


Rural Electric Cooperative Corporation

A Touchstone Energy[®] Cooperative 

October 13, 2011

MR JEFF DEROUEN
EXECUTIVE DIRECTOR
KENTUCKY PUBLIC SERVICE COMMISSION
211 SOWER BOULEVARD
PO BOX 615
FRANKFORT, KY 40602-0615

RECEIVED

OCT 17 2011

PUBLIC SERVICE
COMMISSION

Dear Mr. Derouen:

Re: PSC Case No. 2011-00061

Please find enclosed the contractor safety inspection reports for the month of September as requested in the above referenced case. An electronic copy has been e-mailed to Allyson Honaker.

If you have any questions, please feel free to contact me.

Sincerely,



Michael L. Miller
President & CEO

Enclosure

Contractor Crew Safety Observation

Date 9-01-11

Time 9:30

A.M. P.M.

Job CONVERT 1Ø TAP TO 3Ø

W.O.# _____

Location BACON CREEK RD

Truck #'s 53, 92, 93, 109

Crew Foreman HAMILTON POWER (K. BROWN)

Crew Member(s) 1) MIKE D. MARK

3) RODNEY AARON

2) MIKE S. DONNIE

4) FRANK

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	PPE				Cover-up	* TAKE OFF		
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 checked="" type="checkbox"/>	Pre-Use Insp.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energized	<input type="checkbox"/>	Foot Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overhead	<input checked="" type="checkbox"/>	Rubber Sleeves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Bucket	<input checked="" type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tested		Switching / Tag	<input checked="" 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 checked="" type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Equip.		Personal Grounds				Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 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 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 CONVERTING 1Ø TAP TO 3Ø. COVERED TAKE-OFF POLE. ABLE TO DE-ENERGIZE.
 RODNEY, MIKE, & AARON WERE HANGING CROSSARMS ON A1s & DIGGING ANCHORS.
 THE OTHERS FRAMED & SET A CB. GOOD COMMUNICATION.

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Hunter Date: 9.01.11

Manager Review: _____ Date: _____

Crew Safety Observation

Date 9-12-11

Time 9:45

A.M.

P.M.

Job elb CB

W.O.# _____

Location HARDIN CO BAPTIST ASSOC.

Truck #'s 70, 74, 6

Crew Foreman J. HESS

Crew Member(s) 1) R. STANGER

3) A. HUFF

2) J. SANDERS

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"/>
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 checked="" 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 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 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 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 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 C/D C8. UPGRADED ARM & HUNG 3# BANK. WENT W/ TALLER POLE. HAD LINE PROPERLY COVERED. HOLE BESIDE OLD POLE. HAD ADEQUATE ROOM TO SET NEW POLE. RUSS (70) & SPEEDO (6) BEGAN TRANSFERING PHASES. HAD PROPER PPE. AFTER LUNCH HUNG 3 TRANSFORMERS FOR BANK.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. DOUBLE CHECKED CONNECTIONS ON BANK TO ENSURE PROPER SERVICE. FOLLOWED ALL SAFETY RULES.

Inspected By: Rebel Shorter Date: 9.12.11

Manager Review: _____ Date: _____

Crew Safety Observation

Date 9-14-11 Time 10:00 A.M. P.M.
 Job SET UG TRANSFORMERS W.O.# _____
 Location KNOX HILLS Truck #'s 21, 66, 83
 Crew Foreman A. PATTERSON
 Crew Member(s) 1) C. PENCE 3) S. SCHERER
 2) M. HUNT 4) M. HUNT

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	* PER JOB SITE REQ		
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 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 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 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 checked="" 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 checked="" 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 <u>RANGER</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 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 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 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 checked="" 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 checked="" 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 USED 21 TO SET SEVERAL 1Ø PAD MOUNT TRANSFORMERS. HAD PULLED PRIMARY INTO PEDESTALS THE PREVIOUS DAY. JONES WENT AHEAD IN THE RANGER & GROUNDED THE PEDESTALS (IE, RAN COPPER, MADE SURE GROUND RODS IN PLACE). MOOSE, SHAWN & MITCH PLACED THE TRANSFORMERS. GOOD COMMUNICATION

COMMENTS / CORRECTIVE ACTIONS:

FOLLOWED ALL SAFETY RULES. HAD HI-VIS CLOTHING PER WORK SITE REG.

Inspected By: Robert Short

Date: 9.14.11

Manager Review: _____

Date: _____

Crew Safety Observation

Date 9-16-11

Time 10:00

A.M. P.M.

Job cl6 A6

W.O.# _____

Location 3311 VALLEY CREEK RD

Truck #'s 20, 61, 6

Crew Foreman C. DENNEY

Crew Member(s) 1) C. BELL
2) J. GARDNER

3) R. HEATH
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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Traffic Control			
Secondary	<input type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 C/O AB w/ 15 KVA & UG SERVICE TO HOUSE, OH SERVICE TO SHOP. HEATH (20) COVERED LINE. WENT AHEAD & PLACED MAC ON PHASE. BELL & JR FRAMED POLE. DENNEY DUG BESIDE OLD POLE. SET 45' POLE. DENNEY (61) HELPED HEATH TRANSFER PHASE & NEUTRAL, HANG PCT.

COMMENTS / CORRECTIVE ACTIONS:

GOOD COMMUNICATION. GOOD WORK ZONE SET-UP (IE, TRUCK PLACEMENT). HEATH TOOK TIME. VERN SAFE. CREW FOLLOWED ALL SAFETY RULES.

Inspected By: Robert Shaul Date: 9-16-11

Manager Review: _____ Date: _____

**NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION**

1. DATE INSPECTED/TIME: 9/14/11 10:30

2. CONTRACTOR ASplundk

3. CREW FOREMAN Mark Roof

4. TRUCK #s: 59205

5. CREW MEMBERS: Robert Mudd
William Stinnett

6. LOCATION & JOB DESCRIPTION:
Holywell Sub New P/W
cutting P/W

7. JOB BRIEFING: YES NO

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

9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO

10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO

11. FALL PROTECTION: (Used, Attached to Boom) YES NO

12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO

13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:
Beachhog P/W & cleaning logs out of
area

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Baker
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 9/14/11 1:30
2. CONTRACTOR Asplundh
3. CREW FOREMAN John David Lee
4. TRUCK #s: 59217
5. CREW MEMBERS: Jimmy McCoy
Marion S. Sanders

6. LOCATION & JOB DESCRIPTION:
Cedar Hill Dr - Plantation Park
Bucket Trimming

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO
10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO
11. FALL PROTECTION: (Used, Attached to Boom) YES NO
12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO
13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:
Bucket Trimming

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Baker
SIGNATURE OF INSPECTOR

**NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION**

1. DATE INSPECTED/TIME: 9/14/11 9:15
2. CONTRACTOR Asplundh
3. CREW FOREMAN Matt Hutchinson
4. TRUCK #s: 59204
5. CREW MEMBERS: Brandon Thompson
Nathan Horvath

6. LOCATION & JOB DESCRIPTION:
Salmon Lake Rd New R/W

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO
10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO
11. FALL PROTECTION: (Used, Attached to Boom) YES NO
12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO
13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:
Cutting Trees in New R/W

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Baker
SIGNATURE OF INSPECTOR

**NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION**

1. DATE INSPECTED/TIME: 9/15/11 1:30

2. CONTRACTOR Asplundh

3. CREW FOREMAN Larry Warren

4. TRUCK #s: 59206

5. CREW MEMBERS: Troy Settler

6. LOCATION & JOB DESCRIPTION:
Airview
cut R/W

7. JOB BRIEFING: YES NO

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

9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO

10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO

11. FALL PROTECTION: (Used, Attached to Boom) YES NO

12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO

13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Selzer
SIGNATURE OF INSPECTOR

**NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION**

1. DATE INSPECTED/TIME: 9/15/11 945

2. CONTRACTOR ASphwDL

3. CREW FOREMAN Eddie Bensky

4. TRUCK #s: 59226

5. CREW MEMBERS: Eric Smith
Roberto Garcia

6. LOCATION & JOB DESCRIPTION:
Pean Orchard Rd
Bucket Trimming

7. JOB BRIEFING: YES NO

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

9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO

10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO

11. FALL PROTECTION: (Used, Attached to Boom) YES NO

12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO

13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:
Set up very good

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Baker
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 9/15/11 11:10

2. CONTRACTOR Asplundh

3. CREW FOREMAN EB KNOX

4. TRUCK #s: 59228

5. CREW MEMBERS: Richard Croft
Curt Gibson

6. LOCATION & JOB DESCRIPTION:
College Dr
Bucket Trimming

7. JOB BRIEFING: YES NO

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

9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO

10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO

11. FALL PROTECTION: (Used, Attached to Boom) YES NO

12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO

13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Richard Beck
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 9/15/11 11:30
2. CONTRACTOR Asphundl
3. CREW FOREMAN DONNIE SHUBOON
4. TRUCK #s: 59321
5. CREW MEMBERS: ROY LYNN
ENRIQUE DIEZ

6. LOCATION & JOB DESCRIPTION:
VINE ST
cut r/w & curb trimming

7. JOB BRIEFING: YES NO
8. WORK AREA PROTECTION: (Signs, Flags, Cones) YES NO
9. PPE: (Hardhats, Gloves, Safety Glasses) YES NO
10. SAW SAFETY: (Chaps, Ear Plugs/Muffs) YES NO
11. FALL PROTECTION: (Used, Attached to Boom) YES NO
12. CLIMBING: (Rope Safety Used, Gaff Guards, Etc.) YES NO
13. FOLLOWED ALL PROCEDURES & RULES: YES NO

14. RECOMMENDATIONS OR SUGGESTIONS:

15. OVERALL SAFETY RATING OF CREW: GOOD FAIR POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES NO

Nickel Baker
SIGNATURE OF INSPECTOR

Crew Safety Observation

Date 9-28-11 Time 9:00 A.M. P.M.
 Job A5, CONVERT EXISTING AS TO A6 W.O.# _____
 Location CARTER BROS RD Truck #'s 43, 37
 Crew Foreman J. BROOKS
 Crew Member(s) 1) T. HUDSON 3) N. YATES
 2) R. PUGH 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 checked="" 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 checked="" 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 checked="" type="checkbox"/>	Traffic Control			
Secondary	<input checked="" type="checkbox"/>	Chainsaw Chaps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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	<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 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 checked="" type="checkbox"/>	Ladders			
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tested	<input type="checkbox"/>	Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Equip.	<input type="checkbox"/>	Personal Grounds				Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wire Trailer	<input type="checkbox"/>	Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 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 CONVERTED EXISTING AS TO A6. BUILT NEW AS W/ UG SERVICES & 15 KVA.
RETIRED SERVICE POLE. NATE (37) FRAMED THE AS TO A6 IN THE AIR. ADEQUATE
COVER-UP & PPE. PUGH & HUDSON FRAMED NEW AS & DUG HOLE DNCE REMOVING
SERVICE POLE. THEY THEN PUSHED IN UG.

COMMENTS / CORRECTIVE ACTIONS:
GOOD COMMUNICATION. FOLLOWED ALL SAFETY RULES.
Inspected By: <u>Robert Sherk</u> Date: <u>9.28.11</u>
Manager Review: _____ Date: _____