplishments and updates: \_\_\_\_\_

- Apr, May crew observations completed (3 crews)
- June crew audits performed (2 crews in area)
- DOT audit (office) revealed only 1 infraction

# ANDERSON TREE SERVICE, INC.

## SAFETY REPORT

PREPARED FOR: Meade County Electric

Time Period: From 04/01/11 to: 06/30/11

Date Prepared: 07/07/11

Prepared by: Gail Cain, Safety Coordinator, Anderson Tree Service, Inc.

Total number of crew visits made for time period: 10

Total number of on-site safety checks for time period: 3

Number of crews: 3

Total number of employees: 11

Total man/work hours for time period: 5175

### SAFETY VIOLATIONS

Check if none during time period

TYPE	Number	Action Taken on Findings:
PPE	0	
Regulatory (OSHA)	0	
Work Practice	0	
Property (includes homeowner, Company, electric cooperative)	0	

### INJURY

Check if none during time period

TYPE	Number	Action Taken:
Recordable Injury Incidents	0	
Non-Recordable Injury Incidents (first aid only)	0	
Near Miss Incidents	0	
Restricted Work Day/Hour Injury Incidents	0	

**PROPERTY DAMAGE/OUTAGES**

Check if none during time period

TYPE	Number	Action Taken/Results
Homeowner		
Contractor/Company		
Electric Cooperative		
Outages		

**DRUG TESTING**

TYPE	Number	Positive	Negative
Random	8	8	0
Reasonable Suspicion	2	2	0
Post Accident	0	0	0
Return to Duty	0	0	0
Pre-employment	7	7	0
Follow Up	0	0	0
Total Drug Tests	17		

**ACTION TAKEN ON POSITIVE RESULTS:** 2 refused to do drug test both were let go.

**ORIENTATIONS/TRAINING**

Check if none during time period

TYPE	Yes	No	Notes
Weekly Safety (Tailgate) trainings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Topics: Fire Prevention, Electrical Hazards Awareness, Electrical Hazards & Climbing, Aerial Equipment & Electrical Hazards, Qualified Line-Clearance Arborists, Head Protection, Eye & Face Protection, Respiratory Protection, Effects of Noise, Storm Work Emergencies, Lyme Disease, Biting & Stinging Animals & Insects, Identifying Poisonous Plants.
Daily Job Briefings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies available
CPR/First Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	March 17 2011
OSHA Training	<input type="checkbox"/>	<input type="checkbox"/>	Scheduled
FLAGGERS Training	<input type="checkbox"/>	<input type="checkbox"/>	Scheduled

**COMMENTS:** \_\_\_\_\_

Signature: \_\_\_\_\_

Anderson's Tree Service, Inc  
ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Casey Sapp

Date 4-27-11

NUMBER OF MEN ON CREW: 3

TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B-304

PART A  
SAFETY EQUIPMENT

- 1. HARD HATS IN USE?  YES NO
- 2. SAFETY GLASSES IN USE?  YES NO
- 3. EAR PLUGS IN USE?  YES NO
- 4. FIRE EXTINGUISHER PRESENT AND FULL?  YES NO
- 5. ROAD SIGNS & STAND PRESENT  YES NO HOW MANY? 6
- 6. CHAIN SAW OPERATORS USING CHAPS?  YES NO
- 7. ORANGE CONES PRESENT  YES NO HOW MANY? 7
- 8. FIRST AID KIT  YES NO HOW MANY? 1
- 9. ANNUAL TRUCK INSPECTION UP TO DATE  YES NO DATE OF LAST INSPECTION: ?
- 10. LIME VESTS yes WHEEL CHOCKS yes

PART B  
MACHINERY/EQUIPMENT/TRUCKS

- 1. A SUPPLY OF FUSES?  YES NO
- 2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT  YES NO
- 3. ROPES IN GOOD CONDITION AND UNFRAID?  YES NO
- 4. SAFETY HARNESS PRESENT  YES NO
- 5. CLIMBING SADDLE IN GOOD CONDITION?  YES NO
- 6. SPARE CHAINS FOR SAWS?  YES NO FILES? YES NO
- 7. GREASE AND GREASE GUN ON HAND?  YES NO
- 8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER?  YES NO
- 9. CHIPPER CHAINS CROSSED AND UNDER TONGUE?  YES NO
- 10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER?  YES NO
- 11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER  YES NO
- 12. ARE ALL LIGHTS WORKING?  YES NO
- 13. WHEN WAS THE LAST OIL CHANGE? \_\_\_\_\_
- 14. IS THE BOOM GREASED WEEKLY? yes
- 15. IS THE CHIPPER GREASED DAILY? yes

PART C  
REQUIRED PAPERWORK

TAG NUMBER 532524

- 1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT? YES/NO
- 2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE?  YES NO
- 3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE?  YES NO

ON SITE JOB OBSERVATION

Casey Sapp 4-27-11  
FOREMAN SIGNATURE/DATE

Edward Zander 4-27-11  
INSPECTOR SIGNATURE/DATE



Anderson's Tree Service, Inc  
ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Jeff Jackson Date 4-27-11  
NUMBER OF MEN ON CREW: 2 TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B-256

**PART A**  
**SAFETY EQUIPMENT**

- 1. HARD HATS IN USE?  YES NO
- 2. SAFETY GLASSES IN USE?  YES NO
- 3. EAR PLUGS IN USE?  YES NO
- 4. FIRE EXTINGUISHER PRESENT AND FULL?  YES NO
- 5. ROAD SIGNS & STAND PRESENT  YES NO HOW MANY? 6
- 6. CHAIN SAW OPERATORS USING CHAPS?  YES NO
- 7. ORANGE CONES PRESENT  YES NO HOW MANY? 12
- 8. FIRST AID KIT  YES NO HOW MANY? 1
- 9. ANNUAL TRUCK INSPECTION UP TO DATE YES NO DATE OF LAST INSPECTION: \_\_\_\_\_
- 10. LIME VESTS \_\_\_\_\_ WHEEL CHOCKS \_\_\_\_\_

**PART B**  
**MACHINERY/EQUIPMENT/TRUCKS**

- 1. A SUPPLY OF FUSES?  YES NO
- 2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT  YES NO
- 3. ROPES IN GOOD CONDITION AND UNFRAID?  YES NO
- 4. SAFETY HARNESS PRESENT  YES NO
- 5. CLIMBING SADDLE IN GOOD CONDITION?  YES NO
- 6. SPARE CHAINS FOR SAWS?  YES NO FILES? YES NO
- 7. GREASE AND GREASE GUN ON HAND?  YES NO
- 8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER?  YES NO
- 9. CHIPPER CHAINS CROSSED AND UNDER TONGUE?  YES NO
- 10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER?  YES NO
- 11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER  YES NO
- 12. ARE ALL LIGHTS WORKING?  YES NO
- 13. WHEN WAS THE LAST OIL CHANGE? April
- 14. IS THE BOOM GREASED WEEKLY? Yes
- 15. IS THE CHIPPER GREASED DAILY? Yes

**PART C**  
**REQUIRED PAPERWORK**

- TAG NUMBER 299463
- 1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT? YES/NO
  - 2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE?  YES NO
  - 3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE?  YES NO

**ON SITE JOB OBSERVATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Jeff Jackson Edward R. Anderson 4-27-11

Anderson's Tree Service, Inc  
ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Jamie Carroll Date 4-27-11  
NUMBER OF MEN ON CREW: 3 TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B268

PART A  
SAFETY EQUIPMENT

1. HARD HATS IN USE?  YES NO
2. SAFETY GLASSES IN USE?  YES NO
3. EAR PLUGS IN USE?  YES NO
4. FIRE EXTINGUISHER PRESENT AND FULL?  YES NO
5. ROAD SIGNS & STAND PRESENT  YES NO HOW MANY? 6
6. CHAIN SAW OPERATORS USING CHAPS?  YES NO
7. ORANGE CONES PRESENT  YES NO HOW MANY? 7
8. FIRST AID KIT  YES NO HOW MANY? 1
9. ANNUAL TRUCK INSPECTION UP TO DATE  YES NO DATE OF LAST INSPECTION: April
10. LIME VESTS Yes WHEEL CHOCKS Yes

PART B  
MACHINERY/EQUIPMENT/TRUCKS

1. A SUPPLY OF FUSES?  YES NO
2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT  YES NO
3. ROPES IN GOOD CONDITION AND UNFRAID?  YES NO
4. SAFETY HARNESS PRESENT  YES NO
5. CLIMBING SADDLE IN GOOD CONDITION?  YES NO
6. SPARE CHAINS FOR SAWS?  YES NO FILES? YES NO
7. GREASE AND GREASE GUN ON HAND?  YES NO
8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER?  YES NO
9. CHIPPER CHAINS CROSSED AND UNDER TONGUE?  YES NO
10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER?  YES NO
11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER  YES NO
12. ARE ALL LIGHTS WORKING?  YES NO
13. WHEN WAS THE LAST OIL CHANGE? April
14. IS THE BOOM GREASED WEEKLY? Yes
15. IS THE CHIPPER GREASED DAILY? Yes

PART C  
REQUIRED PAPERWORK

TAG NUMBER 300309

1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT?  YES NO
2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE?  YES NO
3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE?  YES NO

ON SITE JOB OBSERVATION

Jamie Carroll 4-27-11

Edward R. [Signature] 4-27-11

ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Casey Sapp

Date 5-25-11

NUMBER OF MEN ON CREW: 2

TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B-304

PART A SAFETY EQUIPMENT

- 1. HARD HATS IN USE? YES NO
2. SAFETY GLASSES IN USE? YES NO Needs Safety glasses + Sweat Bands
3. EAR PLUGS IN USE? YES NO
4. FIRE EXTINGUISHER PRESENT AND FULL? YES NO
5. ROAD SIGNS & STAND PRESENT YES NO HOW MANY?
6. CHAIN SAW OPERATORS USING CHAPS? YES NO
7. ORANGE CONES PRESENT YES NO HOW MANY? 12
8. FIRST AID KIT YES NO HOW MANY?
9. ANNUAL TRUCK INSPECTION UP TO DATE YES NO DATE OF LAST INSPECTION: New Truck
10. LIME VESTS 2 WHEEL CHOCKS 2

PART B MACHINERY/EQUIPMENT/TRUCKS

- 1. A SUPPLY OF FUSES? YES NO
2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT YES NO
3. ROPES IN GOOD CONDITION AND UNFRAID? YES NO
4. SAFETY HARNESS PRESENT YES NO
5. CLIMBING SADDLE IN GOOD CONDITION? YES NO
6. SPARE CHAINS FOR SAWS? YES NO FILES? YES NO
7. GREASE AND GREASE GUN ON HAND? YES NO
8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER? YES NO
9. CHIPPER CHAINS CROSSED AND UNDER TONGUE? YES NO
10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER? YES NO
11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER YES NO
12. ARE ALL LIGHTS WORKING? YES NO
13. WHEN WAS THE LAST OIL CHANGE? 5-25-11
14. IS THE BOOM GREASED WEEKLY? yes
15. IS THE CHIPPER GREASED DAILY? yes

PART C REQUIRED PAPERWORK

TAG NUMBER 532524

- 1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT? YES NO
2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE? YES NO
3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE? YES NO

ON SITE JOB OBSERVATION

No Safety problems

Charles Sapp 5-25-11 FOREMAN SIGNATURE/DATE

Mail Cain 5-25-11 INSPECTOR SIGNATURE/DATE

ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Jeff Jackson Date 5-25-11
NUMBER OF MEN ON CREW: 2 TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B-256
Jeff Jackson +

PART A SAFETY EQUIPMENT

- 1. HARD HATS IN USE? YES NO
2. SAFETY GLASSES IN USE? YES NO
3. EAR PLUGS IN USE? YES NO
4. FIRE EXTINGUISHER PRESENT AND FULL? YES NO
5. ROAD SIGNS & STAND PRESENT YES NO HOW MANY? 6
6. CHAIN SAW OPERATORS USING CHAPS? YES NO
7. ORANGE CONES PRESENT YES NO HOW MANY? 12
8. FIRST AID KIT YES NO HOW MANY?
9. ANNUAL TRUCK INSPECTION UP TO DATE YES NO DATE OF LAST INSPECTION: 4-2011
10. LIME VESTS 2 WHEEL CHOCKS 2

PART B MACHINERY/EQUIPMENT/TRUCKS

- 1. A SUPPLY OF FUSES? YES NO
2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT YES NO
3. ROPES IN GOOD CONDITION AND UNFRAID? YES NO
4. SAFETY HARNESS PRESENT YES NO
5. CLIMBING SADDLE IN GOOD CONDITION? YES NO
6. SPARE CHAINS FOR SAWS? YES NO FILES? YES NO
7. GREASE AND GREASE GUN ON HAND? YES NO
8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER? YES NO
9. CHIPPER CHAINS CROSSED AND UNDER TONGUE? YES NO
10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER? YES NO
11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER YES NO
12. ARE ALL LIGHTS WORKING? YES NO
13. WHEN WAS THE LAST OIL CHANGE? 4-2011
14. IS THE BOOM GREASED WEEKLY? yes
15. IS THE CHIPPER GREASED DAILY? yes

PART C REQUIRED PAPERWORK

TAG NUMBER 299463

- 1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT? YES NO
2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE? YES NO
3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE? YES NO

ON SITE JOB OBSERVATION

All signs up Found no safety problems

Jeff Jackson 5-25-11
FOREMAN SIGNATURE/DATE

Mail Cain 5-25-11
INSPECTOR SIGNATURE/DATE

Anderson Tree Service, Inc  
ON-SITE SAFETY INSPECTION SHEET

CREW FOREMAN: Jamie Carroll Date 5-25-11  
NUMBER OF MEN ON CREW: 2 TRUCK NUMBERS (TRUCKS IN USE ON THE CREW): B-268  
David Coleman Jermy O'Keefe

PART A  
SAFETY EQUIPMENT

1. HARD HATS IN USE?  YES NO
2. SAFETY GLASSES IN USE?  YES NO
3. EAR PLUGS IN USE?  YES NO
4. FIRE EXTINGUISHER PRESENT AND FULL?  YES NO
5. ROAD SIGNS & STAND PRESENT  YES NO HOW MANY? 6
6. CHAIN SAW OPERATORS USING CHAPS?  YES NO
7. ORANGE CONES PRESENT  YES NO HOW MANY? 8
8. FIRST AID KIT  YES NO HOW MANY? \_\_\_\_\_
9. ANNUAL TRUCK INSPECTION UP TO DATE  YES NO DATE OF LAST INSPECTION: 4-2011
10. LIME VESTS 3 WHEEL CHOCKS 2 in use

PART B  
MACHINERY/EQUIPMENT/TRUCKS

1. A SUPPLY OF FUSES? YES  NO will get some
2. ALL REQUIRED CLIMBING EQUIPMENT PRESENT  YES NO
3. ROPES IN GOOD CONDITION AND UNFRAID?  YES NO
4. SAFETY HARNESS PRESENT  YES NO
5. CLIMBING SADDLE IN GOOD CONDITION?  YES NO
6. SPARE CHAINS FOR SAWS?  YES NO FILES?  YES NO
7. GREASE AND GREASE GUN ON HAND?  YES NO
8. ARE THERE TWO CHAINS IN WORKING ORDER ON THE CHIPPER?  YES NO
9. CHIPPER CHAINS CROSSED AND UNDER TONGUE?  YES NO
10. IS THERE A SAFETY PIN IN THE BALL OF THE CHIPPER?  YES NO
11. BUCKET TRUCK "VISUALLY" IN GOOD WORKING ORDER  YES NO
12. ARE ALL LIGHTS WORKING?  YES NO
13. WHEN WAS THE LAST OIL CHANGE? 4-2011
14. IS THE BOOM GREASED WEEKLY? yes
15. IS THE CHIPPER GREASED DAILY? yes

PART C  
REQUIRED PAPERWORK

TAG NUMBER 300309

1. INSURANCE CARDS & REGISTRATION PAPERS CURRENT AND LOCATED IN THE GLOVE COMPARTMENT?  YES NO
2. DOES EVERYONE WHOM OPERATES A TRUCK (BUCKET AND CHIPPER, PICK-UPS) HAVE A CURRENT UP TO DATE D.O.T. MEDICAL CARD & DRIVERS LICENSE?  YES NO
3. ARE LOG BOOKS BEING KEPT CURRENT AND A COPY IN THE GLOVE COMPARTMENT AND ONE SENT TO THE OFFICE?  YES NO

ON SITE JOB OBSERVATION

Crew was chipping brush following all safety rules

Jermy O'Keefe 5-25-11  
FOREMAN SIGNATURE/DATE

Gail Cain 5-25-11  
INSPECTOR SIGNATURE/DATE

## Anderson's TREE SERVICE, INC

## CREW AUDIT/SAFETY INSPECTION

QUESTION	ANSWER	MISC. INFORMATION
Foreman: <u>Jamie Carroll</u>	Date: <u>6-21-11</u>	Truck # <u>B-268</u> <u>E-73</u>
HARD HATS	<input checked="" type="radio"/> YES / NO	
SAFETY GLASSES	<input checked="" type="radio"/> YES / NO	
EAR PLUGS	<input checked="" type="radio"/> YES / NO	
LIME VEST	<input checked="" type="radio"/> YES / NO	
FIRE EXTINGUISHER	<input checked="" type="radio"/> YES / NO	
MEN WORKING SIGNS	<input checked="" type="radio"/> YES / NO	<u>6</u>
CHAIN SAW CHAPS	<input checked="" type="radio"/> YES / NO	
ORANGE CONES/HOW MANY?	<input checked="" type="radio"/> YES / NO	<u>8</u>
SUPPLY OF FUSES	YES / NO	
REQUIRED CLIMBING EQUIPMENT	YES / <input checked="" type="radio"/> NO	<u>Get some</u>
ROPES UNFRAID AND IN GOOD CONDITION	<input checked="" type="radio"/> YES / NO	<u>Has one Needs ①</u>
SAFETY HARNESSSES	<input checked="" type="radio"/> YES / NO	
CLIMBING SADDLE	<input checked="" type="radio"/> YES / NO	
GUARDS ON CHAINSAWS	<input checked="" type="radio"/> YES / NO	
SPARE CHAINS	<input checked="" type="radio"/> YES / NO	
GREASE AND GREASE GUN	<input checked="" type="radio"/> YES / NO	
TWO WORKING CHAINS ON CHIPPER	<input checked="" type="radio"/> YES / NO	
CHIPPER CHAINS CROSSED UNDER TONGUE	<input checked="" type="radio"/> YES / NO	
SAFETY PIN IN BALL OF CHIPPER	<input checked="" type="radio"/> YES / NO	
BUCKET TRUCK IN VISABLE GOOD CONDITION	<input checked="" type="radio"/> YES / NO	
ALL LIGHTS WORKING	<input checked="" type="radio"/> YES / NO	
WHEEL CHOCKS	<input checked="" type="radio"/> YES / NO	
WHEN WAS THE LAST OIL CHANGE?	DATE <u>3-11</u>	
BOOM GREASED WEEKLY	<input checked="" type="radio"/> YES / NO	
CHASIS LUBED AT LAST OIL CHANGE	<input checked="" type="radio"/> YES / NO	
CHIPPER GREASED DAILY	<input checked="" type="radio"/> YES / NO	
REGISTRATION CURRENT ON ALL EQUIPMENT	<input checked="" type="radio"/> YES / NO	
INSURANCE CARDS/ COPY IN GLOVE BOX	<input checked="" type="radio"/> YES / NO	
REGISTRATION PAPERS IN GLOVE BOX	<input checked="" type="radio"/> YES / NO	
ALL DRIVERS HAVE A CURRENT CDL LICENCE? (ATTACH A COPY)	<input checked="" type="radio"/> YES / NO	
ALL D.O.T. MEDICAL CARDS UP TO DATE? (ATTACH A COPY)	<input checked="" type="radio"/> YES / NO	
LOG BOOKS KEPT CURRENT	<input checked="" type="radio"/> YES / NO	
INSPECTION LOG BOOKS KEPT CURRENT	<input checked="" type="radio"/> YES / NO	
FIRST-AID KITS FULL	<input checked="" type="radio"/> YES / NO	

ADDITIONAL NOTES

Needs Daily Safety sheets

LIST ANY SUPPLIES OR EQUIPMENT ISSUED TO THE CREW AND THE QUANTITY OF EACH ITEM

CREWMEN ON HAND

David Coleman

Sermoy O'Keefe

FOREMAN SIGNATURE

*Jamie Conell*

DATE

6-21-11

TRUCK NUMBER

B-268

TRUCK INSPECTION DATE

3-11

INSPECTOR'S SIGNATURE

*Dail Cain*

DATE COMPLETED

6-21-11

Anderson's TREE SERVICE, INC

CREW AUDIT/SAFETY INSPECTION

Foreman: <u>Casey Sapp</u>	Date: <u>6-21-11</u>	Truck # <u>B-304 E-65</u>
QUESTION	ANSWER	MISC. INFORMATION
HARD HATS	<input checked="" type="checkbox"/> YES / NO	
SAFETY GLASSES	<input checked="" type="checkbox"/> YES / NO	
EAR PLUGS	<input checked="" type="checkbox"/> YES / NO	
LIME VEST	<input checked="" type="checkbox"/> YES / NO	
FIRE EXTINGUISHER	<input checked="" type="checkbox"/> YES / NO	
MEN WORKING SIGNS	<input checked="" type="checkbox"/> YES / NO	<u>6</u>
CHAIN SAW CHAPS	YES / NO	
ORANGE CONES/HOW MANY?	<input checked="" type="checkbox"/> YES / NO	<u>12</u>
SUPPLY OF FUSES	<input checked="" type="checkbox"/> YES / NO	
REQUIRED CLIMBING EQUIPMENT	<input checked="" type="checkbox"/> YES / NO	
ROPES UNFRAID AND IN GOOD CONDITION	<input checked="" type="checkbox"/> YES / NO	
SAFETY HARNESSSES	<input checked="" type="checkbox"/> YES / NO	
CLIMBING SADDLE	<input checked="" type="checkbox"/> YES / NO	
GUARDS ON CHAINSAWS	<input checked="" type="checkbox"/> YES / NO	
SPARE CHAINS	<input checked="" type="checkbox"/> YES / NO	
GREASE AND GREASE GUN	<input checked="" type="checkbox"/> YES / NO	
TWO WORKING CHAINS ON CHIPPER	<input checked="" type="checkbox"/> YES / NO	
CHIPPER CHAINS CROSSED UNDER TONGUE	<input checked="" type="checkbox"/> YES / NO	
SAFETY PIN IN BALL OF CHIPPER	<input checked="" type="checkbox"/> YES / NO	
BUCKET TRUCK IN VISABLE GOOD CONDITION	<input checked="" type="checkbox"/> YES / NO	
ALL LIGHTS WORKING	<input checked="" type="checkbox"/> YES / NO	
WHEEL CHOCKS	YES / <input checked="" type="checkbox"/> NO	<u>Had them put out.</u>
WHEN WAS THE LAST OIL CHANGE?	DATE <u>New Truck</u>	
BOOM GREASED WEEKLY	<input checked="" type="checkbox"/> YES / NO	
CHASIS LUBED AT LAST OIL CHANGE	<input checked="" type="checkbox"/> YES / NO	
CHIPPER GREASED DAILY	<input checked="" type="checkbox"/> YES / NO	
REGISTRATION CURRENT ON ALL EQUIPMENT	<input checked="" type="checkbox"/> YES / NO	
INSURANCE CARDS/ COPY IN GLOVE BOX	<input checked="" type="checkbox"/> YES / NO	
REGISTRATION PAPERS IN GLOVE BOX	<input checked="" type="checkbox"/> YES / NO	
ALL DRIVERS HAVE A CURRENT CDL LICENCE? (ATTACH A COPY)	<input checked="" type="checkbox"/> YES / NO	
ALL D.O.T. MEDICAL CARDS UP TO DATE? (ATTACH A COPY)	<input checked="" type="checkbox"/> YES / NO	
LOG BOOKS KEPT CURRENT	<input checked="" type="checkbox"/> YES / NO	
INSPECTION LOG BOOKS KEPT CURRENT	<input checked="" type="checkbox"/> YES / NO	
FIRST-AID KITS FULL	<input checked="" type="checkbox"/> YES / NO	



ADDITIONAL NOTES

LIST ANY SUPPLIES OR EQUIPMENT ISSUED TO THE CREW AND THE QUANTITY OF EACH ITEM

CREWMEN ON HAND

Rodney Tomes  
Gilbert Stewart

FOREMAN SIGNATURE

*Charles C. Sp...*

DATE

6-21-11

TRUCK NUMBER

B-304

TRUCK INSPECTION DATE

New Truck

INSPECTOR'S SIGNATURE

*Hail Cain*

DATE COMPLETED

6-21-11

## Right-of-Way Contractor On-site Audit

Contractor: A&G Tree Service

Foreman: Kasey Szp

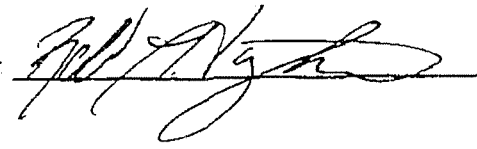
Audit Date: 06/30/11

Work performed: Side trimming w/ bucket

Location: Hidden Hollow Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	/ /					
Vest (if applicable)	/ /					
Foot Protection	/ /					
Appropriate clothing	/ /					
Device safely secured, protected, and situated	/ /					
Operator secured	/ /					
First aid kit and fire extenguisher	/ /					
Safety devices	/ /					
Equipment warning signs	/ /					
Proper operation	/ /					
Safe tree removal or trimming	/ /					
Seat belts used	/ /					
Job Briefing	/ /					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: 

## Right-of-Way Contractor On-site Audit

Contractor: A&G Tree Service

Foreman: Jeremy O'Keefe

Audit Date: 06/30/11

Work performed: Chipping brush

Location: Pole # 15495

Union Star Sub Feeder #2

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extenguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *Robt Hay*

## Right-of-Way Contractor On-site Audit

Contractor: ADG Tree Service

Foreman: Kasey Sapp

Audit Date: 05/31/11

Work performed: side trimming w/bucket

Location: Cart Manning Rd. Union Star Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_

Auditor: *Bob Wagner*

SCANNED *iw*

JUN - 6 2011

AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: APG Tree Service

Foreman: Mike Anderson

Audit Date: 05/31/11

Work performed: Bush-hogging

Location: Hwy. 86 Union Star Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Bush Hog Jareff	Spray Crew
Personal Protective Equipment						
Hard hats					✓	
Chaps					✓	
Safety Glasses, goggles, and/or shields					✓	
Hearing Protection					✓	
Vest (if applicable)					✓	
Foot Protection					✓	
Appropriate clothing					✓	
Device safely secured, protected, and situated					✓	
Operator secured					✓	
First aid kit and fire extenguisher					✓	
Safety devices					✓	
Equipment warning signs					✓	
Proper operation					✓	
Safe tree removal or trimming					✓	
Seat belts used					✓	
Job Briefing					✓	
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: Bob Hargrave

SCANNED JW

JUN - 6 2011

AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: AG Tree Service

Foreman: Jeff Jackson

Audit Date: 05/31/11

Work performed: side Trimming w/ bucket

Location: Hwy. 86 Unionstar Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *Bob [Signature]*

SCANNED *aw*

JUN - 6 2011

AMR \_\_\_\_\_

## Right-of-Way Contractor On-site Audit

Contractor: AMR Tree Service

Foreman: Jamie Carroll

Audit Date: 05/31/11

Work performed: Side trimming w/ bucket

Location: Yellow bank near boat ramp Union Sta Sub

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

SCANNED *[Signature]*

JUN - 6 2011

AMR \_\_\_\_\_

# Right-of-Way Contractor On-site Audit

Contractor: APG Tree Service

Foreman: Jamie Carroll

Audit Date: 04/21/11

Work performed: Climbing Row

Location: 7237 Hwy. 259

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	—					
Vest (if applicable)	—					
Foot Protection	—					
Appropriate clothing	—					
Device safely secured, protected, and situated	—					
Operator secured	—					
First aid kit and fire extinguisher	—					
Safety devices	—					
Equipment warning signs	—					
Proper operation	—					
Safe tree removal or trimming	—					
Seat belts used	—					
Job Briefing	—					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*



# Right-of-Way Contractor On-site Audit

Contractor: APG Tree Service

Foreman: Jeff Jackson

Audit Date: 04/21/11

Work performed: Side trimming w/ bucket

Location: Tucker Schoolhouse Rd.

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing						
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *Robert Hay*

# Right-of-Way Contractor On-site Audit

Contractor: APG Tree Service

Foreman: K.C. Sapp

Audit Date: 04/21/11

Work performed: Cutting brush & side trimming

Location: Tucker Schoolhouse Rd. Big Rivers Microwave Tower

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

## Right-of-Way Contractor On-site Audit

Contractor: AAG Tree Service

Foreman: Jamie Pitonyak

Audit Date: 04/21/11

Work performed: Climbing out R.O.W.

Location: 7237 Hwy. 259

	Bucket Truck	Chipper	Chain Saw	Skidder/ High Lift	Jaraff	Spray Crew
Personal Protective Equipment						
Hard hats	✓					
Chaps	✓					
Safety Glasses, goggles, and/or shields	✓					
Hearing Protection	✓					
Vest (if applicable)	✓					
Foot Protection	✓					
Appropriate clothing	✓					
Device safely secured, protected, and situated	✓					
Operator secured	✓					
First aid kit and fire extinguisher	✓					
Safety devices	✓					
Equipment warning signs	✓					
Proper operation	✓					
Safe tree removal or trimming	✓					
Seat belts used	✓					
Job Briefing	✓					
Handling of herbicides						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Auditor: *[Signature]*

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

RECEIVED  
 JUL 23 2011  
 PUBLIC SERVICE  
 COMMISSION

Date: 6/29/11 Observer's Name K. Mattingly  
 Crew Leader/Foreman T. Beard Vehicle #(s) 346 335 321  
 Crew Members G. DeKay J. Brown D. Robbins

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			
b. Cones			
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment: chg p/c for 3p see & uG  
& chg A& RUM

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date 6-28-11 Observer's Name K. Mattingly  
 Crew Leader/Foreman T. Bream Vehicle #/s 339  
 Crew Members J. Ralph

DESCRIPTION	USED PROPERLY	NOT	
		USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		✓
2. Cover-up materials			
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection	✓		
c. Hand protection			
d. Foot protection	✓		
4. Vehicle or personal protective grounds			✓
5. Traffic control devices			
a. Signs			
b. Cones			✓
6. Flagman - with proper equipment	✓		
7. Chocks			
8. Fall protection			
a. Safety belts	✓		
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

*Idle and Retiring*

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 6/21/11 Observer's Name K. Manning  
 Crew Leader/Foreman S. Metcalfe Vehicle #(s) 321 325 334  
 Crew Members T. Lucas J. Taul

DESCRIPTION	USED PROPERLY	NOT	
		USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			✓
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds			✓
5. Traffic control devices			✓
a. Signs			
b. Cones			
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comments: Setting poles on 2 pole top / hang KWH

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5/31/11 Observer's Name K Mattingly  
 Crew Leader/Foreman T Bramlett Vehicle #(s) 339  
 Crew Members J Ralph

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			
b. Cones			
5. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment:

put down in log file

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5/25/11 Observer's Name K Maddy  
 Crew Leader/Foreman S Maccabe Vehicle #(s) 324 325 320  
 Crew Members J Tate T Lucas J Taul

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			
a. Signs			<i>off RS</i>
b. Cones	✓		
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comments:

cut-out of KVA city

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MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5/25/11 Observer's Name K Moody  
 Crew Leader/Foreman S Macalfe Vehicle #(s) 324 325 320  
 Crew Members J Tate T Lucas J Taul

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			
a. Signs			
b. Cones	✓		
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comments:

cut-out of RUMK city

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5-27-11 Observer's Name T. Board  
 Crew Leader/Foreman Greg D. Vehicle #(s) 319 - 324  
 Crew Members Bleut - Joe - Davis

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			-
2. Cover-up materials			-
3. Personal protective equipment	✓		
a. Eye/face protection	✓		
b. Hearing protection			-
c. Hand protection			-
d. Foot protection	✓		
4. Vehicle or personal protective grounds	✓		-
5. Traffic control devices			-
a. Signs			-
b. Cones			-
6. Flagman - with proper equipment			
7. Chocks	✓		
8. Fall protection	✓		
a. Safety bells			-
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment: Pri + Neut down Bolt's Bottom - Repaired + Put  
 Back up. in corn field

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5/5/11 Observer's Name K. Mattingly  
 Crew Leader/Foreman G. Ockney Vehicle #(s) 319 335 246  
 Crew Members B. Mingers D. Robbins

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials	✓		
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			
b. Cones			
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety bells			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment: hang KUH & Inst see to gain sin  
Also cly bent pole top pin

Excel: O:\Formstercrowobservationsheet  
~~It~~ seems Daniel gets a little frustrated when I'm watching him ~~It~~

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4-29-1 Observer's Name T. Brad  
 Crew Leader/Foreman Terry B Vehicle #(s) 339  
 Crew Members Jeff K

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds			
5. Traffic control devices			✓
a. Signs			✓
b. Cones			✓
6. Flagman - with proper equipment			NA
7. Chocks	✓		
8. Fall protection	✓		
a. Safety bells			✓
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comments: Repairing Damage TPX Neutral Slew

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/13/11

Observer's Name K Mattingly

Crew Leader/Foreman G O'Kelly

Vehicle #(s) 319 335 342

Crew Members B. King J. Brown D. Robbins

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials			✓
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			
b. Cones			
6. Flagman - with proper equipment			✓
7. Chocks	/		
8. Fall protection			
a. Safety bells			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

cut TS/pole & run 2 spans see.

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 6/29/11 Observer's Name: Roger Hunt  
 Crew Leader/Foreman: D BARR Vehicle #(s): 338, 301 340  
 Crew Members: R DITTO C JESSELS R KEEN

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
5. Flagman - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment:

HOOKING UP LI/G PRIMARY  
EVERY THING LOOKED GOOD

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 6/29/11 Observer's Name: Roger Hunt  
 Crew Leader/Foreman: D BARR Vehicle #(s): 338, 301, 340  
 Crew Members: K DITO C JESSELS R KEEN

DESCRIPTION	NOT		N/A
	USED PROPERLY	USED PROPERLY	
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: HOOKING UP W/G PRIMARY  
EVERY THING LOOKED GOOD

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5-9-11 Observer's Name Billy Wardrip  
 Crew Leader/Foreman John Crossen Vehicle #(s) \_\_\_\_\_  
 Crew Members Jason / Brad / Craig

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection			/
c. Hand protection			/
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices			/
a. Signs			/
b. Cones			/
6. Flagmen - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts			/
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: NOVA  
Installing New Breaker (3Ph) in Andeville Sub.



MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 5-5-11 Observer's Name J. David  
 Crew Leader/Foreman JACK TATER Vehicle #(s) 325 324 334  
 Crew Members Joel ToddL.

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves			
2. Cover-up materials			
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds			
5. Traffic control devices			
a. Signs			
b. Cones			
6. Flagman - with proper equipment			
7. Chocks	✓		
8. Fall protection	✓		
a. Safety belts			
b. Harness			
c. Lanyards			
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

Working at Site District #1 Band - U#  
Rebuilding - Removing older build sec.  
Installing Pri & sec hanging KVA's "Garfield"  
Changing Pole

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/28/11 Observer's Name: Roger Hurt  
 Crew Leader/Foreman: D BARN Vehicle #(s): 338, 287, 301  
 Crew Members: K O. ITU C JESSELS R KEEN

DESCRIPTION	NOT		N/A
	USED PROPERLY	USED PROPERLY	
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices	/		
a. Signs	/		
b. Cones	/		
6. Flagman - with proper equipment	/		
7. Chocks		/	
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment:

NO CHOCKS UNDER DIGGER TRUCK, SPAKE WITH FORMAN  
 AND CHECK WAS PUT DOWN ALL ELSE IN GOOD SHAPE

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/25/11 Observer's Name K. M...y  
 Crew Leader/Foreman S. M...ke Vehicle #(s) 320 324  
 Crew Members J. T... T. L...

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	✓		
2. Cover-up materials	✓		
3. Personal protective equipment			
a. Eye/face protection	✓		
b. Hearing protection			
c. Hand protection	✓		
d. Foot protection			
4. Vehicle or personal protective grounds	✓		
5. Traffic control devices			✓
a. Signs			
b. Cones			
6. Flagman - with proper equipment			✓
7. Chocks	✓		
8. Fall protection			
a. Safety belts			
b. Harness	✓		
c. Lanyards	✓		
9. Tailgate conference held	✓		
10. Proper equipment location and use (trucks, ladders, etc.)	✓		
11. Equipment safety check made	✓		

Comment

cut-out ckg.  
(let st)

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/14/11 Observer's Name Roger Hurt *Roger Hurt*  
 Crew Leader/Foreman J. CRISTINA Vehicle #(s) 337 304 318  
 Crew Members R. C. Williams B. CAMP

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials	/		
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds	/		
5. Traffic control devices			/
a. Signs			/
b. Cones			/
6. Flagman - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment: ----- HANGING KUH + SETTING T/S

MEADE COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION  
 CREW WORK PROCEDURES AND  
 SAFETY OBSERVATION AND CHECKLIST

Date: 4/14/11 Observer's Name Roger Hurt  
 Crew Leader/Foreman M BRUNER Vehicle #(s) 316  
 Crew Members K N. CIVIS

DESCRIPTION	USED PROPERLY	NOT USED PROPERLY	N/A
1. Rubber Gloves and/or sleeves	/		
2. Cover-up materials			/
3. Personal protective equipment	/		
a. Eye/face protection	/		
b. Hearing protection	/		
c. Hand protection	/		
d. Foot protection	/		
4. Vehicle or personal protective grounds			/
5. Traffic control devices			/
a. Signs			/
b. Cones			/
6. Flagman - with proper equipment			/
7. Chocks	/		
8. Fall protection	/		
a. Safety belts	/		
b. Harness	/		
c. Lanyards	/		
9. Tailgate conference held	/		
10. Proper equipment location and use (trucks, ladders, etc.)	/		
11. Equipment safety check made	/		

Comment hanging 100w s/c