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PUBLIC SERVICE
COMMISSION

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

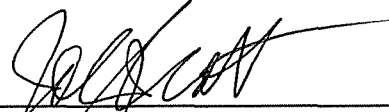
In The Matter Of: :
: :
Nolin Rural Electric Cooperative : Case No. 2011-00061
Corporation :
:

NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION'S
RESPONSE TO COMMISSION STAFF'S
FIRST INFORMATION REQUEST

Comes Nolin Rural Electric Cooperative Corporation and hereby files the attached Responses to the First Information Request. The undersigned counsel would note that the First Information Request was never sent to the undersigned counsel but only to Nolin Rural Electric Cooperative Corporation. As the undersigned counsel has filed the previous Response in this action, he would request that future pleadings and Information Requests also be sent to him as well as his client.

JOHN J. SCOTT
ATTORNEY AT LAW
10 OPLAR STREET
BOX 389
ELIZABETHTOWN, KY
42702-0389
270-765-2179
FAX: 270-765-2180

Respectfully submitted,



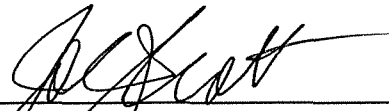
JOHN J. SCOTT
JOHN J. SCOTT, P.S.C.
108 E. POPLAR STR., P.O. BOX 389
ELIZABETHTOWN, KY. 42702-0389
ATTORNEY FOR NOLIN RECC
(270) 765-2179
john@johnscottlaw.org

CERTIFICATE

This is to certify that on April 6, 2011, an original and seven (7) copies of the attached Responses were sent by first class mail, postage prepaid and addressed for delivery to:

Mr. Jeff Derouen
Executive Director
Public Service Commission
P.O. Box 615
Frankfort, KY 40602-0615

and to Mr. Rick Bertelson, Attorney
Public Service Commission
P.O. Box 615
Frankfort, KY 40602-0615



JOHN J. SCOTT
ATTORNEY FOR NOLIN RECC

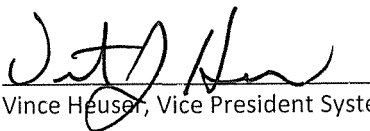
Commonwealth of Kentucky
Before the Public Service Commission
Case No. 2011-00061

VERIFICATION

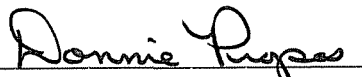
I verify, state and affirm that the testimony filed with this response and for which I am listed as a witness is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.



Michael (Mickey) Miller, President & CEO – Nolin RECC



Vince Heuser, Vice President System Operations – Nolin RECC



Donnie Propes, Maintenance Superintendent – Nolin RECC



Robert Thornton, Compliance Coordinator – Nolin RECC

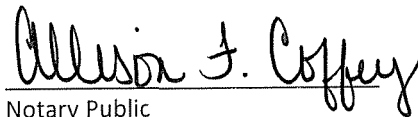
Witness out of town; Not
Available to sign at this time

Robert (Bobby) Ash, Dispatcher – Nolin RECC

State of Kentucky

County of Hardin

The foregoing was signed, acknowledged and sworn to before me, this 5th day of April, 2011.



Notary Public

My Commission Expires:

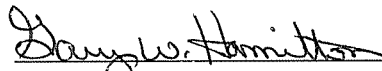
August 27, 2012

Commonwealth of Kentucky
Before the Public Service Commission


Case No. 2011-00061

VERIFICATION

I verify, state and affirm that the testimony filed with this response and for which I am listed as a witness is true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.



Wayne Hamilton, Co-Owner – Hamilton Power Line Construction



Billy Hamilton, Co-Owner – Hamilton Power Line Construction

State of Kentucky

County of Nelson

The foregoing was signed, acknowledged and sworn to before me, this 5th day of April, 2011.



Notary Public

My Commission Expires:

EDNA M. POWELL
Notary Public State At Large
KENTUCKY
My Commission Expires December 4, 2014

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 1a:

1. Refer to page 1 of Nolin's Response to the Commission's March 1, 2011 Order, filed on March 21, 2011 ("Nolin's Response"), which states, in pertinent part:

Nolin contracted with Hamilton Construction Company to install new conductors and upgrade a line on Nolin's system. Pursuant to the terms of the contract that Nolin has with Hamilton Power Line Construction Company, ("Hamilton"), Hamilton is required to take all reasonable precautions for the safety of its employees and furthermore, Hamilton contracted to comply with all applicable provisions of construction codes, in addition to safety rules and procedures of Nolin.

- a. *Provide a true copy of the electric system construction contract between Nolin and its contractor Hamilton Construction Company ("Hamilton") in effect at the time of the July 9, 2009 incident that is the subject of the Commission's March 1, 2011 Order ("Nolin-Hamilton contract").*

Answer:

Contract is attached as "Exhibit A".

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

U.S. Department of Agriculture
Rural Utilities Service

ELECTRIC SYSTEM CONSTRUCTION CONTRACT NON-SITE SPECIFIC CONSTRUCTION

NOTICE AND INSTRUCTIONS TO BIDDERS

- 1. Sealed proposals for the construction, including the supply of necessary labor, materials and equipment, of a rural electric project of Nolin RECC, RUS designation Ky 51, (hereinafter called the "Owner") will be received by the Owner on or before 9:00 o'clock A M., December 20, 2006, at its office at 411 Ring Rd, Elizabethtown Ky 42701 at which time and place the proposals will be publicly opened and read. Any proposals received subsequent to the time specified will be promptly returned to the Bidder unopened.**
- 2. Owner Furnished Materials.** ~~The unit prices in the Contractor's Proposal are to include provisions for Owner Furnished Materials since as stated in Article I, Section 3 of the Contractor's Proposal, the value of the Owner Furnished Materials, if any, will be deducted from payments to the Bidder for completed Construction Units.~~
- 3. Obtaining Documents.** *The Plans, Specifications and Construction Drawings, together with all necessary forms and other documents for bidders may be obtained from the Owner, or from the Engineer Vince Heuser at the latter's office at 411 Ring Rd, Elizabethtown Ky 42701 upon the payment of \$ 0.00, which payment will not be subject to refund. The Plans, Specifications, and Construction Drawings may be examined at the office of the Owner or at the office of the Engineer.*
- 4. Manner of Submitting Proposals.** *Proposals and all supporting instruments must be submitted on the forms furnished by the Owner and must be delivered in a sealed envelope addressed to the Owner. The name and address of the Bidder, its license number if a license is required by the State, and the date and hour of the opening of bids must appear on the envelope in which the Proposal is submitted. Proposals must be completed in ink or typewritten. No alterations or interlineations will be permitted, unless made before submission, and initialed and dated. The successful Bidder will be required to execute two additional counterparts of the Proposal.*
- 5. Due Diligence.** *Prior to the submission of the Proposal, the Bidder shall make and shall be deemed to have made a careful examination of the site of the project and of the Plans, Specifications, Construction Drawings, and forms of Contractor's Proposal and Contractor's Bond, and shall review the location and nature of the proposed construction, the transportation facilities, the kind and character of soil and terrain to be encountered, the kind of facilities required before and during the construction of the project, general local conditions, environmental and historic preservation considerations, and all other matters that may affect the cost and time of completion of the project. Bidder will be required to comply with all federal, state, and local laws, rules, and regulations applicable to its performance, including those pertaining to the licensing of contractors, and the Anti Kick-Back Act of 1986 (41 U.S.C. 51 et seq).*
- 6. Proposals will be accepted only from those prequalified bidders invited by the Owner to submit a proposal.**

7. **The Time for Completion of Construction** of the project is of the essence of the Contract and shall be as specified by the Engineer in the Proposal.
8. **Bid Bond.** Each Proposal must be accompanied by a Bid Bond in the form attached hereto or a certified check on a bank that is a member of the Federal Deposit Insurance Corporation, payable to the order of the Owner, in an amount equal to ten percent (10%) of the maximum bid price. Each Bidder agrees, provided its Proposal is one of the three low Proposals, that, by filing its Proposal together with such Bid Bond or check in consideration of the Owner's receiving and considering such Proposals, said Proposal shall be firm and binding upon each such Bidder and such Bid Bond or check shall be held by the Owner until a Proposal is accepted and a satisfactory Contractor's Bond is furnished (where required) by the successful Bidder or for a period not to exceed sixty (60) days from the date hereinbefore set for the opening of Proposals, whichever period shall be the shorter. If such Proposal is not one of the three low Proposals, the Bid Bond or check will be returned in each instance within a period of ten (10) days to the Bidder furnishing same.
9. **Contractor's Bond.** If the estimated cost of the construction of a Section shall exceed \$100,000, the Bidder agrees to furnish a Contractor's Bond in triplicate in the form attached hereto with sureties listed by the United States Treasury Department as Acceptable Sureties, in a penal sum not less than the estimated cost of such Section.
10. **Failure to Furnish Contractor's Bond.** Should the successful Bidder fail or refuse to execute such counterparts or to furnish a Contractor's Bond (where required) within ten (10) days after written notification of the acceptance of the Proposal by the Owner, the Bidder will be considered to have abandoned the Proposal. In such event, the Owner shall be entitled (a) to enforce the Bid Bond in accordance with its terms, or (b) if a certified check has been delivered with the Proposal, to retain from the proceeds of the certified check, the difference (not exceeding the amount of the certified check) between the amount of the Proposal and such larger amount for which the Owner may in good faith contract with another party to construct the project. The term "Successful Bidder" shall be deemed to include any Bidder whose Proposal is accepted after another Bidder has previously refused or has been unable to execute the counterparts or to furnish a satisfactory Contractor's Bond (where required.)
11. **Debarment Certification.** The Bidder must provide to the Owner a suspension and debarment certificate in the form attached hereto.
12. **Contract is Entire Agreement.** The Contract to be effected by the acceptance of the Proposal shall be deemed to include the entire agreement between the parties thereto, and the Bidder shall not claim any modifications thereof resulting from any representation or promise made at any time by any officer, agent or employee of the Owner or by any other person.
13. **Minor Irregularities.** The Owner reserves the right to waive minor irregularities or minor errors in any Proposal, if it appears to the Owner that such irregularities or errors were made through inadvertence. Any such irregularities or errors so waived must be corrected on the Proposal in which they occur prior to the acceptance thereof by the Owner.
14. **Bid Rejection.** The Owner reserves the right to reject any or all Proposals.
15. **Discrepancy in Unit Prices.** Where the unit prices in the Contractor's Proposal are separated into three columns designated as "Labor," "Materials," and "Labor and Materials," and where a discrepancy appears between the sum shown in the "Labor and Materials" column and the correct addition of the sums appearing in the "Labor" column and the "Materials" column, the correct addition of the sums appearing in the "Labor" column and the "Materials" column shall control. Similarly, the quantities appearing in the "No. of Units" column multiplied by the correct addition of the sums in the "Labor" column and the "Materials" shall control the amounts appearing in the "Extended Price - Labor & Materials" column. Likewise, the correct extensions shall control the amounts appearing in the "Total, Part ___" line for each respective part.
16. **Definition of Terms.** The terms "Administrator," "Engineer," "Completion of Construction," and "Completion of the Project" as used throughout this Contract shall be as defined in Article VI, Section 1, of the Proposal.

17. The Owner Represents:

- a. *If by provisions of the Proposal the Owner shall have undertaken to furnish any materials for the construction of the project, such materials are on hand at locations specified or if such materials are not on hand they will be made available by the Owner to the successful Bidder at the locations specified before the time such materials are required for construction.*
- b. *All titles, easements and rights-of-way, except as shown on maps included in the Plans and Specifications, have been obtained from the owners of the properties on which the project is to be constructed (including tenants who may reasonably be expected to object to such construction). The remaining easements and rights-of-way, if any, will be obtained as required to avoid delay in construction.*
- c. *All staking, except as shown on the maps included in the Plans and Specifications, has been completed and sufficient staking crews will be available to maintain stakes at all times in advance of construction.*
- d. *Where underground distribution construction is required, permission has been obtained from state and local highway and road authorities to install underground distribution power facilities and set pedestals, if any, on the highway and road right-of-way in the project area. Notwithstanding such permission granted to the Owner, each Bidder is responsible for ascertaining that the equipment, methods of construction, and repair proposed to be used on the project will meet all requirements of public authorities having jurisdiction over highway and road right-of-way. The successful Bidder will be required to furnish proof satisfactory to the Owner of compliance with this requirement. If required by highway or road authorities, the successful Bidder will furnish to such authorities a bond or meet other guaranty requirements to assure the prompt repair of all damages to highways and roads and their associated rights-of-way caused by the Bidder during construction of the project. This requirement is in addition to and independent of the Contractor's Bond required under this Contract. The acceptance of a bid from any Bidder is not to be construed as approval of the Bidder's equipment or proposed construction methods by or on behalf of the highway and road authorities. Bidders may obtain information concerning the requirements of highway and road authorities by communicating with the following:*

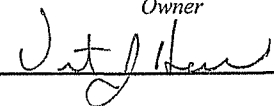
N/A

- e. *All funds necessary for prompt payment for the construction of the project will be available.*

If the Owner shall fail to comply with any of the undertakings contained in the foregoing representation or if any of such representations shall be incorrect, the Bidder will be entitled to an extension of time of completion for a period equal to the delay, if any, caused by the failure of the Owner to comply with such undertakings or by any such incorrect representation; provided the Bidder shall have promptly notified the Owner in writing of its desire to extend the time of completion in accordance with the foregoing; provided, however, that such extension, if any, of the time of completion shall be the sole remedy of the Bidder for the Owner's failure, because of conditions beyond the control and without the fault of the Owner, to furnish materials in accordance with subparagraph a. above.

Nolin RECC

Owner

By 

V P System Operations

Title

December 5, 2006

Date

PROPOSAL

TO:

Nolin RECC, 411 Ring Rd, Elizabethtown Ky 42701

(hereinafter called the "Owner)."

ARTICLE I --GENERAL

Section 1. Offer to Construct. *The undersigned (hereinafter called the "Bidder)" hereby proposes to receive and install such materials and equipment as may hereinafter be specified to be furnished by the Owner, and to furnish all other materials and equipment, all machinery, tools, labor, transportation and other means required to construct the project in strict accordance with the Plans, Specifications and Construction Drawings for the prices hereinafter stated. The Bidder understands and agrees that the Project will consist of line extensions and additions and line changes or similar work usually associated with overhead or underground distribution system improvement or extension work all located within the area served or ultimately to be served by the Owner and that the exact location and scope of individual sections of the Project (hereinafter called "Sections") will be made known to the Bidder from time to time as provided in Article II, Section 1 hereof.*

The total length of the project lines shall be determined by taking the sum of all straight horizontal span distances between pole stakes or from center to center of poles, or centerline of structures, carrying conductors, plus the length of service drops, if any, measured horizontally from center of last pole to the point of attachment to the consumer's building.

Section 2. Materials and Equipment. *The Bidder agrees to furnish and use in the construction of the project under this Proposal, in the event the Proposal is accepted, only such "fully accepted," "conditionally accepted," and "technically accepted" materials and equipment which have been accepted by RUS as indicated in the current RUS Informational Publication 202-1, "List of Materials Acceptable for Use on Systems of RUS Electrification Borrowers," including revisions adopted prior to the Bid Opening. The use of "conditionally accepted" or "technically accepted" materials and equipment requires prior consent by the Owner or Engineer.*

The Bidder agrees that the prices for wood poles, wood crossarms, and other timber products set forth herein shall include the cost of preservative treatment and inspection, insured warranty, or quality assurance. The Bidder further agrees to obtain from the supplier inspection and treatment reports or insured warranties, for checking against the delivered timber, and to submit such reports or warranties to the Owner as one of the prerequisites to monthly and final payments.

The Bidder will purchase all materials and equipment (other than Owner Furnished Materials) outright and not subject to any conditional sales agreements, bailment, lease or other agreement reserving unto the seller any right, title or interest therein. All such materials and equipment shall be new and shall become the property of the Owner when erected in place.

Section 3. Owner Furnished Materials. *The Bidder understands and agrees that, if this Proposal is accepted, the Owner will furnish to the Bidder the material set forth in the attached "List of Owner Furnished Materials." For those items not yet delivered, the Bidder will, on behalf of the Owner, accept delivery of such of the materials as may be subsequently delivered and will promptly forward to the Owner for payment the supplier's invoice. The Bidder will acknowledge in writing the receipt of all materials received as indicated on the List. The materials referred to are on hand at, or will be delivered to, the locations specified in the List and the Bidder will use such materials in constructing the project.*

The value of the completed Construction Units certified by the Bidder each month pursuant to Article III, Section 1. a of the Proposal shall be reduced by an amount equal to the value of the materials installed by the Bidder during the preceding month which have been furnished by the Owner

or the delivery of which has been accepted by the Bidder on behalf of the Owner. ~~Only ninety percent (90%) of the remainder shall be paid prior to the Completion of the project. The value of such materials shall be computed on the basis of the unit prices stated in the Lists. Materials, if any, not required for the project, which have been furnished to the Bidder by the Owner or delivery of which has been accepted by the Bidder on behalf of the Owner, shall be returned to the Owner by the Bidder upon completion of construction of the project. The value of all materials not installed in the project nor returned to the Owner shall be deducted from the final payment to the Bidder.~~

~~The Owner shall not be obligated to furnish materials in excess of the quantities, size, kind and type set forth in the attached Lists. If the Owner furnishes, and the Bidder accepts, materials in excess thereof the values of such excess materials shall be their actual cost as stated by the Owner.~~

~~Information on the shipping schedules of materials on the "List of Owner Furnished Materials" will be furnished to the Bidder as necessary during progress of the work.~~

~~Upon delivery, the Bidder shall promptly receive, unload, transport and handle all materials and equipment on the "List of Owner Furnished Materials" at its expense and shall be responsible for demurrage, if any.~~

Section 4. Proposal on Unit Basis. *The Bidder understands and agrees that the various Construction Units on which bids are made are defined by symbols and descriptions in this Proposal, that all said bids are on a unit basis, and that the Owner may specify any number or combination of Construction Units that the Owner may deem necessary for the construction of the project. Separate Construction Units are designated for each different arrangement which maybe used in the construction of the project. This Proposal is based on a consideration of each unit in place and includes only the materials listed on the corresponding Construction Drawings or description of unit where no drawing exists.*

Section 5. Description of contract. *The Notice and Instructions to Bidders, Plans, Specifications, and Construction Drawings, which by this reference are incorporated herein, together with the Proposal and Acceptance constitute the Contract. The Plans, Specifications, and Construction Drawings, including maps, special drawings, and approved modifications in standard specifications are attached hereto and identified as follows:*

No drawings available. Work for construction and maintenance of
12,470V Electric Distribution per current RUS specifications.

Section 6. Due Diligence. *The Bidder has made a careful examination of the site of the project to be constructed and of the Plans, Specifications, Construction Drawings, and form of Contractor's Bond attached hereto, and has become informed as to the location and nature of the proposed construction, the transportation facilities, the kind and character of soil and terrain to be encountered, and the kind of facilities required before and during the construction of the project, and has become acquainted with the labor conditions, federal, state, and local laws, rules, and regulations applicable to its performance.*

Section 7. License. *The Bidder warrants that a Contractor's License is _____, is not required, and if required,*

it possesses Contractor's License No. _____ for the State of _____

in which the project is located and said license expires on _____, 20____.

Section 8. Warranty of Good Faith. *The Bidder warrants that this Proposal is made in good faith and without collusion or connection with any person or persons bidding for the same work.*

Section 9. Financial Resources.

- a. *The Bidder warrants that it has or will obtain the financial resources necessary to ensure completion of the project.*
- b. *The Bidder agrees that in the event this Proposal is accepted and a Contractor's Bond is required, it will furnish a Contractor's Bond in the form attached hereto, in a penal sum not less than the maximum Contract price, with a surety or sureties listed by the United States Department of Treasury as Acceptable Sureties.*

Section 10. Taxes. *The unit prices for Construction Units in this Proposal include provisions for the payment of all monies which will be payable by the Bidder or the Owner in connection with the construction of the Project on account of taxes imposed by any taxing authority upon the sale, purchase or use of materials, supplies and equipment, or services or labor of installation thereof to be incorporated in the project as part of such Construction Units. The Bidder agrees to pay all such taxes, except taxes upon the sale, purchase or use of Owner Furnished Materials and it is understood that, as to Owner Furnished Materials, the values stated in the attached "List of Owner Furnished Materials" include taxes upon the sale, purchase or use of Owner Furnished Materials, if applicable. The Bidder will furnish to the appropriate taxing authorities all required information and reports pertaining to the project, except as to the Owner Furnished Materials.*

Section 11. Changes in Quantities. *The Bidder understands and agrees that the quantities called for in this Proposal are approximate, and that the total number of units upon which payment shall be made shall be as set forth in the inventory. If the Owner changes the quantity of any unit or units specified in this Proposal by more than fifteen percent (15%) and the materials cost to the Bidder is increased thereby to an extent which would not be adequately compensated by application of the unit prices in this Proposal to the revised quantity of such unit or units, such change, to the extent of the quantities of such units in excess of such fifteen percent (15%) shall be regarded as a change in the construction with in the meaning of Article II, Section 1(d) of this proposal.*

ARTICLE II-CONSTRUCTION

Section 1. Time and Manner of Construction.

- a. *The Bidder agrees to commence construction of the project on a date (hereinafter called the "Commencement Date") which shall be determined by the Engineer after notice to the bidder in writing of acceptance of the proposal by the Owner and notice in writing from the Bidder that the Bidder has sufficient materials to warrant commencement and continuation of construction, but in no event will the Commencement Date be later than 7 calendar days after acceptance of the proposal by the Owner. The Bidder further agrees to prosecute diligently and to complete construction in strict accordance with the Plans, Specifications and Construction Drawings within negotiated calendar days after Commencement Date: Provided, however, that the Bidder will not be required to dig holes, set poles, install anchors, install underground conduit, perform any plowing for the installation of underground cable, or dig trenches if there are more than six (6) inches of frost on the ground nor to perform any construction on such days when in the judgment of the Engineer snow, rain, or wind, or the results of snow, rain, or frost make it impracticable to perform any operation of construction; provided further that the Bidder will not be required to perform any plowing for the installation of underground cable on public roads or highways if there are more than two (2) inches of frost in the ground. To the extent of the time lost due to the conditions described herein and approved in writing by the Engineer, the time of completion set out above will be extended if*

the Bidder makes a written request therefore to the Owner as provided in subsection b of this Section 1.

- b. *The time for Completion of Construction shall be extended for the period of any reasonable delay which is due exclusively to causes beyond the control and without the fault of the Bidder, including Acts of God, fires, floods, inability to obtain materials and acts or omissions of the Owner with respect to matters for which the Owner is solely responsible: Provided, however that no such extension of time for completion shall be granted the Bidder unless within ten (10) days after the happening of any event relied upon by the Bidder for such an extension of time the Bidder shall have made a request therefore in writing to the Owner, and provided further that no delay in such time of completion or in the progress of the work which results from any of the above causes except acts or omissions of the Owner, shall result in any liability on the part of the Owner.*
- c. *The sequence of construction shall be as set forth below, the number or names being the designations of extensions or areas (hereinafter called the "Sections") corresponding to the numbers or names shown on the maps attached hereto, or if no Sections are set forth below, the sequence of construction shall be as determined by the Bidder, subject to the approval of the Engineer.*

N/A

- d. *The Owner, acting through the Engineer, may from time to time during the progress of the construction of the project make such changes, additions or subtractions from the Plans, Specifications, Construction Drawings, List of Materials and sequence of construction provided for in the previous paragraph which are part of the Contractor's Proposal as conditions may warrant: Provided, however, that if any change in the construction to be done shall require an extension of time, a reasonable extension will be granted if the Bidder shall make a written request therefore to the Owner within (10) days after any such change is made. And provided further, that if the cost to the Bidder of construction of the project shall be materially increased by any such change or addition, the Owner shall pay the Bidder for the reasonable cost thereof in accordance with a Construction Contract Amendment signed by the Owner and the Bidder, but no claim for additional compensation for any such change or addition will be considered unless the Bidder shall have made a written request therefore to the Owner prior to the commencement of work in connection with such change or addition.*
- e. *It is understood and agreed that, notwithstanding any other provisions of this Contract, the Bidder will not be required to commence any construction after the expiration of 2 year(s)¹ following acceptance of this Proposal by the Owner.*

Section 2. Environmental Protection. *The Bidder shall perform the work in compliance with all applicable Federal, State, and local Environmental Laws. For purposes of this Agreement, the term "Environmental Laws" shall mean all Federal, state, and local laws including statutes, regulations, ordinances, codes, rules, and other governmental restriction and requirements relating to the environment or solid waste, hazardous substances, hazardous waste, toxic or hazardous material, pollutants or contaminants including, but not limited to the Comprehensive Environmental Response, Compensation, and Liability Act, as amended, 42 U.S.C. §§ 9601, et seq., the Federal Water Pollution Control Act, as amended, 33 U.S.C. §§ 1251, et seq., and the Solid Waste Disposal Act, as amended, 42 U.S.C. §§ 6901, et seq., now or at any time hereafter in effect.*

Section 3. Tools, Equipment, and Qualified Personnel. *The Bidder agrees that in the event this Proposal is accepted it will make available for use in connection with the proposed construction all necessary tools and equipment and qualified supervisors and workers.*

¹ Owner to insert a number from 1 to 4.

Section 4. Changes in Construction. *The Bidder agrees to make such changes in construction previously installed in the project by the Bidder as required by the Owner for prices arrived at as follows:*

- a. *For substations and other units where only a portion of the complete unit is affected by the change, the compensation for such change shall be as agreed upon in writing by the Bidder and the Owner prior to the commencement of work in connection with such change.*
- b. *For all other units, the compensation for such change shall be the reasonable cost thereof as agreed upon by the Bidder and the Owner, but in no event shall it exceed two (2) times the labor price quoted in the Proposal for the installation of the unit to be changed. Such compensation shall be in lieu of any other payment for the installation and removal of the original unit. (If a new or replacing unit is installed, payment for such new or replacing unit shall be made as shown in the final inventory)*

No payment shall be made to the Bidder for materials or labor involved in correcting errors or omissions on the part of the Bidder which result in construction not in accordance with the Plans and Specifications.

Section 5. Construction Not in Proposal. *The Bidder also agrees that when it is necessary to construct units not shown in the Proposal, in absence of other mutual agreement, it will construct such units for a price arrived at as follows:*

- a. *The cost of materials shall be determined by the invoices.*
- b. *The cost of labor shall be the reasonable cost thereof but in no event shall it exceed an amount determined by calculating the ratio of the total labor costs to the total material costs in the section of the Proposal involved, and multiplying the cost of materials for the unit in question by this ratio.*

Section 6. Supervision and Inspection.

- a. *The Bidder shall give sufficient supervision to the work, using its best skill and attention. The Bidder will carefully study and compare all drawings, specifications and other instructions and will at once report to the Owner any error, inconsistency or omission which it may discover. The Bidder shall cause the construction work on the project to receive constant supervision by a competent superintendent (hereinafter called the "Superintendent") who shall be present at all times during working hours where construction is being carried on. The Bidder shall also employ, in connection with the construction of the project, capable, experienced and reliable supervisors and such skilled workers as may be required for the various classes of work to be performed. The Bidder shall be solely responsible for the means and methods of construction and for the supervision of the Bidder's employees.*
- b. *The Owner reserves the right to require the removal from the project of any employee of the Bidder if in the judgment of the Owner such removal shall be necessary in order to protect the interest of the Owner. The Owner shall have the right to require the Bidder to increase the number of its employees and to increase or change the amount or kind of tools and equipment if at any time the progress of the work shall be unsatisfactory to the Owner; but the failure of the Owner to give any such directions shall not relieve the Bidder of its obligations to complete the work within the time and in the manner specified in this Proposal.*
- c. *The construction of the project and all materials and equipment used therein, shall be subject to the inspection, tests, and acceptance by the Owner and the Administrator and the Bidder shall furnish all information required by the Owner or by the Administrator concerning the nature or source of any materials incorporated or to be incorporated in the project. All Bidder procedures and records pertaining to the work shall be made available to the Owner and the Administrator for review prior to such inspections and tests. The Bidder shall provide all reasonable facilities necessary for such inspection and tests and shall maintain an office at the site of the project, with telephone service where obtainable and at least one office employee to whom communications*

from the Owner may be delivered. Delivery of such communications in writing to the employee of the Bidder at such office shall constitute delivery to the Bidder. The Bidder shall have an authorized agent accompany the Engineer when final inspection is made and, if requested by the Owner, when any other inspection is made. The performance of such inspections or tests by the Owner or the Administrator shall not relieve the Bidder of its obligations to perform the work in accordance with the requirements of this Contract.

- d. In the event that the Owner, or the Administrator, shall determine that the construction contains or may contain numerous defects, it shall be the duty of the Bidder and the Bidder's Surety or Sureties, if any, to have an inspection made by an engineer approved by the Owner and the Administrator, if approval by the Administrator is required, for the purpose of determining the exact nature, extent and location of such defects.
- e. The Engineer may recommend to the Owner that the Bidder suspend the work wholly or in part for such period or periods as the Engineer may deem necessary due to unsuitable weather or such other conditions as are considered unfavorable for satisfactory prosecution of the work or because of the failure of the Bidder to comply with any of the provisions of the Contract: Provided, however, that the Bidder shall not suspend work pursuant to this provision without written authority from the Owner so to do. The time of completion hereinabove set forth shall be increased by the number of days of any such suspension, except when such suspension is due to the failure of the Bidder to comply with any of the provisions of this Contract. In the event that work is suspended by the Bidder with the consent of the Owner, the Bidder before resuming work shall give the Owner at least twenty-four (24) hours notice thereof in writing.

Section 7. Defective Materials and Workmanship.

- a. The acceptance of any materials, equipment (except Owner Furnished Materials) or any workmanship by the Owner or the Engineer shall not preclude the subsequent rejection thereof if such materials, equipment, or workmanship shall be found to be defective after delivery or installation, and any such materials, equipment or workmanship found defective before final acceptance of the construction shall be replaced or remedied, as the case may be, by and at the expense of the Bidder. Any such condemned material or equipment shall be immediately removed from the site of the project by the Bidder at the Bidder's expense. The Bidder shall not be entitled to any payment hereunder so long as any defective materials, equipment or workmanship in respect to the project, of which the Bidder shall have had notice, shall not have been replaced or remedied, as the case may be.
- b. Notwithstanding any certificate which may have been given by the Owner or the Engineer, if any materials, equipment (except Owner Furnished Materials) or any workmanship which does not comply with the requirements of this Contract shall be discovered within one (1) year after Completion of Construction of the project, the Bidder shall replace such defective materials or equipment or remedy any such defective workmanship within thirty (30) days after notice in writing of the existence thereof shall have been given by the Owner. If any such defective materials, equipment, or workmanship so replaced or repaired is found to be defective within one year after the completion of the replacement or repair, the Bidder shall replace or remedy such defective materials, equipment, or workmanship. If the Bidder shall be called upon to replace any defective materials or equipment or to remedy defective workmanship as herein provided, the Owner, if so requested by the Bidder shall deenergize that section of the project involved in such work. In the event of failure by the Bidder so to do, the Owner may replace such defective materials or equipment or remedy such defective workmanship, as the case may be, and in such event the Bidder shall pay to the Owner the cost and expense thereof.

ARTICLE III--PAYMENTS AND RELEASE OF LIENS

Section 1. Payments to Bidder.

- a. *On or before the fifth (5) day of each calendar month, the Bidder will make application for payment, and the Owner, on or before the fifteenth (15) day of such month, shall make partial payment to the Bidder for construction accomplished during the preceding calendar month on the basis of completed Construction Units furnished and certified to by the Bidder, recommended by the Engineer and approved by the Owner solely for the purposes of payment: Provided, however, that such approval shall not be deemed approval of the workmanship or materials. Only ninety percent (90%) of each such estimate approved during the construction of the project shall be paid by the Owner to the Bidder prior to Completion of a Section. Upon completion by the Bidder of the construction of a Section, the Engineer will prepare an inventory of the project showing the total number and character of Construction Units and, after checking such inventory with the Bidder, will certify it to the Owner. Upon the approval by the Owner of a Certificate of Completion in the form attached hereto, showing the total cost of the construction performed, the Owner shall make payment to the Bidder of all amounts to which the Bidder shall be entitled thereunder which shall not have been paid: Provided, however, that such final payment shall be made not later than ninety (90) days after the date of Completion of Construction of the project, as specified in the Certificate Of Completion, unless withheld because of the fault of the Bidder.*
- b. *The Bidder shall be paid on the basis of the number of Construction Units actually installed at the direction of the Owner shown by the inventory based on the staking sheets or structure lists; Provided, however, that the total cost shall not exceed the maximum Contract price for the construction of the Project, unless such excess shall have been approved in writing by the Owner.*

It is understood and agreed that this maximum Contract price is undetermined

_____ dollars (\$_____). It is also agreed that the Bidder shall not be entitled to any claim for damages on account of any reasonable additions to or subtractions from the Project, or of any delay occasioned thereby, or of any changes in the routing of the lines.

- c. *Interest at the rate of 0 percent ²(_____%) per annum shall be paid by the Owner to the Bidder on all unpaid balances due on monthly estimates, commencing fifteen (15) days after the due date; provided the delay in payment beyond the due date is not caused by any condition within the control of the Bidder. The due date for purposes of such monthly payment or interest on all unpaid balances shall be the fifteenth (15) day of each calendar month provided (1) the Bidder on or before the fifth (5) day of such month shall have submitted its certification of Construction Units completed during the preceding month and (2) the Owner on or before the fifteenth (15) day of such month shall have approved such certification. If for reasons not due to the Bidder's fault, such approval shall not have been given on or before the fifteenth (15) day of such month, the due date for purposes of this subsection c shall be the fifteenth (15) day of such month notwithstanding the absence of the approval of the certification.*
- d. *Interest at the rate of 0 percent ³(_____%) per annum shall be paid by the Owner to the Bidder on the final payment for the project or any completed Section thereof commencing fifteen (15) days after the due date. The due date for purposes of such final payment or interest on all unpaid balances shall be the date of approval by the Owner of all of the documents requiring such approval, as a condition precedent to the making of final payment, or ninety (90) days after the date of Completion of Construction of the project, as specified in the Certificate of Completion, whichever date is earlier.*

² The Owner shall insert a rate equal to the lowest "Prime Rate" listed in the "Money Rates" section of the Wall Street Journal on the date such invitation to bid is issued.

³ See Footnote 2.

- e. *No payment shall be due while the Bidder is in default in respect of any of the provisions of this Contract and the Owner may withhold from the Bidder the amount of any claim by a third party against either the Bidder or the Owner based upon an alleged failure of the Bidder to perform the work hereunder in accordance with the provisions of this Contract.*
- f. *The Owner and the Administrator shall have the right to inspect all payrolls, invoices of materials, and other data and records of the Bidder and of any subcontractor, relevant to the construction of the project.*

Section 2. Release of Liens and Certificate of Contractor. *Upon the completion by the Bidder of the construction of the project (or any Section thereof if the Bidder shall elect to receive payment in full for any Section when completed as provided above) but prior to final payment to the Bidder, the Bidder shall deliver to the Owner, in duplicate, releases of all liens and of rights to claim any lien, in the form attached hereto from all manufacturers, material suppliers, and subcontractors furnishing services or materials for the project or such Section and a certificate in the form attached hereto to the effect that all labor used on or for the project or such Section has been paid and that all such releases have been submitted to the Owner.*

Section 3. Payments to Material Suppliers and Subcontractors. *The Bidder shall pay each material supplier, if any, within five (5) days after receipt of any payment from in the Owner, the amount thereof allowed the Bidder for and on account of materials furnished or construction performed by each material supplier or each subcontractor.*

ARTICLE IV--PARTICULAR UNDERTAKINGS OF THE BIDDER

Section 1. Protection to Persons and Property. *The Bidder shall at all times take all reasonable precautions for the safety of employees on the work and of the public, and shall comply with all applicable provisions of federal, state, and local laws, rules, and regulations and building and construction codes, in addition to the safety rules and procedures of the Owner.*

The following provisions shall not limit the generality of the above requirements:

- a. *The Bidder shall at no time and under no circumstances cause or permit any employee of the Bidder to perform any work upon energized lines, or upon poles carrying energized lines, unless otherwise specified in the Notice and Instructions to Bidders.*
- b. *The Bidder shall transport and store all material in facilities and vehicles which are designed to protect the material from damage. The Bidder shall ensure that all vehicles, trailers, and other equipment used comply with all applicable licensing, traffic, and highway requirements.*
- c. *The Bidder shall so conduct the construction of the project as to cause the least possible obstruction of public highways.*
- d. *The Bidder shall provide and maintain all such guard lights and other protection for the public as may be required by applicable statutes, ordinances and regulations or by local conditions.*
- e. *The Bidder shall do all things necessary or expedient to properly protect any and all parallel, converging and intersecting lines, joint line poles, highways and any and all property of others from damage, and in the event that any such parallel, converging and intersecting lines, joint line poles, highways or other property are damaged in the course of the construction of the project the Bidder shall at its own expense restore any or all of such damaged property immediately to as good a state as before such damage occurred.*
- f. *Where the right-of-way of the project traverses cultivated or grazing lands, the Bidder shall limit the movement of its crews and equipment so as to cause as little damage as possible to crops, orchards or property and shall endeavor to avoid marring the lands. All fences which are necessarily opened or moved during the construction of the project shall be replaced in as good*

condition as they were found and precautions shall be taken to prevent the escape of livestock. Except as otherwise provided in the descriptions of underground plowing and trenching assembly units, the Bidder shall not be responsible for loss of or damage to crops, orchards or property (other than livestock) on the right-of-way necessarily incident to the construction of the project and not caused by negligence or inefficient operation of the Bidder. The Bidder shall be responsible for all other loss of or damage to crops, orchards, or property, whether on or off the right-of-way, and for all loss of or damage to livestock caused by the construction of the project.

The right-of-way for purposes of this said section shall consist of an area extending 15 feet on both sides of the center line of the poles along the route of the project lines, plus such area reasonably required by the Bidder for access to the route of the project lines from Public roads to carry on construction activities.

- g. The project, from the commencement of work to completion, or to such earlier date or dates when the Owner may take possession and control in whole or in part as hereinafter provided shall be under the charge and control of the Bidder and during such period of control by the Bidder all risks in connection with the construction of the project and the materials to be used therein shall be borne by the Bidder. The Bidder shall make good and fully repair all injuries and damages to the project or any portion thereof under the control of the Bidder by reason of any act of God or other casualty or cause whether or not the same shall have occurred by reason of the Bidder's negligence.*

 - (i) To the maximum extent permitted bylaw, Bidder shall defend, indemnify, and hold harmless Owner and Owner's directors, officers, and employees from all claims, causes of action, losses, liabilities, and expenses (including reasonable attorney's fees) for personal loss, injury, or death to persons (including but not limited to Bidder's employees) and loss, damage to or destruction of Owner's property or the property of any other person or entity (including but not limited to Bidder's property) in any manner arising out of or connected with the Contract, or the materials or equipment supplied or services performed by Bidder, its subcontractors and suppliers of any tier. But nothing herein shall be construed as making Bidder liable for any injury, death, loss, damage, or destruction caused by the sole negligence of Owner*
 - (ii) To the maximum extent permitted by law, Bidder shall defend, indemnify, and hold harmless Owner and Owner's directors, officers, and employees from all liens and claims filed or asserted against Owner, its directors, officers, and employees, or Owner's property or facilities, for services performed or materials or equipment furnished by Bidder, its subcontractors and suppliers of any tier, and from all losses, demands, and causes of action arising out of any such lien or claim. Bidder shall promptly discharge or remove any such lien or claim by bonding, payment, or otherwise and shall notify Owner promptly when it has done so. If Bidder does not cause such lien or claim to be discharged or released by payment, bonding, or otherwise, Owner shall have the right (but shall not be obligated) to pay all sums necessary to obtain any such discharge or release and to deduct all amounts so paid from the amount due Bidder.*
 - (iii) Bidder shall provide to Owner's satisfaction evidence of Bidder's ability to comply with the indemnification provisions of subparagraphs i and ii above, which evidence may include but may not be limited to a bond or liability insurance policy obtained for this purpose through a licensed surety or insurance company.*
- h. Any and all excess earth, rock, debris, underbrush and other useless materials shall be removed by the Bidder from the site of the project as rapidly as practicable as the work progresses.*
- i. Upon violation by the Bidder of any of the provisions of this section, after written notice of such violation given to the Bidder by the Engineer or the Owner, the Bidder shall immediately correct such violation. Upon failure of the Bidder so to do the Owner may correct such violation at the Bidder's expense: Provided, however, that the Owner may, if it deems it necessary or advisable, correct such violation at the Bidder's expense without such prior notice to the Bidder.*

- j. *The Bidder shall submit to the Owner monthly reports in duplicate of all accidents, giving such data as may be prescribed by the Owner,*
- k. *The Bidder shall not proceed with the cutting of trees or clearing of right-of-way without written notification from the Owner that proper authorization has been received from the owner of the property, and the Bidder shall promptly notify the Owner whenever any landowner objects to the trimming or felling of any trees or the performance of any other work on its land in connection with the project and shall obtain the consent in writing of the Owner before proceeding in any such case.*
- l. *The Bidder will furnish, prior to the commencement of underground distribution construction, proof satisfactory to the Owner, of compliance with requirements of highway and road authorities having jurisdiction, including without limitation, the furnishing of a bond or other guaranty, and approval by such authorities of the equipment and methods of construction and repair to be used by the Bidder.*

Section 2. Insurance. *The Bidder shall takeout and maintain throughout the period of this Agreement the following types and minimum amounts of insurance:*

- a. *Workers' compensation and employers' liability insurance, as required by law, covering all its employees who perform any of the obligations of the Bidder under the contract. If any employer or employee is not subject to the workers' compensation laws of the governing state, then insurance shall be obtained voluntarily to extend to the employer and employee coverage to the same extent as though the employer or employee were subject to the workers' compensation laws.*
- b. *Public liability insurance covering all operations under the contract shall have limits for bodily injury or death of not less than \$1 million each occurrence, limits for property damage of not less than \$1 million each occurrence, and \$1 million aggregate for accidents during the policy period. A single limit of \$1 million of bodily injury and property damage is acceptable. This required insurance may be in a policy or policies of insurance, primary and excess including the umbrella or catastrophe form.*
- c. *Automobile liability insurance on all motor vehicles used in connection with the contract, whether owned, nonowned, or hired, shall have limits for bodily injury or death of not less than \$1 million per person and \$1 million each occurrence, and property damage limits of \$1 million for each occurrence. A single limit of \$1 million of bodily injury and property damage is acceptable. This required insurance may be in a policy or policies of insurance, primary and excess including the umbrella or catastrophe form.*

The Owner shall have the right at any time to require public liability insurance and property damage liability insurance greater than those required in subsection "b" and "c" of this Section. In any such event, the additional premium or premiums payable solely as the result of such additional insurance shall be added to the Contract price.

The Owner shall be named as Additional Insured on all policies of insurance required in subsections "b" and "c" of this Section.

The policies of insurance shall be in such form and issued by such insurer as shall be satisfactory to the Owner. The Bidder shall furnish the Owner a certificate evidencing compliance with the foregoing requirements which shall provide not less than (30) days prior written notice to the Owner of any cancellation or material change in the insurance.

Section 3. Delivery of Possession and Control to Owner.

- a. *Upon written request of the Owner the Bidder shall deliver to the Owner full possession and control of any portion of the project provided the Bidder shall have been paid at least ninety percent (90%) of the cost of construction of such portion. Upon such delivery of the possession and control of any portion of the project to the Owner, the risk and obligations of the Bidder as*

set forth in Article IV, Section 1.g hereof with respect to such portion of the project so delivered to the Owner shall be terminated; Provided, however, that nothing herein contained shall relieve the Bidder of any liability with respect to defective materials and workmanship as contained in Article II, Section 7 hereof.

- b. *Where the construction of a Section as herein before defined in Article II, Section 1.c shall have been completed by the Bidder, the Owner agrees, after receipt of a written request from the Bidder, to accept delivery of possession and control of such Section upon the issuance by the Engineer of a written statement that the Section has been inspected and found acceptable by the Engineer. Upon such delivery of the possession and control of any such Section to the Owner, the risk and obligations of the Bidder as set forth in Article IV Section 1.g hereof with respect to such Section so delivered to the Owner shall be terminated: Provided, however, that nothing herein contained shall relieve the Bidder of any liability with respect to defective materials or workmanship as contained in Article II, Section 7 hereof.*

Section 4. Energizing the Project.

- a. *Prior to Completion of the project the Owner, upon written notice to the Bidder, may test the construction thereof by temporarily energizing any portion or portions thereof. During the period of such test the portion or portions of the project so energized shall be considered as within the possession and control of the Owner and governed by the provisions of Section 3 of this Article. Upon written notice to the Bidder by the Owner of the completion of such test and upon deenergizing the lines involved therein said portion or portions of the project shall be considered as returned to the possession and control of the Bidder unless the Owner shall elect to continue possession and control in the manner provided in Section 3 of this Article.*
- b. *The Owner shall have the right to energize permanently any portion or portions of the project delivered to its possession and control pursuant to the provisions of Section 3 of this Article.*

Section 5. Assignment of Guarantees. *All guarantees of materials and workmanship running in favor of the Bidder shall be transferred and assigned to the Owner prior to the time the Bidder receives final payment.*

ARTICLE V--REMEDIES

Section 1. Completion on Bidder's Default. *If default shall be made by the Bidder or by any subcontractor in the performance of any of the terms of this Proposal, the Owner, without in any manner limiting its legal and equitable remedies in the circumstances, may serve upon the Bidder and the Surety or Sureties, if any, upon the Contractor's Bond or Bonds a written notice requiring the Bidder to cause such default to be corrected forthwith. Unless within twenty (20) days after the service of such notice upon the Bidder such default shall be corrected or arrangements for the correction thereof satisfactory to both the Owner and the Administrator shall be made by the Bidder or its Surety or Sureties, if any, the Owner may take over the construction of the project and prosecute the same to completion by Contract or otherwise for the account and at the expense of the Bidder, and the Bidder and its Surety or Sureties, if any, shall be liable to the Owner for any cost or expense in excess of the Contract price occasioned thereby. In such event the Owner may take possession of and utilize, in completing the construction of the project, any materials, tools, supplies, equipment, appliances, and plant belonging to the Bidder or any of its subcontractors, which may be situated at the site of the project. The Owner in such contingency may exercise any rights, claims or demands which the Bidder may have against third persons in connection with this Contract and for such purpose the Bidder does hereby assign, transfer and set over unto the Owner all such rights, claims and demands.*

Section 2. Cumulative Remedies. *Every right or remedy herein conferred upon or reserved to the Owner or the Government or the Administrator shall be cumulative, shall be in addition to every right and remedy now or hereafter existing at law or in equity or by statute and the pursuit of any right or remedy shall not be construed as an election.*

ARTICLE VI-MISCELLANEOUS

Section 1. Definitions.

- a. *The term "Administrator" shall mean the Administrator of the Rural Utilities Service of the United States of America and his or her duly authorized representative or any other person in whom or authority in which may be vested the duties and functions which the Administrator is now authorized by law to perform.*
- b. *The term "Engineer" shall mean the Engineer employed by the Owner, to provide engineering services for the project and said Engineer's duly authorized assistants and representatives.*
- c. *The term "Completion of Construction" shall mean full performance by the Bidder of the Bidder's obligations under the Contract and all amendments and revisions thereof except the Bidder's obligations in respect of (1) Releases of Liens and Certificate of Contractor under Article III, Section 2 hereof, (2) the inventory referred to in Article III, Section 1 hereof, and (3) other final documents. The term "Completion of the Project" shall mean full performance by the Bidder of the Bidder's obligations under the Contract and all amendments and revisions thereof. The Certificate of Completion, signed by the Engineer and approved in writing by the Owner shall be the sole and conclusive evidence as to the date of Completion of Construction and as to the fact of Completion of the Project.*

Section 2. Materials and Supplies. *In the performance of this contract there shall be furnished only such unmanufactured articles, materials, and supplies as have been mined or produced in the United States or in any eligible country, and only such manufactured articles, materials, and supplies as have been manufactured in the United States or in any eligible country substantially all from articles, materials, or supplies mined, produced or manufactured, as the case may be, in the United States or in any eligible country; provided that other articles, materials, or supplies may be used in the event and to the extent that the Administrator shall expressly in writing authorize such use pursuant to the provisions of the Rural Electrification Act of 1938, being Title IV of Public Resolution No. 122, 75th Congress, approved June 21, 1938. For the purposes of this section, an "eligible country" is any country that applies with respect to the United States an agreement ensuring reciprocal access for United States products and services and suppliers to the markets of that country, as determined by the United States Trade Representative. The Bidder agrees to submit to the Owner such certificates with respect to compliance with the foregoing provision as the Administrator from time to time may require.*

Section 3. Patent Infringement. *The Bidder shall hold harmless and indemnify the Owner from any and all claims, suits and proceedings for the infringement of any patent or patents covering any materials or equipment used in construction of the project.*

Section 4. Permits for Explosives. *All permits necessary for the handling or use of dynamite or other explosives in connection with the construction of the project shall be obtained by and at the expense of the Bidder.*

Section 5. Compliance with Laws. *The Bidder shall comply with all federal, state, and local laws, rules, and regulations applicable to its performance under the contract and the construction of the project. The Bidder acknowledges that it is familiar with the Rural Electrification Act of 1936, as amended, the Anti Kick-Back Act of 1986 (41 U.S.C. 51 et seq), and 18 U.S.C. §§ 286, 287, 641, 661, 874, 1001, and 1366, as amended.*

The Bidder represents that to the extent required by Executive Orders 12549 (3 CFR, 1985-1988 Comp., p. 189) and 12689 (3 CFR, 1989 Comp., p. 235), Debarment and Suspension, and 7 CFR part 3017, it has submitted to the Owner a duly executed certification in the form prescribed in 7 CFR part 3017.

The Bidder represents that, to the extent required, it has complied with the requirements of Pub. L. 101-121, Section 319, 103 Stat. 701, 750-765 (31 U.S. C. 1352), entitled "Limitation on use of

appropriated funds to influence certain Federal contracting and financial transactions," and any rules and regulations issued pursuant thereto.

Section 6. Equal Opportunity Provisions.

a. Bidder's Represents.

The Bidder represents that:

It has ___ , does not have ~~X~~ , 100 or more employees, and if it has, that it has ___ , has not ___ , furnished the Equal Employment Opportunity-Employers Information Report EEO-1, Standard Form 100, required of employers with 100 or more employees pursuant to Executive Order 11246 of September 24, 1965, and Title VII of the Civil Rights Act of 1964.

The Bidder agrees that it will obtain, prior to the award of any subcontract for more than \$10,000 hereunder to a subcontractor with 100 or more employees, a statement, signed by the proposed subcontractor, that the proposed subcontractor has filed a current report on Standard Form 100.

The Bidder agrees that if it has 100 or more employees and has not submitted a report on Standard Form 100 for the current reporting year and that if this Contract will amount to more than \$10,000, the Bidder will file such report, as required by law, and notify the owner in writing of such filing prior to the Owner's acceptance of this Proposal.

b. Equal Opportunity Clause. During the performance of this Contract, the Bidder agrees as follows:

- (1) The Bidder will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The Bidder will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to, the following: Employment, upgrading, demotions or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection of training, including apprenticeship. The Bidder agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this Equal Opportunity Clause.*
- (2) The Bidder will, in all solicitations or advertisements for employees placed by or on behalf of the Bidder, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.*
- (3) The Bidder will send to each labor union or representative of workers, with which it has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representative of the Bidder's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.*
- (4) The Bidder will comply with all provisions of Executive Order 11246 of September 24, 1965, and the rules, regulations and relevant orders of the Secretary of Labor.*
- (5) The Bidder will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.*

- (6) *In the event of the Bidder's noncompliance with the Equal Opportunity Clause of this Contract or with any of the said rules, regulations, or orders, this Contract may be canceled, terminated, or suspended in whole or in part, and the Bidder may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as provided by law.*
- (7) *The Bidder will include this Equal Opportunity Clause in every subcontractor purchase order unless exempted by the rules, regulations, or order of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Bidder will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance; Provided, however, that in the event Bidder becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the Bidder may request the United States to enter into such litigation to protect the interests of the United States.*
- c. *Certificate of Nonsegregated Facilities. The Bidder certifies that it does not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained. The Bidder certifies further that it will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it will not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained. The Bidder agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this Contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin, because of habit, local custom, or otherwise. The Bidder agrees that (except where it has obtained identical certifications from proposed subcontractors for specific time periods) it will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause, and that it will retain such certifications in its files.*

Section 7. Franchises and Rights-of-Way. *The Bidder shall be under no obligation to obtain or assist in obtaining: Any franchises, authorizations, permits or approvals required to be obtained by the Owner from Federal, State, County, Municipal or other authorities; any rights-of-way over private lands; or any agreements between the Owner and third parties with respect to the joint use of poles, crossings, or other matter incident to the construction and operation of the project.*

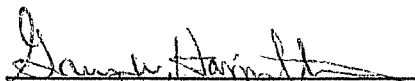
Section 8. Nonassignment of Contract. *The Bidder shall perform directly and without subcontracting not less than twenty-five percent (25%) of the construction of the project, to be calculated on the basis of the total Contract price. The Bidder shall not assign the Contract effected by an acceptance of this Proposal or any interest in any funds that may be due or become due hereunder or enter into any contract with any person, firm or corporation for the performance of the Bidder's obligations hereunder or any part thereof without the approval in writing of the Owner and of the Surety or Sureties, if any, on any bond furnished by the Bidder for the faithful performance of the Bidder's obligations hereunder. If the Bidder, with the consent of the Owner and any Surety or Sureties on the Contractor's Bond or Bonds, shall enter into a subcontract with any subcontractor for the performance of any part of this Contract, the Bidder shall be as fully responsible to the Owner and the Government for the acts and omissions of such subcontractor and of persons employed by such subcontractor as the Bidder would be for its own acts and omissions and those of persons directly employed by it.*

Section 9. Successors and Assigns. Each and all of the covenants and agreements herein contained shall extend to and be binding upon the successors and assigns of the parties hereto. The Owner and Bidder acknowledge that this Contract is assigned to the Government, acting through the Administrator, for security purposes under the Owner's mortgage and security instrument.

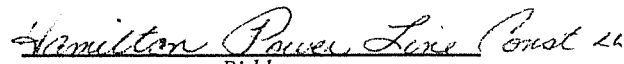
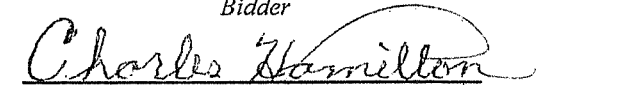
Section 10. Independent Contractor. The Bidder shall perform the work as an independent contractor, not as a subcontractor, agent, or employee of the Owner. Upon acceptance of this Proposal, the successful Bidder shall be the Contractor and all references in the Proposal to the Bidder shall apply to the Contractor.

Section 11. Acceptance by the Owner: The acceptance of a Proposal for a contract shall become effective the date of acceptance by the Owner.

ATTEST:


Secretary

Dated 2-23-07


Bidder

President Owner
PO Box 625
Bardonia Ky 40004
Address

The Proposal must be signed with the full name of the Bidder. If the Bidder is a partnership, the Proposal must be signed in the partnership name by a partner. If the Bidder is a corporation, the Proposal must be signed in the corporate name by a duly authorized officer and the corporate seal affixed and attested by the Secretary of the Corporation.

ACCEPTANCE

The Owner hereby accepts the foregoing Proposal of the Bidder, Hamilton Power Line
Construction LLC, for the construction of the following:
Work for construction and maintenance of 12,470V Electric Distribution per
current RUS specifications.

Nolin Rural Electric Coop.
Owner
By *David P. Brown*
President

A.L. Rosenberger
Secretary

Feb. 8, 2007
Date of Contract

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 1b:

1. Refer to page 1 of Nolin's Response to the Commission's March 1, 2011 Order, filed on March 21, 2011 ("Nolin's Response"), which states, in pertinent part:

Nolin contracted with Hamilton Construction Company to install new conductors and upgrade a line on Nolin's system. Pursuant to the terms of the contract that Nolin has with Hamilton Power Line Construction Company, ("Hamilton"), Hamilton is required to take all reasonable precautions for the safety of its employees and furthermore, Hamilton contracted to comply with all applicable provisions of construction codes, in addition to safety rules and procedures of Nolin.

- b. *Is the Nolin-Hamilton contract a standard Rural Utility Service ("RUS") construction contract?*

Answer:

Yes.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 1c:

1. *Refer to page 1 of Nolin's Response to the Commission's March 1, 2011 Order, filed on March 21, 2011 ("Nolin's Response"), which states, in pertinent part:*

Nolin contracted with Hamilton Construction Company to install new conductors and upgrade a line on Nolin's system. Pursuant to the terms of the contract that Nolin has with Hamilton Power Line Construction Company, ("Hamilton"), Hamilton is required to take all reasonable precautions for the safety of its employees and furthermore, Hamilton contracted to comply with all applicable provisions of construction codes, in addition to safety rules and procedures of Nolin.

- c. *Does the Nolin-Hamilton contract contain a section regarding "supervision and inspection?"*

Answer:

Yes.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation

First Information Request – Case No. 2011-00061

Public Service Commission Staff Request Dated March 25, 2011

Question 1d:

1. Refer to page 1 of Nolin's Response to the Commission's March 1, 2011 Order, filed on March 21, 2011 ("Nolin's Response"), which states, in pertinent part:

Nolin contracted with Hamilton Construction Company to install new conductors and upgrade a line on Nolin's system. Pursuant to the terms of the contract that Nolin has with Hamilton Power Line Construction Company, ("Hamilton"), Hamilton is required to take all reasonable precautions for the safety of its employees and furthermore, Hamilton contracted to comply with all applicable provisions of construction codes, in addition to safety rules and procedures of Nolin.

- d. *Does the Nolin-Hamilton contract contain any provision that requires Hamilton to reimburse Nolin for civil penalties imposed by a state regulatory agency for violations of applicable state laws, regulations or rules attributable to the actions of Hamilton or its employees?*

Answer:

Possibly, pursuant to Article IV, Section 1g.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 1e:

1. Refer to page 1 of Nolin's Response to the Commission's March 1, 2011 Order, filed on March 21, 2011 ("Nolin's Response"), which states, in pertinent part:

Nolin contracted with Hamilton Construction Company to install new conductors and upgrade a line on Nolin's system. Pursuant to the terms of the contract that Nolin has with Hamilton Power Line Construction Company, ("Hamilton"), Hamilton is required to take all reasonable precautions for the safety of its employees and furthermore, Hamilton contracted to comply with all applicable provisions of construction codes, in addition to safety rules and procedures of Nolin.

- e. *Does the Nolin-Hamilton contract prohibit Nolin from having employees of Nolin on site when Hamilton is performing construction work pursuant to the contract?*

Answer:

No.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 2a:

2. *Refer to page 2 of Nolin's Response under the heading "Fifth Defense," which states, in pertinent part, "[s]ome of the violations stated in the Commission's Order are not related to the injuries sustained by Mr. Burman and therefore should be dismissed."*
 - a. *Explain in detail Nolin's theory that a violation of the NESC must be related to a worker's injury.*

Answer:

It is not Nolin's theory that a violation of the NESC must be related to a worker's injury. Instead, it is the contention of Nolin that the focus of the Commission's Order was an alleged violation of the NESC that resulted in a burn injury to an employee of Nolin's contractor, and thus an alleged violation of the NESC not related to the contractor's employee's injury did not appear to be the subject of this Order.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request -- Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 2b:

2. *Refer to page 2 of Nolin's Response under the heading "Fifth Defense," which states, in pertinent part, "[s]ome of the violations stated in the Commission's Order are not related to the injuries sustained by Mr. Burman and therefore should be dismissed."*
 - b. *Explain in detail which violations Nolin believes should be dismissed, based on its statement at page 2 of its Response under "Fifth Defense."*

Answer:

Violation #7 has nothing to do with the accident in question. In addition, violations 3, 5 and 6 are redundant in that they all have to do with failure of the contractor's employees to insulate against the energized lines.

Responding Witness: Robert Thornton, Compliance Coordinator
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 3:

3. *Has Nolin ever conducted safety inspections of its own employee construction work crews? If yes, provide copies of any documents, recordings, or data related to all such safety inspections conducted between January 1, 2009 and December 31, 2010.*

Answer:

Yes, Nolin has conducted safety inspections of its own employee construction work crews. Nolin made 154 such inspections in 2009 and 171 such inspections in 2010. Nolin objects to providing documentation concerning such inspections as they are not relevant to the focus of this investigation and the documentation of such inspections would exceed over 600 pages of reportings which would be over 4,800 copies being provided to the Commission.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 4:

4. *Has Nolin ever conducted safety inspections of its contractor construction work crews? If yes, provide copies of any documents, recordings, or data related to all such safety inspections conducted between January 1, 2009 and December 31, 2010.*

Answer:

Yes, Nolin has conducted safety inspections of its contractor construction work crews. In 2009 it conducted 38 such inspections and in 2010, 37 such inspections. Copies of those reports are attached as Exhibit “B”.

Responding Witness: Robert Thornton, Compliance Coordinator
Nolin Rural Electric Cooperative Corporation

NOLIN RECC
WORK SAFETY INSPECTION

1. DATE INSPECTED: 1.27.09

2. FOREMAN: HAMILTON POWER

3. CREW MEMBERS: _____

4. LOCATION & JOB DESCRIPTION:
LEAFDALE RD - clo BROKEN 3-PHASE POLES (4)

5. JOB BRIEFING: YES NO _____

6. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

7. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

8. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES _____ NO NA

9. FOLLOWED ALL PROCEDURES & RULES: YES NO _____

10. DISPLAYED SAFE DRIVING SKILLS: YES NO _____

11. RECOMMENDATIONS OR SUGGESTIONS:
CREW WORKED ON RESTORING 3-PHASE. WORKED BETWEEN GROUPS.
VERY CAUTIOUS. SURVEYED SCENE BEFORE JUMPING IN. GOOD
COMMUNICATION.

12. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

13. RESULTS SHARED DISCUSSED WITH FOREMAN: YES NO _____

Richard [Signature]
SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

 Date 3-30-09

 Time 2:00
 A.M. P.M.

Item 4

 Job RELOCATE LINE

W.O.# _____

Exhibit B

Page 2 of 111

 Location GAITHER STATION ROAD

Truck #'s _____

 Crew Foreman BILLY HAMILTON / HAMILTON POWER

 Crew Member(s) 1) 6 EMPLOYEES

3) _____

2) _____

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	* Fall Protection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Hand Tools			Vehicles			Job Progress		
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspections			Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>
Storage			Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment			Materials		
Handline			Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW RELOCATING / ADDING LINE (30) DOWN GAITHER STATION. WORKING FROM ENERGIZED TAKE-OFF POLE. COVERED & GROUNDED. HUNG HOT ARM. WILL USE SPACER / MESSENGER CABLE. SETUP ON ROAD. ADEQUATE SIGNS & FLAGGER. EMPLOYEES HAD VEST. FLAGGER DID GOOD JOB. GOOD COMMUNICATION. PAT & ~~FRANK~~ FRANK WORKED FROM BUCKETS. VERY SAFE.

SPARE TRUCK

USED

COMMENTS / CORRECTIVE ACTIONS:

FRANK DID NOT HAVE HARNESS. SPOKE TO HIM & BILLY ABOUT IT. THEY ASSURE ME HE WILL HAVE ONE TOMMORROW. I WILL CHECK. OTHERWISE, CREW DID VERY GOOD JOB.

* FOLLOW UP 5.07.09 - HARNESS ON SA TRUCK, ALL BUCKETMEN HAD HARNESSES ON & LOCKED IN

Inspected By: Richard I...

Date: 3.30.09

Manager Review: _____

Date: _____

Contractor Crew Safety Observation

 Date 5-07-09

 Time 3:30
 A.M. P.M.

Item 4

 Job RELOCATE / RETIRE CIRCUIT

W.O.# _____

Exhibit B

 Location THARP SUBSTATION

Truck #'s _____

Page 4 of 111

 Crew Foreman HAMILTON POWERLINE / WAYNE HAMILTON

Crew Member(s) 1) _____

3) _____

2) _____

4) _____

Inspection Type		Work Practice			Work Practice		
		Yes	No	N/A			
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up		
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control		
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Poles		
OUPS	<input type="checkbox"/>	Job Preparation			Inspected		
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ladders		
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding			Live Line Tools		
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	Excavations		
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>			
Puller / Tensioner	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>			
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>			

A NO Answer Requires A Comment

Hand Tools			Vehicles			Job Progress		
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	Inspections			Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guards	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>
Storage			Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	Equipment			Materials		
Handline			Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW RETIRING/RELOCATING CIRCUIT. WORKING ON NEW TAKE OFF POLE. CONDUCTOR FROM SUB TO POLE. BUS BARS & SWITCHES COVERED. TWO WORKERS WERE IN DOUBT BUCKET @ FEEDER, SINGLE MAN IN BUCKET @ TAKE OFF. ALL PPE WORN. GOOD COMMUNICATION BETWEEN BUCKETS & GROUND. WERE SAGGING WIRE. USED 2-WAY RADIOS. APPARENTLY 1AD PULLED WIRE ACROSS ST. JOHN, HAD SIGNS IN PLACE.

COMMENTS / CORRECTIVE ACTIONS:

VERY GOOD JOB. COVER UP & TRAFFIC CONTROL / WORK ZONE EXCELLENT. EVERYONE ON SAME PAGE.

Inspected By: Rahid Ibrah Date: 5-07-09

Manager Review: _____ Date: _____

NOLIN RECC
WORK SAFETY INSPECTION

1. DATE INSPECTED: 5.11.09

2. FOREMAN: HAMILTON POWER LINE (WAYNE)

3. CREW MEMBERS:

4. LOCATION & JOB DESCRIPTION:
BUILD/RELOCATE CIRCUIT - THARP SUB

5. JOB BRIEFING: YES NO

6. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO

7. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

8. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

9. FOLLOWED ALL PROCEDURES & RULES: YES NO

10. DISPLAYED SAFE DRIVING SKILLS: YES NO

11. RECOMMENDATIONS OR SUGGESTIONS:
CREW WORKING ON ST. JOHN RD. HAD ONE LANE BLOCKED. ALL EMPLOYEES HAD HI-VIS VESTS ON. SIGNS & CONES WERE PROPERLY PLACED. HAD 2 FLAGGERS IN POSITION. USED 2-WAY RADIO TO COMMUNICATE W/ EACH OTHER. FOLLOWED ALL PROCEDURES. VERY GOOD JOB

12. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

13. RESULTS SHARED DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 7 of 111

Date 6-19-08

Time 2:30

A.M.

P.M.

Job 3-PHASE LINE RELOCATION

W.O.# _____

Location N. MILES

Truck #'s 1 DIGGER

Supervisor Foreman HAMILTON POWER (WAYNE)

Crew Member(s) 1) 4 MEN

3) _____

2) _____

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Wire Trailer	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Other _____	<input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW SET POLE FOR LINE RELOCATE ON N. MILES. HAD HANGER ON IT, ASSUME SPACER CABLE WILL BE USED. SET UP IN PARKING LOT, STILL HAD SIGNS & VESTS. USED TARP TO KEEP FILL DIRT OFF GRASS. BRIAN RAN THE DIGGER. GOOD COMMUNICATION W/ OTHER CREW MEMBERS.

COMMENTS / CORRECTIVE ACTIONS:

CREW FOLLOWED ALL SAFETY RULES. CAUTIOUS AROUND TRAFFIC. GOOD WORK.

Inspected By: Robert Thiel Date: 6.19.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 9 of 111

Date 6-19-09

Time 10:45

A.M.

P.M.

Job NEW 3-PHASE LINE

W.O.# _____

Location GAITHER STATION

Truck #'s 2 BUCKETS, DIGGER

Crew Foreman HAMILTON POWER (BILLY)

Crew Member(s) 1) 6 MEN

3) _____

2) _____

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other <u>4-WHEELER</u>	<input checked="" type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW BUILDING NEW LINE. HAD TO RE-ROUTE IT THROUGH A SUBDIVISION. HAD PROPER SIGNS & WORK ZONE CONTROL. HAD PREVIOUSLY SET POLES. STRINGING WIRE. CURRENT SINGLE PHASE LINE THAT THEY ARE CONVERTING. USED HOT ARMS TO EXTEND EXISTING PHASE WAY FROM WORK. ISOLATED & GROUNDED, ALLOWING SINGLE PHASE TO STAY HOT BUT BE OUT OF THE WAY. BOB & MIKE WERE WORKING FROM BUCKETS. GLOVES & SLEEVES WHILE WORKING ON ENERGIZED PHASE.

COMMENTS / CORRECTIVE ACTIONS:

VERY SAFE. GOOD COMMUNICATION. DID GOOD JOB PREPARING. FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Thacker Date: 6-19-08

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 6-29-09 Time 2:00 A.M. P.M. Page 11 of 111

Job 610 C-2 W.O.# _____

Location TUNNEL HILL RD Truck #'s 2 BUCKETS, 1 DIGGER

Crew Foreman HAMILTON POWER (WAYNE)

Crew Member(s) 1) 5 MEN 3) _____
2) _____ 4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	* Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A
Hand Tools						Vehicles						Job Progress					
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>							
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>							
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials									
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>							
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other									
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW C/O C-2. HAD C/O ANOTHER POLE IN THIS SPAN EARLIER IN THE DAY. TRUCKS IN GOOD POSITION, INCLINE, USED CHOCKS. TWO MEN WORKED FROM BUCKET. GLOVES, SLEEVES, FR. VERY GOOD JOB W/ COVER UP. BASKETS & BELLS WERE COVERED. TRUCKS WERE GROUND, AS WAS LINE. GOOD COMMUNICATION. RUBBER GLOVES WORN AS MEN PUSHED POLE INTO PLACE.

COMMENTS / CORRECTIVE ACTIONS:

BOYS ON GROUND DO NEED TO WEAR SAFETY GLASSES. 3 GROUND MEN WERE NOT WEARING ANY. WILL DISCUSS W/ WAYNE. OTHER WISE VERY SAFE.

Inspected By: Richard J. [Signature] Date: 6-29-09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 7-20-09 Time 1:15 A.M. P.M. Page 13 of 111

Job LINE UPGRADE W.O.# _____

Location SERENE OAKS Truck #'s 92, 60, 80

Crew Foreman HAMILTON POWERLINE (BILLY)

Crew Member(s) 1) ROBBIE HAMILTON 3) DAVID HAMILTON

2) FRANK HAMILTON 4) MIKE SNELTON / WAYNE

Inspection Type		Work Practice			Work Practice		
		Yes	No	N/A			
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up		
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	* Eye Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control		
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Poles		
OUPS	<input type="checkbox"/>	Job Preparation			Inspected	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	Ladders		
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding			Live Line Tools		
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	Excavations		
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>			
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>			
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>			

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW TRIP IN 3 Ø WIRE. UPGRADING FROM SINGLE PHASE TO THREE. SINGLE PHASE STILL HOT, ON HOT ARM. ROBBIE GROUNDED IT OUT, WORKED BETWEEN GROUNDS TO TIE THE NEW WIRE IN. WAYNE HELPED. BOTH HAD GLOVES, SLEEVES, & FR. GOOD COVER UP. THE STRUCTURES THEY HAD BEEN WORKING ON WERE COVERED. ROBBIE & WAYNE TOOK TIME. BILLY OBSERVED FROM THE GROUND.

COMMENTS / CORRECTIVE ACTIONS:

ROBBIE & WAYNE DID NOT HAVE SAFETY GLASSES ON IN THE BUCKET. TOLD BILLY THAT THEY MUST WEAR THEM, ESPECIALLY WORKING ON ENERGIZED LINES. I WILL FOLLOW UP TO MAKE SURE THEY ARE WEARING THEM.

* FOLLOW UP ON 7-27-09 - ALL MEMBERS HAD EYE PROTECTION ON UN ANNOUNCED VISIT *

Inspected By: Robert Tharlan Date: 7-20-09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 7-27-09

Time 2:15

A.M.

P.M.

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Job RE-CONDUCTOR LINE

W.O.# _____

Location GAITHER STATION / WIK PKWY

Truck #'s 5 BUCKETS, 1 DIGGER

Crew Foreman HAMILTON POWER LINE WAYNE BILLY

Crew Member(s) 1) _____ 3) _____
2) _____ 4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized <small>TAKE-OFF TIE IN POINT</small>	<input checked="" type="checkbox"/>	* PULLER/TENSIONER				Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* KSP STOP TRAFFIC ON PKWY			
Distribution	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUPS	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Equipment		Job Preparation				Poles			
Service <26,000 lb.	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(S) Bucket	<input checked="" type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tested		Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Dielectric	<input checked="" type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Grounding				Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Personal Grounds				Live Line Tools			
Trencher	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Puller / Tensioner	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW RAN WIRE ACROSS LONG SPAN. HAD TO CROSS WK PKY. HAD TRUCKS ON BOTH SIDES & TRUCK IN MEDIAN. KSP STOPPED TRAFFIC TO PULL ROPES ACROSS PKWY. KEPT FLAGGERS ON PKWY IN EFFORTS TO SLOW TRAFFIC / IN CASE ROPE BROKE. BUCKETS WERE PLACED LONG THE SPAN TO MAKE SURE ROPE/WIRE WENT THROUGH ROLLERS. RADIOS WERE USED TO COMMUNICATE. TRUCKS GROUNDED. ENERGIZED POINTS WERE COVERED & GROUNDED. GLOVES & SLEEVES WORN WHILE TYING OFF PHASE/ROPE.

COMMENTS / CORRECTIVE ACTIONS:

WAYNE & BILLY'S CREW BOTH ON SITE. APPROX. 15 WORKERS. REALLY GOOD COMMUNICATION. FOLLOWED ALL GENERAL RULES & PROCEDURES.

Inspected By: Robert Shaul Date: 7-27-09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 17 of 111

Date 8-18-09

Time 2:15

A.M.

P.M.

Job RE-CONDUCTOR LINE (HENBRIX)

W.O.# _____

Location WOODLAWN SPRINGS (SALT RIVER REC)

Truck #'s _____

Crew Foreman HAMILTON POWER (WAYNE & BILLY)

Crew Member(s) 1) _____

3) _____

2) _____

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

I HAD TO MEET w/ WAYNE TO DISCUSS RECENT ACCIDENT. BOTH CREWS WERE WORKING TOGETHER ON LARGE RE-CONDUCTOR JOB. PULLING HENDRIX CABLE. BUSY ROAD. HAD ALL NECESSARY TRAFFIC CONTROL. PARTS OF JOB ON ENERGIZED POLES. COVER-UP & HOT ARMS USED. BUCKET MEN @ HOT POLES HAD GLOVES, SLEEVES, FR. GOOD COMMUNICATION @ BOTH ENDS.

COMMENTS / CORRECTIVE ACTIONS:

SEEMED TO FOLLOW ALL SAFETY RULES. HAD DOCUMENTED JOB BRIEFING. VERY GOOD.

Inspected By: Richard Shank Date: 8-18-09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 19 of 111

Date 8-31-09

Time 3:00

A.M.

P.M.

Job TRANSFER WIRE

W.O.# _____

Location HWY 251

Truck #'s 6 BUCKETS 1 DIGGER

Crew Foreman HAMILTON POWER LINE (WAYNE BILLY)

Crew Member(s) 1) _____

3) _____

2) _____

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
1 Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW TRANSFERING 3-PHASE TO NEW STRUCTURES. USED HOT ARMS & MULTIPLE BUCKETS. I OBSERVED FROM DISTANCE. 3 BUCKETS SET UP @ ONE END. PUTTING ARMS ON POLE & DOING OTHER PREP WORK. GUYS ON GROUND DUG ANCHORS & GOT GOY WIRE READY. CREWS @ OTHER END DID SAME. BUSY ROAD, HAD SIGNS & FLAGGER. FOLLOWED ALL TRAFFIC CONTROL PROCEDURES. GOOD COMMUNICATION W/ RADIOS BACK & FORTH.

COMMENTS / CORRECTIVE ACTIONS:

APPEARED TO FOLLOW ALL PROCEDURES / RULES. NO ISSUES.

Inspected By: Rachel Shul Date: 9.01.09

Manager Review: _____ Date: _____

NOLIN RECC WORK SAFETY INSPECTION

1. DATE INSPECTED: 9.01.09
 2. FOREMAN: HAMILTON POWER
BILLY HAMILTON
 3. TRUCK #s: _____
 4. CREW MEMBERS: _____

5. LOCATION & JOB DESCRIPTION:
HWY 251 - LINE TRANSFER, RE CONDUCTOR

7. JOB BRIEFING: YES _____ NO _____
 8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____
 9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____
 10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO _____
 11. FOLLOWED ALL PROCEDURES & RULES: YES NO _____
 12. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO _____

13. RECOMMENDATIONS OR SUGGESTIONS:
OBSERVED FROM DISTANCE. DID NOT SPEAK W/ FOREMAN. TRUCKS & EQUIPMENT
WERE GROUNDED. GOOD TRAFFIC / WORK ZONE SET-UP. HAD FLAGGERS IN
PLACE & ALL MEN ON GROUND HAD HI-VIS VEST.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____
 15. RESULTS DISCUSSED WITH FOREMAN: YES _____ NO

Richard D. [Signature]
 SIGNATURE OF INSPECTOR

NOLIN RECC WORK SAFETY INSPECTION

1. DATE INSPECTED: 9-01-09

2. FOREMAN: HAMILTON POWER
WAUNE HAMILTON

3. TRUCK #s: _____

4. CREW MEMBERS: _____

5. LOCATION & JOB DESCRIPTION:
HWY 251 - RE-CONDUCTOR, TRANSFER

7. JOB BRIEFING: YES _____ NO _____

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO _____

11. FOLLOWED ALL PROCEDURES & RULES: YES NO _____

12. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO _____

13. RECOMMENDATIONS OR SUGGESTIONS:
OBSERVED FROM DISTANCE. DID NOT SPEAK W/ FOREMAN. HAD ALL SIGNS & TRAFFIC
CONTROL DEVICES IN PLACE. TRUCKS APPEARED TO BE SET UP STRATEGICALLY.
LINE WAS GROUNDING - TRUCKS & OTHER EQUIPMENT GROUNDING

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

15. RESULTS DISCUSSED WITH FOREMAN: YES _____ NO

Robert J. [Signature]
SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4

EXHIBIT B
Page 23 of 111

Date 9-22-09

Time 2:45

A.M.

P.M.

Job FRAME POLES

W.O.# _____

Location BOONE RD

Truck #'s 92, 53

Crew Foreman HAMILTON POWER (BILLY HAMILTON)

Crew Member(s) 1) ROBBIE HAMILTON

3) _____

2) MIKE SHELTON

4) _____

Inspection Type		Work Practice			Work Practice				
		Yes	No	N/A					
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up				
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation			Inspected				
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding			Live Line Tools				
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice				Work Practice				Work Practice			
Yes	No	N/A		Yes	No	N/A		Yes	No	N/A	
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW WAS FRAMING POLES, POLE PILE ON SIDE OF ROAD, USED # 55 TO MOVE AROUND POLES, HOLD UP WHILE WORKING, FRAMING C-3's, GOOD COMMUNICATION, HAD HI-VIS VESTS.

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED SAFETY RULES, USED ALL REQUIRED PPE.

Inspected By: Robert Shuck Date: 9.22.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Date 9.22.09

Time 2:00

A.M.

P.M.

Page 25 of 111

Job SET C-9

W.O.# _____

Location BOONE RD.

Truck #'s 93, 55

Crew Foreman HAMILTON POWER (WAYNE HAMILTON)

Crew Member(s) 1) KENNY BROWN

3) BRIAN HAMILTON

2) FRANKIE HAMILTON

4) LUKE CARRICK / ETHAN HUFF / SHORTY

Inspection Type		Work Practice				Work Practice				Work Practice		
		Yes	No	N/A		Yes	No	N/A		Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up						
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Job		Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Energized 1φ	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control						
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles						
OUPS	<input type="checkbox"/>	Job Preparation				Ladders						
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools						
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dielectric	<input checked="" type="checkbox"/>	Grounding				Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations						
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW WORKING ALONG SIDE OF ROAD. HAD SIGNS, FLAGGERS, LIGHTS, & HI-VIS VEST. BOTH TRUCKS GROUNDED. BRIAN OPERATED DIGGER. GROUND MEN HAD GLOVES & SLEEVES WHILE SETTING POLE. KENNY HAD EXISTING SINGLE PHASE SECURED WITH JIB; NEUTRAL SECURED W/ HOTSTICK. PLACED IN HOT ARM ONCE POLE SET.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. EVERYONE AWARE OF WHAT'S GOING ON. DISCUSSED TRUCK GROUNDED W/ THEM... WHY GROUND CHAINS SHOULD BE STRETCHED OUT. ALSO DISCUSSED USING GROUND RODS VS SYSTEM NEUTRAL. GOOD JOB.

Inspected By: Robert [Signature] Date: 9.22.09

Manager Review: _____ Date: _____

NOLIN RECC WORK SAFETY INSPECTION

1. DATE INSPECTED: 10.26.09

2. FOREMAN: HAMILTON POWER LINE
KENNY BROWN

3. TRUCK #s: 1-BUCKET, 2-PICKUP, TRENCHER

4. CREW MEMBERS: MIKE SHELTON
ROBBIE HAMILTON
LUKE CARRICK

5. LOCATION & JOB DESCRIPTION:

NORTH MILES - RELOCATE UG SERVICES

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
TRAFFIC VEST

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
ON RISER POLE

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NO -NA-

13. RECOMMENDATIONS OR SUGGESTIONS:

CREW WAS DIGGING UP CONDUIT TO MOVE UG SERVICES TO NEW STRUCTURE.
HAD PHASES COVERED ON ORIGINAL RISER POLE, SERVICES DE-ENERGIZED.
ROBBIE OPERATED TRENCHER (BACKHOG ATTACHMENT). TRENCH WAS SLOPED,
WORKING OFF OF ROAD BUT STILL OBEYED TRAFFIC / WORK ZONE RULES.
GOOD JOB

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shelton
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 11-03-09
2. FOREMAN: HAMILTON POWER LINE
WAYNE HAMILTON
3. TRUCK #s: 2- BUCKETS 1- PICK-UP
1- DIGGER
4. CREW MEMBERS: BRIAN HAMILTON ETHAN HUFF
WAYNE GREENWELL
FRANKIE HAMILTON

5. LOCATION & JOB DESCRIPTION:
TUNNEL HILL RD - SET POLES FOR NEW 3-PHASE LINE (HENDRIX WIRE)

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO NA

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NO NA

13. RECOMMENDATIONS OR SUGGESTIONS:
WORKING BESIDE BUSY ROAD. HAD FLAGGERS. SETTING/FRAMING POLES
FOR LINE RELOCATE. GOOD WORK ZONE. GOOD COMMUNICATION.
HAD SPOTERS IN PLACE WHEN BACKING INTO ROAD.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Therk
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 11.04.09
HAMILTON POWER LINE

2. FOREMAN: WAYNE HAMILTON

3. TRUCK #s: 3 BUCKETS 2 WIRE MACHINE/TENSIONER

4. CREW MEMBERS: BRIAN HAMILTON DONNIE SMITH
WAYNE GREENWELL SMORTY
ETHAN HOFF

5. LOCATION & JOB DESCRIPTION:

TUNNEL HILL RD - SPACER CABLE

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
@ ENERGIZED TAKE-OFF 2 FLAGGERS

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) @ ENERGIZED TAKE-OFF YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NO NA

13. RECOMMENDATIONS OR SUGGESTIONS:

SET UP ON ROAD, LUKE & DONNIE FLAGGED TRAFFIC. USED 2-WAY TO COMMUNICATE.
WORK ZONE PROPERLY SET UP. CREW WAS PULLING SPACER CABLE. WORKING
FAIRLY CLOSE TOGETHER SO IT WAS EASY TO COMMUNICATE. GUYS ON GROUND
OBSERVANT. WAYNE FLOATED MAKING SURE WIRE WENT UP SMOOTH, GOOD
JOB.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Thack
SIGNATURE OF INSPECTOR

* KENNY BROWN'S CREW ALSO
THERE.

- ROBBIE HAMILTON
- MIKE SHELTON
- LUKE CARRICK

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 11-12-2009
HAMILTON POWER LINE

2. FOREMAN: KENNY BROWN

3. TRUCK #s: 1-DIGGER 1-BUCKET 2-PICK-UP

4. CREW MEMBERS: MIKE SHELTON SHORTY
ROBBIE HAMILTON
LUKE CARRICK

5. LOCATION & JOB DESCRIPTION:
DECKARD SCHOOL RD - FRAMING POLES

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO NA

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NO NA

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW SET-UP OFF ROAD FRAMING C-T. GOOD COMMUNICATION. HAS BEEN ON ROAD/NEAR ROAD. HAD SIGNS PLACED, PROPER WORK ZONE. ALL REQUIRED PPE WORN. SAFELY LOADED POLE ONTO TRUCK. WENT TO SET IT ON SIDE OF ROAD.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Date 01/05/09 Time 3:00 A.M. P.M. Item 4
Exhibit B
Page 31 of 111

Job PRIMARY UG W.O.# _____

Location VINELAND PARK Truck #'s _____

Crew Foreman TIMMY VINCENT (DLC)

Crew Member(s) 1) ERIC 3) SEAN
2) TOM 4) MIKE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input checked="" type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds				Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other <u>BOBCAT</u>	<input checked="" type="checkbox"/>								

A NO Answer Requires A Comment

Hand Tools			Vehicles			Job Progress		
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspections			Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>
Storage			Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment			Materials		
Handline			Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	Other		
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW PULLED PRIMARY U6 INTO SWITCH CABS & TRANSFORMER VAULT. VERY WET & MUDDY.
 USED BOBCAT TO PULL WIRE. GOOD COMMUNICATION. ALL PPE USED. COLOR CODED WIRE.
 CABINETS WERE FULL OF WATER. USED SUMP PUMP. FILLED LOW SPOTS AROUND CABINETS
 WITH GRAVEL.

COMMENTS / CORRECTIVE ACTIONS:

CREW FOLLOWED ALL SAFETY RULES. GOOD JOB.

Inspected By: Rabeul Sharb Date: 01/05/08

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Date 1-21-09 Time 9:15 A.M. P.M. Item 4
 Job c/o ci W.O.# _____ Exhibit B
 Location Rink Road Truck #'s BUCKET & DIGGER Page 33 of 111
 Crew Foreman DLC / ERIC DISSELKAMP
 Crew Member(s) 1) SEAN 3) MIKE
 2) Tom 4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds				Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Hand Tools			Vehicles			Job Progress		
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspections			Excellent	<input type="checkbox"/>	<input type="checkbox"/>
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Storage			Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment			Materials		
Handline			Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW WAS CHANGING OUT C-1. ARRIVED AFTER POLE WAS SET. TOM WAS IN BUCKET. ERIC IN DIAPER BUCKET. BOTH HAD GLOVES, SLEEVES, & FALL PROTECTION. TRUCKS WERE NOT GROUNDED AT THAT TIME. NOT SURE WHAT PROCEDURES WERE USED WHILE SETTING POLE. PHASES WERE COVERED. GOOD COMMUNICATION FROM BUCKETS TO GROUND. ERIC & TOM TOOK TIME. TIED PHASES BACK SAFELY. SAFELY CUT TOP OF POLE OUT (LEFT PORTION OF POLE OVE TO PHONE DROP).

COMMENTS / CORRECTIVE ACTIONS:

I DO THINK IT IS A GOOD IDEA TO GROUND TRUCKS. OTHERWISE, VERY GOOD WORK.

Inspected By: Robert Shank Date: 1-21-09

Manager Review: _____ Date: _____

NOLIN RECC
WORK SAFETY INSPECTION

1. DATE INSPECTED: 2.06.09

2. FOREMAN: TIMMY VINCENT, DLC

3. CREW MEMBERS:

4. LOCATION & JOB DESCRIPTION:
clo C-4 - BAWN CREEK RD

5. JOB BRIEFING: YES NO _____

6. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

7. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

8. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES _____ NO NA _____

9. FOLLOWED ALL PROCEDURES & RULES: YES NO _____

10. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO NA _____

11. RECOMMENDATIONS OR SUGGESTIONS:
CREW HAD BEGUN clo NIGHT BEFORE WHEN POLE BROKE DURING
TRANSFER. INVESTIGATION WAS CONDUCTED. HAD TO START FROM SCRATCH.
TRUCKS PROPERLY SET UP. GOOD COMMUNICATION. TIMMY MADE SURE
EVERYONE KNEW WHAT WAS GOING ON.

* FULL ACCIDENT REPORT MADE

12. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

13. RESULTS SHARED DISCUSSED WITH FOREMAN: YES NO _____



SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Date 03-09-09

Time 10:30

A.M.

P.M.

Item 4

Job RELOCATE LINE

W.O.# _____

Exhibit B

Location FOUR SEASONS

Truck #s BUCKET, DIGGER w/ POLE TRAILER

Page 36 of 111

Crew Foreman TIMMY VINCENT / DLG. INC

Crew Member(s) 1) SEAN

3) MIKE

2) ERIC

4) TOM

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds				Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Hand Tools			Vehicles			Job Progress		
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inspections			Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>
Storage			Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment			Materials		
Handline			Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other		
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW RELOCATED LINE NEXT TO ROAD. TRUCKS SET UP ON ROAD. USED FLASHERS / CONES.
 SET 30' POLE BY HAND. GOOD COMMUNICATION. POLE SAFELY PUT IN PLACE. TOW HUNG
 TRANSFORMER ON A-1. FOLLOWED ALL RULES. CREW WORKED VERY SAFE.

COMMENTS / CORRECTIVE ACTIONS:

CREW DID GOOD JOB. MADE SURE POLES WERE PROPERLY TAMPED. ALSO ENSURED ANCHORS
 SET AT PROPER DEPTH. FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Shuck

Date: 03.09.09

Manager Review: _____

Date: _____

Contractor Crew Safety Observation

 Date 3-26-09

 Time 3:00
 A.M. P.M.

Item 4

 Job RELINATE SINGLE PHASE

W.O.# _____

Exhibit B

Page 38 of 111

 Location FREEMAN LAKE

 Truck #'s BUCKET, DIGGER

 Crew Foreman DLC / TIMMY VINCENT

 Crew Member(s) 1) ERIC DISSEKAMP

 3) SEAU

 2) TOM MCCORMICK

 4) NATHAN LANE (TEMP)

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Hand Tools				Vehicles				Job Progress								
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage									Equipment				Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment					Materials							
Handline									Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW RELOCATING SINGLE PHASE LINE TO ROAD. SET UP ON SKINNY, LOW VOLUME ROAD. FLASHERS, BUT I HAD THEM PUT OUT CONES. CHANGED OUT POLE. TOM WORKED BUCKET, UNITED PHASES & PULLED INTO CLEAR. PHASES COVERED. GROUND MEN WORE RUBBER GLOVES WHILE SETTING POLE. GOOD COMMUNICATION. ERIC (DIGGER OPERATOR) DID GOOD JOB PLACING POLE IN TIGHT SPOT & AROUND PHONE. CREW MADE SURE POLE & ANCHORS WERE SECURELY TAMPED. ONCE DONE SETTING POLE BEGAN HANGING TRANSFORMERS.

COMMENTS / CORRECTIVE ACTIONS:

CREW HAD ON RAIN COATS, WHICH ARE HI-VIS, BUT NEED TO GET TRAFFIC VESTS. NEED TO BE AWARE WHEN SETTING UP IN ROAD (ESPECIALLY LOW VOLUME). TIMMY MADE SURE EVERYONE KNEW WHAT WAS GOING ON. VERY GOOD JOB.

Inspected By: Robert Shunk Date: 3.25.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Date 4-13-09 Time 9:30 A.M. P.M. Item 4
Exhibit B
 Job PRIMARY UG W.O.# _____ Page 40 of 111
 Location ROBIN BROOKE Truck #'s _____
 Crew Foreman TIMMY VINCENT

Crew Member(s) 1) TOM McCORMICK 3) SEAN
 2) ERIC DISSELKAMP 4) MIKE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input checked="" type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

PRIMARY UNDERGROUND. 400' PULL FROM SWITCH CAB TO TRANSFORMER. EVERYTHING WAS DE-ENERGIZED. GOOD COMMUNICATION. SEAN & MIKE PUSHED WIRE THRU CONDUIT. ERIC PULLED IT OUT. MADE ANOTHER PULL THEN BEGAN TERMINATING ELBOWS.

COMMENTS / CORRECTIVE ACTIONS:

IT WAS VERY CLOUDY, OVERCAST. NO BODY HAD SAFETY GLASSES. EVEN THOUGH DE-ENERGIZED & NOT DRILLING/HAMMERING IT IS STILL A GOOD IDEA.

Inspected By: Robert Shurba Date: 4.13.09
 Manager Review: _____ Date: _____

Date 5-11-09

Time 10:15

A.M. P.M.

Item 4

Job LINE EXTENSION

W.O.# _____ Exhibit B

Location WJCR RADIO (RAJNER HOLLOW)

Truck #'s _____ Page 42 of 111

Crew Foreman DLC, INC. - TIMMY VINCENT

Crew Member(s) 1) _____ 3) _____
 2) _____ 4) _____

Inspection Type		Work Practice			Work Practice		
		Yes	No	N/A			
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up		
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Job		*Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control - OFF ROAD	
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
OUPS	<input type="checkbox"/>	Job Preparation			Poles		
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(b) Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	
Bucket / Dig Combo	<input type="checkbox"/>	Breaker -- Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding			Proper Position		
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools	
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations	
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

A NO Answer Requires A Comment

Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	* Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW BUILT SINGLE POLE TAP OFF EXISTING 3-PHASE FOR A TEMP SERVICE. TOM WAS ON TAKE-OFF POLE. HAD PHASES COVERED & WORE GLOVES/SLEEVES. HAD TO USE AIR COMPRESSOR & ROCK BIT TO DIG ANCHOR. EHR PROTECTION WAS WORN. MIKE CLIMBED LIGHT POLE TO DROP EXISTING SERVICES. ERIC USED DIGGER BUCKET & WORKED NEW AXE. HOOKED UP 25 AMP POT. GOOD COMMUNICATION. CREW WORKED VERY SAFE.

COMMENTS / CORRECTIVE ACTIONS:

ONLY CONCERN IS A BAD SPOT ON ROPE WINCH (BOOM) ON DIGGER. IT IS CLOSE TO THE HEAD SO IT COULD BE CUT & THEN RE ATTACH HEAD/HOOK. WILL NEED TO BE DONE SOON!

Inspected By: Rahul Sharma Date: 5-11-09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 6-11-09

Time 10:30

A.M.

P.M.

Page 44 of 111

Job 1 POLE TAP w/ 15 KW & UG SERVICES

W.O.# _____

Location BRATCHER LANE

Truck #'s BUCKET, DIGGER

Crew Foreman DLC, INC. TOM

Crew Member(s) 1) MIKE

3) JOHN

2) ERIC

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW BUILT SINGLE POLE TAP TO FEED HOUSE (NEW CONSTRUCTION). DIGGER GOT IN POSITION, BUCKET STAYED AT TAKE-OFF. TAKE POLE WAS PROPERLY COVERED. JOHN WORKED THE BUCKET w/ GLOVES, SLEEVES, & FR. ERIC & MIKE & TOM FRAMED POLE, GOT IT SET. GOOD COMMUNICATION. MIKE WORKED FROM DIGGER BUCKET TO HOOK UP X-FORMER & STRING WIRE. SERVICE WIRE WAS PUSHED FROM POLE TO METER BASE.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. CREW FOLLOWED SAFETY RULES. TALKED w/ ERIC & TOM. THEY WERE ASKING WHEN TO WEAR SLEEVES. DISCUSSED 5' RULE & OTHER SITUATIONS. GOOD VISIT.

Inspected By: Robert Shank Date: 6.11.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Date 7-20-09

Time 2:15

A.M.

P.M.

Page 46 of 111

Job 1-POLE TAP w/ 3/4 BANK, c/o C-1

W.O.# _____

Location HWY 251 (McMILLEN MECHANICAL)

Truck #'s BUCKET, DIGGER

Crew Foreman DLG, INC (ERIC DISSELKAMP)

Crew Member(s) 1) TOM

3) MIKE

2) JOHN

4) NATE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Reflective Vests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Flagger(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW BUILT C-7 TAP W/ 3 POT BANK. WILL SERVE NEW ADDITION. HAD POLE SET AND WIRE PULLED BEFORE DINNER. I CAME BACK THROUGH & THEY HAD BUCKET SET UP ON ROAD. HAD ADEQUATE SIGNS & CONES. ON A STRAIGHT STRETCH SO TRAFFIC HAD VISION WT COULD STILL USE FLAGGER, ESPECIALLY AFTER POLE SET. WERE C/O C-1 & ADDING ARM. GOOD COVER UP, GLOVES & SLEEVES. JOHN WORKED OUT OF DIGGER BUCKET. GOOD COMMUNICATION W/ GROUND.

COMMENTS / CORRECTIVE ACTIONS:

GROUND MEN DID NOT HAVE TRAFFIC VESTS. THEY "WERE IN OTHER TRUCK THAT'S IN THE SHOP." TOLD ERIC HE NEEDS TO MAKE SURE THAT WHEN THEY WORK ON OR NEAR ROADWAY THEY HAVE THEM ON. THIS IS A FEDERAL REQUIREMENT.

Inspected By: Robert Shamba Date: 7.20.09

anager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 7.30.09 Time 3:30 A.M. P.M. Page 48 of 111

Job clo A-7 W.O.# _____

Location TUNNEL HILL RD Truck #'s BUCKET, DIGGER

Crew Foreman DLC, INC - TIMMY VINCENT

Crew Member(s) 1) ERIC 3) MIKE
2) TOM 4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW SET UP IN ROAD. HAD SIGNS & CONES & VESTS. ONE LANE ROAD. TIMMY WAS IN BUCKET, MIKE IN DIGGER BUCKET. CLO A-7. HAD PHASE COVERED W/ GUTS, BLANKET, HOOD. TAGGED NEUTRAL & TOOK PHASE UP WHILE ERIC SAT OLE. MIKE HELPED TIE EVERYTHING IN & TRANSFER POT. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

CREW WORE GLOVES & SLEEVES (5' RULE). HAD TRUCKS PROPERLY GROUNDED. DID VERY GOOD JOB.

Inspected By: Robert Shark

Date: 7-31-09

Manager Review: _____

Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 8-12-09 Time 9:45 A.M. P.M. Page 50 of 111

Job PRIMARY UG, TERMINATE ELBOWS

W.O.# _____

Location GONDOLLER (SHOPPING PLAZA)

Truck #'s BUCKET, DIGGER

Crew Foreman DLC, INC - TIMMY VINCENT

Crew Member(s) 1) ERIC
2) JOHN

3) TOM
4) NATE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	★ Adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input checked="" type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	★ FR Clothing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other <u>BOBCAT</u>	<input checked="" type="checkbox"/>								
<u>COMPRESSION</u>									

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW HAD TO PULL IN U6 PRIMARY & TERMINATE ELBOWS. TOOK OFF @ TRANSFORMER & WENT TO SWITCH CAB. PRINT WAS DRAWN WRONG. HAD ADDITIONAL SWITCH CAB. TOM & NATE WERE @ ONE END W/ WIRE TRAILER. JOHN & ERIC WERE AT OTHER END WITH ROBCAT & REEL OF ROPE. THE STRING HAD BROKE. TIMMY REACH INTO HOT CAB TO GRAB STRING. ELBOWS NOT COVERED. NO FR. TOM DID HAVE ELBOWS COVERED ON HIS END. SHOULD ALSO WEAR RUBBER GLOVES (JOHN DID HAVE THEM WHILE REPOSITIONING PRIMARY)

COMMENTS / CORRECTIVE ACTIONS:

TALKED W/ TIMMY, ERIC, & JOHN ABOUT COVERING ELBOWS. THAT IS A FAIL SAFE JUST IN CASE SOMETHING WENT WRONG. NOLIN POLICY SAYS FR TO BE WORN ON ALL ENERGIZED JOBS. TIMMY AGREED. I TALKED W/ BILL MASSEY, KAEC, & ASKED HIS OPINION. HE AGREED THAT ELBOWS SHOULD BE COVERED, ESPECIALLY WHEN PUSHING WIRE (TAKE-OFF). WILL FOLLOW UP.

APPA 509.4 (h) - FR / LONG SLEEVE
509.9 - RUBBER GLOVES

Inspected By: Robert Shalh Date: 8.12.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 8.31.09

Time 2:00

A.M.

P.M. Page 52 of 111

Job RELOCATE POLE

W.O.# _____

Location BURNS RD

Truck #'s BUCKET, DIGGER

Crew Foreman DLC, INC. (ERIC DISSELKAMP)

Crew Member(s) 1) JOHN

3) TOM

2) MIKE

4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW SET POLE, RETIRING A-5. RELOCATED TO MAKE SPAN SHORTER & EASIER TO GET TO. SET UP ON ROAD SIDE. FOLLOWED ALL TRAFFIC CONTROL PROCEDURES. TOM WORKED ON PREPPING TAKE-OFF POLE. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

GOODS JOB BRIEFING. CREW FOLLOWED ALL SAFETY RULES

Inspected By: Robert Shuler

Date: 9.01.05

Manager Review: _____

Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 54 of 111

Date 9-10-09

Time 10:00

A.M.

P.M.

Job clo C-22

W.O.# _____

Location Hwy 1600

Truck #'s BUCKET, DIGGER

Crew Foreman DLC, INC (TIMMY VINCENT)

Crew Member(s) 1) ERIC

3) NATE

2) TOM

4) SONN

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW HAD TO DO C-22 ALONG SIDE OF HWY 1600. HAD TRUCKS POSITIONED OFF ROAD. HAD HI-VIS VESTS & OTHER WORK ZONE PRECAUTIONS. HAD ALREADY SET NEW POLE. TOM WAS IN BUCKET TRANSFERRING PHASES. HAD ALL PPE. JOHN HELPED IN BIGGER BUCKET. ALSO HAD ALL PPE. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

CREW FOLLOWED ALL SAFETY RULES. APPEARED TO DO GOOD, SAFE JOB.

Inspected By: Robert Shank Date: 9.11.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 56 of 111

Date 10-12-09

Time 10:00

A.M.

P.M.

Job TERMINATE PRIMARY UG

W.O.# _____

Location DECKARD SCHOOL RD

Truck #'s 2, 5

Crew Foreman DLC, INC (TIMMY VINCENT)

Crew Member(s) 1) ERIC

3) TOM

2) JOHN

4) MIKE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control	<u>OFF ROAD</u>		
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input checked="" type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds				Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other <u>SKID STEER</u>	<input checked="" type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW WORKING IN NEW SUBDIVISION. PUSHING WIRE TO SWITCH CABS. HAD ISSUES W/ STRING BREAKING. TIMMY & ERIC WENT TO GET SKID STEER TO PULL WIRE IN WITH. TOM WAS AT CABINET TERMINATING ELBOWS. HAD ALL NECESSARY PPE. JOHN & MIKE WERE AT ANOTHER CABINET TERMINATING ELBOWS.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. TRUCKS WERE NOT SET-UP BUT WIRE TRAILER WAS CHOCKED. FOLLOWED ALL SAFETY RULES.

Inspected By: Rubel Shul Date: 10.12.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 11-12-2009

Time 10:15

A.M.

P.M.

Page 58 of 111

Job clb c-7

W.O.# _____

Location FOUNTAIN BLEU

Truck #'s 2-BUCKET 1-DIGGER 1-PICKUP

Crew Foreman DLC, INC (TIMMY VINCENT)

Crew Member(s) 1) JOHN

3) NATE

2) TOM

4) MIKE

Inspection Type		Work Practice			Work Practice					
		Yes	No	N/A						
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up					
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control				
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles				
OUPS	<input type="checkbox"/>	Job Preparation			Inspected			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2- Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders				
1- Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dielectric	<input checked="" type="checkbox"/>	Grounding			Live Line Tools					
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations				
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW HAD TO clo C-7 IN BACKYARD. HAD UG SERVICES, OVERHEAD SERVICES, & 1" TAP.
 TIMMY & TOM IN DOUBLE BUCKET. JOHN IN OTHER BUCKET, MIKE & NATE ON GROUND.
 HAD GOOD AMOUNT OF COVER-UP. ADDED A BLANKET & HOSE AS THEY MOVED
 POSITIONS. USED MATERIAL HANDLER TO TRANSFER PHASE AT A TIME.

COMMENTS / CORRECTIVE ACTIONS:

GUYS ON GROUND NEED TO BE MORE AWARE. TIMMY GOT BUCKET (BOTTOM EDGE)
 SNAGGED ON MAC JUMPER. JOHN YELLED TO STOP HIM. NOTHING HAPPENED BUT
 WIRE COULD HAVE BROKE, ETC.. GOOD COMMUNICATION BY BUCKET GUYS. TOOK
 TIME.

Inspected By: Robert J. [Signature] Date: 11.13.09

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 60 of 111

Date 12-29-09

Time 9:00

A.M.

P.M.

Job clo c-1

W.O.# _____

Location ST JOHN RD

Truck #'s 11, 12, 4

Crew Foreman DLC, INC. (TIMMY VINCENT)

Crew Member(s) 1) ERIC

3) MIKE

2) JOHN

4) NATE

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- BACK YARD			
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds				Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW WORKED IN BACKYARD TO C/O C-1 W/ 15 KVA & UG SERVICES. FRAMED NEW POLE.
 ERIC & MIKE GOT IN BUCKET. COVERED PHASES SPICED BAD SPOT IN NEUTRAL UNHOOKED
 SERVICES AFTER KILLING POT. MIKE REMOVED HOT CLAMP FROM BASKET W/ SCREW DRIVER.
 WHILE HE HAD PROPER PPE, SHOULD HAVE USED STICK. PULLED NEUTRAL OUT OF WAY & TIED
 OFF. TOOK TOP PHASE UP OUT OF WAY W/ GIB. JOHN OPERATED DIGGER. SET POLE BETWEEN
 COVERED PHASES. TIMMY & NATE GUIDED POLE (RUBBER GLOVES). MIKE & ERIC TRANSFERRED
 PHASES & SERVICES. CUT TOP OFF OF OLD POLE

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. GOOD COVER-UP ASKED TIMMY ABOUT REMOVING HOT CLAMP.
 SAID THEY HAVE BROKE SEVERAL STICKS TRYING TO REMOVE OLD CLAMPS. CREW
 FOLLOWED SAFETY RULES & WORE PROPER PPE. GOOD JOB.

Inspected By: Robert Charles Date: 12.29.09

Manager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

8:45 am

1. DATE INSPECTED: 2.18.10
HAMILTON POWERLINE
2. FOREMAN: WAYNE HAMILTON
3. TRUCK #s: 2 LINE TRUCKS, 1 POLE TRAILER
4. CREW MEMBERS: MIKE D D. SMITH
FRANK H L. CARRICK
MIKE S

5. LOCATION & JOB DESCRIPTION:

NOLIN POLE YARD - LOAD POLES

7. JOB BRIEFING: NOT DOCUMENTED YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NO

13. RECOMMENDATIONS OR SUGGESTIONS:

I OBSERVED THEM AS THEY LOADED SEVERAL 40' & 45' POLES FOR POLE
CHANGE OUT JOBS @ FT. KNOX. HAD TRUCKS SET UP PROPERLY. USED ALL
REQUIRED PPE. HAD SPOTTER ASSIST OPERATOR AS HE LOADED POLES ONTO
TRAILER. ALSO HAD SPOTTER AS THEY ATTEMPTED TO BACK TRAILER &
LEAVE POLE YARD. Good Job.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 4.01.10

2. FOREMAN: HAMILTON POWER - WAYNE

3. TRUCK #s: 52, 53, 93

4. CREW MEMBERS: KENNY MIKE D.
MIKE S. RODNEY
MARK

5. LOCATION & JOB DESCRIPTION:
BOONE RD - CONVERT 1 ϕ LINE TO 3 ϕ , SETTING C-1-1

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
* MIKE S. FLAGGING

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW FRAMED C-1-1 WHILE KENNY BEGAN STRIPPING POLE THEY TIED OFF THE
MESSENGER & TIED OFF THE NEUTRAL (PULLED OUT OF WAY). GOOD WORK
ZONE CONTROL. KENNY WORE ALL REQUIRED PPE & COVERED PHASE
BEFORE TAKING IT OUT OF THE WAY. NEW POLE WAS SET. GROUND MEN
WORE RUBBER GLOVES. GOOD COMMUNICATION.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 4-22-10 Time 2:00 A.M. P.M. Page 64 of 111

Job BUILD C-8 w/IAS-2 W.O.# _____

Location BOONE RD Truck #'s 53, 91, 93

Crew Foreman HAMILTON POWER - KENNY BROWN

Crew Member(s) 1) RODNEY 3) MIKE D. SHORN
2) MIKE S. 4) MARK

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 - Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW BUILT C-8 W/AS-2. UPGRADING EXISTING 1P TO 3P TRUCKS GROUNDED. GOOD GET UP. HAD TRAFFIC CONTROL IN PLACE, SHORTLY FLAGGED. RODNEY, MIKE & MARK WERE IN BUCKETS. EACH HAD PROPER PPE, INCLUDING GLOVES & SLEEVES. KENNY & MIKE D. ON GROUND. GUYS IN BUCKETS HUNG TRANSFORMER & FINISHED TRANSFERING PHASES/NEUTRAL. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

GOOD JOB. FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Shuck Date: 4-22-10

anager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 4-22-10
2. FOREMAN: HAMILTON POWER -
BILLY HAMILTON
3. TRUCK #s: 2 BUCKETS, PICK-UP
4. CREW MEMBERS: FRANK LUKE
WAYNE
DONNIE

5. LOCATION & JOB DESCRIPTION:
~~XXXXXXXXXX~~ DECKARD SCHOOL - LINE RELOCATE, UPGRADE TO 3Ø

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW WORKING ON BUSY RD. HAD ALL TRAFFIC CONTROL / WORK
ZONE SET-UP. GOOD POSITIONING ON SIGNS. APPEARED TO HAVE
ADEQUATE COVER-UP IN PLACE. BUCKET MEN HAD ALL REQUIRED PPE.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shuler
SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 4-28-10 Time 2:00 A.M. P.M. Page 67 of 111

Job 3rd UPGRADE W.O.# _____

Location DECKARD SCHOOL RD Truck #'s 93, 53, PICK-UP

Crew Foreman HAMILTON POWER (BILL HAMILTON)

Crew Member(s) 1) LUKE CARRICK 3) FRANK H. MIKE D.
2) RODNEY 4) DONNIE S. SHORTY

Inspection Type		Work Practice			Work Practice		
		Yes	No	N/A	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE			Cover-up		
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control	
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles	
OUPS	<input type="checkbox"/>	Job Preparation			Inspected		
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 - Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders	
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding			Proper Position		
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools	
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations	
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
						Competent Person	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW UPGRADING SINGLE PHASE LINE TO 3-PHASE. ON BUSY ROAD. ADEQUATE SIGNS & CONES. 2 FLAGGERS IN PLACE. RODNEY IN BUCKET HANGING POT (JUST REMOVED FROM A-5) ALL PPE. DONNIE ACROSS STREET, PREPARING TO RUN WIRE ACROSS. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

* WHILE STRIPPING A-S, HAD SET OF SERVICES (TRIPLEX) TO TAKE TO 3-PHASE POLE. AS THEY WERE TAKING SERVICES UP, CONSUMER METER POLE BROKE. CLEAN BREAK @ BOTTOM. OBVIOUS POLE ROTTEN. NO PRESSURE APPLIED. WAYNE WAS BRINGING NEW POLE. WERE GOING TO MAKE REPAIRS. *

JOB DONE SAFE. ALL SAFETY RULES FOLLOWED.

Inspected By: Rahul Thakur Date: 4-28-10

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 5.05.10 Time 3:30 A.M. P.M. Page 69 of 111

Job BUILD 3rd LINE, TIE INTO EXISTING 3rd W.O.# _____

Location PINE VALLEY Truck #'s 93, 91, 53

Crew Foreman HAMILTON POWER - WAYNE H.

Crew Member(s) 1) KENNY B MARK B 3) RODNEY DONNIE S.
2) MIKE S SHORTY 4) WAYNE ETHAN

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds				Live Line Tools			
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW PREPARING TO STRING WIRE ON 3-PHASE LINE ADDITION. BUSY AREA. ETHAN & DONNIE FLAGGED TRAFFIC. RODNEY WAS AT ONE END, HANGING CROSS ARM, MIKE & MARK WERE A DOLE DOWN WORKING ON EXISTING 3P, HANGING CROSSARM IN ORDER TO TIE IN. VERY GOOD COVER UP. WORE ALL REQUIRED PPE. KENNY ON THE GROUND OVERSEEING MIKE & MARK. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

GOOD JOB PLANNING. VERY GOOD TRAFFIC CONTROL. FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Thiel Date: 5.06.10

Manager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 5.05.10
HAMILTON POWER -
2. FOREMAN: BILLY HAMILTON
3. TRUCK #s: NEW LG&E DIGGER
4. CREW MEMBERS: FRANK
LUKE
MIKE

5. LOCATION & JOB DESCRIPTION:

PIWE VALLEY - DIG ANCHORS

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: * YES NO

13. RECOMMENDATIONS OR SUGGESTIONS:

CREW SET UP ON ROAD. LUKE FLAGGED TRAFFIC. DUG/SET ANCHOR FOR C-1. GOOD COMMUNICATION BY MIKE (OPERATING DIGGER). FOLLOWED ALL SAFETY RULES.

* ONCE FINISHED, CREW PULLED DOWN 50-100 YDS TO DIG ANOTHER ANCHOR. FRANK & LUKE JUMPED ON BACK OF DIGGER. WHILE THEY WERE SITTING DOWN, STILL NOT A GREAT IDEA.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shuck
SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 5.10.10 Time 2:15 A.M. P.M. Page 72 of 111

Job 3rd LINE UPGRADE W.O.# _____

Location PINE VALLEY (31W) Truck #'s 93, 91, 53

Crew Foreman HAMILTON POWER (WAYNE HAMILTON)

Crew Member(s) 1) KENNY B. MARK B. 3) MIKE D. SHARTY

2) ROBNEY 4) MIKE S. NEWBY

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A
Hand Tools						Vehicles						Job Progress					
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Inspections						Excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Storage						Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Equipment						Materials					
Handline						Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Other					
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW IS BUILDING NEW 3# LINE W/ 336 TO REPLACE EXSTNG 30 W/ OLD WIRE. CREW SET UP ON C8. WAYNE, RODNEY, & KENNY WERE IN BUCKETS TRING IN NEW WIRE. HAD EXISTING WIRE COVERED VERY WELL, EACH GUY HAD ALL REQUIRED PPE ON. ERY GOOD COMMUNICATION & WORK ZONE CONTROL.

COMMENTS / CORRECTIVE ACTIONS:

CREW APPEARED TO FOLLOW ALL SAFETY RULES. DIFFERENCE IN POTENTIALS WERE COVERED. GOOD JOB.

Inspected By: Robert Jharb Date: 5-10-10

anager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 6.4.10
HAMILTON POWER LINE

2. FOREMAN: W. HAMILTON

3. TRUCK #s: _____

4. CREW MEMBERS: KENNY
MARK
MIKE S

5. LOCATION & JOB DESCRIPTION:
LOCUST GROVE RD - CONDUCTOR 3Ø

7. JOB BRIEFING: YES NO _____

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO _____

11. FOLLOWED ALL PROCEDURES & RULES: YES NO _____

12. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO _____

13. RECOMMENDATIONS OR SUGGESTIONS:
GOOD COMMUNICATION. WORKING W/ BILLY'S CREW TO CONDUCTOR
NEW 3Ø LINE. GLOVES & SLEEVES USED WHEN WORKING NEAR
EXISTING ENERGIZED LD. FOLLOWED ALL SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

15. RESULTS DISCUSSED WITH FOREMAN: YES NO _____

Richard [Signature]
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 6.4.10
HAMILTON POWER LINE

2. FOREMAN: B. HAMILTON

3. TRUCK #s: _____

4. CREW MEMBERS: MIKE O DOONIE
RODNEY WAYNE
FRANK

5. LOCATION & JOB DESCRIPTION:
LOCUST GROVE RD - CONDUCTOR 3 Ø

7. JOB BRIEFING: YES NO _____

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO _____

11. FOLLOWED ALL PROCEDURES & RULES: YES NO _____

12. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO _____

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW PULLING ROPE, WIRE UP TO NEW 3 Ø STRUCTURES. USED 4-WHEELER
TO PULL WIRE. PARIC @ POLE. GROUND MAN PULL UP ONE BY ONE TO MAN
IN BUCKET, WHO WOULD SET IN PIN. MOVE TO NEXT POLE. GOOD
COMMUNICATION

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

15. RESULTS DISCUSSED WITH FOREMAN: YES NO _____



SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 7-07-2010 Time 10:30 A.M. P.M. Page 76 of 111

Job CONDUCTOR NEW 30 LINE W.O.# _____

Location END OF 313 (NEW RD) Truck #'s _____

Crew Foreman HAMILTON POWER - W. HAMILTON

Crew Member(s) 1) MARK ETHAN 3) RODNEY
2) KENNY MIKE 4) JIM ?

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Bucket / Dig Combo	<input type="checkbox"/>	Breaker -- Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds				Live Line Tools			
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input checked="" type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Trucks & Trailer Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW CONDUCTING NEW 3P LINE. PART HAD ALREADY BEEN CONDUCTED & ENERGIZED. WAS COVERED W/ HOSES & BLANKETS (EXISTING 3P ALSO COVERED). ROPE MACHINES (BULL WHEEL) & WIRE TRAILERS SET UP, GROUNDED. MIKE WAS AT ONE END, WAYNE @ OTHER END IN BUCKET CATCHING WIRE OFF. WORE ALL REQUIRED PPE. USED 2-WAYS TO COMMUNICATE W/ EACH OTHER.

COMMENTS / CORRECTIVE ACTIONS:

VERY GOOD WORK. FOLLOWED ALL SAFETY RULES, INCLUDING WHEEL CHOCKS & TRUCK GROUNDS.

Inspected By: Robert Sharber Date: 7-07-10

Manager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 8-30-10
2. FOREMAN: HAMILTON POWER - BILLY
3. TRUCK #s: 3 BUCKETS
4. CREW MEMBERS: KENNY WAYNE LUKE
MARK DONNIE
MIKE D. FRANK
5. LOCATION & JOB DESCRIPTION:
LOCUST GROVE RD - HENDRIX WIRE
7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
2 FLAG MEN
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO
13. RECOMMENDATIONS OR SUGGESTIONS:
CREW FINISHING CONSTRUCTION OF SPACER CABLE. PUTTING CLIPS ON
WIRE. CHANGING WIRE OVER TO NEW POLES FROM EXISTING TAPS.
HAD EXPOSED PARTS COVERED. ALL BUCKET MEN HAD REQUIRED PPE.
GOOD TRAFFIC CONTROL. USED 2 FLAGGERS, HAD VISUAL CONTACT.
FOLLOWED ALL SAFETY RULES.
14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shorlan
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 9.9.10

2. FOREMAN: HAMILTON POWER
B. HAMILTON

3. TRUCK #s: 2 BUCKETS, 1 DIGGER

4. CREW MEMBERS: _____

5. LOCATION & JOB DESCRIPTION:
ST. JOHN RD - SET 3 Poles

7. JOB BRIEFING: YES _____ NO _____

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO _____

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO _____

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES _____ NO _____

11. FOLLOWED ALL PROCEDURES & RULES: YES _____ NO _____

12. DISPLAYED SAFE DRIVING SKILLS: YES _____ NO _____

13. RECOMMENDATIONS OR SUGGESTIONS:
I DROVE BY WHERE THEY WERE WORKING. EARLIER THEY HAD CLO
POLE, NOTIFIED DISPATCH TO PUT ON 1-SHOT. REPORTED LOCATION.
HAD SIGNS & FLAGGED IN PLACE. AS I DROVE BACK THRU
THEY HAD MOVED LOCATIONS TO SIDE ROAD, BUT LEFT SIGNS ON
MAIN RD. THEY NEED TO MOVE SIGNS WHEN THEY ARE
DONE.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR _____ POOR _____

15. RESULTS DISCUSSED WITH FOREMAN: YES _____ NO


SIGNATURE OF INSPECTOR

* - WILL DISCUSS w/ BILLY
- DISCUSSED 9.10.11

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 11 NOV 10 Time 10:30 A.M. P.M. Page 80 of 111

Job CUT IN C-8 W.O.# _____

Location ROUNDTOP RD Truck #'s 3 BUCKETS, 1 DIGGER

Foreman HAMILTON POWER (W. HAMILTON)

Crew Member(s) 1) KENNY 3) FRANK
2) MARK 4) RODNEY

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
(1) Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW CUT-IN C-8 INTO EXISTING 3# LINE. HAD 3 TRUCKS ON POLE
(KENNY, FRANK, RODNEY) AREA WAS COVERED VERY WELL. USED MECH. JUMPERS
WHEN CUTTING WIRE FOR DEAD-ENDS. ALL 3 HAD PROPER PPE. TRUCKS
GROUNDED TO NEUTRAL. WAYNE USED RADIO TO COMMUNICATE AS THEY SAGGED
WIRE.

COMMENTS / CORRECTIVE ACTIONS:

VERY GOOD JOB. WILL HANG BREAKERS ON THIS C-8 IN THE FUTURE. GOOD
PLANNING.

Inspected By: Robert Shauler Date: 11 Nov 10

Manager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 1-27-10
2. FOREMAN: DLC, Inc
E. DISSELKAMP
3. TRUCK #s: 4, 11, 12
4. CREW MEMBERS: TOM NATE
MIKE
JOHN

5. LOCATION & JOB DESCRIPTION:
GEORGE LEE RD - RELOCATE 10' LINE TO ROAD

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW SET UP ALONG GRAVEL RD. FRAMING & SETTING POLES. DOCUMENTED
JOB BRIEFING BEFORE WORK BEGAN. GOOD COMMUNICATION. NATE OPERATED
DIGGER, JOHN HELPED CLEAN OUT HOLE/SPOT. TOM & MIKE FRAMED POLES
(A-1s & A-2s). GOOD WORK. FOLLOWED SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shamba
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 2-01-10
DLC, Inc.
2. FOREMAN: E. DISSELKAMP
3. TRUCK #s: 11, 12, 4
4. CREW MEMBERS: TOM JOHN
NATE
MIKE

5. LOCATION & JOB DESCRIPTION:
GEORGE LEE RD - RELOCATE 1Ø LINE

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW FINISHED NEW LINE. HAD TO TRANSFER SERVICE FROM OLD A-S TO NEW A-S. BOTH LINES HOT. MIKE CLIMBED OLD POLE. ONCE HE GOT TO POLE HE PUT ON GLOVES & SLEEVES. DROPPED SERVICE (TRANSFORMER ALREADY OPENED). CLIMBED NEW POLE & HOOKED SERVICE UP (GLOVES & SLEEVES). TOM MADE ADJUSTMENTS @ WEATHER HEAD. GOOD COMMUNICATION. FOLLOWED SAFETY RULES

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 2-2-10
DLC, Inc.
2. FOREMAN: TIMMY VINCENT
3. TRUCK #s: 11, 12, 4
4. CREW MEMBERS: ERIC NATE
TOM
MIKE
5. LOCATION & JOB DESCRIPTION:
SALT RIVER RD - clo C-3
7. JOB BRIEFING: * NOTIFIED DISPATCHER OF LOCATION YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO
OFF ROAD
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO
13. RECOMMENDATIONS OR SUGGESTIONS:
drove up w/ work in progress. already set new pole. Tom & Mike were
in buckets transferring phases. Trucks properly grounded, line was
covered. Both guys had on proper PPE. Good communication.
14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shaulen
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 2.17.10
DLC, Inc
T. VINCENT

2. FOREMAN: T. VINCENT

3. TRUCK #s: 4, 11, 12

4. CREW MEMBERS: TOM JOHN
ERIC
MIKE

5. LOCATION & JOB DESCRIPTION:
S. WOODLAND - C/O C-1

* HAD DISPATCH PLACE ON I-SHOT

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
* TRAFFIC VESTS

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO
* TRUCK GROUNDS

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW WORKING ON SIDE OF ROAD. HAD ROAD BLOCKED. SIGNS & FLNGBER &
CONE IN PLACE. TRUCKS WERE GROUNDED W/ ANGLE COVER-UP. FOLLOWED
ALL SAFETY PROCEDURES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shaul
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1:15 pm

1. DATE INSPECTED: 2-18-10
 2. FOREMAN: DLC, Inc.
TIMMY VINCENT
 3. TRUCK #s: 4, 11, 12
 4. CREW MEMBERS: TOM JOHN
ERIC
MIKE

5. LOCATION & JOB DESCRIPTION:
CROCUS (RADCLIFF) - CLO A-4 w/ BREAKER & 15 KV

7. JOB BRIEFING: * LINE PLACED ON 1-SHOT YES NO
 8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
 * HI-VIS VESTS
 9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
 10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
 11. FOLLOWED ALL PROCEDURES & RULES: YES NO
 * GROUNDED TRUCK
 12. DISPLAYED SAFE DRIVING SKILLS: YES NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW SET UP IN GOOD POSITION, GOOD WORK ZONE. FRAMED POLE, OUB NOLE. MIKE
& TOM BEGAN COVERING LINE. USED MECH JUMPER ACROSS PHASE. MOVED IT
TO BACKSIDE OF POLE TO KEEP AWAY FROM DIGGER. BEGAN TO STRIP AWAY FROM
OLD POLE TO MAKE ROOM FOR POLE CLAW/ DIGGER. GOOD COMMUNICATION. CREW
FOLLOWED SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
 15. RESULTS DISCUSSED WITH FOREMAN: YES NO


 SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
EXHIBIT B

Date 3-09-2010

Time 2:15

A.M.

P.M.

Page 87 of 111

Job clo A-6 w/ A-5-1

W.O.# _____

Location HOMESTEAD

Truck #'s 11, 12, 4

Crew Foreman DLC, INC TIMMY VINSON

Crew Member(s) 1) ERIC

3) MIKE

2) JOHN

4) TOM

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)		FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.		Personal Grounds				Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW clo A-6 w/ A-5-1. 25 kv w/ 3 SETS OF SERVICES. IN DRIVEWAY. NEW POLE SET. TOM / MIKE IN BUCKET, JOHN IN DIGGER BUCKET. LINE COVERED, USED MAC JUMPERS. GOOD USE OF COVER-UP. ALL 3 WORE PROPER PPE, INCLUDING GLOVES & SLEEVES. TRANSFERED PHASES & JACKED IN ONE AT A TIME.

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES. GOOD COMMUNICATION.

Inspected By: Robert Thorne Date: 3-09-10

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4

Exhibit B

Page 89 of 111

Date 3-18-10

Time 10:15

A.M.

P.M.

Job PRIMARY UG

W.O.# _____

Location RING RD (NEW JOHN-OS)

Truck #'s 4, 11, 12

Crew Foreman DLC, Inc. TIMMY VINSON

Crew Member(s) 1) ERIC

3) MIKE

2) JOHN

4) TOM

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input checked="" type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control	OFF ROAD		
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input checked="" type="checkbox"/>	Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds				Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input checked="" type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW INSTALLING PRIMARY WGS @ NEW GAS STATION. PULLED WIRE IN. BEGAN TERMINATING ELBOWS HAD 150 KVA TRANSFORMER SWITCH CAB & R-SER POLE OFF ROAD IN PARKING LOT GOOD COMMUNICATION. USED 2-WAY TO STAY IN CONTACT

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES. GOOD JOB.

Inspected By: Robert [Signature] Date: 3-18-10

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 3-23-10

Time 10:00

A.M.

P.M. Page 91 of 111

Job C10 C-4 w/ A52

W.O.# _____

Location VINE GROVE SUB

Truck #'s 2, 4, 11

Crew Foreman DLC, INC. - TIMMY VINSON

Crew Member(s) 1) ERIC
2) JOHN

3) MIKE
4) TOM

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW clo c-4 w/ AS-2 RIGHT OUTSIDE OF SUBSTATION. OPENED BREAKERS @ SUB, NOTIFIED DISPATCH (BACK FEED). HAD LINE ISOLATED. STILL HAD GROUNDS IN PLACE. USED PPE WHILE PREPARING FOR JOB, COVERING UP @ SUB (GLOVES, SLEEVES). SET NEW POLE BESIDE OLD ONE. TRANSFERRED MATERIAL. TOM & JOHN WORKED BUCKETS. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

GOOD JOB. HAD 2 VISUAL OPENINGS, GROUNDS, & ONE SHOT. VERY SAFE.
GOOD JOB PLANNING.

Inspected By: Rachael Thurl Date: 3-23-10

Manager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 4.01.10

2. FOREMAN: DLC, Inc - TIMMY VINSON

3. TRUCK #s: 2 BUCKETS, 1 DIGGER

4. CREW MEMBERS: ERIC SEAN
JON
MIKE

5. LOCATION & JOB DESCRIPTION:
HWY 1600 - clo 3rd POLE

7. JOB BRIEFING: YES NA NO NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO NO

13. RECOMMENDATIONS OR SUGGESTIONS:
I DROVE BY WHERE DLC WAS C/O WHAT APPEARED TO BE A C-2-2. THEY
HAD BOTH BUCKETS PARKED IN ROAD. HAD AMPLE SIGNS & FLAGGER.
GOOD JOB PLANNING. CREW VERY VISIBLE. APPEARED TO HAVE
ALL PHASES COVERED. I DID HEAR TIMMY CALL IN THIS MORNING TO
PUT LINE ON I-SHOT. GOOD JOB.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR NO POOR NO

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Charles
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 4-21-2010

2. FOREMAN: DLC, INC. - E. DISSELKAMP

3. TRUCK #s: 4, 11, 12

4. CREW MEMBERS: SEAN ERIC
MIKE
JOHN

5. LOCATION & JOB DESCRIPTION:

HERITAGE TRAIL - c/o A-1

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:

CREW SET UP IN BACK YARD TO C/O A-1. MIKE WAS IN BUCKET, JOHN IN
DIGGER BUCKET. BOTH HAD GLOVES & SLEEVES. SECURED PHONE & NEUTRAL
W/ TAG LINE. MIKE COVERED PHASE, TOOK IT UP OUT OF WAY. Tom,
SEAN, & ERIC FRAMED NEW POLE. JOHN USED DIGGER TO PULL OLD.
FOLLOWED ALL SAFETY RULES. Good COMMUNICATION.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Thurler
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 5-05-10

2. FOREMAN: DLC, Inc - ERIC DISSELKAMP

3. TRUCK #s: 4, 11, 12, OLD DIGGER

4. CREW MEMBERS: TOM BILL?
MIFE
JOHN

5. LOCATION & JOB DESCRIPTION:
SALT RIVER RD - FRAME POLES, C/O 3Ø POLES

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW SET UP IN ABANDONED LOT FRAMING 3Ø POLES. ERIC WAS IN
PICK-UP TRYING TO SET IF THEY COULD GET TO ANYTHING (EXTREMELY
WET). WORE ALL NECESSARY PPE WHILE FRAMING POLES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO


SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 5-06-10 Time 2:30 A.M. P.M. Page 96 of 111

Job SET A1-2 INLINE, TRANSFORMER & SERVICE W.O.# _____

Location THOMAS RD Truck #'s 4, 11, 12

Crew Foreman DLC, INC. - E. DISSELKAMP

Crew Member(s) 1) JOHN 3) NEW GOV
 2) MIKE 4) _____

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
OUPS	<input type="checkbox"/>	Job Preparation				Poles			
Equipment	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker -- Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Live Line Tools			
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice				Work Practice				Work Practice			
Yes	No	N/A		Yes	No	N/A		Yes	No	N/A	
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW SET UP IN ROAD. HAD GOOD TRAFFIC CONTROL. NEW GUY FLAGGED TRAFFIC. SET A12 IN LINE W/ 15 KV. MIKE TIED IN. WORE PROPER PPE (GLOVES & SLEEVES). ERIC USED DIGGER POLE TO MAKE UP SERVICE POLE. 3 SETS OF SERVICES. GOOD COMMUNICATION W/ GYS ON GROUND.

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES. GOOD WORK

Inspected By: Robert Thiel Date: 5.06.10

anager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 6.14.10
DLC, INC.

2. FOREMAN: DENNIS CUNNINGHAM

3. TRUCK #s: 11, 12, 4, SKID STEER

4. CREW MEMBERS: TIMMY RONNIE
TOM
ERIC

5. LOCATION & JOB DESCRIPTION:
HWY 1500 (VINE GROVE) - PRIMARY UG

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
PRIMARY UG IN NEW HOUSING DEVELOPMENT. USING SKID STEER TO
PULL WIRE THROUGH CABINETS. USED DIGGER TRUCK & WIRE REEL @
OTHER END. USED 2 WAYS TO COMMUNICATE. HAD ALL REQUIRED
PPE. FOLLOWED SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO


SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 7-01-2010
2. FOREMAN: DLC, INC. E. DISSELKAMP
3. TRUCK #s: 11, 12, 2, 4
4. CREW MEMBERS: JON RONNIE?
TOM
ROB
5. LOCATION & JOB DESCRIPTION:
HWY 1500 - FINISH 3P UG
7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO
9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO
10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO
11. FOLLOWED ALL PROCEDURES & RULES: YES NO
12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO
13. RECOMMENDATIONS OR SUGGESTIONS:
CREW MADE FINISHING TOUCHES TO 3P UG SUBDIVISION. FINISHED HANGING SWITCHES FOLLOWED SAFETY RULES REGARDING PPE. COMMUNICATED W/ DISPATCH
14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR
15. RESULTS DISCUSSED WITH FOREMAN: YES NO



SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 7-22-10

2. FOREMAN: DLC, INC (T. VINSON)

3. TRUCK #s: 11, 12, 4

4. CREW MEMBERS: ERIC TAYLOR
JON
TOM

5. LOCATION & JOB DESCRIPTION:
TUNDEL HILL RD - PRIMARY UG

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NA NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW INSTALLED PRIMARY UG (500). THEY HAD OVER 800' TO PULL.
GOOD COMMUNICATION. BEGAN TERMINATING ELBOWS. FOLLOWED
ALL SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO


SIGNATURE OF INSPECTOR

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 8.05.10

Time 10:30

A.M.

P.M.

Page 101 of 111

Job CONVERT A-5 TO A-7, A-1 TO A-9

W.O.# _____

Location QUAIL MEADOWS

Truck #'s 4, 11, 12

Crew Foreman DLC, INC. TIMMY VINSON

Crew Member(s) 1) ERIC
2) TOM

3) JOHN
4) SUMMER HELP

Inspection Type	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular <input checked="" type="checkbox"/>	PPE				Cover-up			
Shift <input type="checkbox"/>	Hard Hat(s) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer. <input type="checkbox"/>	Eye Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job	Hearing Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized <input type="checkbox"/>	Foot Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized <input checked="" type="checkbox"/>	Dielectric Boots <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary <input type="checkbox"/>	Chainsaw Chaps <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution <input checked="" type="checkbox"/>	Hand Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transmission <input type="checkbox"/>	* Rubber Gloves <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overhead <input checked="" type="checkbox"/>	* Rubber Sleeves <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground <input type="checkbox"/>	Fall Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Right-of-Way <input type="checkbox"/>	Pre-Use Insp. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Utility(s) <input type="checkbox"/>	* FR Clothing <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS <input type="checkbox"/>	Job Preparation				Inspected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	Job Briefing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb. <input type="checkbox"/>	Doc. Prior to Work <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket <input checked="" type="checkbox"/>	Radio Oper. Check <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger <input checked="" type="checkbox"/>	Loc. Reported <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo <input type="checkbox"/>	Breaker - Single Op. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	Switching / Tag <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric <input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural <input checked="" type="checkbox"/>	Truck <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	Personal Grounds <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper <input type="checkbox"/>	Conductor Tested <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher <input type="checkbox"/>	Pre-Use Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed <input type="checkbox"/>	Overhead <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up <input checked="" type="checkbox"/>	Underground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer <input type="checkbox"/>	Secondary <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wire Trailer <input type="checkbox"/>	Equipotential <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner <input type="checkbox"/>	Storage <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____ <input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW HAD TO CONVERT A5 & A1 TO A7 & A9 TO PROVIDE ADDITIONAL LINE CLEARANCE.
 GROUNDED LINE, HAD OPENING, MADE DISPATCH AWARE, TOM COVERED UP ON
 GROUND POLE (A1), USED HANDLINE TO RAISE CROSS ARMS & OTHER MATERIAL.
 FOLLOWED ALL SAFETY RULES.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. CREW WORKED SAFE.

Inspected By: Robert Threlton Date: 8-05-10

Manager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 8-12-10 Time 10:00 A.M. P.M. Page 103 of 111

Job elo c1 W.O.# _____

Location HUTCHERSON LN Truck #'s 4, 11, 12

Crew Foreman DLC, INC. - TIMMY VINSON

Crew Member(s) 1) ERIC 3) JOHN

2) TOM 4) TAYLOR

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up	<input checked="" type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

A NO Answer Requires A Comment

Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A
Hand Tools						Vehicles						Job Progress					
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>							
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Storage				Annual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>							
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials									
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>							
Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>							
Condition OK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other									
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW C/O HOT CI. TIMMY CALLED DISPATCH FOR 1-SHOT. TOM TOOK DOWN TRANSFORMER & ARRESTOR. HAD LINE COVERED. MOVED OUTSIDE PHASE SO ERIC COULD SET POLE, THEN PUT IN ON HOT ARM SO THEY WOULD HAVE MORE ROOM (NEW POLE TALLER). SINCE POLE SET ERIC HELPED TRANSFER PHASES & RE-HANG POT.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. ERIC & TOM WORE PROPER PPE. TIMMY ASKED ABOUT SLEEVES & IF ALL POTENTIALS COVERED COULD THEY BE REMOVED (AFTER COVERED) I DO NOT HAVE A PROBLEM AS LONG AS INCIDENTAL CONTACT IS COVERED. WITH THIS HEAT I WANT TO HELP THEM AS MUCH AS POSSIBLE. OVERALL VERY GOOD JOB.

Inspected By: Robert Shuster Date: 8-12-10

anager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 10 13 10

Time 10:45

A.M.

P.M.

Page 105 of 111

Job PRIMARY UG, RISER POLE

W.O.# _____

Location EDWIN ANIMAL HOSPITAL

Truck #'s 11, 12, 4

Foreman DLC, INC. - DENNIS

Crew Member(s) 1) TIMMY
2) ALEX

3) RIDGE
4) TOM

Inspection Type	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular <input checked="" type="checkbox"/>	PPE				Cover-up			
Shift <input type="checkbox"/>	Hard Hat(s) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer. <input type="checkbox"/>	Eye Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job	Hearing Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized <u>OVERHEAD</u> <input checked="" type="checkbox"/>	Foot Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized <u>UG</u> <input checked="" type="checkbox"/>	Dielectric Boots <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary <input type="checkbox"/>	Chainsaw Chaps <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution <input checked="" type="checkbox"/>	Hand Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission <input type="checkbox"/>	Rubber Gloves <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead <input checked="" type="checkbox"/>	Rubber Sleeves <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground <input checked="" type="checkbox"/>	Fall Protection <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-Way <input type="checkbox"/>	Pre-Use Insp. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Utility(s) <input type="checkbox"/>	FR Clothing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS <input type="checkbox"/>	Job Preparation				Inspected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	Job Briefing <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service <26,000 lb. <input type="checkbox"/>	Doc. Prior to Work <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket <input checked="" type="checkbox"/>	Radio Oper. Check <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger <input checked="" type="checkbox"/>	Loc. Reported <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket / Dig Combo <input type="checkbox"/>	Breaker - Single Op. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested	Switching / Tag <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dielectric <input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural <input checked="" type="checkbox"/>	Truck <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Equip.	Personal Grounds <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chipper <input type="checkbox"/>	Conductor Tested <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trencher <input type="checkbox"/>	Pre-Use Insp. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed <input type="checkbox"/>	Overhead <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pick-up <input checked="" type="checkbox"/>	Underground <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trailer <input checked="" type="checkbox"/>	Secondary <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wire Trailer <input checked="" type="checkbox"/>	Equipotential <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner <input type="checkbox"/>	Storage <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____ <input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A	Work Practice			Yes	No	N/A										
Hand Tools						Vehicles						Job Progress															
Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>		Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>		Good	<input type="checkbox"/>	<input type="checkbox"/>		Equipment				Materials							
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>		Other			
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW INSTALLED RISER ASSEMBLY ON 3P POLE TOM COVERED PHASES. WORKED WELL BELOW NEUTRAL BUT WOULD USE FULL PPE WHEN HE APPROACHED "HOT" ZONE. USED PICK-UP TO PULL WIRE FROM PAD TO POLE GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Shaker Date: 10.13.10

anager Review: _____ Date: _____

Contractor Crew Safety Observation

Item 4
Exhibit B

Date 10 NOV 10 Time 1:30 A.M. P.M. Page 107 of 111

Job c10 A2 W.O.# _____

Location SMITH-MILL RD Truck #'s 4, 11, 12

Crew Foreman DLC, INC. - TIMMY

Crew Member(s) 1) ERIC 3) RIDGE

2) TOM 4) ALEX

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up			
Shift	<input type="checkbox"/>	Hard Hat(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outage / Emer.	<input type="checkbox"/>	Eye Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job		Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input checked="" type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-energized	<input type="checkbox"/>	Dielectric Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beacon / Strobe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Distribution	<input checked="" type="checkbox"/>	Hand Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transmission	<input type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cones Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Underground	<input type="checkbox"/>	Fall Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs Adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Right-of-Way	<input type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flagger(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poles			
OUPS	<input type="checkbox"/>	Job Preparation				Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equipment		Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Poles Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Service <26,000 lb.	<input type="checkbox"/>	Doc. Prior to Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bucket / Dig Combo	<input type="checkbox"/>	Breaker - Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	Grounding				Live Line Tools			
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trencher	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavations			
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pick-up	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wire Trailer	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other _____	<input type="checkbox"/>								

A NO Answer Requires A Comment

Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Hand Tools				Vehicles				Job Progress			
Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspections				Excellent	<input type="checkbox"/>	<input type="checkbox"/>	
Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Storage				Annual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fair	<input type="checkbox"/>	<input type="checkbox"/>	
Good	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment				Materials			
Handline				Chocks Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chocks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Concerns	<input type="checkbox"/>	<input type="checkbox"/>	
Condition OK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outrigger Pads Avail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other			
Chain Saw Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pads Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Drills	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reverse Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pruners	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Fuel Cont.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	First Aid Kits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A NO Answer Requires A Comment

OTHER CONDITIONS & WORK PRACTICES OBSERVED:

CREW CLO A2, GOING BACK RIGHT BESIDE. TOM HAD LINE COVERED. TOOK DOWN
 IS FOR SERVICE. TOOK PRIMARY UP OUT OF WAY. TIMMY & ALEX FRAMED POLE.
 HUNG POT & CUT-OUT ERIC OPERATED DIGGER. SET POLE. TOM WORKED EVERY
 HING BACK.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. GOOD USE OF COVER UP. FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Shuck Date: 10-Nov-10

anager Review: _____ Date: _____

NOLIN RECC CONTRACTOR WORK SAFETY INSPECTION

1. DATE INSPECTED: 15-NOV-10

2. FOREMAN: DLC, INC. - E. DISSELKAMP

3. TRUCK #s: 4, 5, SERVICE TRUCK

4. CREW MEMBERS: TOM
RIDGE
ALEX

5. LOCATION & JOB DESCRIPTION:

STRATMORE LN - C/O A-1

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NA NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:

C/O A1 IN BACKYARD. TOM OPERATED BUCKET. HAD LINE COVERED. HAD
GLOVES & SLEEVES. ALEX, RIDGE, & ERIC FRAMED & SET POLE. PULLED OLD ONE
& RE ATTACHED PHONE. GOOD COMMUNICATION. GOT ALL DIRT OUT OF YARD.
CAREFUL GETTING IN & OUT OF YARD.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shorter
SIGNATURE OF INSPECTOR

NOLIN RECC CONTRACTOR CREW
WORK SAFETY INSPECTION

1. DATE INSPECTED: 11.22.10

2. FOREMAN: DIC, INC. - T. VINSON

3. TRUCK #s: 11, 12, 4

4. CREW MEMBERS: ERIC ALEX
TOM
RIDGE

5. LOCATION & JOB DESCRIPTION:
STRATMORE - clo 1 p POLES

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NR NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CREW WORKING NEAR RING RD. HAD GOOD WORK ZONE. GOOD COVER-UP.
TRUCKS APPEARED GROUNDED. PROPER PPE, INCLUDING TRAFFIC VESTS,
WAS USED.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Robert Shuster
SIGNATURE OF INSPECTOR

NOLIN RECC * CONTRACTOR *
WORK SAFETY INSPECTION

1. DATE INSPECTED: 12.08.10

2. FOREMAN: DLC, INC (TIMMY VINSON)

3. TRUCK #s: 4, 11, 12

4. CREW MEMBERS: TOM ALEX
ERIC
RIDGE

5. LOCATION & JOB DESCRIPTION:
RING RD - CLO A5

7. JOB BRIEFING: YES NO

8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO

9. PPE: (Hardhats, Gloves, Sleeves, Eyewear, Etc.) YES NO

10. COVER-UP: (Hoses, Hoods, Blankets, Etc.) YES NO

11. FOLLOWED ALL PROCEDURES & RULES: YES NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:
CLO A5 ON SIDE OF RING RD. TRUCKS PARKED OFF RD. HAD FLASHERS
& HI-VIS VESTS. TRUCK GROUNDED. GOOD USE OF COVER UP. TOM HAD
PHASE OUT OF WAY. FOLLOWED ALL SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES NO

Rahul Shukla
SIGNATURE OF INSPECTOR

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 5a:

5. Refer to the “Seven Day Summary Report,” which is Attachment A to the electric utility incident Investigation Report (“Report”), dated August 20, 2009, which is attached as an Appendix to the Commission’s March 1, 2011 Order.

a. State whether the following persons, whose names appear on page 2 of the Seven-Day Summary Report, are Nolin employees: Donnie Propes, Bobby Ash, Vince Heuser, and Robert Thornton.

Answer:

Yes, all of these persons are Nolin employees.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 5b:

5. Refer to the “Seven Day Summary Report,” which is Attachment A to the electric utility incident Investigation Report (“Report”), dated August 20, 2009, which is attached as an Appendix to the Commission’s March 1, 2011 Order.
 - b. If known, why did Billy Hamilton call Donnie Propes immediately after the incident in which Pat Burman was injured instead of calling emergency 911 directly?

Answer:

It is not specifically known by Nolin why Mr. Hamilton called Donnie Propes immediately after the accident instead of calling 911 directly. However, Nolin would agree with the decision in that Mr. Hamilton should have contacted Nolin immediately to clear the area of the immediate danger in making sure that the energized line would be off before attempting a rescue. In addition, Mr. Propes would be in a better condition than Mr. Hamilton to provide an exact location of the accident to 911 personnel.

Responding Witnesses: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Donnie Propes, Maintenance Superintendent
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
Public Service Commission Staff Request Dated March 25, 2011

Question 6:

6. *Provide a list of all witnesses Nolin anticipates calling to testify before the Commission at the May 5, 2011 hearing in this matter.*

Answer:

Bobby Ash, Vince Heuser, Donnie Propes, Robert Thornton, Mickey Miller, Wayne Hamilton and Billy Hamilton.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

Nolin Rural Electric Cooperative Corporation
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Public Service Commission Staff Request Dated March 25, 2011

Question 6a:

6. *Provide a list of all witnesses Nolin anticipates calling to testify before the Commission at the May 5, 2011 hearing in this matter.*
- a. For each witness listed in response to Item 7, provide a summary of the testimony they are expected to provide, including a description of how their testimony supports Nolin's Response.*

Answer:

Bobby Ash is expected to testify that he was in a position to tell if the circuit was off following the accident and could also discuss making the call to 911.

Vince Heuser is expected to testify concerning the relationship of Nolin with its contractors and why Nolin does not train the contractor's employees.

Donnie Propes is expected to testify that he is the person who received the call from Billy Hamilton concerning the accident.

Robert Thornton, the Compliance Coordinator for Nolin, is expected to testify concerning Nolin's safety compliance procedures.

Mickey Miller, the CEO of Nolin, is expected to testify concerning the policies of Nolin and how those policies relate to the contractors.

Wayne Hamilton, a co-owner of the contractor, is expected to testify concerning the contractor's relationship with Nolin and how safety matters are handled by the contractor.

Billy Hamilton is expected to testify as a witness concerning the accident and how the employees were instructed to conduct themselves in regard to safety on the job.

Responding Witnesses: Bobby Ash, Dispatcher
Vince Heuser, Vice President System Operations
Donnie Propes, Maintenance Superintendent
Robert Thornton, Compliance Coordinator
Mickey Miller, President & CEO
Nolin Rural Electric Cooperative Corporation

Wayne Hamilton, Co-Owner
Billy Hamilton Co-Owner
Hamilton Contracting

Nolin Rural Electric Cooperative Corporation
First Information Request – Case No. 2011-00061
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Question 6b:

6. *Provide a list of all witnesses Nolin anticipates calling to testify before the Commission at the May 5, 2011 hearing in this matter.*
 - b. *For each witness listed in response to Item 7, provide a current curriculum vitae or resume.*

Answer:

Resumes regarding each of the witnesses are attached as Exhibit “C1 thru 7”.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation

RESUME

MICKEY MILLER – PRESIDENT & CEO NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Michael (Mickey) Miller has served as President & CEO of Nolin RECC since 1991. He began employment as a Heating Advisor in 1973 and served as Member Services Manager from 1975 – 1991. Mickey graduated from the University of Kentucky with a degree in Agriculture Economics and Marketing.

RESUME

VINCE HEUSER – VICE PRESIDENT SYSTEM OPERATIONS NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Vince Heuser has served as the Vice President System Operations and Cooperative Safety Director at Nolin RECC since 1991. Throughout his career with Nolin, he has served as Line Technician (1978-1988), Energy Advisor (1988-1990), and Member Services Marketing Manager (1990-1991). Before his employment with Nolin RECC, Vince was employed at LG&E for six years as an Underground Distribution Cable Splicer.

RESUME

DONNIE PROPES – MAINTENANCE SUPERINTENDENT NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Donnie Propes, Maintenance Superintendent at Nolin RECC, was hired in 1971 as an apprentice lineman and advanced to journeyman lineman where he worked until 2001. At that time he became the Assistant Superintendent of Construction and Maintenance and worked in that capacity until accepting position of Maintenance Superintendent in 2003.

RESUME

BOBBY ASH -- DISPATCHER NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Bobby Ash has served as a Dispatcher at Nolin Rural Electric Cooperative since 1998. He was hired in 1987 as a groundman and advanced in several lineman positions before moving to his current position. Previous to working at Nolin, Bobby was employed by Telescripps Cable TV.

RESUME

ROBERT THORNTON – COMPLIANCE COORDINATOR NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Robert Thornton, Nolin RECC Compliance Coordinator, has eight years of experience in the electric utility safety field. He coordinates all safety training for Nolin employees, ensures compliance with all Federal and State safety regulations and conducts crew safety audits for all Nolin line crews. Robert has a BS Degree from Murray State University in Occupational Safety and Health. He is OSHA 30-hour and 10-hour certified, Accident Investigation Certified through the Kentucky Labor Cabinet, and holds various other safety certifications and training regarding OSHA, EPA, NESC and DOT regulations.

RESUME

WAYNE HAMILTON – FOREMAN HAMILTON POWER LINE CONSTRUCTION

Wayne Hamilton began his career with Hamilton Power Line Construction in 1976 as Lineman. He continued in this capacity for 18 years until he became Foreman.

RESUME

BILLY HAMILTON – FOREMAN HAMILTON POWER LINE CONSTRUCTION

Billy Hamilton began his career with Hamilton Power Line Construction in 1975 as Lineman. He continued in this capacity for 16 years until he became Foreman.

Nolin Rural Electric Cooperative Corporation
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Question 6c:

6. *Provide a list of all witnesses Nolin anticipates calling to testify before the Commission at the May 5, 2011 hearing in this matter.*

c. For each witness listed in response to Item 7, provide a list of any exhibits Nolin anticipates introducing at the May 5, 2011 hearing through each witness.

Answer:

At this time, Nolin is not certain as to all of the exhibits it would introduce at the May 5th hearing. However, it does anticipate providing the accident investigation report, the contract between Nolin and Hamilton, and the clothing worn by the employee on the day of the accident.

Responding Witness: Vince Heuser, Vice President System Operations
Nolin Rural Electric Cooperative Corporation