

Rural Electric Cooperative Corporation

A Touchstone Energy® Cooperative 

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PUBLIC SERVICE  
COMMISSION

November 4, 2011

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

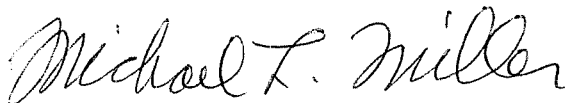
Dear Mr. Derouen:

Re: PSC Case No. 2011-00061

Please find enclosed the contractor safety inspection reports for the month of October 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

# NOLIN RECC WORK SAFETY INSPECTION

10:00 Am

1. DATE INSPECTED: 10-5-11

2. FOREMAN: A. PATTERSON

3. TRUCK #s: 76, 21, 66

4. CREW MEMBERS:  
M. HUNT  
C. PENCE  
K. THOMPSON

5. LOCATION & JOB DESCRIPTION:

NEW HIGHLAND - SET 500 KVA PAD MOUNT

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 HAD TO SET 500 KVA. REPAIRING OLD UNIT. A CONTRACTOR WAS  
CUTTING HOLE IN CONCRETE PAD TO ACCESS PRIMARY PIPE. ENSURING  
SECONDARY DE-ENERGIZED. GOOD COMMUNICATION & SET UP.

14. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Robert Sheel  
SIGNATURE OF INSPECTOR

# Crew Safety Observation

Date 10-03-11 Time 9:35  A.M.  P.M.  
 Job clo AB W.O.# \_\_\_\_\_  
 Location 1290 VALLEY CREEK RD Truck #'s 61, 20  
 Crew Foreman C. DENNEY  
 Crew Member(s) 1) D. DISSELKAMP 3) J. GARDNER  
 2) R. HEATH 4) \_\_\_\_\_

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	<b>PPE</b>				<b>Cover-up</b>			
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"/>
<b>Job</b>		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"/>	<b>Traffic Control</b>			
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 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 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"/>	<b>Job Preparation</b>				<b>Poles</b>			
<b>Equipment</b>		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"/>	<b>Ladders</b>			
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"/>	<b>Grounding</b>				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Live Line Tools</b>			
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"/>	<b>Excavations</b>			
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		Yes	No	N/A	Work Practice		Yes	No	N/A	Work Practice		Yes	No	N/A
<b>Hand Tools</b>					<b>Vehicles</b>					<b>Job Progress</b>				
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						<b>Materials</b>				
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"/>			<b>Other</b>				
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 210 A6 ABLE TO DE-ENERGIZE TAP TOOK HOTLINE CLAMP OFF. DISSELKAMP
(20) TESTED LINE BEFORE WORKING. STRIPPED A6 OTHERS FRAMED NEW POLE.
DENNEY PULLED OLD POLE, CLEANED OUT HOLE, & SET NEW ONE. ONCE
TAMPED, DENNEY (41) HELPED DANIEL TIE WIRE BACK IN.

COMMENTS / CORRECTIVE ACTIONS:
GOOD COMMUNICATION. FOLLOWED ALL SAFETY RULES.
Inspected By: <u>Robert J. Shuster</u> Date: <u>10-03-11</u>
Manager Review: _____ Date: _____

# NOLIN RECC WORK SAFETY INSPECTION

1. DATE INSPECTED: 10-03-11

2. FOREMAN: B. STANGER

3. TRUCK #s: 70, 74

4. CREW MEMBERS: A. HUFF  
J. SANDERS

5. LOCATION & JOB DESCRIPTION:  
RAVENSWOOD - RETIRE 1Ø TAP, BUILD 1Ø 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  NO

11. FOLLOWED ALL PROCEDURES & RULES: YES  NO

12. DISPLAYED SAFE DRIVING SKILLS: YES NA NO

13. RECOMMENDATIONS OR SUGGESTIONS:  
CREW RETIRED 1Ø LINE. BUILT RISER ON EXISTING AL. SPEEDC (70) FINISHED  
RISER ASSEMBLY. HUFF ASSISTED ON HOOKS COVERED LINE WAITED ON  
CONTRACT CREW TO FINISH CONDUIT SO THEY COULD PUSH WIRE INTO CABINET &  
THEN TO TRANSFORMER. GOOD COMMUNICATION FOLLOWED SAFETY RULES.

14. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Robert J. Huff  
SIGNATURE OF INSPECTOR

# Crew Safety Observation

Date 10-07-11  
 Job UG SERVICES; UPGRADE SERVICES TO 4/0  
 Location AIRLINE RD; MT SHERMAN  
 Crew Foreman J. BROOKS

Time 10:00  A.M.  P.M.  
 W.O.# \_\_\_\_\_  
 Truck #'s 43, 37

Crew Member(s) 1) R. HEATH 3) \_\_\_\_\_  
 2) N. YATES 4) \_\_\_\_\_

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A
Regular	<input checked="" type="checkbox"/>	<b>PPE</b>				<b>Cover-up</b>			
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"/>
<b>Job</b>		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 checked="" 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"/>	<b>Traffic Control</b>			
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 type="checkbox"/>	Rubber Gloves	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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"/>				
OUPS	<input type="checkbox"/>	<b>Job Preparation</b>				<b>Poles</b>			
<b>Equipment</b>	<input type="checkbox"/>	Job Briefing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<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. Poles 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"/>	Adj. Spans Insp.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Digger	<input checked="" type="checkbox"/>	Loc. Reported	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Ladders</b>			
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tested		Switching / Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dielectric	<input checked="" type="checkbox"/>	<b>Grounding</b>				Proper Position	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Live Line Tools</b>			
Other Equip.		Personal Grounds				Pre-Use Insp.	<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"/>	Clean	<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"/>	Serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flatbed	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Excavations</b>			
Pick-up	<input type="checkbox"/>	Underground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shoring / Sloped	<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"/>	Competent Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Puller / Tensioner	<input type="checkbox"/>	Equipotential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Other _____	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input checked="" 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
<b>Hand Tools</b>						<b>Vehicles</b>						<b>Job Progress</b>					
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				<b>Materials</b>									
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"/>	<b>Other</b>									
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 RAN UG SERVICES TO NEW METER. NATE (37) WORKED BUCKET, USED SHERMAN RILEY TO PULL WIRE UP & THRU CONDUIT. WORE PPE. ALSO CLO LEADS ON TRANSFORMER. 1Ø LINE HOT, COVERED.

UPGRADED SERVICE WIRE. #14 TRIAX RAN FROM HOUSE TO SERVICE POLE, BARN TO SERVICE POLE & SERVICE POLE ACROSS RD TO TRANSFORMER.

**COMMENTS / CORRECTIVE ACTIONS:**

FOLLOWED ALL SAFETY RULES. GOOD COMMUNICATION.

Inspected By: Robert J. [Signature] Date: 10-7-11

Manager Review: \_\_\_\_\_ Date: \_\_\_\_\_

# Contractor Crew Safety Observation

Date 10-6-11 Time 10:30  A.M.  P.M.

Job BUILD 3# LINE W.O.# \_\_\_\_\_

Location SALEM LAKE RD Truck #'s 53, 92, 93, 109, 101

Crew Foreman HAMILTON POWER (w. HAMILTON)

Crew Member(s) 1) KENNEY FRANK 3) MIKE D AARON  
 2) MARK RODNEY 4) MIKE S DONNIE

Inspection Type		Work Practice			Work Practice		
		Yes	No	N/A			
Regular	<input checked="" type="checkbox"/>	<b>PPE</b>			<b>Cover-up</b>		
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"/>
<b>Job</b>		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 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"/>	<b>Traffic Control</b>	
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 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 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"/>	<b>Poles</b>	
OUPS	<input type="checkbox"/>	<b>Job Preparation</b>			<b>Ladders</b>		
<b>Equipment</b>		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"/>
(4) 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"/>	<b>Live Line Tools</b>	
Bucket / Dig Combo	<input type="checkbox"/>	Breaker – Single Op.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Use Insp.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tested		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"/>	<b>Grounding</b>			<b>Excavations</b>		
Structural	<input checked="" type="checkbox"/>	Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Equip.		Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Chipper	<input type="checkbox"/>	Conductor Tested	<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 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
<b>Hand Tools</b>						<b>Vehicles</b>						<b>Job Progress</b>					
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 checked="" 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						<b>Materials</b>					
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"/>			<b>Other</b>					
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 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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>		

A NO Answer Requires A Comment

**OTHER CONDITIONS & WORK PRACTICES OBSERVED:**

CREW IN PROCESS OF CONDUCTING NEW 3# LINE. OVER 1 MI. WILL BE USING HENDRIX WIRE. WAYNE SET UP AT TAKE OFF w/ ROPE MACHINE. ALREADY HUNG ROLLERS ON POLES. BUCKETS WERE SPREAD OUT TO GUIDE ROPE THROUGH THIS PULL WAS FOR MESSENGER WIRE.

**COMMENTS / CORRECTIVE ACTIONS:**

GOOD WORK ZONE. HAD 2 FLAGGERS IN PLACE. GOOD COMMUNICATION VIA RADIO. FOLLOWED ALL SAFETY RULES.

Inspected By: Richard Shuck Date: 10-6-11

Manager Review: \_\_\_\_\_ Date: \_\_\_\_\_

# Crew Safety Observation

Date 10-4-11

Time 10:00

A.M.  P.M.

Job elo All

W.O.# \_\_\_\_\_

Location EAGLE PASS

Truck #'s 6, 9, 70, 1

Crew Foreman T. HUDSON

Crew Member(s) 1) J. BROOKS  
2) J. SANDERS

3) D. HAWKINS-SULLIVAN  
4) \_\_\_\_\_

Inspection Type		Work Practice	Yes	No	N/A	Work Practice	Yes	No	N/A		
Regular	<input type="checkbox"/>	<b>PPE</b>				<b>Cover-up</b>					
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 checked="" 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"/>
<b>Job</b>			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"/>	<b>Traffic Control</b>			
Secondary	<input checked="" 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 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 checked="" type="checkbox"/>		
Foreign Utility(s)	<input type="checkbox"/>	FR Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Poles</b>					
OUPS	<input type="checkbox"/>	<b>Job Preparation</b>				<b>Inspected</b>					
<b>Equipment</b>		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 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 checked="" type="checkbox"/>		
Bucket	<input type="checkbox"/>	Radio Oper. Check	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Ladders</b>					
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"/>	<b>Grounding</b>				<b>Live Line Tools</b>					
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.	<input type="checkbox"/>	Personal Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Chipper	<input type="checkbox"/>	Conductor Tested	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Excavations</b>					
Flatbed	<input type="checkbox"/>	Overhead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shoring / Sloped	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
(2) 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 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
<b>Hand Tools</b>					<b>Vehicles</b>					<b>Job Progress</b>				
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 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 type="checkbox"/>		Equipment					<b>Materials</b>				
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"/>		<b>Other</b>				
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:**

CAR BROKE A-1 w/ 10 KVA THAT FEEDS RURAL LIGHT. OPENED UP TAP BY TAKING OFF HOTLINE CLAMP COVERED LINE & USED PROPER PPE, HUNG GROUNDS. THEN WORKED DE-ENERGIZED FRAMED & SET NEW POLE. GOOD COMMUNICATION. SPEEDO (6) TIED IN PHASES (WERE ABLE TO FLOAT THEM). BROOKS CLIMBED POLE & ASSISTED. WHEN DONE, BROOKS DE-ENERGIZED TAP & BREAKER SO SPEEDO COULD MAKE SECTION HOT

**COMMENTS / CORRECTIVE ACTIONS:**

GOOD WORK. FOLLOWED ALL SAFETY RULES

Inspected By: Richard Hart Date: 10-4-11

Manager Review: \_\_\_\_\_ Date: \_\_\_\_\_

**NOLIN RECC  
WORK SAFETY INSPECTION**

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1. DATE INSPECTED: 10-27-11

2. FOREMAN: JERRY FRENCH

3. TRUCK #s: 42

4. CREW MEMBERS: D. HAWKINS-SCULLIVAN  
\_\_\_\_\_  
\_\_\_\_\_

5. LOCATION & JOB DESCRIPTION:  
NOLIN PARKING LOT - SECURITY CAMERA MAINT  
\_\_\_\_\_  
\_\_\_\_\_

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 WAS HELPING IT DEPT W/ SECURITY CAMERA MAINTENANCE.  
USED ALL REQUIRED PPE FOR AERIAL LIFT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

15. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Robert D. Huber  
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR  
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 10/6/11 10:00  
2. CONTRACTOR AS; Wulk  
3. CREW FOREMAN B Knox  
4. TRUCK #s: 59 228  
5. CREW MEMBERS: R. Covert  
C. Simpson

6. LOCATION & JOB DESCRIPTION:  
valley creek Road  
Doing Tickets

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:  
Towing 5 meters in S/O lanes  
Towing trucks only

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

Richard Barber  
SIGNATURE OF INSPECTOR

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

---

1. DATE INSPECTED/TIME: 10/6/11 9:00

2. CONTRACTOR Asplund

3. CREW FOREMAN M Roof

4. TRUCK #s: 59205

5. CREW MEMBERS: R mcd  
W Stinnett

6. LOCATION & JOB DESCRIPTION:  
New R/W Sewer Factory Rd  
Indigo Hill

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 R/W watch for traffic  
use progress with rounded

15. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Richard B. Lee  
SIGNATURE OF INSPECTOR

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

---

1. DATE INSPECTED/TIME: 10/16/11 8:20  
2. CONTRACTOR Asplund  
3. CREW FOREMAN M. Hutcherson  
4. TRUCK #s: 59204  
5. CREW MEMBERS: Beau Thompson  
\_\_\_\_\_  
\_\_\_\_\_

6. LOCATION & JOB DESCRIPTION:  
Mt Skunnon Ford Rd  
Bucket Tilting  
\_\_\_\_\_

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 B. G.  
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR  
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 10/6/11 11:00  
2. CONTRACTOR Asplund  
3. CREW FOREMAN D. Lee  
4. TRUCK #s: 59217  
5. CREW MEMBERS: S. MCCOY  
M. SANDERS

6. LOCATION & JOB DESCRIPTION:  
New R/W Woodridge Ferry Rd

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:  
New R/W cut & remaining OK

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

Richard Bohm  
SIGNATURE OF INSPECTOR



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

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1. DATE INSPECTED/TIME: 10/5/11 12:20

2. CONTRACTOR Aspian &

3. CREW FOREMAN L. Warren

4. TRUCK #s: 39204

5. CREW MEMBERS: T. Setters  
I. BARGAS

6. LOCATION & JOB DESCRIPTION:  
Bucket tension & flagging  
near Orchard Rd Estab

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:  
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: 10/5/11 12:00

2. CONTRACTOR Asph & L

3. CREW FOREMAN E Bealsey

4. TRUCK #s: 59226

5. CREW MEMBERS: A Condado  
E Smith

6. LOCATION & JOB DESCRIPTION:  
Flagging while Bucket turning  
Reynolds Road & Town

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:  
all Signs & Cones were correct

15. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Richard Bala  
SIGNATURE OF INSPECTOR

NOLIN RECC R.O.W CONTRACTOR  
WORK SAFETY INSPECTION

1. DATE INSPECTED/TIME: 10/5/11 1:00

2. CONTRACTOR Aspinall

3. CREW FOREMAN D Sheppard

4. TRUCK #s: 59321

5. CREW MEMBERS: R Lloyd  
C McKay

6. LOCATION & JOB DESCRIPTION:  
Vine St Vine Grove  
Climbing & 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 was very good

15. OVERALL SAFETY RATING OF CREW: GOOD  FAIR  POOR

16. RESULTS DISCUSSED WITH FOREMAN: YES  NO

Richard Bole  
SIGNATURE OF INSPECTOR