

PPL companies

June 5, 2013

Mr. Jeff R. Derouen Executive Director Kentucky Public Service Commission 211 Sower Boulevard Frankfort, KY 40601

RE: In the matter of: Louisville Gas and Electric Company - Alleged Failure to Comply with KRS 278.495

Case No. 2012-00239

RECEIVED

JUN 05 2013

PUBLIC SERVICE COMMISSION

LG&E and KU Energy LLC

Legal Department 220 W Main Street Louisville, Kentucky 40202 www.lge-ku.com

Allyson K. Sturgeon Senior Corporate Attorney T 502-627-2088 F 502-627-3367 M 502-439-3278 Allyson.Sturgeon@lge-ku.com

Dear Mr. Derouen:

Enclosed for filing are an original and ten (10) copies of Louisville Gas and Electric Company's ("LG&E") Revised Petition for Confidential Protection to classify as confidential certain portions of the records and documentation filed in compliance with the Commission's Order of February 5, 2013, approving the Settlement Agreement in this proceeding.

Should you have any questions, please contact me at your convenience.

Sincerely,

Allyson K. Sturgeon

Senior Corporate Attorney

Enclosures (Confidential)

COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

LOUISVILLE GAS AND ELECTRIC COMPANY)	
)	CASE NO. 2012-00239
)	
)	
ALLEGED FAILURE TO COMPLY)	
WITH KRS 278.495)	

REVISED PETITION OF LOUISVILLE GAS AND ELECTRIC COMPANY FOR CONFIDENTIAL PROTECTION OF DOCUMENTATION FILED PURSUANT TO SETTLEMENT AGREEMENT

Louisville Gas and Electric Company ("LG&E" or the "Company"), pursuant to 807 KAR 5:001, Section 13, respectfully petitions the Commission to classify as confidential and protect from public disclosure certain portions of the Company's records and documentation filed in compliance with the Commission's Order of February 5, 2013 approving the Settlement Agreement in this proceeding ("Documentation"). The Documentation contains records concerning leak investigation and emergency procedures, audits, initiatives, policies, trainings and schedules. Furthermore, it contains personal information about a number of the Company's employees, including phone numbers and their employee numbers, which if disclosed, would constitute a clearly unwarranted invasion of personal privacy. Finally, the Documentation contains sensitive safety and training information, which information, if made public, could impede the Company's ability to conduct unannounced drills and test the knowledge of its employees on important safety policies and procedures for compliance purposes. For these reasons involving personal privacy and testing information, the Company respectfully requests that the

Commission grant confidential protection to certain portions of the Documentation being filed herewith.

In further support of this Motion, the Company states as follows:

- 1. Under the Kentucky Open Records Act, the Commission is entitled to withhold from public disclosure, "Public records containing information of a personal nature where the public disclosure thereof would constitute a clearly unwarranted invasion of personal privacy." See KRS 61.878(1)(a).
- 2. The Documentation contains the phone numbers and employee numbers of a number of the Company's employees. Such information is private, personal information that ought to be protected from disclosure to the public.
- 3. Under the Kentucky Open Records Act, the Commission is entitled to withhold from public disclosure information confidentially disclosed to it to the extent that open disclosure would disclose test questions, scoring keys, and other examination data used to administer a licensing examination, examination for employment, or academic examination before the exam is given or if it is to be given again. *See* KRS 61.878(1)(g). Public disclosure of the information contained in the Documentation could impede the Company's ability to conduct unannounced drills and test the knowledge of its employees on important safety policies and procedures for compliance purpose.
- 4. The information referenced above, for which the Company is seeking confidential treatment is not known outside of the Company, is not disseminated within the Company except to those employees with a legitimate business need to know and act upon the information.
- 5. If the Commission disagrees with this request for confidential protection, it must hold an evidentiary hearing (a) to protect the Company's due process rights and (b) to supply the Commission with a complete record to enable it to reach a decision with regard to this matter.

Utility Regulatory Commission v. Kentucky Water Service Company, Inc., Ky. App., 642 S.W.2d 591, 592-94 (1982).

6. In accordance with the provisions of 807 KAR 5:001, Section 13, KU is filing with the Commission one copy of the Confidential Information highlighted and ten (10) copies without the Confidential Information.

WHEREFORE, Louisville Gas and Electric Company respectfully requests that the Commission grant confidential protection to certain portions of the Documentation filed herewith, as requested.

Dated: June 5, 2013

Respectfully submitted,

Allyson K. Sturgeon

Senior Corporate Attorney

LG&E and KU Services Company

220 West Main Street

Louisville, Kentucky 40202

Telephone: (502) 627-2088

Counsel for Louisville Gas and Electric

Company

Case No. 2012-00239

February 5, 2013 Order

Records and Documents in Compliance with Ordering Paragraph Nos. 5, 8, & 9 Filed - March 7, 2013

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February 5, 2013 Order

Ordering Paragraph No. 5, Third Sub-Bullet

Summary of Leak Investigation and Emergency Response Policy or Procedural Changes Implemented During 2012

1) GEOP Section 1.0

- a) Section 1.3 Added reference to Section 2.0 regarding Incident Command System.
- b) Section 1.5.3
 - i) Added clarification on the composition of the Emergency Management Team.
 - ii) Under (i), established reporting requirements for follow up reviews of emergency responses on Level II and III events.

2) GEOP Section 2.0

- a) Section 2.1 Completely rewrote Section to align LG&E gas and electric distribution Incident Command Systems. Emphasis placed on chain of command and communications flow. Also, added Customer Experience Section to IC Structure.
- b) Section 2.2
 - i) Clarified protocol for designation of Incident Commander during responses to an Incident.
 - ii) Added Customer Experience Section Chief appointment responsibility.

Case No. 2012-00239 February 5, 2013 Order

Paragraph No. 5, Third Sub-Bullet

3) GEOP Section 3.0

- a) Section 3.2
 - i) Changed "Caller" to "Informant" throughout Section
 - ii) Added line (f) "Obtain general description of the gas emergency."
 - iii) Added a reference to the "Gas Emergency Notification Checklist and Incident Prioritization Guide."
- b) Section 3.5
 - i) Added the following under 3.5.1 "Ask the informant if the fire department, police department, or EMS has been notified; offer to call 911 if the agencies have not been notified."
 - ii) Changed "Caller" to "Informant" throughout Section
 - iii) Under 3.5.3 (iii), added "Evacuate the area to a safe distance where the odor of gas cannot be detected."
 - iv) Under 3.5.4, added "Tell the caller 911 will be called,"

4) GEOP Section 4.0

- a) Section 4.1
 - i) Clarified under 4.1.1(a) the person receiving notice of a fire or explosion involving gas should "arrange for Gas Emergency Dispatch to" dispatch first responder(s) to

- (2) If a strong odor of gas or blowing gas is not observed outside the building, proceed to (c)."
- (2) Under (b): placed emphasis on the following steps to follow when a strong odor or blowing gas is confirmed on a building where an inside gas leak has been reported:
 - (a) Established criteria for evacuation of buildings where gas is reported or confirmed inside a building and there is a strong odor of gas outside.
 - (b) Established criteria for when LG&E's first responder should not enter a building with verified unsafe gas levels.
 - (c) Established requirements for notification of Fire Departments and provision of additional resources.
 - (d) Specified steps for identifying a leak migration pattern and establishing a safety perimeter.
 - (e) Specified requirement for LG&E's first responder to work with the Fire Department to make the building safe.
 - (f) Referenced GEOP Section 7.0 respective to turning off the gas supply.
- (3) Under (c): placed emphasis on the following steps to follow when a strong odor or blowing gas is not identified on the exterior of a building where an inside gas leak has been reported:
 - (i) Established criteria for evacuation of buildings where gas is reported or confirmed inside a building.
 - (ii) Established criteria for when LG&E's first responder should not enter a building with verified unsafe gas levels.
 - (iii)Established requirements for notification of Fire Departments and requesting additional resources.
 - (iv) Specified steps for identifying a leak migration pattern and establishing a safety perimeter.
 - (v) Referenced GEOP Section 7.0 respective to turning off the gas supply.
 - (vi) Specified requirement for LG&E's first responder to work with the Fire Department to make the building safe.
 - (vii) Under 4.2.2(5) added the following requirements for requesting Gas Emergency Dispatch to notify 911 (Fire Department):
 - 1. "Gas is migrating into a building from an outside source."
 - 2. "Blowing gas is heard and a broken main is suspected."
 - 3. "Occupants are unwilling to evacuate voluntarily."
- c) Section 4.3
 - i) Clarified under 4.3.1(a) the person receiving notice of an outside gas leak should "Arrange for Gas Emergency Dispatch to" dispatch first responder(s) to the incident location."

- ii) Under Section 4.3.2(b) added subparts (1) and (2).
 - (1) "If gas is detected underground, continue to bar test (probe) and establish the leak migration pattern (perimeter)."
 - (2) "If gas is detected within 5-feet of a building, attempt to access building and investigate per GEOP 4.2."
- iii) Under Section 4.3.2(c) added the following: "CGI probe must be inserted into manholes to get accurate readings. If the manhole cover is not vented, it must be moved to enable a proper reading."
 - (1) Added part (d), under 4.3.2: "If gas is detected, eliminate ignition sources and turn-off the gas supply at the appropriate source in accordance with GEOP 7.0."
 - (2) Added part (e), under 4.3.2: "Establish and monitor a 360 degree perimeter of safety."
 - (3) Added the following to part (f) formerly part (d):
 - (a) Under (4): "Blowing gas is heard and a broken main is suspected."
 - (b) Under (6): "A "Grade 1" leak is discovered in sanitary or storm sewers. (Note: This situation also requires notification of the appropriate sewer operator by Gas Emergency Dispatch)."
 - (4) Revised part (h) formerly part (f): "Call and request Gas Emergency Dispatch"...
 - (5) Revised part (i) formerly part (g): "Call and request Gas Emergency Dispatch"...
- d) Section 4.4
 - i) Clarified under 4.4.1(a) the person receiving notice of a damages pipeline should "Arrange for Gas Emergency Dispatch to" dispatch first responder(s) to the incident location."
 - ii) Added under 4.4.2(b):
 - (1) "Bar test over the damaged facility.
 - (a) If gas is detected underground, continue to bar test and establish the leak migration pattern (perimeter).
 - (b) If gas is found leaking underground, also reference GEOP Section 4.2 and 4.3.
 - (c) Where warranted, turn off the gas supply at the appropriate source in accordance with GEOP 7.0."
 - (2) Revised/added under 4.4.2(d) formerly part (c) criteria for contacting 911 (Fire Department):
 - (a) Under (1): "Any service or main damaged by excavation activities."
 - (b) Under (2): "Gas is migrating into a building."
 - (c) Under (3): "Assistance is needed to evacuate buildings."
 - (d) Under (5): "Blowing gas is heard and a broken main is suspected."

- (e) Under (8): "A "Grade 1" leak is discovered in sanitary or storm sewers. This situation also requires notification to the sewer operator by Gas Emergency Dispatch."
- (3) Revised part (h) formerly part (g): "Call and request Gas Emergency Dispatch"...
- (4) Revised part (i) formerly part (h): "Call and request Gas Emergency Dispatch"...
- e) Section 4.5
 - i) Clarified under 4.5.1(a) the person receiving notice of a carbon monoxide emergency should "Arrange for Gas Emergency Dispatch to" dispatch first responder(s) to the incident location."

5) GEOP Section 9.0

a) Section 9.2 – Under Training Methods, established that desktop emergency response scenarios or unannounced mock emergency response drills will be conducted at least "quarterly".

Gas Emergency Operating Procedures (GEOP)

Section 1 – General Information and Development Guidelines

Current Version



GAS EMERGENCY OPERATING PROCEDURES

Section: 1

GENERAL INFORMATION AND DEVELOPMENTAL GUIDELINES

Revision: **Effective Date:** 6

12/21/12



Energy Delivery

1.1 **OBJECTIVE**

The objective of this Gas Emergency Operating Plan (GEOP) is to establish procedures and guidelines for ensuring that LG&E personnel who could be involved in a gas pipeline emergency are prepared to recognize and deal with the situation in an expeditious and safe manner.

1.2 SCOPE

This GEOP establishes procedures and guidelines to minimize the hazards resulting from a gas pipeline emergency. The procedures and guidelines included in the GEOP provides for the following:

- (a) Receiving, identifying, and classifying notices of events that require immediate response by LG&E personnel.
- (b) Establishing and maintaining adequate means of communication with fire, police, and other public officials.
- (c) Responding in a prompt and effective manner to a notice of each type of emergency, which includes the Collegions

- 1. The Incident Command System (ICS) will be utilized at all emergency incidents. The ICS will also be applied to drills, exercises, and other simulated emergencies that are conducted for training purposes.
- 2. The purpose of the ICS is to provide a standard approach to the management of emergencies. The ICS accommodates all types and sizes of emergencies from the arrival of first responders to the largest and most complex emergencies.
- 3. The ICS described in these gas emergency operating procedures is to be applied in a manner that meets the needs of each particular situation. The many different and complex situations encountered by emergency responders require a considerable amount of judgment in the application of the ICS. The Incident Commander is responsible for applying the ICS in a manner that is appropriate for the circumstances of each specific situation.

See Section 2 of these Gas Emergency Operating Procedures for more details on the Incident Command System and its structure.

1.4 EMERGENCY CATEGORIES

A natural gas emergency has been divided into three categories; i.e., Category I, Category II and Category III.

- 1. A Category I emergency is defined as a non-safety gas incident or other incident requiring special notifications, when one or more of the following events exist:
 - Natural disaster that has the potential to cause flooding or severe weather based on weather reports or to cause structural damage.
 - Non-gas related fire/explosion affecting LG&E gas facilities.
 - Continuing gas leak potentially causing structural damage to LG&E property.
 - Unplanned supply interruption causing loss of service to 40 to 100 customers for four or more hours.
 - Vandalism or unconfirmed bomb threat.

A Category I emergency requires the use of a limited quantity of LG&E personnel and contractors.

- 2. A Category II emergency is defined as a potential public safety hazard or significant interruption of services requiring the activation of LG&E personnel, equipment and/or facilities, when one or more of the following events exist:
 - Natural disaster of flooding or severe weather that affects the gas system by resulting in more than 100 but less than 250 services being affected.
 - Gas related fire/explosion causing:
 - Damage less than \$50,000, or
 - Evacuation of 10 buildings or less.
 - Continuing gas leak potentially causing public structural damage.
 - Gas leak causing the evacuation of 10 buildings or less.
 - Gas leak that may affect railroad operations or major transportation arteries.
 - Unplanned supply interruption to a critical facility or more than 100 but less than 250 services being affected.
 - Confirmed bomb threat.

A Category II emergency may require the use of all available company personnel and contractors. All personnel are assigned to a rotating schedule.

- 3. A Category III emergency is defined as a gas emergency event that requires the activation of LG&E personnel, equipment and facilities and/or other mutual assistance, when one or more of the following events exist:
 - Natural disaster that causes high flood water and results in evacuation of an area encompassing more than 250 services.
 - Gas related fire/explosion causing:
 - o Damage greater than \$50,000, or
 - o Evacuation of more than 10 buildings.
 - Unplanned supply interruption to more than 250 services.

A Category III emergency may require the use of all available company personnel and contractors. In addition, outside contractors may be employed along with assistance from other utilities (i.e., Mutual Assistance Program). All personnel are assigned to a rotating schedule that provides for extended breaks.

1.5 ORGANIZATIONAL FRAMEWORK

1. General

The organization framework is an essential component of emergency management. It lays the foundation for emergency response capabilities. A defined organizational framework helps to ensure that emergency responders understand their roles and areas of responsibility. Required or expected interactions and coordination among responders and departments is pre-established through this structure. The three levels of the organizational framework are field level response, emergency management, and crisis management.

2. Field Level Response

Field level personnel are responsible for prevention and mitigation of incidents. As the first line of defense or response to an incident, personnel at this level are responsible for implementing the emergency response procedures and undertaking response activities to "put out the fire." The responsibilities of field level response personnel include, but are not limited to:

- (a) Receiving notice of, identifying, and classifying emergencies;
- (b) Determining the scope of an emergency;
- (c) Evacuating premises which are or which may be affected;
- (d) Preventing accidental ignition;
- (e) Reporting to the appropriate supervisor on an emergency and requesting assistance when needed;
- (f) Implementing procedures for shutdown or pressure reduction in the pipeline system as necessary to minimize hazards;
- (g) Controlling pedestrian and vehicular traffic in an area affected by an emergency,
- (h) Controlling the flow of leaking gas and its migration;
- (i) Ventilating affected premises;
- (j) Coordinating with fire, police, and other public officials the actions to be taken;
- (k) Implementing procedures for the safe restoration of service to facilities affected by an emergency.

3. Emergency Management Team

The functions of the emergency management team are to develop and maintain an effective emergency response plan, and to provide support to the field level response team(s).

The Emergency Management Team should be comprised of at least one management representative of all departments directly impacted by a Category, II or III event, a representative from Safety and Technical Training department, and at least one from a department not impacted by the event. The company employee responsible for assembling any regulatory agency reports shall also serve on the team.

This team also serves in an informational role by evaluating emergency response activities and recommending actions to field response personnel and/or to senior management post-incident.

The responsibilities of the emergency management team include, but are not limited to:

- (a) Establishing and maintaining written emergency response procedures that state the purpose and objectives of the emergency plan and provide the basis for instructions to appropriate personnel;
- (b) Establishing and maintaining gas emergency response physical logistics plan(s);
- (c) Establish provisions to ensure prompt and adequate handling of all calls that concern emergencies whether they are from customers, the public, employees, or other sources;
- (d) Establishing and maintaining adequate means of communication within LG&E and with appropriate fire, police, and other public officials;
- (e) Ensuring the availability of emergency response personnel, equipment, and tools;
- (f) Providing for the investigation of emergencies;
- (g) Providing employees access to emergency response procedures;
- (h) Establishing and maintaining a training program that ensures and validates employees are capable of effectively responding to an emergency;
- (i) Reviewing each emergency to determine whether procedures were effectively followed, whether the response to the emergency was timely, and whether changes to the procedures need to be made as indicated by the experience of the emergency. Such findings shall be presented in a timely manner to the Crisis Management Team for of a Category II or III emergencies, or in conjunction with any regulatory agency report filings;
- (j) Establishing and maintaining liaison with public officials including plans on how to engage in mutual assistance to minimize hazards to life and property;
- (k) Identifying emergencies that require notification to senior management and to public officials.

4. Crisis Management Team

The crisis management team is a multi-disciplinary team comprised of senior managers from line and functional areas such as operations, operations support, environmental, safety, legal, and communications. The crisis management team is responsible for responding to emergencies that have the potential to seriously affect LG&E's public image, regulatory standing, and financial stability. The primary role of the crisis management team is to evaluate the strategic and potential long-term business consequences associated with a crisis. Responsibilities of the crisis management team include, but are not limited to:

- (a) Evaluating the overall response to, and possible consequences of, an emergency;
- (b) Ensuring adequate support is available to the overall emergency response effort;
- (c) Taking appropriate actions to minimize both short- and long- term impacts of an incident,
- (d) Evaluating long-term consequences of an emergency;
- (e) Developing and implementing strategies to prevent an emergency from seriously affecting LG&E's public image, regulatory standing, and financial stability.

1.6 DEFINITIONS

- 1. **Agency:** An agency is a division of government with a specific function, or a non-governmental organization that offers assistance in emergency response.
- Command: The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.
- Foreign Crew Guide: Personnel responsible for overseeing contractor and/or mutual aid utility gas crews.
- Group Supervisor: The individual responsible for the on-site management of the incident operations.
- Incident: An occurrence either human caused or by natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.
- Incident Commander (IC): The individual responsible for the management of all incident operations.
- Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively respond to an emergency.
- 8. **Initial Action:** The actions taken by personnel that are the first to arrive at an incident.
- 9. Initial Response: Resources initially committed to an incident.
- Leader: The ICS title for an individual responsible for a Task Force, Strike Team, or functional unit.
- Liaison: The point of contact between representatives from agencies and the Incident Response Manager.
- 12. Logistics: The section responsible for providing facilities, services, and materials for the incident.
- 13. **Operations:** The section responsible for all tactical operations at the incident.
- 14. **Planning:** The section responsible for assessing the incident and developing an action plan to address the situation.
- 15. **Public Information Representative (PIR):** A member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one Public Information Representative per incident.
- Resources: Personnel and equipment available, or potentially available, for assignment to incidents.
- 17. **Safety Officer (SO):** A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.
- 18. Staging Area: Locations set up at an incident where resources can be placed while awaiting a tactical assignment

1.7 REVISIONS

Revision 5:

- (1) Updated the definitions per Energy Delivery's operational procedure entitled "Incident Command System Following National Incident Management System Guidelines", revision 5 dated 7/16/2007.
- (2) Added information on the framework for an organizational emergency response structure.
- (3) Deleted the section for drug and alcohol testing since this is already covered in GEOP Section 4.

Gas Emergency Operating Procedures (GEOP)

Section 1 – General Information and Development Guidelines

Prior Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Wit -

Energy Delivery

Section: 1

GENERAL INFORMATION AND DEVELOPMENTAL GUIDELINES

Revision: 5

Effective Date: 10/08/07

1.1 OBJECTIVE

1. The objective of this Gas Emergency Operating Plan (GEOP) is to establish procedures and guidelines for ensuring that LG&E personnel who could be involved in a gas pipeline emergency are prepared to recognize and deal with the situation in an expeditious and safe manner.

1.2 SCOPE

- This GEOP establishes procedures and guidelines to minimize the hazards resulting from a gas pipeline emergency. The procedures and guidelines included in the GEOP provides for the following:
 - (a) Receiving, identifying, and classifying notices of events that require immediate response by LG&E personnel.
 - (b) Establishing and maintaining adequate means of communication with fire, police, and other public officials.
 - (c) Responding in a prompt and effective manner to a notice of each type of emergency, which includes the following:
 - (i) Gas detected inside or near a building.
 - (ii) Fire located near or directly involving a pipeline facility.
 - (iii) Explosion occurring near or directly involving a pipeline facility.
 - (iv) Natural disaster.
 - (d) The availability of personnel, equipment, tools, and materials, as needed at the scene of an emergency.
 - (e) Actions directed toward protecting the health and safety of human life first and then personal property.
 - (f) Emergency shutdown and pressure reduction in any section of the pipeline system to minimize hazards to life or property.
 - (g) Making safe any actual or potential hazard to life or property.
 - (h) Notifying appropriate fire, police, and other public officials of gas pipeline emergencies and coordinating with them both planned responses and actual responses during an emergency.
 - (i) Safely restoring any service outage.
 - (j) Providing for an incident investigation, if applicable, as soon after the end of the emergency as possible.

Dir., Distribution Operations	Dir., Gas Storage, Control & Compliance	Dir., Asset Management
	Manager, Safety & Technical Training	Manager, Gas Engineering

- (k) Training operating personnel to ensure that they are knowledgeable of the emergency procedures and verify that training is effective.
- Reviewing employee activities to determine whether the procedures were effectively followed in each emergency.
- (m) Establishing and maintaining liaisons with appropriate fire, police, and other public officials.

1.3 INCIDENT COMMAND SYSTEM

- The Incident Command System (ICS) will be utilized at all emergency incidents. The ICS will also be applied to drills, exercises, and other simulated emergencies that are conducted for training purposes.
- The purpose of the ICS is to provide a standard approach to the management of emergencies.
 The ICS accommodates all types and sizes of emergencies from the arrival of first responders to the largest and most complex emergencies.
- 3. The ICS described in these gas emergency operating procedures is to be applied in a manner that meets the needs of each particular situation. The many different and complex situations encountered by emergency responders require a considerable amount of judgment in the application of the ICS. The Incident Commander is responsible for applying the ICS in a manner that is appropriate for the circumstances of each specific situation.

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 - Non-gas related fire/explosion affecting LG&E gas facilities.
 - Continuing gas leak potentially causing structural damage to LG&E property.
 - Unplanned supply interruption causing loss of service to 40 to 100 customers for four or more hours.
 - Vandalism or unconfirmed bomb threat.

A Category I emergency requires the use of a limited quantity of LG&E personnel and contractors.

- A Category II emergency is defined as a potential public safety hazard or significant interruption of services requiring the activation of LG&E personnel, equipment and/or facilities, when one or more of the following events exist:
 - Natural disaster of flooding or severe weather that affects the gas system by resulting in more than 100 but less than 250 services being affected.
 - Gas related fire/explosion causing:
 - Damage less than \$50,000, or
 - o Evacuation of 10 buildings or less.
 - Continuing gas leak potentially causing public structural damage.
 - Gas leak causing the evacuation of 10 buildings or less.
 - Gas leak that may affect railroad operations or major transportation arteries.

- Unplanned supply interruption to a critical facility or more than 100 but less than 250 services being affected.
- Confirmed bomb threat.

A Category II emergency may require the use of all available company personnel and contractors. All personnel are assigned to a rotating schedule.

- 3. A Category III emergency is defined as a gas emergency event that requires the activation of LG&E personnel, equipment and facilities and/or other mutual assistance, when one or more of the following events exist:
 - Natural disaster that causes high flood water and results in evacuation of an area encompassing more than 250 services.
 - Gas related fire/explosion causing:
 - o Damage greater than \$50,000, or
 - Evacuation of more than 10 buildings.
 - Unplanned supply interruption to more than 250 services.

A Category III emergency may require the use of all available company personnel and contractors. In addition, outside contractors may be employed along with assistance from other utilities (i.e., Mutual Assistance Program). All personnel are assigned to a rotating schedule that provides for extended breaks.

1.5 ORGANIZATIONAL FRAMEWORK

1. General

The organization framework is an essential component of emergency management. It lays the foundation for emergency response capabilities. A defined organizational framework helps to ensure that emergency responders understand their roles and areas of responsibility. Required or expected interactions and coordination among responders and departments is pre-established through this structure. The three levels of the organizational framework are field level response, emergency management, and crisis management.

2. Field Level Response

Field level personnel are responsible for prevention and mitigation of incidents. As the first line of defense or response to an incident, personnel at this level are responsible for implementing the emergency response procedures and undertaking response activities to "put out the fire." The responsibilities of field level response personnel include, but are not limited to:

- (a) Receiving notice of, identifying, and classifying emergencies;
- (b) Determining the scope of an emergency;
- (c) Evacuating premises which are or which may be affected;
- (d) Preventing accidental ignition;
- (c) Reporting to the appropriate supervisor on an emergency and requesting assistance when needed;
- (f) Implementing procedures for shutdown or pressure reduction in the pipeline system as necessary to minimize hazards:
- (g) Controlling pedestrian and vehicular traffic in an area affected by an emergency;
- (h) Controlling the flow of leaking gas and its migration;
- (i) Ventilating affected premises;
- (i) Coordinating with fire, police, and other public officials the actions to be taken;

(k) Implementing procedures for the safe restoration of service to facilities affected by an emergency.

3. Emergency Management Team

The functions of the emergency management team are to develop and maintain an effective emergency response plan, and to provide support to the field level response team(s). This team also serves in an informational role by monitoring emergency response activities and recommending actions to field response personnel and/or to senior management. The responsibilities of the emergency management team include, but are not limited to:

- (a) Establishing and maintaining written emergency response procedures that state the purpose and objectives of the emergency plan and provide the basis for instructions to appropriate personnel:
- (b) Establishing and maintaining gas emergency response physical logistics plan(s);
- (e) Establish provisions to ensure prompt and adequate handling of all calls that concern emergencies whether they are from customers, the public, employees, or other sources;
- (d) Establishing and maintaining adequate means of communication within LG&E and with appropriate fire, police, and other public officials;
- (e) Ensuring the availability of emergency response personnel, equipment, and tools;
- (f) Providing for the investigation of emergencies;
- (g) Providing employees access to emergency response procedures;
- (h) Establishing and maintaining a training program that ensures and validates employees are capable of effectively responding to an emergency;
- (i) Reviewing each emergency to determine whether procedures were effectively followed, whether the response to the emergency was timely, and whether changes to the procedures need to be made as indicated by the experience of the emergency;
- Establishing and maintaining liaison with public officials including plans on how to engage in mutual assistance to minimize hazards to life and property;
- (k) Identifying emergencies that require notification to senior management and to public officials.

4. Crisis Management Team

The crisis management team is a multi-disciplinary team comprised of senior managers from line and functional areas such as operations, operations support, environmental, safety, legal, and communications. The crisis management team is responsible for responding to emergencies that have the potential to seriously affect LG&E's public image, regulatory standing, and financial stability. The primary role of the crisis management team is to evaluate the strategic and potential long-term business consequences associated with a crisis. Responsibilities of the crisis management team include, but are not limited to:

- (a) Evaluating the overall response to, and possible consequences of, an emergency;
- (b) Ensuring adequate support is available to the overall emergency response effort;
- (c) Taking appropriate actions to minimize both short- and long- term impacts of an incident;
- (d) Evaluating long-term consequences of an emergency;
- (e) Developing and implementing strategies to prevent an emergency from seriously affecting LG&E's public image, regulatory standing, and financial stability.

1.6 DEFINITIONS

- Agency: An agency is a division of government with a specific function, or a non-governmental
 organization that offers assistance in emergency response.
- Command: The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.
- Foreign Crew Guide: Personnel responsible for overseeing contractor and/or mutual aid utility gas crews.
- Group Supervisor: The individual responsible for the on-site management of the incident operations.
- Incident: An occurrence either human caused or by natural phenomena, that requires action by emergency service personnel to prevent or minimize loss of life or damage to property and/or natural resources.
- Incident Commander (IC): The individual responsible for the management of all incident operations.
- Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure with responsibility for management of assigned resources to effectively respond to an emergency.
- 8. Initial Action: The actions taken by personnel that are the first to arrive at an incident.
- 9. Initial Response: Resources initially committed to an incident.
- Leader: The ICS title for an individual responsible for a Task Force, Strike Team, or functional unit.
- Liaison: The point of contact between representatives from agencies and the Incident Response Manager.
- Logistics: The section responsible for providing facilities, services, and materials for the incident.
- 13. Operations: The section responsible for all tactical operations at the incident.
- 14. Planning: The section responsible for assessing the incident and developing an action plan to address the situation.
- 15. Public Information Representative (PIR): A member of the Command Staff responsible for interfacing with the public and media or with other agencies requiring information directly from the incident. There is only one Public Information Representative per incident.
- Resources: Personnel and equipment available, or potentially available, for assignment to incidents.
- 17. Safety Officer (SO): A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations, and for developing measures for ensuring personnel safety.

18. **Staging Area:** Locations set up at an incident where resources can be placed while awaiting a tactical assignment

1.7 REVISIONS

Revision 5:

- (1) Updated the definitions per Energy Delivery's operational procedure entitled "Incident Command System Following National Incident Management System Guidelines", revision 5 dated 7/16/2007.
- (2) Added information on the framework for an organizational emergency response structure.
- (3) Deleted the section for drug and alcohol testing since this is already covered in GEOP Section 4.

Gas Emergency Operating Procedures (GEOP)

Section 2 – Incident Command System

Current Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Energy Delivery

Section: 2

INCIDENT COMMAND SYSTEM

Revision:

Effective Date: 12/31/12

2.1 INCIDENT COMMAND SYSTEM

Energy Delivery has adopted an Incident Command System (ICS) structure for responses to emergencies and outage events. The structure is one component of the National Incident Management System (NIMS), and accommodates all types and sizes of emergencies. This structure and associated processes also provide assurance the Company responds to events on the electric and gas systems in a timely, effective, and consistent manner. Finally, the ICS provides for standard communications during emergencies, to key stakeholders, both internal and external to the Company.

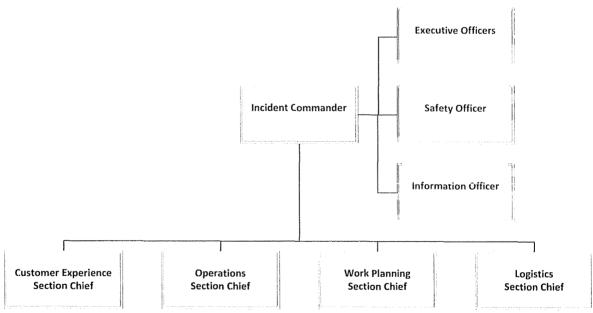


Figure 1. LG&E Incident Command Structure

The established chain of command throughout LG&E's ICS is used to communicate direction and maintain management control. Although direction must flow through the chain of command, members of the organization may directly communicate and work with each other to ask for or share information. ICS team members work within the ICS position descriptions and follow the designated reporting relationships, regardless of their non-emergency positions or everyday reporting responsibilities.

2.2 INCIDENT COMMANDER

The Incident Commander is responsible for overall management of an incident, for ensuring compliance with applicable internal policies and government regulations, and for determining strategy and tactical objectives. The Incident Commander is ultimately responsible for public and personnel safety, resource management, and internal and external information releases.

The Incident Commander shall be designated by the highest ranking Company representative that is available at the time of an incident. For small isolated incidents, the Incident Commander role could be assumed by a Trouble Technician or Crew Leader. For larger and more-broader incidents, the organizational structure and roles defined herein should be formally designated and assigned, particularly for Class II and III events, as described in GEOP 1.0.

The Incident Commander shall be responsible for appointing or identifying the following positions in response to an incident on the LG&E or KU gas systems:

- (a) Executive Officers
- (b) Safety Officer
- (c) Information Officer
- (d) Customer Experience Section Chief
- (e) Operations Section Chief
- (f) Work Planning Section Chief
- (g) Logistics Section Chief

In addition to designating the above positions, the Incident Commander shall also be responsible for:

- (a) Establishing a Command Post if one has not been set up.
- (b) Ensuring public safety and the safety of all resources supporting system restoration or emergency response efforts.
- (c) Maintaining communications with senior management regarding status, activities, and issues.
- (d) Ensuring safety performance, system status, resource levels, regulatory issues, and all external communications are logged.
- (e) Coordinating response activities with incident response, emergency response, and government officials and agencies.
- (f) Coordinating work activities between work groups representing various phases of operations or agencies.

The Incident Commander is responsible for establishing and monitoring the incident organization. The organization should be large enough to manage the incident at hand, yet, resource use must be efficient and cost effective. Anticipated expansion or contraction of incidents shall require changes to the IC organization.

The Company IC will be responsible for coordinating with the Safety Officer, Information Officer, Executive Officers, and overseeing the Operations, Work Planning, Customer Experience, and Logistics Section Chiefs throughout an emergency response. The organization should be large enough to manage the incident at hand, yet, resource use must be efficient and cost effective. Anticipated expansion or contraction of incidents shall require changes to the organization.

2.3 EXECUTIVE OFFICERS

The Executive Officer group will be responsible for developing overall response strategies for emergency events, and assisting the Incident Commander by communicating said strategy to senior management. The EO group shall also be responsible for communicating with customers,

community leaders, and public officials as needed to communicate the Company strategy and report response status.

2.4 SAFETY OFFICER

At the onset of response to an incident on the gas system, the Incident Commander shall designate a Safety Officer (SO). The SO has responsibility for assessing hazards and unsafe conditions associated with the incident, and developing, implementing, and monitoring an incident safety plan which assures:

- (a) Public and personnel safety.
- (b) All personnel responding to the incident are properly trained and qualified to perform restoration activities.
- (c) All personnel responding to the incident are aware of identified safety hazards and unsafe conditions.
- (d) All off system resources receive safety passport training.
- (e) Adequate safety professional representation is in the field.
- (f) Safety performance is monitored and reported on throughout the restoration effort.

2.5 INFORMATION OFFICER

At the onset of response to an incident on the gas system, the Incident Commander shall work with Corporate Communications to designate an incident Information Officer (IO). The IO shall be responsible for control and release of information pertaining to an incident response. All information to be released must be approved by the Incident Commander and appropriate Executive Officer prior to release. The primary focus of the IO shall be to alert, warn, and instruct the public and customers during emergencies involving Company facilities.

2.6 INCIDENT COMMAND SECTION CHIEFS

Four key components of the Energy Delivery Incident Command System are the Customer Experience, Operations, Logistics, and Work Planning Sections. All of these sections are essential to timely and effective restoration of customer service, repair of infrastructure damage, and provision of estimated restoration durations.

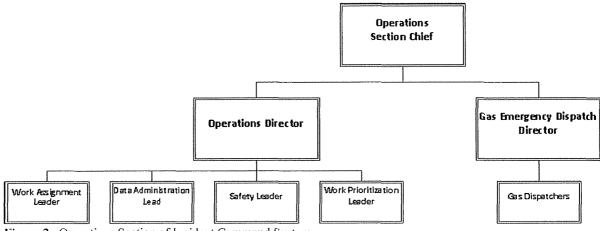


Figure 2. Operations Section of Incident Command System

I. Operations Section Chief

The Operations Chief has responsibility for overseeing and coordinating restoration responses; assuring effective and efficient utilization of available resources; identifying resource needs and restoration projections based on those needs; and overseeing the following:

- i) Operations Director (OD) or their designee, shall be responsible for:
 - (1) Personnel identifying, coordinating, and managing resource requirements, including:
 - (a) Gas Mechanics/Technicians
 - (b) Gas Dogs
 - (2) Restoration and Repair Planning developing tactical responses to emergencies, including public safety, restoration prioritization, critical customer identification, work assignment, and resource allocation
 - (a) Restoration Durations predicting restoration durations for areas of responsibility, assessing system damages against resources, and developing communications methodology which assure times are accurately and effectively communicated to internal and external customers.
 - (b) Work Prioritization Leader (WPL) or their designee, shall be responsible for:
 - 1. Critical Customer Coordination responsible for staying abreast of critical customers impacted by system outages, and utilizing this information to prioritize restoration and repair. This includes utilizing available information systems and reports, working with the Critical Customer Coordinator, and communicating with the Distribution Control Center Lead and Resource Operations Director or their designees, to identify and prioritize critical customer issues.
 - Customer Counts -- identifying and prioritizing restoration and crew assignments based upon circuit customer counts.
 - (c) Work Assignment Leader or their designee, shall be responsible for:
 - First Responders and System Operations working with Gas Dispatch and Engineering as necessary to identify resource needs, including single-man and multiple-man truck first responders, and third shift resources to dedicate to emergencies, first response, and valve operations.
 - Work Packet Assignment assigning resources to outage events based on priorities established by the Work Planning Leader.
 - (d) Safety Lead or their designee, shall be responsible for:
 - 1. Passporting -- ensure that all internal and external personnel responding to emergencies or outage events are properly passported and administrated.
 - Safety Oversight work closely with the Operations Section Chief to resolve all safety issues associated with orientation and qualification of responding resources. Additionally, assist the Operations Section Chief with investigating all safety incidents.
 - 3. Safety Communications work with the Operations Section Chief to assure timely reporting of safety messages, operations practices, policy changes, or safety incidents which occur throughout the duration of restoration efforts.
 - (e) Administration
 - 1. Resource Management Administrator
 - a. Work Assignment Administration track resource assignments;
 - b. Hot Line answer phones dedicated to the provision of resources to field personnel, including safety, materials, traffic control, locates, and security.
 - Ventyx/Work Management Administrator
 - a. Crew Assignments record crew assignments and job completion activities in Ventyx.
- ii) Gas Dispatch Director or their designee, shall be responsible for:
 - (1) Managing and overseeing operations and control of the Gas Distribution System, including:

- (a) Resources establish schedules to ensure maximum coverage by Dispatchers for all shift periods.
- (b) Dispatch ensure timely dispatching of events from the Ventyx system.
- (c) Restoration safe, efficient restoration of outages through proper prioritization, the identification of damages to distribution facilities and the necessary control to direct restoration before repairs can be made.
- (d) Valve Operations/Carding the safe, efficient control of the distribution system to facilitate the safest, quickest restoration.
- (e) Reports reporting outage data internally and externally (ex. KPSC).
- (f) Collaboration facilitating the safe, efficient restoration of customers in conjunction with the timely collection and reporting of data to support all personnel under the Operations Section Chief.
- (g) Communication assimilating necessary information shared between key operating areas Operation Centers, Transmission, Gas Control Center, Retail, etc....

II. Customer Experience Section Chief

The Customer Section Chief has responsibility for coordinating interactions with various customer groups via the Call Center, Ombudsman, Local Offices, or Emergency Operation Centers. This position will ensure consistent messages are being related to customers as well as the Information Officer. The Customer Section Chief will also ensure the various communication channels are working properly and allowing affected customers to identify outages and obtain update information. The Section Chief will also provide critical statistical information to the Incident Commander on an as-needed basis.

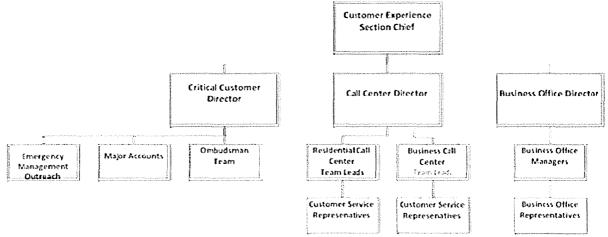


Figure 3. Customer Experience Section of Incident Command System

- i) Call Center Director or their designee, shall be responsible for activating the various call center locations for handling outage calls from customers as well as maintaining normal communications for non-affected customers. The Call Center Director will establish appropriate shifts and will ensure all Customer Service Representatives (CSRs) are consistent in their communications messages to the customers. The position will also ensure emergency calls are properly elevated within the information systems as well verbally when required. The Call Center Director will also track performance metrics during the restoration event and provide various statistics to the Customer Section Chief to be utilized by the Incident Commander.
 - (1) <u>Critical Customer Director</u> or their designee, shall have oversight for serving as a customer communications channel for:

- (a) Emergency Management Outreach Lead (EMO) is responsible for ensuring local (city and county) and state Emergency Operations Centers are staffed as requested from regional emergency management directors; Responsibility also includes establishing relationships with EOC points of contact prior to weather events and then staffing these centers when activated. The EMO Lead shall also work with all company personnel to ensure consistent and timely information is being relayed to these centers.
- (b) <u>Major Accounts Managers</u> shall be responsible for communicating with major customers throughout restoration efforts to ensure timely and accurate information is available to assist customers with making critical decisions;
- (c) Ombudsman Team shall serve as a customer communication channel for key accounts, schools, local politicians, and others, as needed to provide specific information and assistance during restoration activities to key customers.
- (d) <u>Critical Customer Coordinator</u> responsible for identifying critical customers impacted by outage events, and coordinating with the Operations Section to exchange restoration status and critical information to between the Operations and Customer Experience Sections.
- (2) <u>Business Office Director</u> or their designee, shall be responsible for working with areas affected by outages or emergencies and making business offices available for customers to provide outage information and obtain updates on their restoration status. Local offices play a critical role in supporting the community especially when communication services have been impacted by the weather event.

III. Work Planning Section Chief

The Work Planning Section Chief shall have central responsibility for assuring resources meet outage and system damage needs, are accurately accounted for, and are equitably and strategically distributed. This individual shall also be responsible for tracking and reporting on resources and costs, working with Asset Information and Information Technology. The Planning Chief shall also work closely with the Operations Section Chiefs and Incident Commander to help identify resource needs, and predict restoration durations.

The following positions shall be considered crucial to the Work Planning Section:

- i) Resource Planning Director or their designee, shall have overall responsibility for:
 - (1) Working with Incident Commanders, Senior Management, and Operations Sections Chiefs to identify resource needs across Energy Delivery based on system damage and predicted restoration durations, and for working with management personnel, mutual assistance groups, and business partners to secure, mobilize, demobilize, and track needed resources.
 - (2) Continuously monitoring restoration status to assure adequate resources are available and assigned to the emergency/restoration effort.
 - (3) Continuously monitoring critical and priority customers to assure estimated restoration times are established and adhered to.
 - (4) Establishing a single point of contact for 'off system' resources, when delegated by the Incident Commander.
 - (5) Assuring the Logistic Chief Incident Command Structure is provided sufficient data to trigger logistics processes necessary to support restoration resources.
 - (6) Development and maintenance of standard spreadsheets and associated administrative processes, which provide for timely and accurate accounting and reporting of internal and external resources responding to a restoration effort.

- (7) Assuring the reporting needs of the Work Planning Chief and Financial Director are satisfied, and for working with the Information Technology Director to assure that needed information management systems meet resource planning needs.
- (8) <u>ERT Leader</u> shall be responsible for monitoring restoration status, resource allocations, and estimated restoration times and working with the Resource Leader and Operations Director to allocate resources as needed to meet desired/estimated restoration durations.

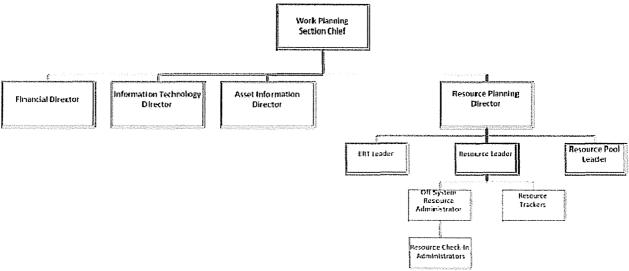


Figure 4. Work Planning Section of Incident Command System

- (9) Resource Leader or their designee, shall have overall responsibility for:
 - (a) Communications establishing and maintaining a central point of contact for all resources responding to assist, once delegated by an Incident Commander or Operations Section Chief.
 - (b) Terms and Condition exchanging critical information with identified available 'off system' resources, including contract, safety, operations, and regulatory requirements and keeping the Resource Planning Director apprised of any conflicts that may eliminate an identified resource from assisting.
 - (c) Crew Rosters securing crew and equipment rosters and coordinating data entry into the resource data base.
 - (d) Logistics communicating reporting locations, directions, contact numbers, hotel and food arrangements, and provision of department of transportation exemptions where applicable for off-system crews. Also, interfaces with Logistics ICS organization to ensure accommodations are in place for lodging, meals, transportation, security, and staging.
- (10) Resource Pool/Tracking Leader or their designee, shall have overall responsibility for:
 - (a) Resource Data Administration responsible for maintaining data in the centralized spreadsheets on resident employees and local contract partners that would be utilized in response to customer outages and system damage.
 - (b) Coordinates with the Operations Resource Rooms to validate existing resources allocated to their work locations.
 - (c) As assigned by the Planning Director, responsible for working with the Resource Transition Leader and Operations Directors during restoration efforts to administrate and maintain data on internal and external resources assisting with service restoration and system repair.

- (d) Executive Report responsible for compiling the executive report summarizing current outages, resources on hand by classification and other information.
 - (i) Resource Reports responsible for identifying organizational resource reporting needs and working with Information Technology to develop reports, training tools, and job aids necessary to provide end users timely and easy access during restoration efforts.
 - (ii) Performance Metrics accountable for development, monitoring, and reporting key performance indicators associated with resource availability and distribution.
- ii) Information Technology (IT) Director the IT Director or their designee shall have responsibility for ensuring all information technology applications and end user platforms are functioning as expected during a restoration event. This position will work closely with the Central IT organization and will ensure proper notifications to the various levels within the IT organization. In large-scale events, Central IT may activate a team to monitor all critical systems as well as telecommunications to and from the field.
- iii) <u>Asset Information (AI) Director</u> the AI Director has responsibility for ensuring the necessary mapping products are available to field and office responders, whether in paper or electronic format. In large-scale events, the AI Director will deploy Maps & Records Technicians to produce the applicable mapping documents to be made available to field crews. The AI Director will also have responsibility for developing various high level mapping products for the Incident Commander and Executive Officers that may be shared with the media and public officials.
- iv) <u>Financial Director</u> the Financial Director has sole responsibility for estimating the cost of restoration efforts during and after a storm event. Adequate level of financial resources will be made available to work with the various organizations within the ICS structure. In addition to estimating the cost of the event, the Financial Director will also be responsible for working with Supply Chain on invoicing and ensuring the proper level of approvals are obtained for anticipated and actual expenditures.

IV. Logistics Section Chief

The Logistics Section Chief (LC) is responsible for assuring all incident support needs are secured as needed throughout responses to an emergency, including:.

- Facilities
- Transportation
- Communications
- Security
- Equipment Maintenance and Fueling
- Meals
- Ordering and Distribution Resources and Supplies
- Human Resources and Needs

The LC is responsible for implementing the Gas Emergency Response Physical Logistic Plan, GAOP-PO-006, in accordance with the emergency categories as defined in Section 1.4 of the GEOP manual.

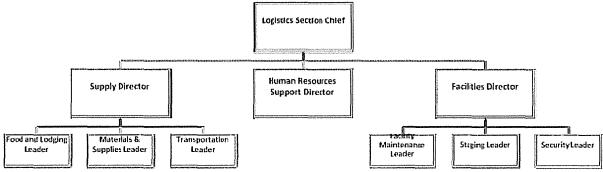


Figure 5. Logistics Section of Incident Command System

- i) <u>Supply Director</u> or their designee, shall have overall responsibility for:
 - (1) Working with Incident Commanders, Senior Management, and Operations Sections Chiefs to procure and provide identified material, transportation, equipment, meals, and general supply needs.
 - (2) Assuring the Logistic Chief Incident Command Structure is provided sufficient data to trigger logistics processes necessary to support restoration resources.
 - (3) Assuring the reporting needs of the Work Planning Chief and Financial Director are satisfied, and for working with the Information Technology Director to assure that needed information management systems meet resource planning needs.
 - (4) Procurement activities include establishment of commercial terms, billing rates and current insurance forms for external resources being mobilized to the LG&E service territories; securing of adequate Lodging for all affected responding resources in the geographical area of the restoration event; securing of Meals (Restaurants and/or in conjunction with an established Staging Area); laundry (dependent upon the activation of a (long term) crew staging area); and stationary and mobile fueling.
 - (5) Food and Lodging Leader or their designee, shall have overall responsibility for coordinating with local restaurants or staging sites to secure adequate meals for labor resources allocated to the restoration effort.
 - (a) The Food and Lodging Leader is responsible for contacting and establishing specific local restaurants, preferably in the area where either work is being performed or where crews are being lodged, in the initial stages of a restoration effort, capable of serving meals to potential external and company crews responding to a restoration event. The duration of this function will be determined by the time needed to support restoration personnel requiring the use of staging areas or as requested by local Operations Management. Food coordinator will ensure the proper use of purchasing cards for payment.
 - (b) In addition to coordination of food this position is responsible for identifying and securing the appropriate number of hotel rooms, in the appropriate areas of the restoration area, consistent with the number of external crew personnel that are responding to the event. This position will also track the number of rooms available and occupied as well as an expense recap of lodging costs throughout the restoration event and report this information daily to the Data Collection position.
 - (c) <u>Materials/Supplies Leader</u> or their designee, shall have overall responsibility for:
 - (i) Working with area storerooms and Operations Directors to maintain necessary materials and supplies inventory levels, and keeping material providers advised of projected needs based on reported system damages.
 - (ii) Material management activities include storeroom operations and material logistics. Logistics can be a huge challenge during large-scale events and require coordination of job site delivery and/or the operation of mobile storerooms at established personnel staging areas.
 - (iii) Management of material return processes post restoration.

- (iv) In the event of a <u>single</u> location restoration effort, the Material Lead function will be performed by a designated person. This lead will be assigned by the Supply Logistics Section Chief and typically be either a local Material Specialist, or Material Supervisor responsible for the impacted storeroom/warehouse.
- (v) <u>Transportation Leader</u> or their designee, shall have overall responsibility for ensuring adequate transportation and equipment resources are available to respond to restoration efforts, including:
 - 1. Light duty vehicles
 - 2. Heavy duty vehicles
 - 3. Power operated equipment
 - 4. Trailers

The TL shall also be responsible for working with fueling stations and mobile fueling providers, as needed, to ensure adequate fuel is available for vehicles and power operated equipment during emergencies.

- ii) <u>Facilities Director</u> or their designee, shall be responsible for ensuring Company facilities are adequately staffed, secured, and maintained during emergency restoration efforts. Additionally, the Facility Director shall be responsible for working with the Incident Commander, Work Planning Section Chief, and Operations Section Chief to identify staging needs, and direct the setting up, monitoring, controlling, and securing of staging areas, as needed.
 - (1) <u>Staging Leader</u> or their designee, shall have overall responsibility for working with the Work Planning Section to identify staging needs, including parking, check-in, passporting areas, materials processing, housing, meals, restrooms, and showers. The Staging Leader shall also be responsible for working with the Security Leader to identify security needs for established staging areas.
 - (2) <u>Security Leader</u> or their designee, shall have overall responsibility for overseeing, coordinating, scheduling, and monitoring the security of Company facilities and staging areas during responses to emergencies. The Security Leader shall also be responsible for coordinating job site security where requested from the Operations Section. Finally, the Security Leader shall have oversight over the Continuity Leader.
 - (3) <u>Continuity Leader</u> or their designee, shall have responsibility for ensuring established business continuity plans are executed for impacted areas throughout responses to emergencies.
- iii) <u>Human Resources Director</u> or their designee, shall function as the support mechanism for employees and families of employees who are working on restoration activities, but also have crisis issues at home due to the weather event or emergency. The Human Resources Director will work with various outside entities to provide support to employees' families when in need of basic functions such as food, shelter, and home repairs.

2.7 EMERGENCY RESPONSE SCENE PERIMETERS

The inner perimeter, or hot zone, is the area immediately around an incident scene in which only personnel actively involved and trained to respond to the incident are allowed. The outer perimeter, or warm zone, is a staging area from which nonessential people may be evacuated and where fire, police and other emergency response personnel conduct their operations. The Command Post is normally established within this outer perimeter. The perimeter concept is diagramed in Figure 6, in the Appendix of this Section, Emergency Response Scene Perimeters.

2.8 EMERGENCY RESPONSE AGENCY ON-SITE COMMAND CENTER

For emergencies or disasters that affect a well-defined area and where more than one emergency response agency will be involved, an on-site command center may be established to regulate,

coordinate, and control activities within the emergency area. A liaison from LG&E will be designated by the Incident Commander, on behalf of the Gas Operations, if needed or requested.

All gas activities that are required within the emergency control area, or will directly affect the emergency control area, must be coordinated with the on-site command center. Fire, police, DES, and other emergency response agencies have authority to restrict entry and activities within the emergency control area.

2.9 ON-SITE LG&E GAS OPERATIONS COMMAND CENTER

In response to emergencies or disasters that involve large numbers of customers, or in which complex operations may be required for an extended period of time, an on-site gas operations command center should be established.

The purpose of this center is to control, track, and coordinate all gas activities required in response to the emergency. All activities within the emergency area, or activities outside of the emergency area that are directly related to the emergency or will have an effect within the emergency area, must be coordinated through the on-site command center.

The on-site command center should be placed or established in a location that is readily accessible to the emergency area, but is also a safe distance from potential hazards. In some cases, physical facilities may be shared with those used by emergency response agencies. If possible a facility should be obtained that will provide shelter, well-lighted workspace with tables, and rest rooms. Volunteer fire stations, civic centers, schools, libraries, and government buildings can sometimes be obtained by asking.

2.10 LG&E GAS OPERATIONS MANAGEMENT DEPARTMENT COMMAND CENTER

Most emergency situations that require an on-site command center will also require designating a point of coordination and control at the appropriate operating office facility. The operations management command center is the coordination point for a gas emergency response.

Location for the operations management command cWe are also reaching out to Corporate Communications to make them aware of the situationenter will generally be within one of the gas operations facilities based on the geographic proximity of the gas emergency. Other locations such as gas service centers or area operating offices may be designated if appropriate, depending upon the nature and location of the emergency.

2.11 REVISIONS

Revision 5

- (1) Updated the definitions per Energy Delivery's operational procedure entitled "Incident Command System Following National Incident Management System Guidelines", revision 5 dated 7/16/2007.
- (2) Incorporated the operation of emergency headquarters into this procedure.

Revision 6

- (1) Updated multiple references to Section 1.4 of GEOP (previously listed as Section 1.5).
- (2) Updated reference to Exhibit 4 in Section 2.11.
- (3) Corrected spelling of Exhibit in Section 2.17.

2.12 APPENDIX

Figure 6 - Emergency response scene perimeters.

Emergency Response Scene Perimeters

LG&E External **Staging Area**

Outer Perimeter



Media LG&E PIR



Medical Triage

Entry Check-Point



Inner Perimeter Sacretary Scene

Fire Service

LG&E Operations Staging Staging

EMS Staging

Rescue Staging

Parking Non-Essembal **Vehicles**

Police

Staging

Gas Emergency Operating Procedures (GEOP)

Section 2 – Incident Command System

Prior Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 2 INCIDENT COMMAND SYSTEM

Revision:

Effective Date: 08/25/08



Energy Delivery

2.1 INCIDENT COMMAND SYSTEM

- The purpose of the Incident Command System (ICS) is to provide a standard approach to
 emergency response. It is one component of the National Incident Management System (NIMS).
 The ICS accommodates all types and sizes of emergencies from the arrival of first responders to the
 largest and most complex emergencies.
- 2. The ICS will be implemented at all emergency responses. The ICS will also be followed in drills, exercises, and other simulated emergencies that are conducted for training purposes.
- 3. The ICS described in this GEOP is to be applied in a manner that meets the needs of each particular situation. The many different and complex situations encountered by emergency responders require a considerable amount of judgment in the application of the ICS. The Incident Commander (IC) is responsible for applying the ICS in a manner that is appropriate for the circumstances of each specific situation. See the figure entitled "Gas Emergency Organizational Framework" for the gas emergency organization diagram. The Incident Commander is responsible for implementing the gas emergency response operational logistic plans in accordance with the emergency categories as defined in Section 1.4 of the GEOP manual.

2.2 INCIDENT COMMANDER

- The IC is responsible for the overall management of an incident, for ensuring compliance with applicable internal policies and government regulations, and for determining strategy and tactical objectives. Also, the IC is responsible for appointing, or delegating responsibility for each area pertinent to responding to an incident. In addition, the IC is ultimately responsible for personnel and public safety, resource management, and information releases.
- The first arriving crew will assume the duties of the Incident Commander until transferring the role to fire department personnel or the designation of a new Incident Commander by a qualified management representative.
- 3. If the incident is a multi-agency response, the E.ON | U.S. Incident Commander will transfer the role of Incident Commander to fire department personnel after a Transfer of Command Briefing has taken place and assume the role of E.ON | U.S. Group Supervisor described below.
- 4. There can be only one Incident Commander at any one time per incident.

Dir., Distribution Operations	Dir., Gas Storage, Control & Compliance	Dir., Asset Management
	Manager, Safety & Technical Training	Manager, Gas Engineering

- 5. The IC will be responsible for designating the Group Supervisor.
- In addition to the responsibilities mentioned above, the IC also has the responsibility of maintaining communication with Senior Gas Operations management and interdepartmental management regarding problems, activities, and status.

2.3 GROUP SUPERVISOR (INCIDENT COMMANDER IF E.ON | U.S. ONLY RESPONSE)

- The Group Supervisor / Incident Commander will normally be designated by the highest ranking qualified management representative that is available at the time of the incident. The Group Supervisor / Incident Commander is normally from the functional area most directly involved by the emergency.
- The Group Supervisor / Incident Commander will be responsible for appointing the following positions, if deemed necessary:
 - (a) Safety Officer (SO)
 - (b) Planning Leader (PL)
 - (c) Operations Leader(s) (OL)
 - (d) Staging Leader
 - (e) Logistics Leader (LL)
 - (f) Public Information Representative (PIR)
 - (g) Agency Liaison (AL)
- In addition to appointing the above positions, the responsibilities of the Group Supervisor / Incident Commander include the following:
 - (a) Establishing an Incident Command Post if one has not been set up by a public response agency.
 - (b) Ensuring public safety and the safety of E.ON | U.S. personnel.
 - (c) Maintaining communication with the E.ON | U.S. senior management regarding problems, activities, and status.
 - (d) Maintaining communication with personnel performing emergency response activities.
 - (e) Maintaining a log of activities, status, and significant observations.
 - (f) Coordinating work activities with incident response public officials in control of the emergency site.
 - (g) Participating in operational decisions and incident response planning.
 - (h) Coordinating work activities between work groups representing various phases of E.ON | U.S. Operations.
 - Managing or supervising work groups or employees consistent with normal job functions and to the extent practical.
- The Group Supervisor / Incident Commander will be responsible for coordinating with the Safety
 Officer, Operations Leader, Logistics Leader, Staging Leader, Public Information Representative,
 Agency Liaison, if deemed necessary.
- The Group Supervisor / Incident Commander will be responsible for implementing the Personnel Accountability System.

2.4 SAFETY OFFICER

- The Safety Officer (SO) is responsible for assessing hazardous and unsafe conditions that may be encountered by responding personnel and the public.
- 2. Acting with authority of the E.ON | U.S. Group Supervisor/Incident Commander, the Safety Officer will develop, implement, and monitor the incident scene safety plan.

2.5 PUBLIC INFORMATION REPRESENTATIVE

- The Public Information Representative (PIR) position will generally be filled by a representative from E.ON | U.S. Corporate Communications Department.
- The Public Information Representative is responsible for the release of information at an incident scene. All information to be released will be approved by the Group Supervisor and Incident Commander.
- 3. The PIR is responsible for understanding the needs of and communicating with the media to accurately report the incident.

2.6 AGENCY LIAISON

- The Agency Liaison (AL) is responsible for contacting agencies such as police departments, DES, MSD, fire departments, and EMS for assistance and cooperating with such agencies.
- There may be more than one Agency Liaison appointed for a larger incident and may be assigned to the Emergency Operations Center or a Unified Multi-Agency Command Post.
- The Agency Liaison will serve as a contact point between the Incident Command and E.ON | U.S. Operations.

2.7 PLANNING LEADER

1. The Planning Leader (PL) is responsible for assessing the incident scene, predicting a probable course of events, preparing an action plan, documenting critical incident events, maintaining situation and status records, and conferring with responding personnel.

2.8 LOGISTICS LEADER

- 1. The Logistics Leader (LL) will work closely with the Operations Leader.
- 2. The Logistics Leader is responsible for additional duties such as:
 - (a) Providing the equipment, materials, and resources (including contractor mobilization) necessary to mitigate the incident.
 - (b) Coordinating medical service to any personnel on the scene.
 - (c) Ensuring that sufficient communications equipment is readily available.
 - (d) Ensuring that personnel are adequately lodged and fed.
 - (e) Ensuring security of affected facilities.
 - (f) Ensuring that adequate fuel, vehicles and other supplies are available.
 - (g) Providing accounting activities (including credit cards and cash).
- The LL is responsible for implementing the Gas Emergency Response Physical Logistic Plan, GAOP-PO-006, in accordance with the emergency categories as defined in Section 1.4 of the GEOP manual.

2.9 STAGING LEADER

- The Staging Leader is responsible for establishing an external staging area outside of the outer perimeter established by the Incident Commander.
- 2. The Staging Leader is responsible for the following:
 - (a) Calling for additional equipment and resources as needed to the staging area based upon the needs of the Operational Leader.

(b) The collection of all staging area IDs from personnel reporting to the staging area. The IDs will be retained until the personnel are released from the incident. The staging area IDs are to be retained while the personnel are within the inner perimeter of the scene.

2.10 OPERATIONS LEADER

- The Operations Leader (OL) is responsible for supervising the organizational elements in accordance with the action plan approved.
- The Operations Leader is also responsible for communicating with the Staging Leader and the Logistics Leader as to personnel and equipment needed at the scene.

2.11 EMERGENCY RESPONSE SCENE PERIMETERS

1. The inner perimeter, or hot zone, is the area immediately around the incident scene in which only personnel actively involved and trained to respond to the incident are allowed. The outer perimeter, or warm zone, is a staging area from which nonessential people may be evacuated and where fire, police and other emergency response personnel conduct their operations. The Command Post is normally established within this outer perimeter. The perimeter concept is diagramed in Exhibit 4 of this Section, Emergency Response Scene Perimeters.

2.12 COUNTY DEPARTMENT OF EMERGENCY SERVICES (DES) COMMAND CENTER

- In times of a disaster or emergency significantly affecting the community, the county DES may
 open its emergency response center. The purpose of this center is to enhance communications
 between local emergency response officials and the various public agencies and utilities that are
 directly involved in working with the emergency.
- Upon request by the local DES office, a liaison from E.ON|U.S. representing Gas Operations will
 be furnished if gas is significantly involved. The primary duty of this liaison will be to serve as a
 liaison between E.ON|U.S. and the DES center with respect to all related activities involving
 operation of the gas system.

2.13 EMERGENCY RESPONSE AGENCY ON-SITE COMMAND CENTER

- For emergencies or disasters that affect a well defined area and where more than one emergency
 response agency will be involved, an on-site command center may be established to regulate,
 coordinate, and control activities within the emergency area. A liaison from E.ON|U.S. will be
 provided on behalf of the Gas Operations if needed or requested.
- All gas activities that are required within the emergency control area, or will directly affect the
 emergency control area, must be coordinated with the on-site command center. Fire, police, DES,
 and other emergency response agencies have authority to restrict entry and activities within the
 emergency control area.

2.14 ON-SITE E.ON|U.S. GAS OPERATIONS COMMAND CENTER

- In response to emergencies or disasters that involve large numbers of customers, or in which complex operations may be required for an extended period of time, an on-site gas operations command center should be established.
- 2. The purpose of this center is to control, track, and coordinate all gas activities required in response to the emergency. All activities within the emergency area, or activities outside of the emergency area that are directly related to the emergency or will have an effect within the emergency area, must be coordinated through the on-site command center.

3. The on-site command center should be in a location accessible to the emergency area, but a safe distance from potential hazards. In some cases, physical facilities may be shared with those used by emergency response agencies. If possible a facility should be obtained that will provide shelter, well-lighted workspace with tables, and rest rooms. Volunteer fire stations, civic centers, schools, libraries, and government buildings can sometimes be obtained by asking.

2.15 E.ONJU.S. GAS OPERATIONS MANAGEMENT DEPARTMENT COMMAND CENTER

- Most emergency situations that require an on-site command center will also require designating a
 point of coordination and control at the appropriate operating office facility. The operations
 management command center is the coordination point for a gas emergency response.
- Location for the operations management command center will generally be within one of the gas
 operations facilities based on the geographic proximity of the gas emergency. Other locations
 such as electric service centers or area operating offices may be designated if appropriate,
 depending upon the nature and location of the emergency.

2.16 REVISIONS

Revision 5

- Updated the definitions per Energy Delivery's operational procedure entitled "Incident Command System – Following National Incident Management System Guidelines", revision 5 dated 7/16/2007.
- (2) Incorporated the operation of emergency headquarters into this procedure.

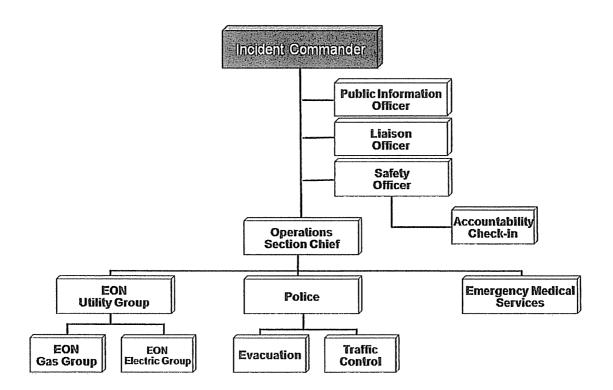
Revision 6

- (1) Updated multiple references to Section 1.4 of GEOP (previously listed as Section 1.5).
- (2) Updated reference to Exhibit 4 in Section 2.11.
- (3) Corrected spelling of Exhibit in Section 2.17.

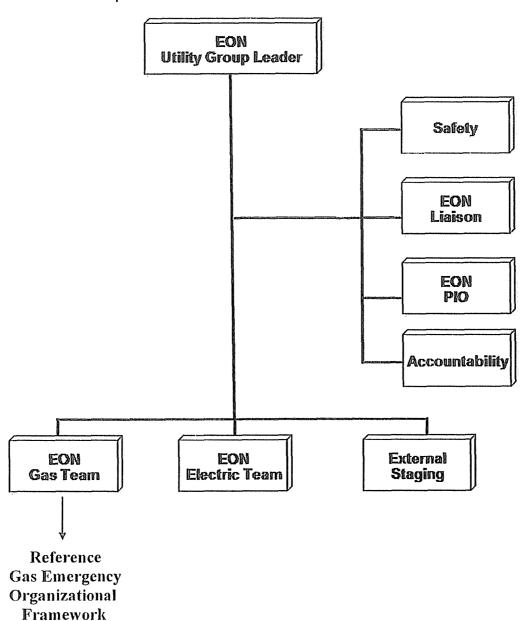
2.17 EXHIBITS

- 1. E.ON | U.S. Incident Command Structure within the Unified Command Structure.
- 2. E.ON | U.S. Incident Command Structure
- 3. Gas emergency organizational framework.
- 4. Emergency response scene perimeters.

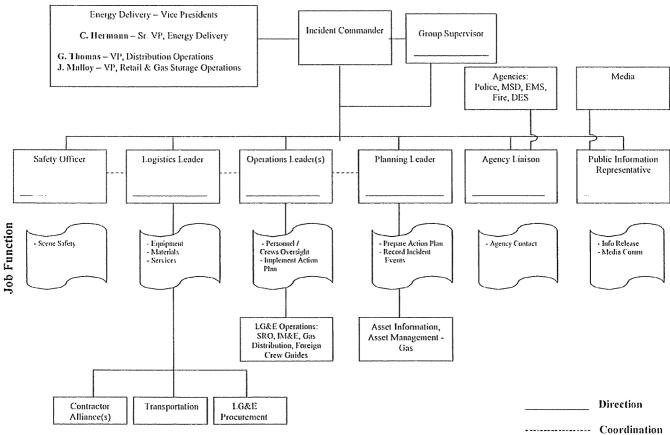
E.ON | U.S. Incident Command Structure within the Unified Command Structure



E.ON | U.S. Incident Command Structure



GAS EMERGENCY ORGANIZATIONAL FRAMEWORK



Emergency Response Scene Perimeters

EON U.S. External Staging Area

Outer Perimeter



Gas Emergency Operating Procedures (GEOP)

Section 3 – Receiving Notice

Current Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 3
RECEIVING NOTICE

Revision:

Effective Date: 12/21/12



Energy Delivery

3.1 RECEIVING NOTICE

Any employee or contractor engaged in gas operations and/or gas operations support on behalf of the Company, could become aware of a gas emergency, either by personal observation or through notification by a third party. This section establishes procedures for obtaining and evaluating information to determine the priority for response. It also establishes procedures for what information to give to any persons reporting an incident.

3.2 INFORMATION GATHERING

The following information must be obtained by any Company employee or contractor receiving notification of a gas emergency:

- (a) Date and time of notification.
- (b) Informant's name.
- (c) Location of incident, including address, city, county and other information necessary to identify the exact location.
- (d) Informant's telephone number.
- (e) Informant's affiliation (resident, concerned citizen, public authority, etc.).
- (f) Obtain a general description of the gas emergency.

The <u>Gas Emergency Notification Checklist and Incident Prioritization Guide</u> provided in Appendix B should be referenced to identify the critical initial information that should be obtained from persons reporting a gas emergency situation.

TELEPHONIC NOTIFICATION

1. The Company's telephonic incident notification process is managed through the Company's Customer Call Center. All notifications are recorded and documented in the Trouble Order Entry (TOE) and Ventyx Mobile Dispatch information systems. Call Center representatives are prompted with call priority scripts. The customer's responses prompt further call priority scripts.

2. Call Priority Checklist.

In obtaining the description, determine the nature and severity of the problem by asking the following questions:

- (a) Are you in a safe location; or, have you moved outside the building to a well ventilated area?
- (b) Has an explosion occurred?
- (c) Has a fire occurred?
- (d) Has a pipeline or pipeline facility been damaged?
- (e) Do you smell gas in the building?
 - (i) How long have you smelled gas inside the building?
 - (ii) Is the gas odor inside the building strong?
- (f) Do you hear gas escaping inside the building?
- (g) Do you smell gas outside?
 - (i) How long have you smelled gas outside?

- (ii) Is the gas odor outside strong?
- (iii) Is the gas odor located near a building?
 - a. Approximately, how close to the building is the gas odor?
- (h) Do you hear gas escaping outside?
- (i) Is a carbon monoxide alarm sounding?
- (j) Does anyone have dizziness, headaches, or nausea?

3.4 DETERMINE PRIORITY FOR RESPONSE

- 1. After obtaining a description from the caller, determine the severity of the incident. Prioritize the call in accordance with the classifications provided in this section.
 - (a) *Incidents Requiring Immediate Response*. Incidents requiring immediate response are those incidents that present an immediate threat to life or property. Incidents of this type require immediate response and include:
 - (i) Fire located near or directly involving a gas facility
 - (ii) Explosion occurring near or directly involving a gas facility
 - (iii) Strong gas odor detected inside a building
 - (iv) Strong gas odor detected within five feet of a building
 - (v) Pipeline damage from construction activities or natural forces such as tornadoes and earthquakes
 - (vi) Report of a carbon monoxide alarm sounding with presence of physical symptoms of carbon monoxide poisoning. Refer to Section 3.5 (5. (b)) for a description of CO symptoms.
 - (b) *Incidents Requiring Scheduled Response*. Incidents requiring a scheduled response are those which do not pose an immediate hazard but could threaten life or property if not corrected in a timely manner. Incidents of this type include:
 - (i) Gas detected outside but away from buildings
 - (ii) Report of a carbon monoxide alarm sounding without the symptoms of carbon monoxide poisoning. Refer to Section 3.5 (5. (b)) for a description of CO symptoms.
 - (iii) Minor inside gas leaks.

3.5 INFORMATION TO PROVIDE A PERSON REPORTING AN INCIDENT

1. Report of Fire or Explosion

Ask the informant if the fire department, police department, or EMS has been notified; offer to call 911 if the agencies have not been notified. Advise the caller that a gas crew will be dispatched to the incident address.

- 2. Report of Strong Gas Odor Inside
 - (a) Ask the informant if the fire department, police department, or EMS has been notified; offer to call if they have not been notified. Tell the caller a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Do not hang up the phone; set the receiver down next to the phone.
 - (ii) Do not operate any electrical devices (including cellular phones, electrical switches, or motors).
 - (iii) Do not turn lights on or off.
 - (iv) Do not smoke, strike a match, or use a lighter.
 - (v) Evacuate the building to a safe distance (i.e., a location where no natural gas odor exists, such as a neighbor's house) and wait for the gas service technician to arrive.

3. Outside Gas Leaks

- (a) Tell the informant that a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Eliminate ignition sources from the immediate area.
 - (ii) Do not operate vehicles or equipment in the immediate area.
 - (iii) Evacuate the area to a safe distance where the odor of gas cannot be detected.
 - (iv) Evacuate the building to a safe distance (i.e., a location where no natural gas odor exists) if a gas odor is detected in the building.

4. Report of Damaged Pipeline

- (a) Tell the caller 911 will be called, and a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Eliminate ignition sources from the immediate area.
 - (ii) Do not operate vehicles in the immediate area.
 - (iii) Remain a safe distance away from the damaged pipeline.

5. Report of Carbon Monoxide (CO) Poisoning Symptoms

- (a) Tell the caller a gas service technician will be dispatched. Offer to call EMS. Advise the caller to evacuate the building and move to an area with fresh (outside) air.
- (b) To assist the person receiving the carbon monoxide (CO) notifications, listed below is some information on CO.
 - (i) What is CO? CO is a toxic gas that is invisible, odorless, and tasteless. It is created when fuels (such as gasoline, wood, coal, natural gas, propane, oil, kerosene, etc.) burn incompletely. CO cannot be detected without special equipment.

In a home, typical sources of CO include fuel-burning appliances, venting systems and chimneys that have not been serviced or regularly maintained. It also includes fuel-burning devices designed for the outdoors that are used in closed areas. Examples of these sources are as follows:

- Fuel-burning heating (e.g., furnaces, space or portable heaters, and water heaters) and cooking equipment (including wood stoves),
- Fireplaces (including gas and wood),
- Blocked chimneys,
- Furnaces with improper venting or cracked heat exchangers,
- Vehicles, lawnmowers, chainsaws, or generators (running) in attached garages,
- Barbecue grills in the house or attached garages, and
- Cigarettes.
- (ii) What are the effects of exposure to CO? CO replaces the oxygen in the bloodstream, eventually causing suffocation (a condition known as carboxyhemoglobin saturation). Sufficient exposure to CO can be fatal. Early symptoms of CO exposure are "flu-like"; i.e., headache, increased perspiration, vomiting, weakness, dizziness, and nausea. Later symptoms of CO exposure are shortness of breath, intermittent convulsions, extreme muscular weakness, mental confusion, unconsciousness, and death. The table listed below shows typical symptoms, based on concentration and time of exposure.

Effects of Exposure to CO*		
Concentration (parts per million)	Symptoms	
	Threshold limit value for no adverse effects even with	
50	6 - 8 hours exposure.	
200	Possible mild headache after 2 -3 hours.	
400	Headache and nausea after 1 - 2 hours.	
	Headache, nausea, and dizziness after 45 minutes;	
	collapse and possible unconsciousnesss after 2	
	hours; uncousciousness and danger of death after 3	
800	hours.	
1,000	Loss of consciousness after 1 hour	
	Headache, nausea, and dizziness after 20 minutes;	
1,600	uncousciousness and danger of death after 1 hour.	
	Headache and nausea after 5 - 10 minutes;	
	uncousciousness and danger of death after 30	
3,200	minutes.	
	Headache and dizziness after 1 - 2 minutes;	
	uncousciousness and danger of death after 10 - 15	
6,400	minutes.	
	Immediate physiological effects; unconsciousness	
12,800	and danger of death after 1 - 3 minutes.	
Luct how sick paople will	get from CO exposure varies greatly from person to person	

 Just how sick people will get from CO exposure varies greatly from person to person, depending on age, overall health, concentration of exposure (measured in parts per million) and length of exposure.

- (iii) What are the factors that affect the human body absorption of CO? The factors include CO concentration in air, breathing rate, physical fitness, length of exposure, degree of physical activity, and exposure to fresh air.
- (iv) What individuals are at greatest risk? Individuals who are at greatest risk include unborn babies, infants, young children, senior citizens, or any individual with coronary or respiratory problems.

3.6 REVISIONS

Revision 5

- (1) Updated Section 3.1-3.2 to include references to contractors...
- (2) Updated the 3.3 to reference new job dispatching system.
- (3) Inserted minor wording changes throughout section.

Gas Emergency Operating Procedures (GEOP)

Section 3 – Receiving Notice

Prior Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 3
RECEIVING NOTICE

Revision: 5

Effective Date: 10/08/07



Energy Delivery

3.1 RECEIVING NOTICE

Any employee engaged in gas operations and/or gas operations support, including meter reading or
customer service, could become aware of a gas emergency either by personal observation or
through notification by a third party. This section establishes procedures for obtaining and
evaluating information to determine the priority for response. It also establishes procedures for
what information to give to a person reporting the incident.

3.2 OBTAIN INITIAL INFORMATION

- Obtain and document the following information on the "Incoming Emergency Call Guide for Incident Response with Priority Status" checklist (see Appendix B):
 - (a) Date and time the call is received.
 - (b) Caller's name.
 - (c) Location of the incident including address, city, county, and other information necessary to identify the exact location.
 - (d) Caller's telephone number.
 - (e) Caller's affiliation (resident, concerned citizen, public authority, etc.).

3.3 OBTAIN INCIDENT DESCRIPTION

- Obtain a description of the incident from the caller. The incident notification process is managed through the Customer Call Center and documented in the Trouble Order Entry (TOE) and Dispatch and Resolution Trouble System (DARTS) systems. All incident notifications are recorded by the Customer Call Center. Call Center representatives are prompted with call priority scripts. The customer's responses prompt further call priority scripts.
- 2. Call Priority Checklist.

In obtaining the description, determine the nature and severity of the problem by asking the following questions:

(a) Are you in a safe location?

)1.

Have you moved outside the building to a well ventilated area?

- (b) Has an explosion occurred?
- (c) Has a fire occurred?
- (d) Has a pipeline or pipeline facility been damaged?
- (e) Do you smell gas in the building?

Dir., Distribution Operations	Dir., Gas Storage, Control & Compliance	Dir., Asset Management
	Manager, Safety & Technical Training	Manager, Gas Engineering

- (i) How long have you smelled gas inside the building?
- (ii) Is the gas odor inside the building strong?
- (f) Do you hear gas escaping inside the building?
- (g) Do you smell gas outside?
 - (i) How long have you smelled gas outside?
 - (ii) Is the gas odor outside strong?
 - (iii) Is the gas odor located near a building?
 - a. Approximately, how close to the building is the gas odor?
- (h) Do you hear gas escaping outside?
- (i) Is a carbon monoxide alarm sounding?
- (j) Does anyone have dizziness, headaches, or nausea?

3.4 DETERMINE PRIORITY FOR RESPONSE

- After obtaining a description from the caller, determine the severity of the incident. Prioritize the call in accordance with the classifications provided in this section.
 - (a) Incidents Requiring Immediate Response. Incidents requiring immediate response are those incidents that present an immediate threat to life or property. Incidents of this type require immediate response and include;
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 - (iii) Strong gas odor detected inside a building
 - (iv) Strong gas odor detected within five feet of a building
 - (v) Pipeline damage from construction activities or natural forces such as tornadoes and earthquakes
 - (vi) Report of a carbon monoxide alarm sounding with presence of physical symptoms of carbon monoxide poisoning. Refer to Section 3.5 (5. (b)) for a description of CO symptoms.
 - (b) Incidents Requiring Scheduled Response. Incidents requiring a scheduled response are those which do not pose an immediate hazard but could threaten life or property if not corrected in a timely manner. Incidents of this type include:
 - (i) Gas detected outside but away from buildings
 - (ii) Report of a carbon monoxide alarm sounding without the symptoms of carbon monoxide poisoning. Refer to Section 3.5 (5. (b)) for a description of CO symptoms.
 - (iii) Minor inside gas leaks.

3.5 INFORMATION TO PROVIDE A PERSON REPORTING AN INCIDENT

- 1. Report of Fire or Explosion
 - (a) Tell the caller that gas emergency response crews will be dispatched.
- 2. Report of Strong Gas Odor Inside
 - (a) Ask the caller if the fire department, police department, or EMS has been notified; offer to call if they have not been notified. Tell the caller a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Do not hang up the phone; set the receiver down next to the phone.
 - (ii) Do not operate any electrical devices (including cellular phones, electrical switches, or motors).

- (iii) Do not turn lights on or off.
- (iv) Do not smoke, strike a match, or use a lighter.
- (v) Evacuate the building to a safe distance (i.e., a location where no natural gas odor exists, such as a neighbor's house) and wait for the gas service technician to arrive.

3. Outside Gas Leaks

- (a) Tell the caller a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Eliminate ignition sources from the immediate area.
 - (ii) Do not operate vehicles in the immediate area.
 - (iii) Evacuate the building to a safe distance (i.e., a location where no natural gas odor exists) if a gas odor is detected in the building.

4. Report of Damaged Pipeline

- (a) Tell the caller a gas service technician will be dispatched. Advise the caller to take the following safety precautions:
 - (i) Eliminate ignition sources from the immediate area.
 - (ii) Do not operate vehicles in the immediate area.
 - (iii) Remain a safe distance away from the damaged pipeline.

5. Report of Carbon Monoxide (CO) Poisoning Symptoms

- (a) Tell the caller a gas service technician will be dispatched. Offer to call EMS. Advise the caller to evacuate the building and move to an area with fresh (outside) air.
- (b) To assist the person receiving the carbon monoxide (CO) notifications, listed below is some information on CO.
 - (i) What is CO? CO is a toxic gas that is invisible, odorless, and tasteless. It is created when fuels (such as gasoline, wood, coal, natural gas, propane, oil, kerosene, etc.) burn incompletely. CO cannot be detected without special equipment.

In a home, typical sources of CO include fuel-burning appliances, venting systems and chimneys that have not been serviced or regularly maintained. It also includes fuel-burning devices designed for the outdoors that are used in closed areas. Examples of these sources are as follows:

- Fuel-burning heating (e.g., furnaces, space or portable heaters, and water heaters) and cooking equipment (including wood stoves),
- Fireplaces (including gas and wood),
- Blocked chimneys,
- Furnaces with improper venting or cracked heat exchangers,
- Vehicles, lawnmowers, chainsaws, or generators (running) in attached garages,
- Barbecue grills in the house or attached garages, and
- Cigarettes.
- (ii) What are the effects of exposure to CO? CO replaces the oxygen in the bloodstream, eventually causing suffocation (a condition known as carboxyhemoglobin saturation). Sufficient exposure to CO can be fatal. Early symptoms of CO exposure are "flu-like"; i.e., headache, increased perspiration, vomiting, weakness, dizziness, and nausea. Later symptoms of CO exposure are shortness of breath, intermittent convulsions, extreme

muscular weakness, mental confusion, unconsciousness, and death. The table listed below shows typical symptoms, based on concentration and time of exposure.

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400	Headache and nausea after 1 - 2 hours.	
800	Headache, nausea, and dizziness after 45 minutes; collapse and possible unconsciousnesss after 2 hours; uncousciousness and danger of death after 3 hours.	
1,000	Loss of consciousness after 1 hour	
1,000	Headache, nausea, and dizziness after 20 minutes;	
1,600	uncousciousness and danger of death after 1 hour.	
3,200	Headache and nausea after 5 - 10 minutes; uncousciousness and danger of death after 30 minutes.	
6,400	Headache and dizziness after 1 - 2 minutes; uncousciousness and danger of death after 10 - 15 minutes.	
12,800	Immediate physiological effects; unconsciousness and danger of death after 1 - 3 minutes.	
•	* Just how sick people will get from CO exposure varies greatly from person to person,	

Just how sick people will get from CO exposure varies greatly from person to person, depending on age, overall health, concentration of exposure (measured in parts per million) and length of exposure.

- (iii) What are the factors that affect the human body absorption of CO? The factors include CO concentration in air, breathing rate, physical fitness, length of exposure, degree of physical activity, and exposure to fresh air.
- (iv) What individuals are at greatest risk? Individuals that are at greatest risk include unborn babies, infants, young children, senior citizens, or any individual with coronary or respiratory problems.

3.6 REVISIONS

Revision 5

- (1) Updated Section 3.3.1 to include references to the Customer Call Center incident notification process.
- (2) Updated the document to coincide with the customer scripts used in the Trouble Order Entry system.

		*

Gas Emergency Operating Procedures (GEOP)

Section 4 – Response to Emergency

Current Version

February 5, 2013 Order Ordering Paragraph No. 8, First Bullet – Second Sub-Bullet



GEOP

GAS EMERGENCY OPERATING PROCEDURES

RESPONSE TO EMERGENCY

Revision:

8

Effective Date: 12/31/12

Energy Delivery

4.1 FIRE OR EXPLOSION INVOLVING OR POTENTIALLY INVOLVING GAS

Section: 4

- 1. Person Receiving Notice
 - (a) Arrange for Gas Emergency Dispatch to dispatch first responder(s) to the incident location.
 - (b) Notify Company Officials in accordance with GEOP Section 5.

☎NOTIFY COMPANY OFFICIALS!

- 2. Incident First Responder
 - (a) Conduct a thorough assessment of the situation upon arrival at the scene.
 - (b) Determine the extent to which gas facilities are involved and the hazards that may be present.
 - (c) If gas is found leaking, also reference GEOP Section 4.2 and 4.3.
 - (d) Establish communications with the Fire Department's Incident Commander and other emergency response agencies on the scene.
 - (e) Be prepared to assist the Fire Department in shutting off gas service and isolating gas facilities.
 - (f) Notify Gas Emergency Dispatch to ensure required communications to all appropriate internal and external groups and agencies are made in accordance with GEOP Section 5.
 - (g) Call and request Gas Emergency Dispatch to dispatch additional resources if needed.

4.2 GAS REPORTED INSIDE A BUILDING

- 1. Person Receiving Notice
 - (a) Arrange for Gas Emergency Dispatch to dispatch first responder to the incident location.
- 2. Incident First Responder
 - (a) Upon arrival at the location, clear and adjust the combustible gas indicator (CGI). While approaching the suspect building, utilize the CGI and natural senses, such as hearing and smelling, to identify any strong odors of gas or gas blowing that could be migrating inside from the exterior of the building.
 - (1) If a strong odor of gas or blowing gas is observed outside the building, proceed to (b).
 - (2) If a strong odor of gas or blowing gas is not observed outside the building, proceed to (c).
 - (b) Proceed to the suspect building.
 - (1) Check exterior of door/entry for gas readings prior to entry or knocking on door.
 - (2) If gas readings 20% LEL or greater are recorded, knock on the door, but DO NOT ENTER THE BUILDING
 - a. Advise occupants to evacuate the building, and move them a safe distance away.
 - Request Gas Dispatch to contact 911 and notify the Fire Department, and to dispatch additional LG&E resources.
 - c. Eliminate ignition sources.
 - d. Continue outside leak investigation (GEOP 4.3), to identify a leak migration pattern and ensure gas is not migrating into other nearby buildings.

- e. Establish and monitor a 360 degree perimeter of safety.
- f. Turn off/eliminate gas supply in accordance with GEOP 7.0.
- g. Work with the fire department to make the building safe.
- h. Go to (4.2.2.c.2.b)
- (3) If gas readings below 20% LEL are recorded, knock on the door.
 - a. Advise occupants to evacuate the building, and move them a safe distance away.
 - b. Eliminate ignition sources.
 - c. Continue outside leak investigation (GEOP 4.3), to identify a leak migration pattern and ensure gas is not migrating into other nearby buildings.
 - d. Contact Gas Dispatch to call 911 or dispatch additional LG&E resources when necessary.
 - e. Establish and monitor a 360 degree perimeter of safety.
 - f. Turn off/eliminate gas supply in accordance with GEOP 7.0.
 - g. Go to (4.2.2.c.2.c)
- (c) Investigate inside leak:
 - (1) Proceed to the suspect building.
 - (2) Check exterior of door/entry for gas readings prior to entry or knocking on door.
 - a. If gas readings 20% LEL or greater are recorded, knock on the door, but DO NOT ENTER THE BUILDING.
 - i. Advise occupants to evacuate the building, and move them a safe distance away.
 - Request Gas Dispatch to contact 911 and notify the Fire Department, and to dispatch additional LG&E resources.
 - iii. Eliminate ignition sources.
 - iv. Continue outside leak investigation (GEOP 4.3), to identify a leak migration pattern and ensure gas is not migrating into other nearby buildings.
 - v. Establish and monitor a 360 degree perimeter of safety.
 - vi. Turn off/eliminate gas supply in accordance with GEOP 7.0.
 - vii. Work with the fire department to make the building safe.

DO NOT RING THE DOORBELL!

- b. If gas readings below 20% LEL are recorded, knock on the door for entry.
- c. Sample the atmosphere with the CGI immediately upon entering the premises.
- d. Check all areas where the resident smelled gas, including:
 - i. floor drains
 - ii. cracks in walls
 - iii. all piping entering the building, including gas, water, sewer, and electric conduit
 - iv. appliances
 - v. ceilings
- (3) If gas is detected inside the building, take the following precautions:
 - Ensure no electronic devices are operated, such as switches, telephones, doorbells, garage door openers, and other electronic devices.
 - b. Request occupants to evacuate the building if there is an imminent danger.
 - c. Eliminate ignition sources.
 - d. Turn off the gas supply at the appropriate source in accordance with GEOP 7.0.
 - e. Red tag appliances when necessary.
 - f. Bar test the service to the building when necessary.
 - g. Investigate adjacent buildings when necessary.
 - h. Call and request Gas Emergency Dispatch to request additional resources if needed.
- (4) If no gas is found inside, move to GEOP 4.3.
- (5) Call and request Gas Emergency Dispatch to call "911" immediately if any of the following conditions are observed:
 - a. Damaged customer meter or regulator blowing gas into the building.
 - b. Broken or damaged house piping resulting in blowing gas inside the building or a confined space.

- Any strong gas odors reported inside schools, hospitals, or other areas of public assembly.
- d. Gas ignition occurs.
- e. Gas is migrating into the building from source outside.
- f. Blowing gas is heard and a broken main is suspected.
- g. Occupants are unwilling to evacuate voluntarily.
- (6) Call and request Gas Emergency Dispatch to notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

☎CALL "911"!

4.3 GAS DETECTED OUTSIDE

- 1. Person Receiving Notice
 - (a) Arrange for Gas Emergency Dispatch to dispatch first responder to the location.
- Incident First Responder
 - (a) Assess the scene.
 - (b) Bar test the service line and any other gas facilities that may be the source of the leak.
 - (1) If gas is detected underground, continue to bar test (probe) and establish the leak migration pattern (perimeter).
 - (2) If gas is detected within 5-feet of a building, attempt to access building and investigate per GEOP 4.2.
 - (c) Check cracks, crevices, manholes, and catch basins to get accurate readings. CGI probe must be inserted into manholes to get accurate readings. If the manhole cover is not vented, it must be moved to enable a proper reading.
 - (d) If gas is detected, eliminate ignition sources and turn-off the gas supply at the appropriate source in accordance with GEOP 7.0.
 - (e) Establish and monitor a 360 degree perimeter of safety.
 - (f) Request Gas Emergency Dispatch to call "911" immediately if any of the following conditions are observed:
 - (1) Damaged customer meter or regulator blowing gas into the building.
 - (2) Broken or damaged house piping resulting in blowing gas inside the building or a confined space.
 - (3) Any strong odor of gas reported inside schools, hospitals, or other areas of public assembly.
 - (4) Blowing gas is heard and a broken main is suspected.
 - (5) Gas ignition occurs.
 - (6) A "Grade 1" leak is discovered in sanitary or storm sewers. (Note: This situation also requires notification of the appropriate sewer operator by Gas Emergency Dispatch).

含CALL "911"!

- (g) Establish liaison with emergency response agencies dispatched to the location
- (h) Call and request Gas Emergency Dispatch to request additional resources if needed.
- (i) Call and request Gas Emergency Dispatch to notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

☎IF IN DOUBT MAKE THE CALL!

4.4 DAMAGED PIPELINES

1. Person Receiving Notice

- (a) Arrange for Gas Emergency Dispatch to dispatch first responder to the location.
- 2. Incident First Responder
 - (a) Visually assess the scene to determine the extent that the pipeline facilities have been damaged.
 - (b) Bar test over the damaged facility.
 - (1) If gas is detected underground, continue to bar test and establish the leak migration pattern (perimeter).
 - (2) If gas is found leaking underground, also reference GEOP Section 4.2 and 4.3.
 - (3) Where warranted, turn off the gas supply at the appropriate source in accordance with GEOP 7.0.
 - (c) Where necessary, implement traffic controls and other barriers to secure the area and keep people a safe distance away from the damaged pipeline facilities.
 - (d) Request Gas Emergency Dispatch to call "911" immediately if any of the following conditions are observed:
 - (1) Any service or main damaged by excavation activities.
 - (2) Gas is migrating into a building.
 - (3) Assistance is needed to evacuate buildings.
 - (4) Damaged customer meter or regulator blowing gas into the building.
 - (5) Blowing gas is heard and a broken main is suspected.
 - (6) Broken or damaged house piping resulting in blowing gas inside the building or a confined space.
 - (7) Any strong gas odors reported inside schools, hospitals, or other areas of public assembly.
 - (8) Gas ignition occurs.
 - (9) A "Grade 1" leak is discovered in sanitary or storm sewers. This situation also requires notification to the sewer operator by Gas Emergency Dispatch.

當CALL "911"!

- (e) Establish liaison with emergency response agencies dispatched to the location.
- (f) Keep ignition sources away from the damaged facilities.
- (g) Where warranted shutdown the pipeline in accordance with GEOP Section 7.
- (h) Call and request Gas Emergency Dispatch to request additional resources if needed.
- (i) Call and request Gas Emergency Dispatch to notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

21F IN DOUBT MAKE THE CALL!

4.5 CARBON MONOXIDE

- 1. Person Receiving Notice
 - (a) Arrange for Gas Emergency Dispatch to dispatch first responder to the location.
- 2. Incident First Responder
 - (a) Purge the CO monitor prior to entering the building.
 - (b) Knock on the door for entry.

→DO NOT RING THE DOORBELL!

(c) Ask the occupants if they are feeling symptoms of possible CO poisoning. Symptoms include headache, dizziness, mental confusion, nausea, weakness, vomiting, and shortness of breath.

☆ IF ANY OF THE OCCUPANTS EXHIBIT SYMPTOMS, ASK ALL OCCUPANTS TO EVACUATE THE BUILDING. REQUEST GAS EMERGENCY DISPATCH TO CALL "911" AND NOTIFY COMPANY OFFICIALS!

☆IF NO ONE ANSWERS THE DOOR AND YOU SUSPECT SOMEONE IS IN THE BUILDING, REQUEST GAS EMERGENCY DISPATCH TO CALL "911" AND NOTIFY COMPANY OFFICIALS! TURN OFF THE GAS SUPPLY!

- (d) Sample for CO after entering the building. If the level of CO inside the building is greater than 9 parts per million (ppm) in a residential building or 35 ppm in a commercial building investigate to find the cause for the reading.
- (e) When sampling for the presence of CO, test at the following locations:
 - (1) In the air at eye level.
 - Near gas appliances.
 - (3) At registers and heating ducts.
 - (4) Near draft diverters, vents, and combustion doors on gas appliances.
- (f) If a specific gas appliance is identified as the source of a CO leak, red tag the appliance in accordance with Company OM&I procedures. Advise customer to contact a qualified service person to repair or adjust the appliance.
- (g) If additional support is needed to investigate a reported CO incident, request Gas Emergency Dispatch to dispatch additional resources.

☑ IF MONITORING INDICATES A CO LEVEL GREATER THAN 100 PPM AT ANY LOCATION IN THE BUILDING, ASK OCCUPANTS TO EVACUATE.

LEAVE THE BUILDING! REQUEST GAS EMERGENCY DISPATCH TO CALL

"911" AND NOTIFY COMPANY OFFICIALS!

☎IF IN DOUBT MAKE THE CALL!

4.6 DRUG AND ALCOHOL TESTING

- All personnel who may be called upon to either directly or indirectly perform emergency response functions must be included in the drug and alcohol control programs described under 807 KAR 5:023 (Kentucky Administrative Regulations) and 49 CFR Part 199 (Department of Transportation Regulations).
- 2. For the purpose of this section, an <u>accident</u> means an incident requiring telephonic notice to the United States Department of Transportation or to the Kentucky Public Service Commission.
- 3. As soon as possible but no later than 32 hours after an <u>accident</u>, LG&E will **drug test** each employee whose performance either contributed to the <u>accident</u> or cannot be completely discounted as a contributing factor to the <u>accident</u>. If an employee is injured, unconscious, or otherwise unable to evidence consent to the drug test, all reasonable steps must be taken to obtain a urine sample.
 - LG&E may decide not to test under this section, but such a decision must be based on the best information available immediately after the <u>accident</u> that the employee's performance could not have contributed to the <u>accident</u> or that, because of the time between that performance and the <u>accident</u>, it is not likely that a drug test would reveal whether the performance was affected by drug use.
- 4. As soon as practicable but no later than 8 hours following an <u>accident</u>, LG&E will test each covered employee for alcohol if that employee's performance either contributed to the <u>accident</u> or cannot be completely discounted as a contributing factor to the <u>accident</u>. LG&E may decide not to test under this section, but such a decision must be based on the best information available immediately after the <u>accident</u> that the employee's performance could not have contributed to the <u>accident</u>.

4.7 GAS INCIDENT INFORMATION SHEET

The gas incident information sheet shown in Appendix C can be used as a tool to document information from a gas incident. The sheet contains the federal and state reporting criteria as well as the memorandum of understanding between LG&E and the Jefferson County Department of Emergency Services.

4.8 REVISIONS

Revision 5

- (1) Changed all references to the "Incident Response Manager" to the "Incident First Responder".
- (2) Updated tasks throughout the document accordingly.

Revision 6

(1) Changed wording of Section 4.3.2(b) to include gas facilities other than gas services that pose a migration threat.

Revision 7

(1) Updated conditions resulting in 911 being contacted.

Gas Emergency Operating Procedures (GEOP)

Section 4 – Response to Emergency

Prior Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 4
RESPONSE TO EMERGENCY

Revision: 6 Effective Date: 08/25/08



Energy Delivery

4.1 FIRE OR EXPLOSION INVOLVING OR POTENTIALLY INVOLVING GAS

- 1. Person Receiving Notice
 - (a) Dispatch emergency first response personnel.
 - (b) Notify Company Officials in accordance with GEOP Section 5.

™NOTIFY COMPANYOFFICIALS!

- 2. Incident First Responder
 - (a) Do a thorough assessment of the situation upon arrival at the scene.
 - (b) Determine the extent to which gas facilities are involved and the hazards that may be present.
 - (c) Establish communications with the Fire Department's Incident Commander and other emergency response agencies on the scene.
 - (d) Be prepared to assist the Fire Department in shutting off gas service and isolating gas facilities.
 - (e) Ensure that Corporate Communications has been notified in accordance with GEOP Section 5.

4.2 GAS REPORTED INSIDE A BUILDING

- 1. Person Receiving Notice
 - (a) Dispatch an emergency response crew to the location.
- 2. Incident First Responder
 - (a) Upon arrival at the location, clear and adjust the combustible gas indicator (CGI)
 - (b) Knock on the door for entry.

→DO NOT RING THE DOORBELL!

Dir., Distribution Operations	Dir., Gas Storage, Control & Compliance	Dir., Asset Management	
	Manager, Safety & Technical Training	Manager, Gas Engineering	

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- (c) Sample the atmosphere with the CGI immediately upon entering the premises. Check all areas where the resident smelled gas including:
 - (i) floor drains
 - (ii) cracks in walls
 - (iii) gas, water, sewer, and other pipes entering below grade
 - (iv) appliances
 - (v) ceilings
- (d) If gas is detected inside the building, take the following precautions:
 - (i) Do not operate switches, telephones, or other electric devices.
 - (ii) Ask the occupants to evacuate the building if there is an immediate danger.
 - (iii) Eliminate ignition sources.
 - (iv) Turn off the gas supply.
 - (v) Red tag appliances when necessary.
 - (vi) Bar test the service to the building when necessary.
 - (vii) Investigate adjacent buildings when necessary.
- (e) Call for additional resources if needed.

☎IF IN DOUBT MAKE THE CALL!

- (f) Call "911" immediately from a safe location if any of the following conditions are observed:
 - (i) Damaged customer meter or regulator blowing gas into the building.
 - (ii) Broken or damaged house piping resulting in blowing gas inside the building or a confined space.
 - (iii) Any strong gas odors reported inside schools, hospitals, or other areas of public assembly.
 - (iv) Gas ignition occurs.

宮CALL "911"!

(g) Notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

™IF IN DOUBT MAKE THE CALL!

4.3 GAS DETECTED NEAR A BUILDING

- 1. Person Receiving Notice
 - (a) Dispatch an emergency response crew to the location.
- 2. Incident First Responder
 - (a) Assess the scene.
 - (b) Bar test the service line and any other gas facilities posing a leak migration haxard to the building.
 - (c) Check cracks, crevices, manholes, and catch basins.
 - (d) Call "911" immediately if any of the following conditions are observed:
 - (i) Damaged customer meter or regulator blowing gas into the building
 - (ii) Broken or damaged house piping resulting in blowing gas inside the building or a confined space.

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- (iii) Any strong odor of gas reported inside schools, hospitals, or other areas of public assembly.
- (iv) Gas ignition occurs.

宫CALL "911"!

- (e) Establish liaison with emergency response agencies dispatched to the location.
- (f) Call for additional resources if needed.
- (g) Notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

智IF IN DOUBT MAKE THE CALL!

4.4 DAMAGED PIPELINES

- 1. Person Receiving Notice
 - (a) Dispatch an emergency response crew to the location.
- 2. Incident First Responder
 - (a) Visually assess the scene to determine the extent that the pipeline facilities have been damaged.
 - (b) Where necessary, implement traffic controls and other barriers to secure the area and keep people a safe distance away from the damaged pipeline facilities.
 - (c) Call "911" immediately if any of the following conditions are observed:
 - (i) Punctured or severed transmission, distribution, or service lines creating a major, uncontrolled release of natural gas, when such release results in a CGI reading of 25% LEL or greater at a distance of 10 feet from the edge of the excavation.
 - (ii) Damaged customer meter or regulator blowing gas into the building.
 - (iii) Broken or damaged house piping resulting in blowing gas inside the building or a confined space.
 - (iv) Any strong gas odors reported inside schools, hospitals, or other areas of public assembly.
 - (v) Gas ignition occurs.

當CALL "911"!

- (d) Establish liaison with emergency response agencies dispatched to the location.
- (e) Keep ignition sources away from the damaged facilities.
- (f) Where warranted shutdown the pipeline in accordance with GEOP Section 7.
- (g) Call for additional resources if needed.
- (h) Notify Company Officials in accordance with GEOP Section 5, when conditions warrant

智IF IN DOUBT MAKE THE CALL!

4.5 CARBON MONOXIDE

- 1. Person Receiving Notice
 - (a) Dispatch an emergency response crew to the location.
- 2. Incident First Responder
 - (a) Purge the CO monitor prior to entering the building.
 - (b) Knock on the door for entry.

→ DO NOT RING THE DOORBELL!

(c) Ask the occupants if they are feeling symptoms of possible CO poisoning. Symptoms include headache, dizziness, mental confusion, nausea, weakness, vomiting, and shortness of breath.

™ ANY OF THE OCCUPANTS EXHIBIT SYMPTOMS, ASK ALL OCCUPANTS TO EVACUATE THE BUILDING. CALL "911"! NOTIFY COMPANY OFFICIALS!

≅IF NO ONE ANSWERS THE DOOR AND YOU SUSPECT SOMEONE IS IN THE BUILDING, CALL "911"! TURN OFF THE GAS SUPPLY! NOTIFY COMPANY OFFICIALS!

(d) Sample for CO after entering the building. If the level of CO inside the building is greater than 9 parts per million (ppm) in a residential building or 35 ppm in a commercial building investigate to find the cause for the reading.

™IF MONITORING INDICATES A CO LEVEL GREATER THAN 100 PPM AT ANY LOCATION IN THE BUILDING, ASK OCCUPANTS TO EVACUATE. LEAVE THE BUILDING! CALL "911"! NOTIFY COMPANY OFFICIALS!

- (e) When sampling for the presence of CO, test at the following locations:
 - (i) In the air at eye level.
 - (ii) Near gas appliances.
 - (iii) At registers and heating ducts.
 - (iv) Near draft diverters, vents, and combustion doors on gas appliances.
- (f) If a specific gas appliance is identified as the source of the CO leak, red-tag the appliance in accordance with OM&I Procedures. Notify the customer to contact a qualified service person to repair/adjust the appliance.
- (g) Notify Company Officials in accordance with GEOP Section 5, when conditions warrant.

窓IF IN DOUBT MAKE THE CALL!

4.6 DRUG AND ALCOHOL TESTING

- All personnel who may be called upon to either directly or indirectly perform emergency response functions must be included in the drug and alcohol control programs described under 807 KAR 5:023 (Kentucky Administrative Regulations) and 49 CFR Part 199 (Department of Transportation Regulations).
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- 3. As soon as possible but no later than 32 hours after an <u>accident</u>, LG&E will drug test each employee whose performance either contributed to the <u>accident</u> or cannot be completely discounted as a contributing factor to the <u>accident</u>. If an employee is injured, unconscious, or otherwise unable to evidence consent to the drug test, all reasonable steps must be taken to obtain a urine sample.

LG&E may decide not to test under this section, but such a decision must be based on the best information available immediately after the *accident* that the employee's performance could not

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have contributed to the <u>accident</u> or that, because of the time between that performance and the <u>accident</u>, it is not likely that a drug test would reveal whether the performance was affected by drug use.

4. As soon as practicable but no later than 8 hours following an <u>accident</u>, LG&E will test each covered employee for alcohol if that employee's performance either contributed to the <u>accident</u> or cannot be completely discounted as a contributing factor to the <u>accident</u>. LG&E may decide not to test under this section, but such a decision must be based on the best information available immediately after the <u>accident</u> that the employee's performance could not have contributed to the <u>accident</u>.

4.7 GAS INCIDENT INFORMATION SHEET

The gas incident information sheet shown in Appendix C can be used as a tool to document information from a gas incident. The sheet contains the federal and state reporting criteria as well as the memorandum of understanding between LG&E and the Jefferson County Department of Emergency Services.

4.8 REVISIONS

Revision 5

- (1) Changed all references to the "Incident Response Manager" to the "Incident First Responder".
- (2) Updated tasks throughout the document accordingly.

Revision 6

 Changed wording of Section 4.3.2(b) to include gas facilities other than gas services that pose a migration threat.

Gas Emergency Operating Procedures (GEOP)

Section 9 – Training

Current Version

February 5, 2013 Order Ordering Paragraph No. 8, First Bullet – First Sub-Bullet



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 9
TRAINING

Revision: 5

Effective Date: 12/30/12



Energy Delivery

9.1 EMPLOYEES TO BE TRAINED

- Annual training will be conducted for appropriate Energy Delivery personnel to ensure that they
 are knowledgeable of the emergency procedures. Refer to OM&I procedure GOM&I-GN-005 for
 information on employee OM&I training. In conducting emergency response training, special
 emphasis will be placed on the following:
 - (a) Understanding the properties and behavior of natural gas as related to types of potential hazards.
 - (b) Coordinated execution of the GEOP procedures.
 - (c) Knowledge of how emergency control is exercised in various sections of the gas system.
 - (d) Responsibilities of each employee responding to an emergency.
 - (e) Evaluation of reports of gas odor and other potential emergencies.
 - (f) Response to different types of emergency situations.
 - (g) Notification and communications procedures.

9.2 TRAINING METHODS

A combination of training methods will be used to ensure that employees are knowledgeable
and capable of performing emergency response. Training methods that will be used include
classroom discussion, desktop emergency response scenarios, and unannounced emergency
response drills. Desktop emergency response scenarios or unannounced mock emergency
response drills will be conducted at least quarterly.

9.3 EVALUATION OF TRAINING EFFECTIVENESS

- 1. The effectiveness of the GEOP training may be verified by methods such as oral tests, written tests, or performance evaluations of simulated emergencies.
- 2. The Safety and Technical Training department will establish and maintain records documenting the verification of the GEOP training effectiveness.
- 3. Employee activities will be reviewed to determine whether GEOP procedures were effectively followed.
- 4. In accordance with pipeline safety regulations defined in 49 CFR Part 192, Subpart N, all employees who operate and maintain pipeline facilities will be qualified in accordance with LG&E's DOT Operator Qualification Plan.

9.4 REVISIONS

Revision 4 - Updated Section 9.3.1, and the signature block, added OM&I reference to training.

Gas Emergency Operating Procedures (GEOP)

Section 9 – Training

Prior Version



GEOP

GAS EMERGENCY OPERATING PROCEDURES

Section: 9
TRAINING

Revision:

Effective Date: 10/08/07



Energy Delivery

9.1 EMPLOYEES TO BE TRAINED

- Annual training will be conducted for appropriate Energy Delivery personnel to ensure that they
 are knowledgeable of the emergency procedures. Refer to OM&1 procedure GOM&1-GN-005 for
 information on employee OM&1 training. In conducting emergency response training, special
 emphasis will be placed on the following:
 - (a) Understanding the properties and behavior of natural gas as related to types of potential bazards
 - (b) Coordinated execution of the GEOP procedures.
 - (c) Knowledge of how emergency control is exercised in various sections of the gas system.
 - (d) Responsibilities of each employee responding to an emergency.
 - (e) Evaluation of reports of gas odor and other potential emergencies.
 - (f) Response to different types of emergency situations.
 - (g) Notification and communications procedures.

9.2 TRAINING METHODS

 A combination of training methods will be used to ensure that employees are knowledgeable and capable of performing emergency response. Training methods that will be used include classroom discussion, desktop emergency response scenarios, and unannounced emergency response drills. Emergency exercises (i.e., emergency response scenarios and drills) will be developed based on worst-case scenarios.

9.3 EVALUATION OF TRAINING EFFECTIVENESS

- 1. The effectiveness of the GEOP training may be verified by methods such as oral tests, written tests, or performance evaluations of simulated emergencies.
- 2. The Safety and Technical Training department will establish and maintain records documenting the verification of the GEOP training effectiveness.
- Employee activities will be reviewed to determine whether GEOP procedures were effectively followed.
- In accordance with pipeline safety regulations defined in 49 CFR Part 192, Subpart N, all
 employees who operate and maintain pipeline facilities will be qualified in accordance with
 LG&E's DOT Operator Qualification Plan.

9.4 REVISIONS

Revision 4 - Updated Section 9.3.1, and the signature block, added OM&I reference to training.

Dir., Distribution Operations	Dir., Gas Storage, Control & Compliance	Dir., Asset Management
	Manager, Safety & Technical Training	Manager, Gas Engineering

	4		

Summary of Training Enhancements or Changes Implemented During 2012

February 5, 2013 Order Ordering Paragraph No. 8, Second Bullet

Summary of Training Enhancements or Changes Implemented During 2012

Introduction

LG&E's incident prevention procedures relative to leak investigations and emergency response have been and continue to be centered on three primary principles:

- Standard Operating Procedures and Best Practices
- Well Trained and Informed Personnel
- o Effective Controls that Assure Adherence.

Standard Operating Procedures and Best Practices

- 1.0 LG&E has always placed emphasis on its training and safety programs, and operations procedures. Leaders from LG&E (such as Barry Walker, Joe Ryan, Larry Dodson, and Pete Clyde) have been and continue to be heavily involved in benchmarking and identifying best practices through industry associations such as the Southern Gas Association, American Gas Association, and Kentucky Gas Association. LG&E has also played an instrumental role in Kentucky, through the KGA, to help identify and develop covered tasks and training plans associated with Operator Qualifications.
- 2.0 LG&E's Gas Emergency Operations Plan (GEOP) and Gas Operations, Maintenance, and Inspection Procedures spell out detailed procedures for employees to follow when responding to gas leaks or other emergencies. Many of these procedures are based on industry best practices, and were developed through LG&E's active participation in industry associations, networking with other utilities, and interactions with emergency response agencies. Historically, these procedures were maintained on the Company's Intranet site, and were formally reviewed and approved annually. Critical sections of the GEOP were also routinely integrated into leak incident and emergency response training by LG&E's Technical Training Department and responsible management personnel.
 - 1. During June 2012, hard copies of the GEOP were placed on all Gas Distribution crew trucks through a controlled distribution. Key elements of the GEOP were reviewed with personnel when the hard copies were presented to personnel.
 - 2. During November 2012, all gas crews with mobile devices were provided electronic access to the procedures.
- 3.0 Section 4.4 of LG&E's GEOP establishes minimum requirements for contacting emergency response agencies and/or increasing field support when personnel respond to gas leaks. Following the River Trail Place incident, LG&E reviewed associated procedures and elected to revise its emergency notification requirements to further streamline decision making

respective to emergency notifications. Effective July 2012, field personnel were required to notify 911 whenever Grade 1 leak levels (4% Gas, 80% LEL) are detected in sewers or storm drains. LG&E management representatives worked with local fire department representatives to review and implement this policy change. Also, all personnel were tailgated on this requirement during weekly tailgates.

Well Trained and Informed Personnel

- 1.0 Annually, LG&E's Gas Distribution employees are trained on Preventing and Controlling Unsafe Situations, as part of their Operator Qualification training. LG&E also conducts routine refresher training on its Gas Emergency Operations Procedures. With this training in 2012, LG&E exposed employees to leak incident scenarios and emergencies modeled after reportable incidents that have occurred in the utility industry. The emphasis of this training is to provide employees with the skills, knowledge, and tools needed to recognize and effectively respond to gas leaks and other gas emergencies. LG&E conducted this training with all gas personnel during the first quarter of 2012.
- 2.0 LG&E constantly looks at ways to supplement its training programs to increase the knowledge and experience of our employees. For example, during July 2011, prior to the River Trail Place incident, LG&E's management team contracted with AEGIS Insurance Services, Inc. (Ron Six, leading industry consultant) to provide supplemental gas leak investigation and first responder training for field personnel. Topics of this training included perimeter establishment, leak isolation procedures, leak classification, gas migration tendencies, and leak investigation tools and technology.
- 3.0 After the River Trail Place incident, LG&E considered and implemented ways to further reinforce relevant training programs. Starting in 2012, two incremental leak investigation scenario training and testing dates were established for all gas personnel who would respond to gas leak investigations and emergencies. Initial training and testing was conducted during February 2012. Employees were required to perform leak investigation procedures on simulated leaks in LG&E's gas distribution training yard at its East Service Center. During July 2012, LG&E enhanced the training yard to provide more flexibility for trainers to modify and increase leak scenarios. During August, all Gas Distribution field employees were taken through new leak investigation scenarios in the training yard. Each employee was required to conduct leak probing, leak pinpointing, and perimeter establishment procedures individually while being observed by a field supervisor and technical trainer.
- **4.0** During March and June, 2012, LG&E's Gas Distribution management team conducted all-hands safety meetings with field personnel. During these meetings, LG&E's management

team conducted unannounced table top exercise with field personnel, using incidents investigated and reported on by the National Transportation Safety Board (NTSB). During these table top reviews, LG&E's management team reviewed the Company's Gas Emergency Operations Plan and Incident Command Procedures and discussed how the procedures would be employed in response to the modeled incident. LG&E has performed unannounced drills and tabletop scenarios in the past.

- 5.0 During all-hands meetings in March and June, 2012, LG&E reviewed all leak detection equipment and technology with Gas Distribution field personnel that respond to leak emergencies. During this review, the functionality and application of LG&E's standardized tools and equipment were further reinforced with personnel.
- **6.0** During April 2012, LG&E initiated a leak response awareness campaign with Gas Distribution personnel. Banners, stickers, and awareness meetings were given to employees to stress "360 Degrees of Leak Safety", including the three primary principles of leak response Pinpoint, Probe, and Perimeter.
- 7.0 During July 2012, LG&E revised its GEOP to mandate quarterly performances of table top and emergency preparedness drills replicate industry incidents, as reported by the NTSB and PHMSA. Every effort continues to be made to test and stretch the boundaries of employees' knowledge and experience by exposing them to scenarios which have resulted in reportable incidents in the industry.

Effective Controls that Assure Adherence

- 1.0 LG&E field supervisors, safety specialists, and management personnel are required to routinely conduct field audits of personnel. This is a requirement which is listed in their annual Performance Objectives. During these audits, supervisors review employees' safe work practices and validate operations procedures. Deficiencies are immediately reviewed with personnel, and used to develop future training plans. On several occasions during 2012, audit blitzes were conducted on field personnel where management emphasized leak investigation procedures. During these audits, the management team was instructed to not only audit personnel, but also follow up with employees where feasible to discuss the procedures followed, identify any enhancement opportunities, and further reinforce annual training and the 360 degrees of leak safety awareness plan.
- **2.0** During August 2012, LG&E revised its existing audit form to streamline leak investigation procedure reviews and further emphasize the key areas of focus for management personnel.

- 3.0 During 2012, LG&E revised its tests which are used to evaluate the effectiveness of training and comprehension by personnel of leak investigation and emergency response training. Additional questions were added to LG&E's standard exams, and tests were changed from multiple-choice to open ended formats. In addition, more emphasis was placed on reviewing case study scenarios focusing on leak investigation in the annual training.
- 4.0 During the first half of 2012, LG&E revised its Review Board Process for employee promotions to the journeyman classification. Mechanic B's must now perform hands-on leak investigation procedures and demonstrate proficiency with emergency response procedures to qualify for advancement. In addition, once the mechanic advances to the "A" classification they have to remain in that position for one year and complete 360 hours of cross training with a Gas Trouble Technician before being eligible to move into Gas Trouble.
- **5.0** During December 2012, a leak investigation drill was conducted at a school in Oldham County. The results and focus of the drill were reviewed with personnel during subsequent safety tailgates with personnel.

		-	

Documentation of Physical Changes Made at LG&E's Gas Distribution Training Yard During 2012

February 5, 2013 Order Ordering Paragraph No. 8, Third Bullet

DOCUMENT SUBMITTED UNDER PETITION FOR CONFIDENTIAL TREATMENT

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Documentation of Distribution of Hard and Electronic Versions of Gas Emergency Operations Procedures ("GEOP")

February 5, 2013 Order Ordering Paragraph No. 8, Fourth and Fifth Bullets

Gas Emergency Operating Procedures (GEOP)

Distribution of Procedures:

LG&E's Gas Regulatory Services department is responsible for administrating and controlling procedure reviews, revisions, and distributions. Appendix D of LG&E's GEOP provides specifications for distribution of the GEOP.

Prior to 2012, the Gas Regulatory Services department distributed hard copies of the GEOP to key areas responsible for employees and business partners who plan for, assess and respond to gas emergencies on the LG&E gas distribution, regulation, transmission, and storage systems. Historically, each key business area reviewed the procedures with personnel during tailgates, quarterly safety meetings, and annual training. During July 2012, manual copies of the GEOP were placed on all crew trucks that respond to gas leak investigations and other gas system emergencies.

Prior to 2012, electronic versions of the GEOP were only available on Company computers which had access to the LG&E intranet. During the fourth quarter of 2012, LG&E executed a plan to provide field crews with electronic versions of the GEOP.

During the past several years, LG&E has been installing ruggedized mobile devices with a mobile geographical information system (GIS) – Field Smart View (FSV) – in field crews' vehicles. A feature of FSV is the ability to provide daily updates of map data. Each day a back-office process runs to identify all changes made to LG&E's map data. The changes are packaged together into a "delta", and the delta is downloaded to all ruggedized laptops and associated map data is automatically updated.

During November 2012, the FSV software was upgraded and installed on all mobile ruggedized devices in LG&E's fleet. Also, between November 27 and 30, 2012, digital copies of all GEOP and Operations, Maintenance, and Inspection (OM&I) procedures were copied to all laptops on gas vehicles that respond to gas leak investigations and emergencies. Each day, the baseline GEOP and OM&I documents are programmatically evaluated for changes. If any changes are identified, the updated GEOP and OM&I procedures are automatically downloaded to field crews' mobile devices via the FSV delta process (described above).



GEOP

GAS EMERGENCY OPERATING PROCEDURES



Energy Delivery

APPENDIX - D DISTRIBUTION LIST

Revision: 14 Effective Date: 12/21/12

Gas Regulatory Services shall distribute GEOP revisions to the departments listed below and place the current GEOP on the company intranet. In addition, Gas Regulatory Services shall inform Energy Delivery IT that the GEOP has been updated. Energy Delivery IT shall distribute electronic copies to crew laptops as deemed appropriate by LG&E management.

Personnel may access the GEOP at the facilities listed below, on the company intranet and, for select field personnel, on their laptops in the field.

AUBURNDALE OPERATIONS CENTER	COPY NUMBER
Gas Distribution Construction & Maintenance	1
Gas Regulatory Services	2
System Regulation & Operations	3
Distribution Operations – Engineering Design	4
BARDSTOWN	
Gas Distribution Bardstown Office	5
Gas Distribution Daildstown Office	J
BROADWAY OFFICE COMPLEX	
Gas Control	6
Gas Emergency Operations (Gas Trouble)	7
Asset Information	8
EAST OPERATIONS CENTER	
Gas Distribution Construction & Maintenance	9
Distribution Operations – Engineering Design	10
Gas Engineering	11
Safety & Technical Training	12
<u>MAGNOLIA</u>	
Magnolia Storage	13
Center Storage Field Office	14
MULDRAUGH	
Muldraugh Storage	15
Doe Run, IN Field Building	16
KENTUCKY PUBLIC SERVICE COMMISSION	
Gas Branch Manager	17
INDIANA UTILITY REGULATORY COMMISSION	
Pipeline Safety Program Manager	18

GEOP Distribution List				
Louisville Operations				
GEOP#	NAME:	TRUCK:		
LOU - 1/1A	Brock/Huettig	4712		
LOU - 2/2A	Hall/Shelton	4721		
LOU - 3/3A	Vincent/Taylor	4809		
LOU - 4/4A	Faith/Boone	4353		
LOU - 5/5A	Lewis/Russell	4716		
LOU - 6/6A LOU - 7/7A	Hayden/Hodson Pendleton/Mattingly	4354 4713		
LOU - 8/8A	Poteet/Harrison	4719		
LOU - 9	Goetzinger	6233		
LOU - 10/10A	Wainscott	6262		
	Sumner/Waddle	4720		
	Dilley/Vaughn	4714		
	Perry/Wallace	4608		
LOU - 14/14A		4811		
LOU - 15/15A		4814		
1	Bruner/Stinson Cochran/Baker	4722		
LOU - 18/18A	•	4808 4715		
LOU - 19/61	Weatherford/Alvey	· 4609		
LOU - 20	Byrum	6238		
LOU - 21	Miller	6242		
LOU - 22	Heckel	6081		
LOU - 23	Martin	6084		
LOU - 24	Cslank	6024		
LOU - 25	Bridgewater	6231		
LOU - 26	Allen	6235		
LOU - 27	Heath	6021		
LOU - 28	Ballard	6004		
LOU - 29	Newton	6540		
LOU - 30 LOU - 31	Sprinston • Peyton	6547		
LOU - 32	Allen	5997 6019		
LOU - 33	Gutterman	6067		
LOU - 34	Hinkle	6232		
LOU - 35	Benedict	6236		
LOU - 36	Payne	6022		
LOU - 37	Ragland	6023		
LOU - 38	Smith	6237		
LOU - 39 LOU - 40	Dearing	6234		
LOU - 41	Peavler Orr	6028		
LOU - 41 LOU - 42	Netherton	6027		
LOU - 42 LOU - 43	Thompson	6079 6061		
LOU - 44	Nall	6064		
LOU - 45	Glnn	6062		
LOU - 46	Ball	6026		
LOU - 47	Grant	6056		
LOU - 48	Rudolph	5998		
LOU - 49	Bray	6057		
LOU - 50	Pearson	6059		
LOU - 51	Davis	6060		
LOU - 52 LOU - 53	Fields Wyatt	6063 6058		
LOU - 53 LOU - 54	Wheatley	6292		
LOU - 55	Durbin	6227		
LOU - 56	Hunt	6141		
LOU - 57	Cheatham	rental		
LOU - 58	Murphy	51.68		
LOU - 59	Jackson	5306		
LOU - 60	Stratman	6140		

Original distribution was 7/2012. Revised GEOP books were distributed 2/2013.

GEOP Distribution List					
Muldraugh Operations					
GEOP#	NAME:	TRUCK:			
MULD - 01	Joe Baker	6214			
MULD - 02	Dale Doolin	6215			
MULD - 03	Gene Cross	6216			
MULD -04	Charlie Roberts	6217			
MULD - 05	Mike Burton	6218			
MULD - 06	Leroy Martin	6219			
MULD - 07	Chris Barnes	6220			
MULD - 08	Brian England	4611			
MULD -09	Wayne Darnall	4610			
MULD - 10	Cliff Bell	7642			
MULD - 11	Ed Walton	6087			
MULD - 12	Dennis Probus	6138			
MULD - 13	Tom Rieth	6142			
MULD - 14	Boom Truck - Unassigned	3010			
MULD - 15	Well Rig - Unassigned	7602			
MULD - 16	Acid Rig - Unassigned	6196			
MULD - 17	Field Truck - Unassigned	6289			
MULD - 18	Station Ranger - Unassigned	6137			
MULD - 19	Station Quad - Unassigned	6085			
MULD - 20	Welding Truck - Unassigned	6225			
MULD - 21	Dump Truck - Unassigned	5248			

GEOP Distribution List Magnolia Operations				
GEOP#	NAME:	TRUCK:		
MAG - 01	John Skaggs	6308		
MAG - 02	Nathan Nash	6104		
MAG - 03	Magnolia Front Office	N/A		
MAG - 04	Station Truck	6672		
MAG - 05	Control Room	N/A		
MAG - 06	Zach Thomas	N/A		
MAG - 07	Doug Akin	6072		
MAG - 08	Larry Butler	6046		
MAG - 09	Gene Hogan	6103		
MAG - 10	Gene Staples	6213		
MAG - 11	Will Jones	6223		
MAG - 12	Clint Williams	6010		
MAG - 13	Keith Blair	6222		
MAG - 14	Justin Burris	6047		
MAG - 15	Nate Froggett	6221		

GEOP Distribution List				
Gas Control Operations				
GEOP#	NAME:	TRUCK:		
SR&O - 01	Bill Lawson	6245		
SR&O - 02	John Lewis	6181		
SR&O - 03	Greg Wilson	6111		
SR&O - 04	Matt Moody	6248		
SR&O - 05	Ed Duvall	6112		
SR&O - 06	Roy Horsley	6246		
SR&O - 07	Brian Davis	6251		
SR&O - 08	Mark Durbin	6110		
SR&O - 09	John Boggs	6255		
SR&O -10	Kenny Tapp	6108		
SR&O - 11	Jason Cruz	6109		
SR&O - 12	Rick Raymer	6252		
IM&E - 01	Mike Collins	6278		
IM&E - 02	Tommy Keys	6249		
IM&E - 03	Brian Crenshaw	6180		
IM&E - 04	Jon Price	6253		
IM&E - 05	Mike Huff	6107		
IM&E - 06	Mike Coomes	6254		
IM&E - 07	Elizabeth Moyer	6247		
IM&E - 08	Steve Hall	6250		

2013 Schedule of Unannounced Drills on Gas Leak Investigations and Emergency Response and Planned Safety Audit Blitzes

February 5, 2013 Order Ordering Paragraph No. 9

Emergency Drills:

Section 9.0 of the LG&E Gas Emergency Operating Procedures (GEOP) establishes that desktop emergency response scenarios or unannounced mock emergency response drills will be conducted at least quarterly by LG&E. LG&E's emergency preparedness and response training plans for 2013 include performance of one mock emergency drill during each quarter of 2013. The operating center, size, focus, and scope of each drill will vary. Each drill will be orchestrated by LG&E's Safety and Technical Training Department, and each will test employees' knowledge of and execution of established leak investigation and emergency operations procedures. Emphasis will be placed on leak probing, perimeter establishment, communications, and adherence to LG&E's Incident Command Structure.

After each drill is conducted, a formal review of the event will be held by the Emergency Management Team. The team will identify any areas where additional training opportunities exist and develop recommendations where appropriate. Upon completion of each review, the results of the drill and review will be shared with all employees.

LG&E has tentatively scheduled the following date ranges to conduct emergency drills for the remainder of 2013. The schedule is subject to change based on operational needs, such as storm responses, etc...

2nd Quarter - Week of
 3rd Quarter - Week of
 4th Quarter - Week of

LG&E will submit more detailed plans and schedules to the Commission Staff 2-weeks prior to the execution of planned drills.

Table-Top Exercises:

LG&E will continue to utilize Table-Top Exercises to expose personnel to gas incident scenarios which test and expand the knowledge of personnel respective to leak investigations and emergency response. Industry incidents will continue to be discussed during quarterly employee all-hands safety meetings.

Safety Audits:

LG&E's management team conducts and formally documents field safety and procedural audits of all personnel and business partners on a regular basis. On occasion, management elects to conduct audit blitzes. The purpose of blitzes is to audit as many personnel and business partners as possible during a short period of time. The focus of blitzes can be specific, such as reviews of job site setup, traffic control, pre and post trip vehicle inspections, and safety equipment. Alternatively, the focus of blitzes can be more comprehensive. At times, impromptu blitzes are scheduled to address or assess an identified concern or deficiency.

For the remainder of 2013, LG&E's Gas Distribution organization will conduct planned audit blitzes which focus on personnel performing leak investigations or repairs. Additionally, LG&E's Gas Distribution organization will conduct additional planned audit blitzes which cover the entire gas work group. During these blitzes, all management personnel will be requested to conduct as many field audits as possible during the blitz week.

2nd Quarter - Week of
 3rd Quarter - Week of
 4th Quarter - Week of

Both formal (documented) and informal planned and unplanned audits will continue to be conducted regularly on all field personnel.

2012 Records

Leak Investigation Procedure Audits,

Lead Investigation and Emergency Response Awareness Initiatives, and

Situational-Awareness Training

February 5, 2013 Order Ordering Paragraph No. 5

Recognizing and Reacting to Abnormal Operating Conditions

2012

- 1. What are some of the causes of an emergency situation?
- 2. When confronted with an unsafe condition what are some of the characteristics or properties of natural gas that should be taken into consideration?
- 3. What are some of the ways a gas leak can be indicated?

- 4. What are factors that influence a leakage pattern?
- 5. What are the sources from which the notification process may originate concerning "an odor of gas report'?
- 6. What information is needed when taking a call on a reported gas leak?

7. What are the precautions which must be taken to protect life and/or property?

Recognizing and Reacting to Abnormal Operating Conditions

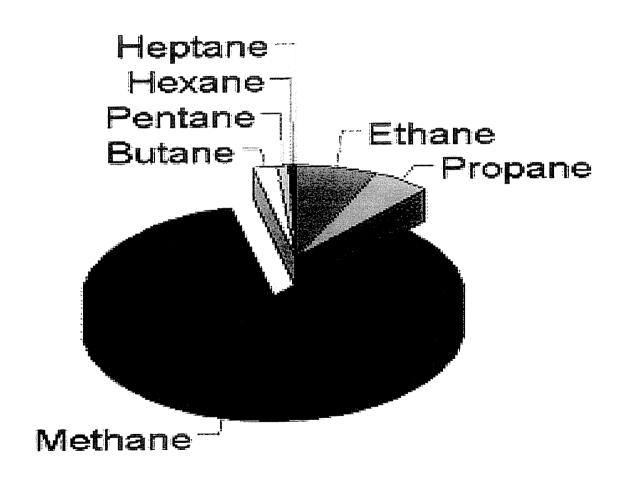
2012

- 1. What are some of the causes of an emergency situation?
- 2. When confronted with an unsafe condition what are some of the characteristics or properties of natural gas that should be taken into consideration?
- 3. What are some of the ways a gas leak can be indicated?

- 4. What are factors that influence a leakage pattern?
- 5. What are the sources from which the notification process may originate concerning "an odor of gas report'?
- 6. What information is needed when taking a call on a reported gas leak?

7. What are the precautions which must be taken to protect life and/or property?

Natural Gas Make-Up



Odor

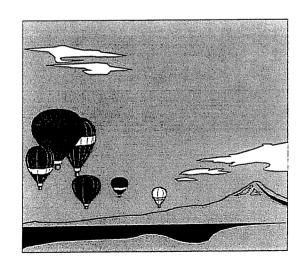


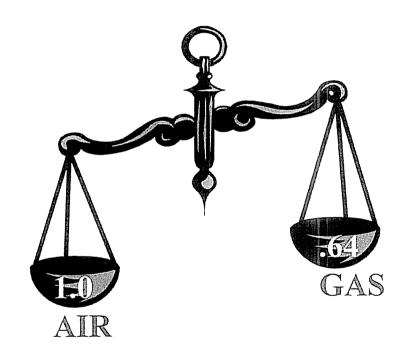
has no odor to aid in the detection of gas leaks

"ODORANTS" are added They have little or no effect on the combustion of gas

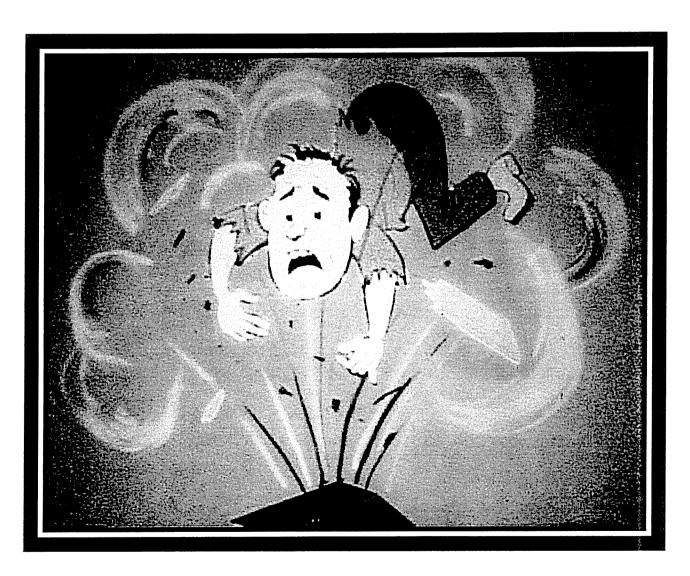
Specific Gravity

GAS IS LIGHTER THAN AIR SO IT WILL RISE AND DISSIPATE INTO THE ATMOSPHERE

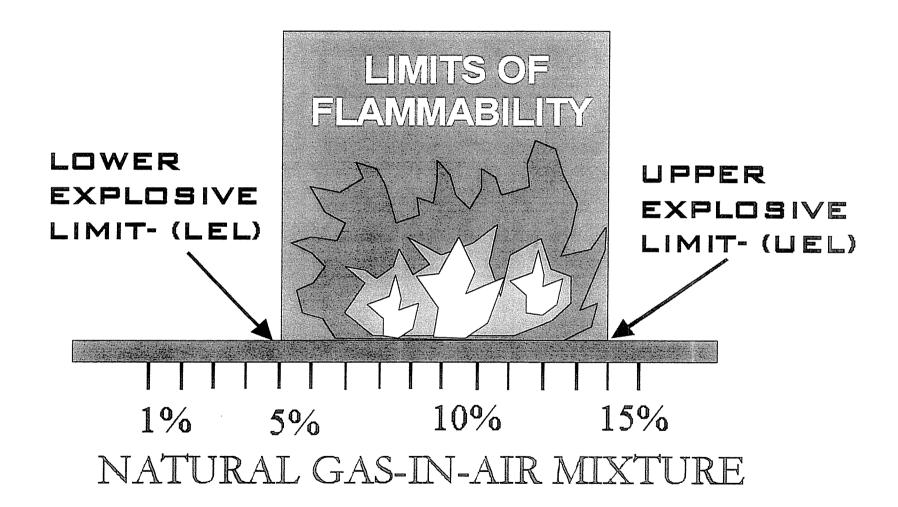




Natural Gas is Explosive

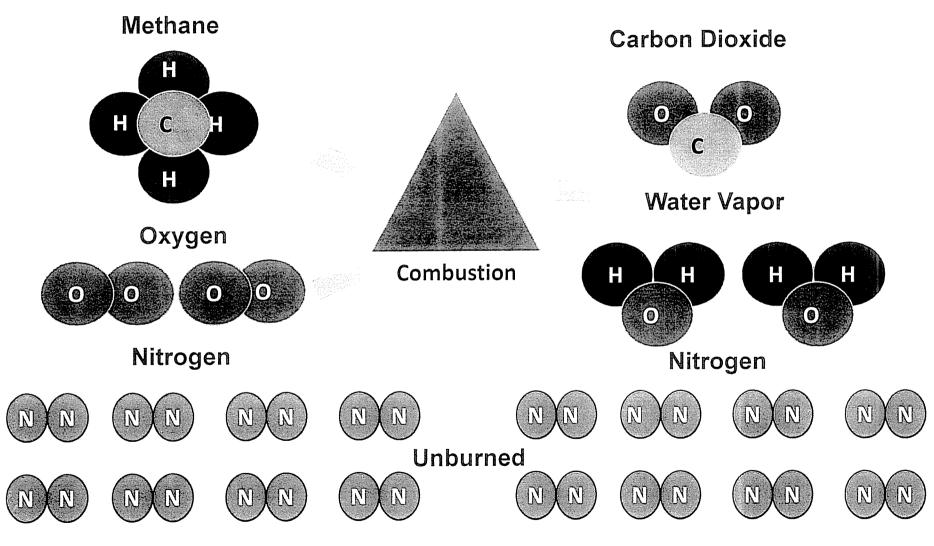


Flammability Limits



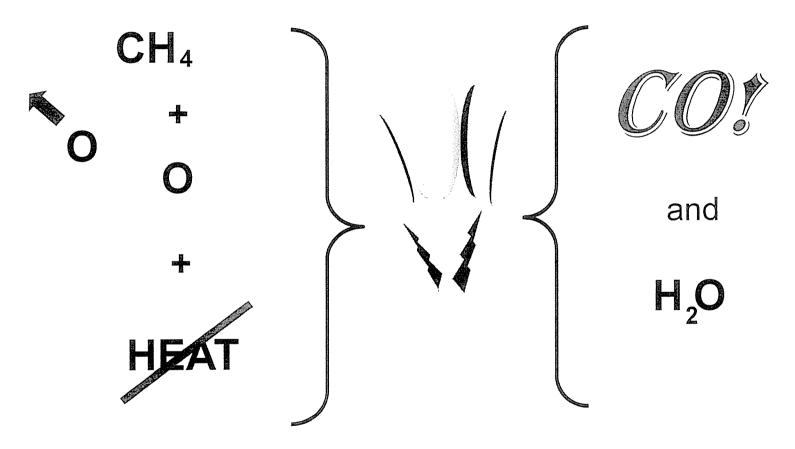
Air 0xygen 21% Nitrogen 70%

Combustion of Natural Gas



Air =21% Oxygen and 79% Nitrogen

Carbon Monoxide



INCOMPLETE COMBUSTION

Ignition Temperature

TYPE OF GASES

IGNITION TEMPERATURE

ACETYLENE AMMONIA GASOLINE NATURAL GAS PROPANE 580° F 1200° F 800° F 1100° F 900° F

British Thermal Units

BTU = BRITISH THERMAL UNIT

ONE BTU = THE AMOUNT OF HEAT REQUIRED TO

RAISE THE TEMPERATURE OF ONE POUND

(1 PINT) OF WATER 1° F

NATURAL GAS = 1,000 BTU PER CUBIC FOOT

PROPANE = 2,500 BTU PER CUBIC FOOT

Emergency Leak Response

- Experience and intuition are not substitutes for thorough investigation.
- Employee training especially for emergency response must be initially conducted and periodically reinforced.

Emergency Leak Response

 How do you, the leak investigator determine the customer's premises are safe?

Experience

- Intuition



Emergency Leak Response

Don't assume there is only one problem

- Common trap
- Most of the time there is only one problem

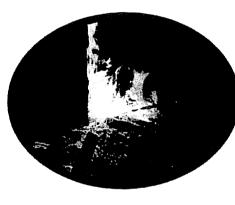
Multiple leaks are the exception to the rule,
 so are gas explosions

Causes of Emergency Situations

- Water or other liquids
- Purging
- Installation of a pipeline on a bridge structure
- Lightning
- Component failure
- Welds, fusion's or mechanical joints
- Surface fires
- Fires that may cause damage to meter
- Forces of nature
- Overpressure

Causes of Emergency Situations



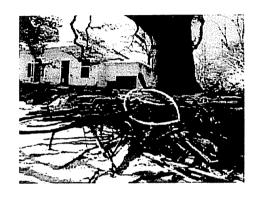


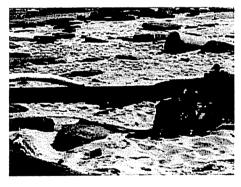






Causes of Emergency Situations







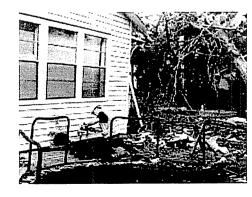


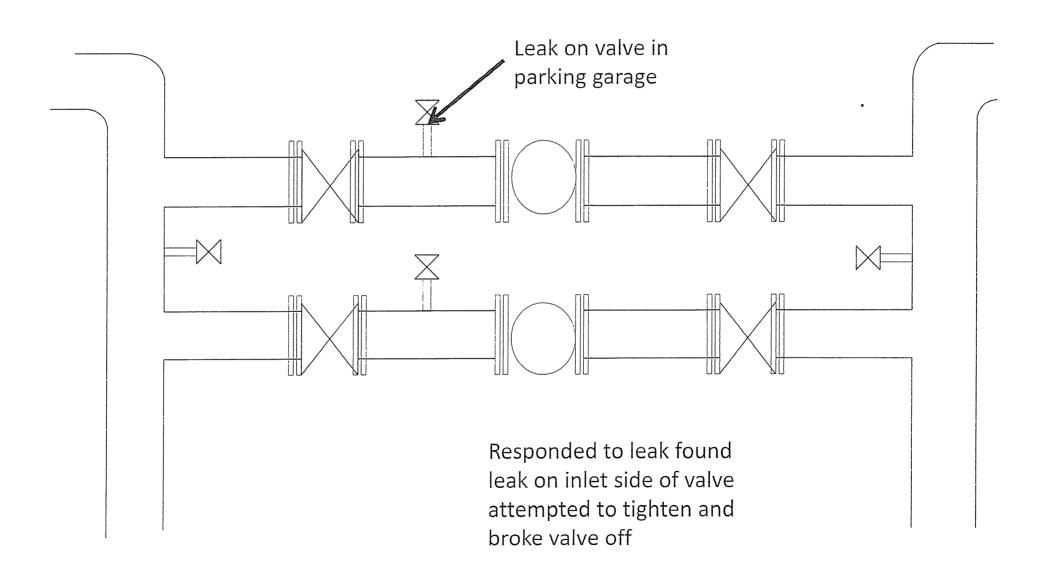


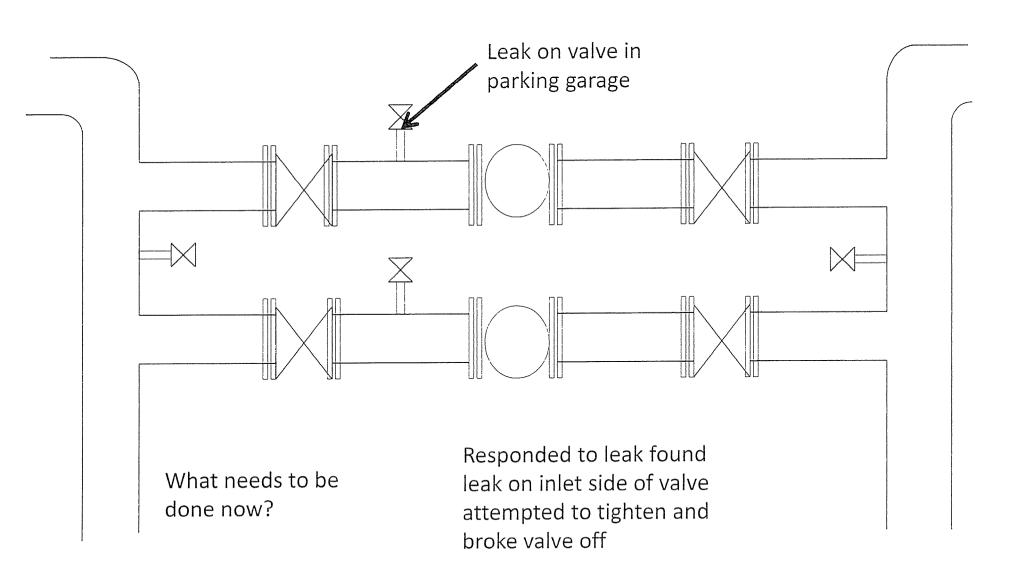


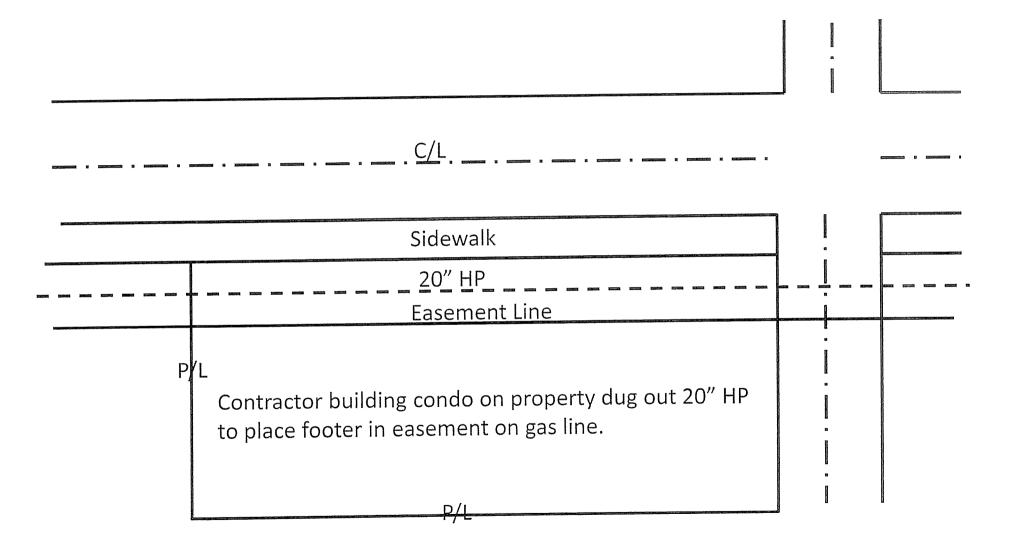






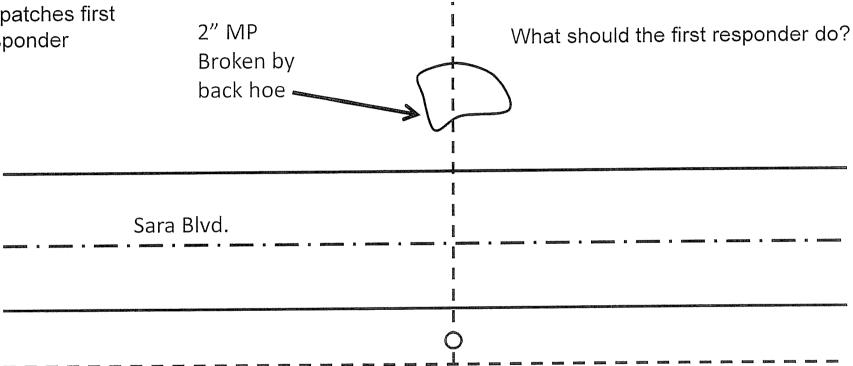






Call to customer service comes in on a broken 2" main 1:45 PM dispatches first responder





		D C+	Classicus
Bakery	Grocery	Drug Store	Cleaners

Call to customer service comes in on a broken 2" main 1:45 PM

Abnormal Condition



Arrived at 2:10 PM after investigating found gas blowing on South side of street at valve box called for a crew

Sara Blvd.

2" MP
Broken by
back hoe

What should the first responder and crew do?

Found gas blowing at 2:30 PM

Asphalt parking lot

Bakery Grocery Drug Store Cleaners

Call to customer service comes in on a broken 2" main 1:45 PM

Abnormal Condition



Arrived at 2:10 PM after investigating gas is found blowing on South side of street at valve box

2" MP
Broken by
back hoe

What should the crew have done?

Sara Blvd.

Found gas blowing at 2:30 PM

The repair crew worked to control the flow of gas at the line break.

Asphalt parking lot

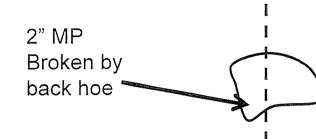
Bakery Grocery Drug Store Cleaners

Call to customer service comes in on a broken 2" main 1:45 PM

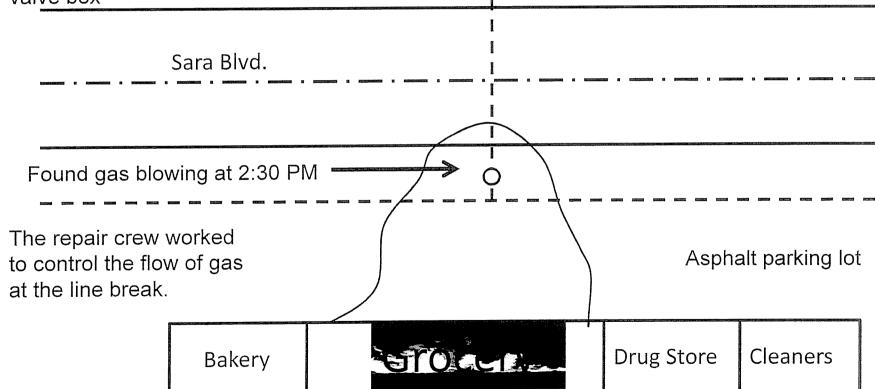
Abnormal Condition



Arrived at 2:10 PM after investigating gas is found blowing on South side of street at valve box



3:00 PM grocery explodes



- A small shopping center was destroyed by a gas explosion and fire that injured five people, some critically. During the installation of storm drains that preceded the widening of the highway in front of the shopping center, the excavator's backhoe struck a gas main. The excavator and gas company had discussed during preconstruction planning meetings that the gas line crossing the path of the construction project would be abandoned. Despite that understanding, an unauthorized field change was made, leaving a section of that line still "active".
- The gas company's first responder arrived at the scene, assessed the situation, and advised the company's radio dispatcher that he needed help. While waiting for the repair crew to arrive, the first responder checked to see if gas delivery in the immediate area had been affected. The first responder reported finding no gas outages and was released when the repair crew and its foreman arrived.

• The repair crew worked to control the flow of gas at the line break, but they neglected the real danger – gas migrating from the unseen damage – a broken fitting – caused by the backhoe striking the line. This leak was under the pavement in front of the shopping center. Gas migrated toward and accumulated in the shopping center. The gas company had been on the scene for nearly three hours when the explosion occurred.

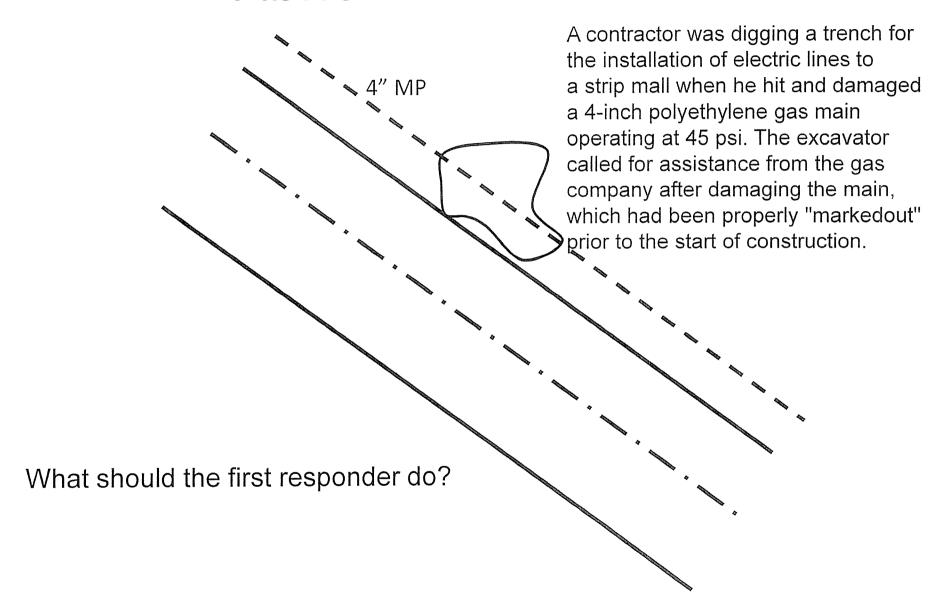
Avoid the "find and fix" syndrome

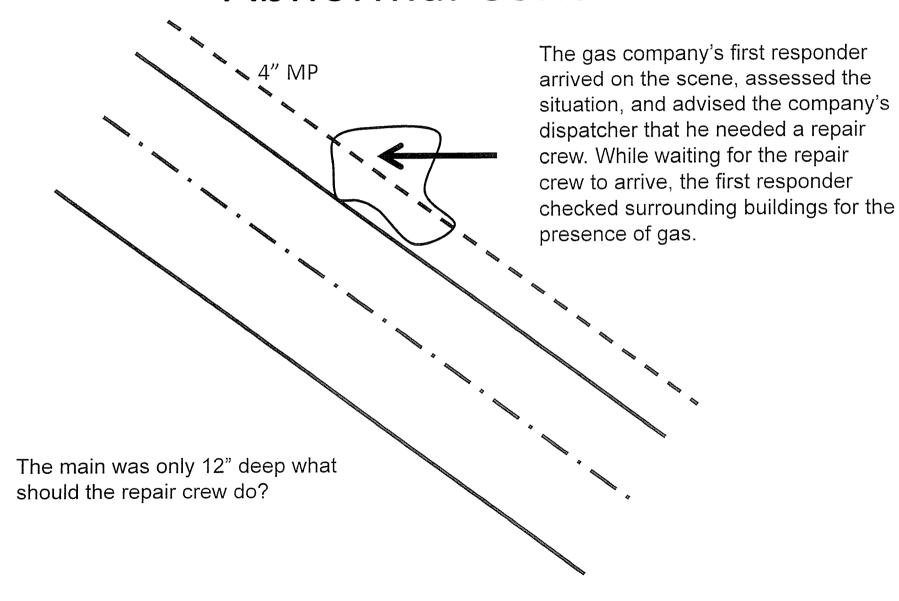
- Obvious leaks or other pipeline damage can cloud the vision of first responders. Attention is drawn to the obvious, and the "trap" is set.
- Avoid the trap, and remember why you're there to recognize hazards, protect life and property,
 and then "find and fix" leaks or damaged pipe.
- Remember the basic tenet of responding to gas emergencies: hazard identification and protecting life and property come FIRST
- The basic tenet of emergency response is for trained personnel to identify the hazard and take appropriate actions to protect life and property. Recognizing the existence and extent of hazards is critical to the initiating of appropriate "makesafe" actions. If company personnel considered the potential for unseen damage, the second leak under the pavement may have been discovered. If company personnel checked the surrounding area and nearby structures for gas migration, perhaps they could have evacuated the area.

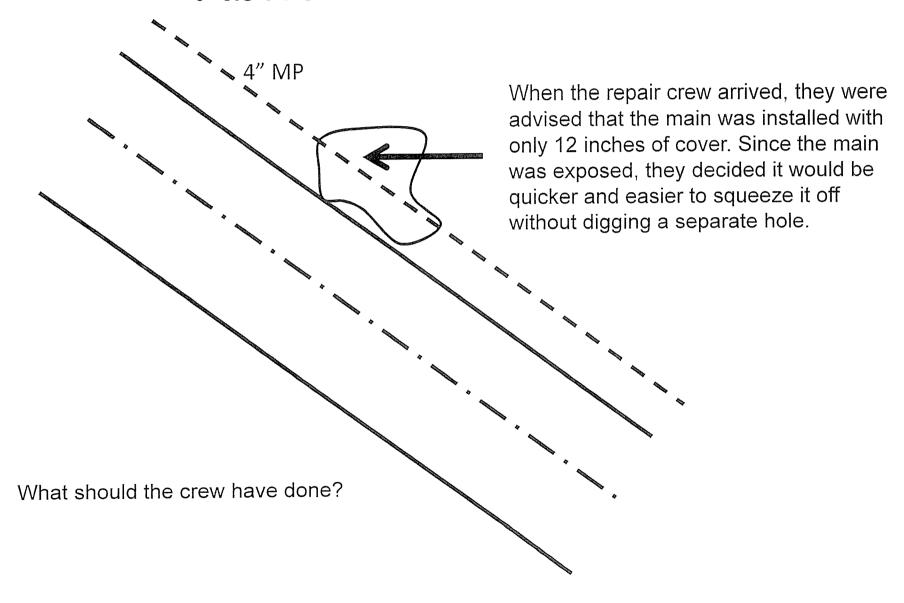
Damage to gas facilities is not always obvious

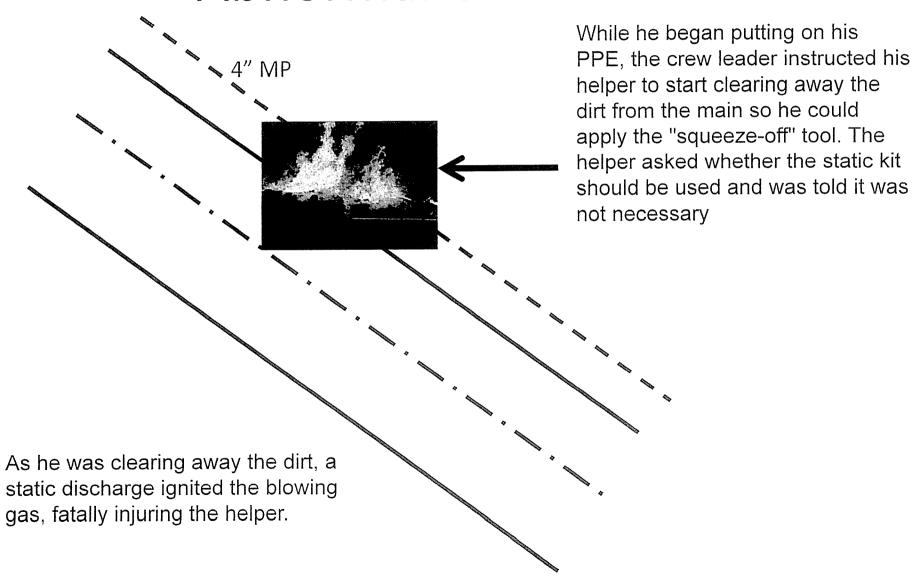
- Excavation damage frequently causes multiple leaks, some of which aren't obvious.
 Underground joints can be disturbed, and if leaks result, they may present additional hazards.
- Check surrounding area with leak detector equipment for possible gas migration
 - When responding to gas leaks, always consider the possibility of multiple leaks and the underground migration of gas into nearby buildings.
- Communicate field changes that affect system mapping
 - Any variation from work plans that would render system maps inaccurate should be communicated to the appropriate group. System maps can memorialize data far longer than the memories of employees, but they are no better than the information that goes into their creation.

Too Little Too Late









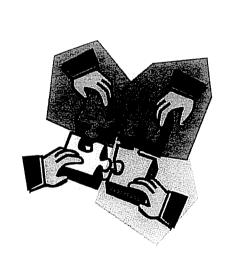
Avoid the "find and fix" syndrome

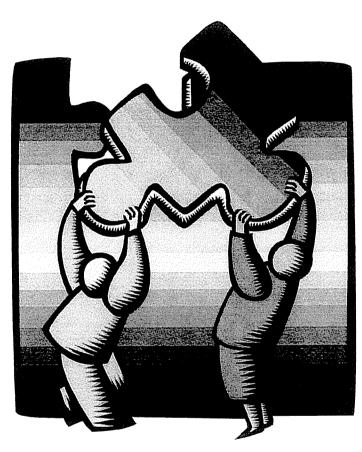
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 Attention is drawn to the obvious, and the "trap" is set.
- Avoid the trap, and remember why you're there—to recognize hazards, protect life and property, and then "find and fix" leaks or damaged pipe.
- Remember the basic tenet of responding to gas emergencies: hazard identification and protecting life and property come FIRST

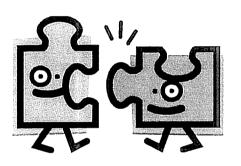
The basic tenet of emergency response is for trained personnel to identify the hazard and take appropriate actions to protect life and property. Recognizing the existence and extent of hazards is critical to initiating appropriate "makesafe" actions. If company personnel had not ignored the requirement to use a static electricity kit before working on the polyethylene gas main, this incident may have been prevented

- Always wear the Personal Protective Equipment (PPE) prescribed by your company
 - The appropriate Personal Protective Equipment must be worn when working on job sites where there is blowing gas.
- Always use a static kit when repairing polyethylene pipe under conditions of leaking or blowing gas
 - Follow company procedures and use a static electricity kit every time work is performed on polyethylene pipe.

Evaluating The Leak







Where is the gas?

Evaluating The Leak

- Where is the gas?
- How much is there?
- Extent of the hazard (migration)
- Relation to other structures
- Evaluate/evacuate

Where Things Go Wrong

- Complacency
 - "We've done this job dozens of times"
- Tunnel Vision
 - Not focusing on the overall picture
- Shortcuts
 - Not following the approved procedures
- Lack of training/experience
 - Have never experienced this situation

Reacting to AOC's

- If the AOC presents an immediate hazard
 - Make repairs if possible
 - Replace component(s) at the time of discovery
 - Implement emergency response procedures and make notification
- If the AOC does not pose and immediate hazard
 - Initiate the appropriate action that will ensure a timely repair
 - Analyze and treat it as if it were a Grade 2 or Grade 3 leak

Our main job is not Finding & fixing leaks

Our main job is PUBLIC SAFETY

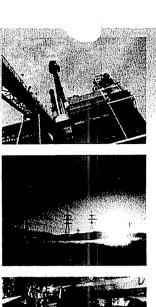
FIND & FIX SYNDROME



PPL companies

Gas Trouble All Hands Meeting

March 14, 2012











Trouble All Hands – March 14, 2012

Agenda

Start	Finish	Desc.	Duration
7:30	8:00	Breakfast	0:30
8:00	9:00	Leak Investigation	
		Leak Training Recap (Netherton/Smokey)	0:20
		Leak Detection Equip Overview	0:20
,		Houseline Testing Policy	0:20
9:00	9:20	AEGIS Video (Smokey)	0:20
9:20	9:40	Break	0:20
9:40	10:40	Philadelphia Tabletop (Stratman)	0:60
10:40	11:00	Ventyx Updates (Stratman)	0:20
11:00	12:00	Vacation Picks (Netherton)	0:60

Gas Trouble

All Hands Meeting

3/14/2012

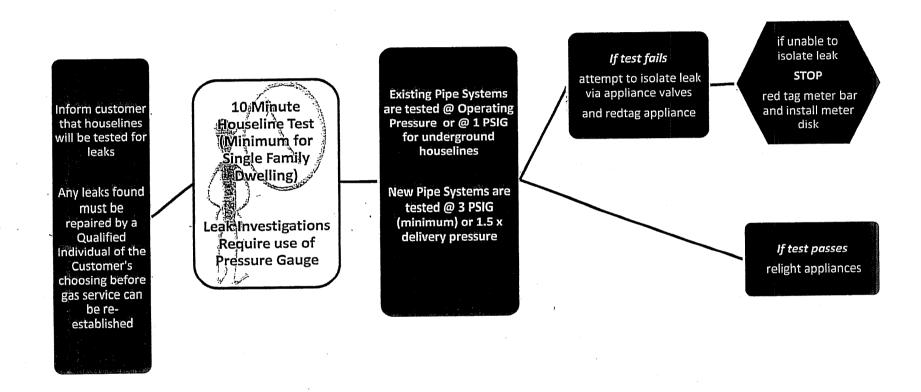
During the Gas Trouble All Hands meeting held on March 14, 2012the following leak investigation topics were covered as re-enforcement:

- The only way to establish a perimeter is by barholing
- Establishing and monitoring a 360 degree perimeter takes priority of finding the leak
- Always check at the houses at the address and on each side
- Make sure the CGI is properly working and calibrated
- · Be aware of other utilities when barholing
- When checking on a service that has been hit with no gas blowing to barhole from the point of hit to the main and to the houses

To: Gas Department Personnel From: Kevin Murphy /Paul Stratman



Houseline Leak Investigation/Testing Guidelines



Houseline Leak Investig Jon/Testing Guidelines

1. **DEFINITIONS**:

a. Operating Pressure – the pressure delivered to the customer through the meter. On low pressure systems, operating pressure may vary from 4 OZ (7 in wc) to 8 OZ (14 in wc). On MP and EP systems, operating pressure is typically 4 OZ (7 in wc).

2. Prior to any leak investigation or performing any work (including turning gas on) on the Gas Meter Loop:

- a. Inform customer that we will be testing the houseline (all piping downstream of the meter) prior to establishing service. If the houseline fails the pressure test LG&E will not be able to reestablish gas service until repairs are made.
 - i. These repairs will be the customer's responsibility and will be made at the customer's expense by the Customer or Customer's representative.
 - ii. LG&E or Business Partners will notify the customer if the houseline fails the pressure test and inform them of the necessary steps to reestablish gas service.
- b. Perform and document regulator lock up test (if applicable). Use this test to establish Operating Pressure.

Pressure Test Guidelines

- a. Houselines that are completely new or replaced from the meter outlet to the appliance valves will be tested at 3 psig (minimum) or 1.5 X Delivery Pressure for at least 10 minutes with an appropriate pressure gauge.
 - i. The 10 minute test applies to a typical single family dwelling. For other building types, consult the Operational Supervisor for test duration.
- b. After the initial activation of service, repairs, additions to an existing houseline system, or modifications to an existing system will be tested at Operating Pressure with a gauge.
- c. Prior to relighting appliances, perform a whole system test, with either the meter or a pressure gauge, for 10 minutes (minimum for a single family dwelling, for other building types, consult the Operational Supervisor) at operating pressure. This test will include the controls of the appliances.
 - i. The meter must be removed to perform a gauge test.
 - ii. Testing with a gauge is required for leak investigations, but test may be performed using the ½ foot hand on the gas meter (on the upswing) on all other tests.
 - iii. If using the meter test (by observing ½ foot dial), always insure the dial is operating properly by purging a small amount of gas via test plug or loosening the outlet meter nut before observing/performing the test.
 - iv. If the building contains underground houselines, a 1 psig (minimum) test is required for underground pipe. Absent isolation valves, test entire system at 1 psig (or 1.5 X Delivery Pressure). This pressure test should displace any ground water intrusion into the pipes, and thus indicate leaks that an operating pressure test may not indicate.

4. Leak Investigation Guidelines

- a. If testing the houselines during an indoor leak investigation, use a gauge at Operating Pressure unless the building contains underground houseline.
 - i. If the building contains underground houselines, a 1 psig (minimum) test is required for underground pipe. Absent isolation valves, test entire system at 1 psig (or 1.5 X Delivery Pressure). This pressure test should displace any ground water intrusion into the pipes, and thus indicate leaks that an operating pressure test may not indicate.
- b. Attempt to isolate a discovered leak by isolating the leak at appliance valves.
 - i. Close all appliance valves and retest the houseline.
 - 1. If the test holds:
 - a. Cycle appliance isolation valves to identify leaking section and red tag the appliances.
 - b. Relight any appliances that are not leaking.
 - 2. If the test fails, inform the customer that repairs are required. Hang a completed "red tag" on the meter bar and install a meter disk on the meter inlet. If necessary, install barrel lock on the meter inlet valve.



	GT	GT-40		First Responder		
Mode	Leak Detection	Sniffer Mode	· LEL (default)	со	PPM	
Inside Leak Investigation	Х		X	And the state of	*: .:	
Outside Below Ground Leak			Х			
Outside surface survey, with bellow			Х		X	
CO investigation	Х		Х	Pinpointing under 35 ppm		
Pinpoint a leak on an above ground fitting		Х			Х	

Maintenance:

Both the GMI and GT-40 units need to be tested on 30-day intervals (tested by the operator assigned to the unit).

Make 3 attempts to test, if unit continues to be out of calibration, contact Don Dearing, Bruce Peyton or Eric Netherton.

Turn on equipment in a gas-free environment.

Zero out before turning equipment off.

Do not flip/rotate the dust filter, replace when dirty.

Make sure Hydrofilter colors are matched up properly (yellow to yellow and white to white).

Charcoal / Gasoline filter is for one time use only.

Investigation Procedures:

co:

Refer to AEGIS tip card "Inside Investigation – Carbon Monoxide".

Let appliance operate for at least 2 minutes before taking readings.

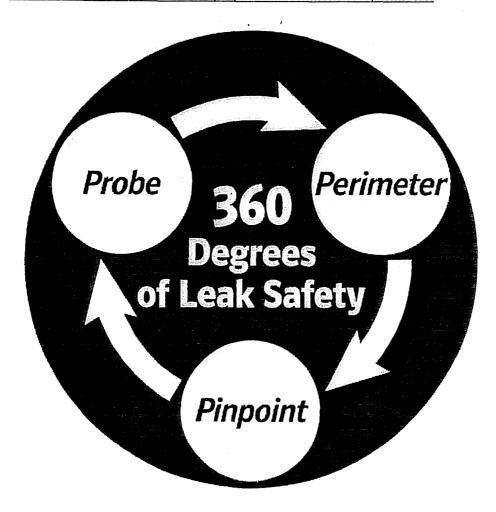
Do not take reading directly in the flue or draft hood.

Leaks:

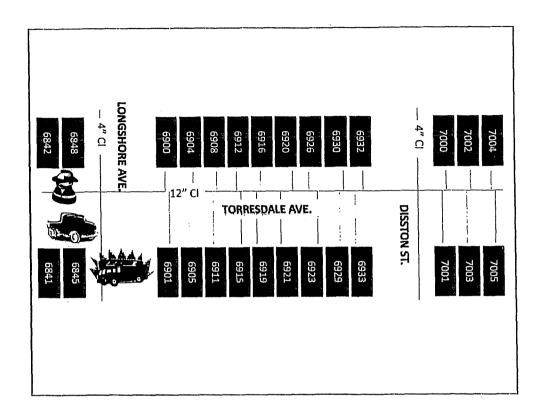
Get a meter reading on all leak jobs.

Code 1 Inside or Outside – probe over service to within 5-feet of the building.

Outside Leak investigation - <u>In order to properly establish a perimeter on a gas leak investigation</u> outside, probe hole and/or bar holes must be utilized to verify the extent of any gas migration. A 360-degree underground survey is critical to the proper establishment of a perimeter.



Gas Leak Investigation Table Top Exercise



What are your steps?

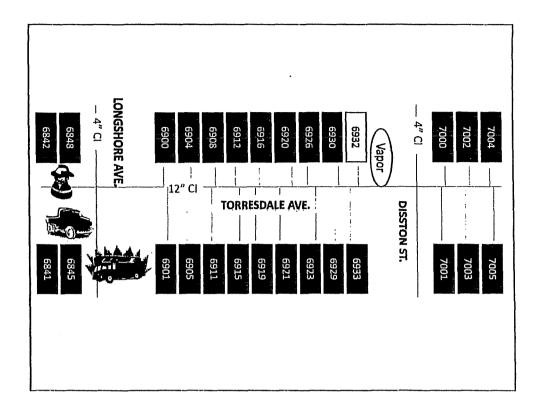
1. Make contact with Fire Department to get their assessment of situation.

Fire Department believes that problem originates near intersection of Dissiton and Torresdale.

Buildings in 6900 and 7000 block of Torresdale have been evacuated.

The First Responder IS the Incident Commander.

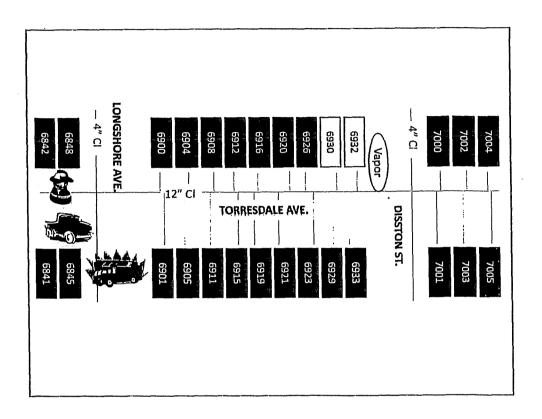
2. Zero out equipment in gas-free environment, begin to take readings at ground level, starting at Longshore, working east.



70% LEL in basement of 6932 Torresdale.

Next steps:

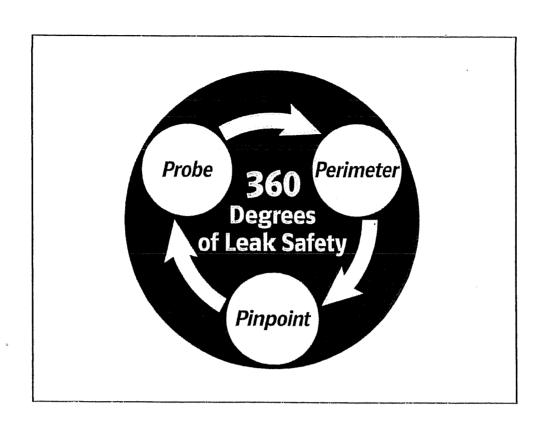
- 1. Ventilate 6932 (if possible).
- 2. Turn off at street (of possible) and meter (if possible) -6932
- 3. Begin probing where ground allows at intersection
 - 1. Continue until no gas readings present (establish perimeter)
- 4. Call supervisor/dispatch for additional help
 - 1. Need construction crew
 - 2. Electric shut-off if necessary



40% LEL in 6930 - repeat as 6932 (turn off at street, ventilate)

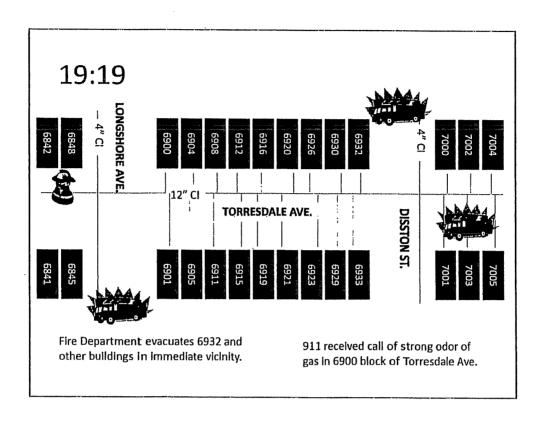
Next steps:

- 1. Continue to establish perimeter.
 - 1. Check all available openings (sewers, manholes, water vaults, curb boxes, etc).
 - 2. Probe where possible
- 2. No gas on east or south side of intersection
- 3. Continue to monitor the perimeter until assistance arrives. Stay in constant contact with Fire Department and verify homes with gas readings have been evacuated.
- 4. Crew has arrived what next?
 - 1. Communicate findings to crew
 - 2. Stay onsite until released by Incident Commander/Crew

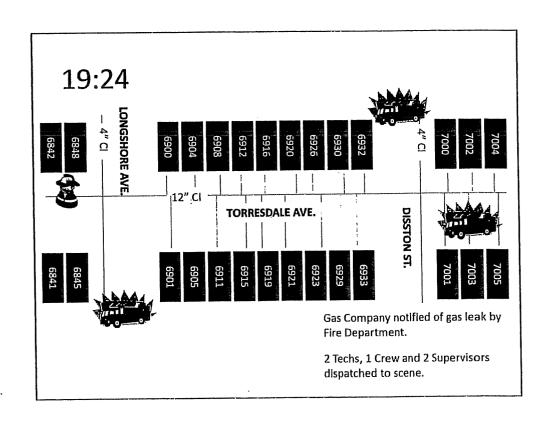


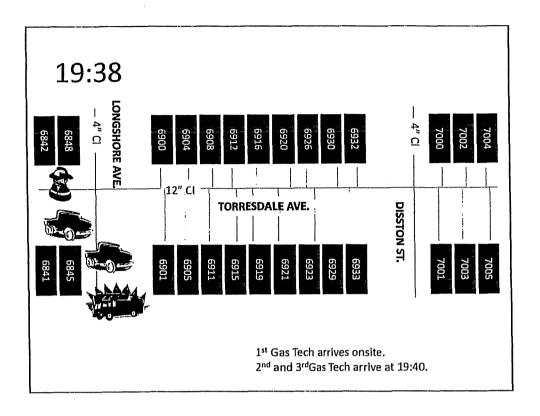
What Really Happened January 18, 2011 Philadelphia, PA

June 5, 2012



Fire Deprt. Rec'd 911 call of gas in 6900 block of Torresdale Ave.

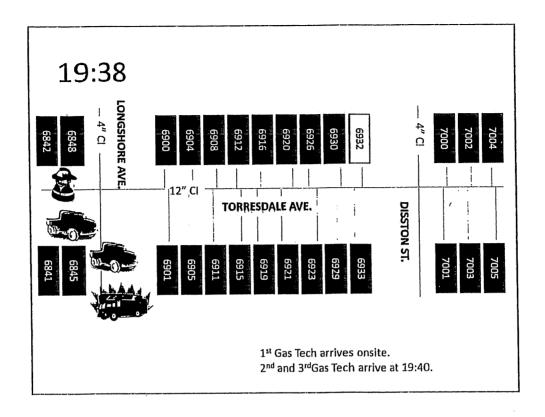




19:38 – First gas company employees arrive to job site.

Fire Department believes that problem originates near intersection of Dissiton and Torresdale.

Buildings in 6900 and 7000 block of Torresdale have been evacuated.

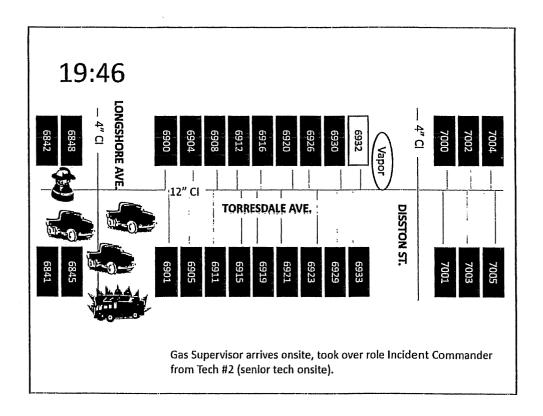


19:38

Techs request Fire Department assistance in ventilating 6932 Torresdale Ave. by opening basement door coverings. Multiple LEL readings detected in the building, and Tech turns off at curb valve and meters.

Tech 1 & 3 discover readings of 70% LEL in the basement of 6932 Torresdale, notified 2 Supervisors of readings.

No gas readings taken at foundation/underground.



19:46 – 1st Supervisor arrives

No FD/Gas Company communication about which specific building(s) had been evacuated.

Supervisor parked with FD, but did not meet to discuss specifics of job with FD commander.



SIGN-IN SHEET (Please Print Legibly)

	Course Code	/ LI HT Session#
Date 3/14/12	Instructor's Name / ID # Paul Stra	atman/ Eric Netherton/Larry Dodson
Subject Presented J	Leak Investigation /Houseline Testing Guide	lines
Location <u>AOC</u>	Sponsored by Line of Business	Training Hours
T <u>raining Reasons</u> : (check only <u>one)</u>	() Compliance (OSHA or DOT required)() Computer Technology() Industry Knowledge() Leadership Development	 () Operator Qualification – Gas Only () Safety () Personal Development (X) Technical/Job Specific

Last Name/First Name (please print)	Signature	Company (Servco, LG&E,	Employee Number
		KU)	
Netherlen ERic	Eric W- Hether	1682	
Stratman, Paul	Golde	CETE	
Mike Payre	Julilly.	LOFE	
Hinkle Chris	(Dull	LG+E	
Regard, lake	Sol Rell	LGE	
Smith, Franklin	Frakle Linth	PPL	
CSLANK JOSEPH J.	Joyl & Lleul &	164E	
Gotzings LA	Jest I Shift		
Puris H.G.	Jul Brosis	LG+E	4
GUTTERMAN, DANIEZ	Samelhattermus	LAJE	
Ablen, Stone	James H. aller	Teif	
BRIDGEWHIER Hollis	Halli Britigerate	LGYE	
OFF Lenny	La	26+6	
THLEN NOBTON	h. all m	L. A = 2	
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Revised 5/00			

SIGN-IN SHEET (Please Print Legibly)

Course	Code G/A/HT	
Course	COULT ST.	-

Session#____

Date 3/14/12 Instru	ctor's Name / ID# PauLStratman/E	Fric Netherton/Larry Do	dson
Subject Presented Leak Investigation	on /Houseline Testing Guidelines		
Location AOC Sponse	ored by Line of Business	Training Hours	5
(check only <u>one</u>) () Computer () Industry Kr	Technology () nowledge ()	Operator Qualification – Safety Personal Development Technical/Job Specific	Gas Only
Last Name/First Name (please print)	Signature	Company (Servco, LG&E, KU)	Employee Number
Benedict Ron	In Benefit	2646	
Newton Christophia	Chris Hewh	LOFE	
Springston Richie	& Springelon	6.618	
Balland Stephan	5. Sall	CETE	
Heath Tony	1. Heats	2632	
Peyton Brue	Bur Polo	LEXE	
Peauler Kenneth	Kennet & Pearly	LGCE	
DODSON, LZM	Lan Denen	BERNU	
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PPL companies

Gas Construction All Hands Meeting

June 5, 2012



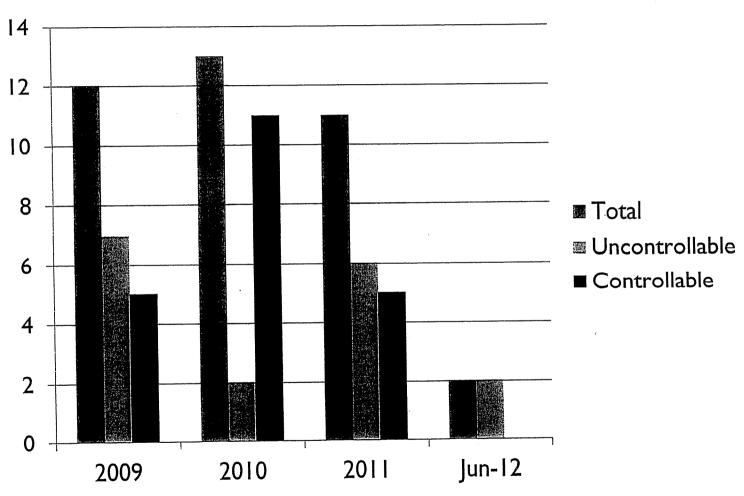
All Hands - June 5, 2012

Wednesday, May 23, 2012 8:08 AM

Agenda

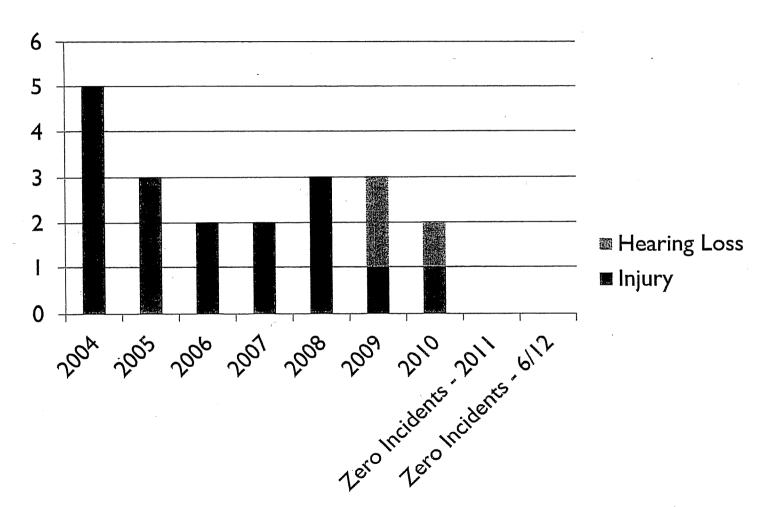
Start	Finish	Desc.	Duration
7:30	8:00	Breakfast	0:30
8:00	8:15	Safety (Cindy)	0:15
8:15	8:30	Houseline Testing (Paul) & Regulatory Information	0:15
8:30	8:40	Ticks (Smokey)	0:15
8:40	8:55	Break - Release all but Construction	0:10
8:55	9:25	CO (Smokey)	0:30
9:25	10:55	GMI (Mike Koby, Heath)	1:30
10:55	11:05	Break	0:10
11:05	11:35	Leak Scenario (Paul)	0:30
11:35	11:50	Ventyx (Paul)	0:15

Safety Performance Vehicle Incidents





Recordable Incidents





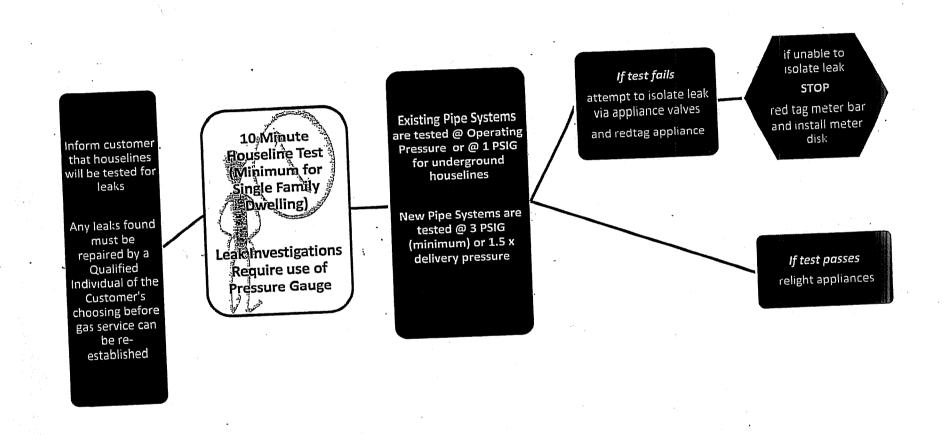
JUNE 4, 2(¿V9

To: Gas Department Personnel

From: Kevin Murphy /Paul Stratman



Houseline Leak Investigation/Testing Guidelines



Houseline Leak Investib- ion/Testing Guidelines

DEFINITIONS:

a. Operating Pressure – the pressure delivered to the customer through the meter. On low pressure systems, operating pressure may vary from 4 OZ (7 in wc) to 8 OZ (14 in wc). On MP and EP systems, operating pressure is typically 4 OZ (7 in wc).

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- a. Inform customer that we will be testing the houseline (all piping downstream of the meter) prior to establishing service. If the houseline fails the pressure test LG&E will not be able to reestablish gas service until repairs are made.
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 - ii. LG&E or Business Partners will notify the customer if the houseline fails the pressure test and inform them of the necessary steps to reestablish gas
- b. Perform and document regulator lock up test (if applicable). Use this test to establish Operating Pressure.

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- c. Prior to relighting appliances, perform a whole system test, with either the meter or a pressure gauge, for 10 minutes (minimum for a single family dwelling, for other building types, consult the Operational Supervisor) at operating pressure. This test will include the controls of the appliances.

 - i. The meter must be removed to perform a gauge test. ii. Testing with a gauge is required for leak investigations, but test may be performed using the ½ foot hand on the gas meter (on the upswing) on all
 - iii. If using the meter test (by observing ½ foot dial), always insure the dial is operating properly by purging a small amount of gas via test plug or loosening the outlet meter nut before observing/performing the test.
 - iv. If the building contains underground houselines, a 1 psig (minimum) test is required for underground pipe. Absent isolation valves, test entire system at 1 psig (or 1.5 X Delivery Pressure). This pressure test should displace any ground water intrusion into the pipes, and thus indicate leaks that an operating pressure test may not indicate.

Leak Investigation Guidelines

- a. If testing the houselines during an indoor leak investigation, use a gauge at Operating Pressure unless the building contains underground houseline.
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 - 1. If the test holds:
 - a. Cycle appliance isolation valves to identify leaking section and red tag the appliances.
 - b. Relight any appliances that are not leaking.
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Page 2 of 2 Houseline Leak Investigation/Testing Guidelines K Murphy Gas Engineering 06042012



Leak Detection Equipment

Use:

GMI – First Responder

The purpose of this device is to conduct outside leak investigations, both above and below ground (with probe attachment).

This device is also equipped to provide Carbon Monoxide readings in a house.

GT40

The purpose of this device is to conduct leak investigations inside buildings and above ground on exposed piping (meter loops, regulators).

This device is also equipped to provide Carbon Monoxide readings in a house.

This device should not be used in below ground surveys.

	GMI – First Responder	GT-40
Indoor Leak Investigation	Yes	Yes
CO Investigation	Yes	Yes
Outdoor exposed piping survey	Yes	Yes
Outdoor ground level survey	With Bellow Probe	<u>No</u>
Outdoor below-ground survey	With Bar Hole Probe	<u>No</u>
Checking for leak migration	With Bar Hole Probe	<u>No</u>
Pinpointing underground leaks	With Bar Hole Probe	<u>No</u>

-	GT-	GT-40		First Responder		
Mode	Leak Detection	Sniffer Mode	LEL (default)	СО	PPM	
Inside Leak Investigation	X		X	and the second s		
Outside Below Ground Leak			X			
Outside surface survey, with bellow			X		X	
CO investigation	X		Х	Pinpointing under 35 ppm		
Pinpoint a leak on an above ground fitting		X			X	

Maintenance:

Both the GMI and GT-40 units need to be tested on 30-day intervals (tested by the operator assigned to the unit).

Make 3 attempts to test, if unit continues to be out of calibration, contact Don Dearing, Bruce Peyton or Eric Netherton.

Turn on equipment in a gas-free environment.

Zero out before turning equipment off.

Do not flip/rotate the dust filter, replace when dirty.

Make sure Hydrofilter colors are matched up properly (yellow to yellow and white to white).

Charcoal / Gasoline filter is for one time use only.

Investigation Procedures:

CO:

, ž.

Refer to AEGIS tip card "Inside Investigation - Carbon Monoxide".

Let appliance operate for at least 2 minutes before taking readings.

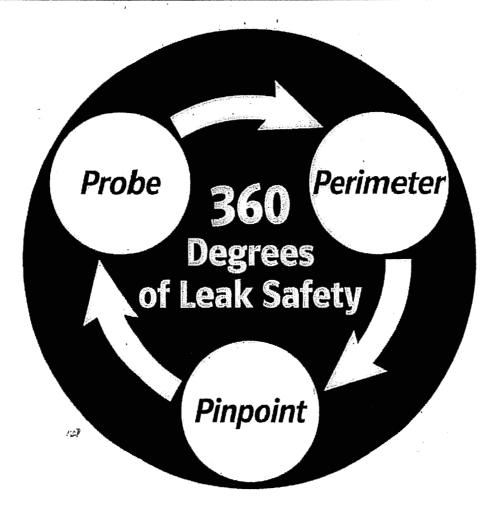
Do not take reading directly in the flue or draft hood.

Leaks:

Get a meter reading on all leak jobs.

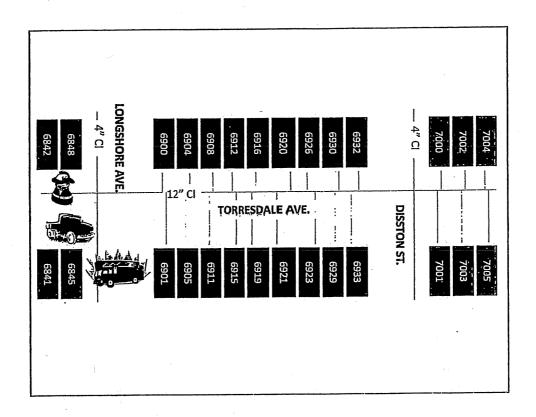
Code 1 Inside or Outside – probe over service to within 5-feet of the building.

Outside Leak investigation - <u>In order to properly establish a perimeter on a gas leak investigation</u> outside, probe hole and/or bar holes must be utilized to verify the extent of any gas migration. A 360-degree underground survey is critical to the proper establishment of a perimeter.



Gas Leak Investigation Table Top Exercise

June 5, 2012



What are your steps?

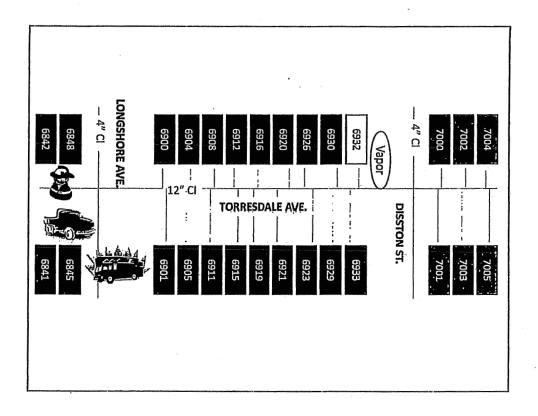
1. Make contact with Fire Department to get their assessment of situation.

Fire Department believes that problem originates near intersection of Dissiton and Torresdale.

Buildings in 6900 and 7000 block of Torresdale have been evacuated.

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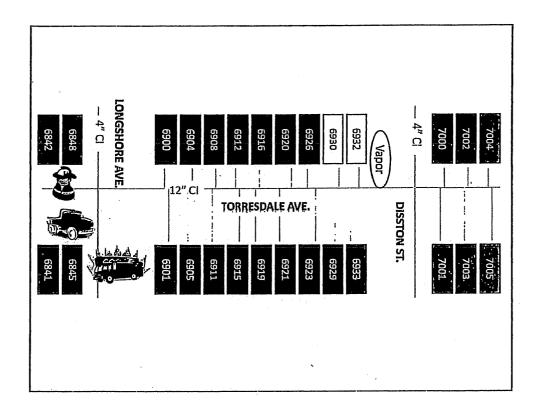
2. Zero out equipment in gas-free environment, begin to take readings at ground level, starting at Longshore, working east.



70% LEL in basement of 6932 Torresdale.

Next steps:

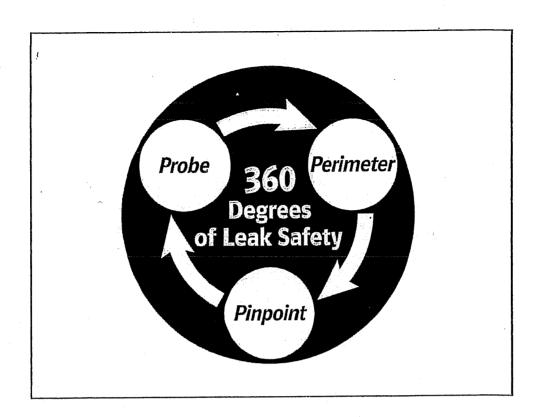
- 1. Ventilate 6932 (if possible).
- 2. Turn off at street (of possible) and meter (if possible) -6932
- 3. Begin probing where ground allows at intersection
 - 1. Continue until no gas readings present (establish perimeter)
- 4. Call supervisor/dispatch for additional help
 - 1. Need construction crew
 - 2. Electric shut-off if necessary



40% LEL in 6930 – repeat as 6932 (turn off at street, ventilate)

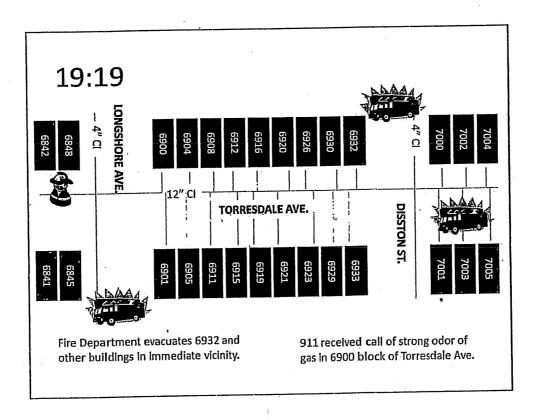
Next steps:

- 1. Continue to establish perimeter.
 - 1. Check all available openings (sewers, manholes, water vaults, curb boxes, etc).
 - 2. Probe where possible
- 2. No gas on east or south side of intersection
- 3. Continue to monitor the perimeter until assistance arrives. Stay in constant contact with Fire Department and verify homes with gas readings have been evacuated.
- 4. Crew has arrived what next?
 - 1. Communicate findings to crew
 - 2. Stay onsite until released by Incident Commander/Crew



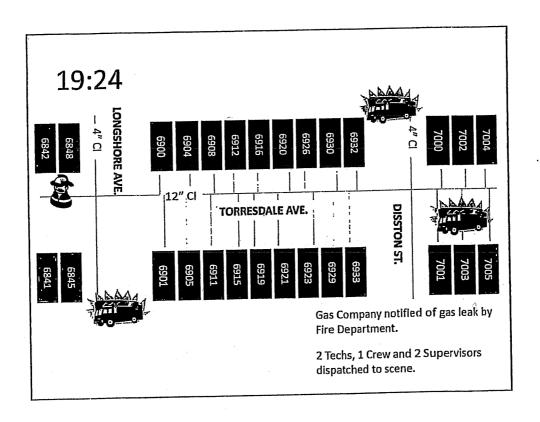
What Really Happened January 18, 2011 Philadelphia, PA

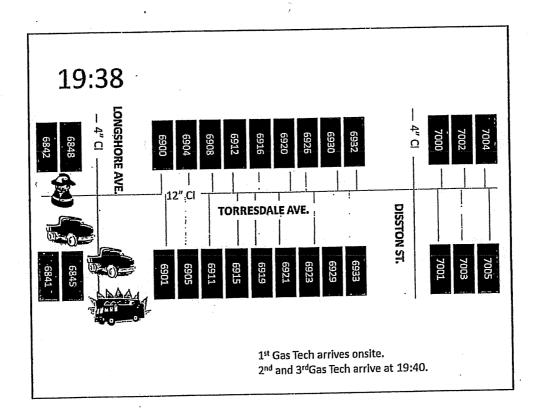
June 5, 2012



Fire Deprt. Rec'd 911 call of gas in 6900 block of Torresdale Ave.

7

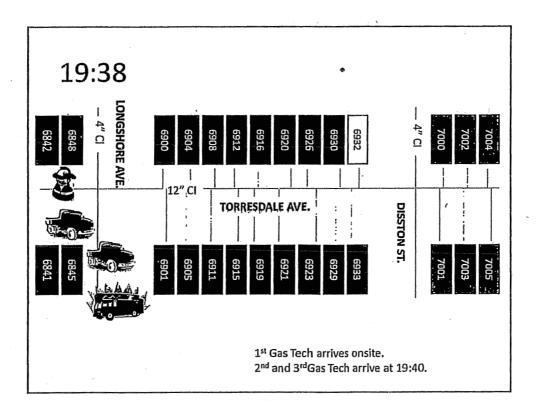




19:38 – First gas company employees arrive to job site.

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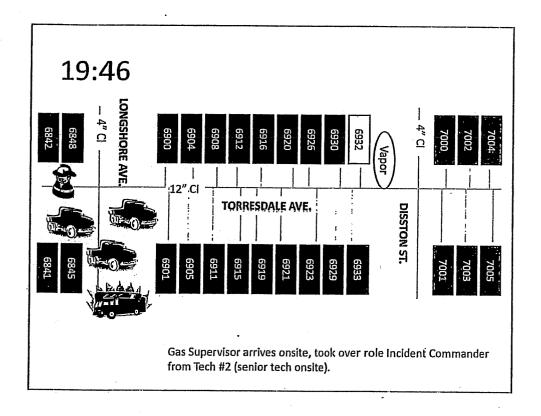


19:38

Techs request Fire Department assistance in ventilating 6932 Torresdale Ave. by opening basement door coverings. Multiple LEL readings detected in the building, and Tech turns off at curb valve and meters.

Tech 1 & 3 discover readings of 70% LEL in the basement of 6932 Torresdale, notified 2 Supervisors of readings.

No gas readings taken at foundation/underground.



19:46 – 1st Supervisor arrives

No FD/Gas Company communication about which specific building(s) had been evacuated.

Supervisor parked with FD, but did not meet to discuss specifics of job with FD commander.





Session#

For Of	fice Use Only: Course Code	Session #	,
Date 6-5-12 Instruc	ctor's Name / ID#	nby	
Subject Presented 6MI	MODEL 524 GAS D	erceron	
Location Sponsored	by Line of Business	<u>Tr</u> aińing Hours	
Training Reasons: () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
1. Faith Chris	(Sin Fith	666	
2. Allen Roderick	Roden &	LEE	
Perry Lea	Lee Pern	LORE	
4. Springston Rillie	Boningators	6-6-18	
5. Ballard Shephe	S. Sudul	LG+E	
6. Dilley Dana	Dana Delley	LGtE	
7. Vaughn Pool		LOHE	
8. BAKEL Desig	Dem Bak	LGE.	
9. Kingray Brian	Brew Kinn	LEAR	
10. Stratman, Paul	Gand All	(GPE	
11.			
12.			
13.		,	



SIGN-IN SHEET (Please Print Legibly) Gm1524

For Of	fice Use Only: Course Code	Session#	
Date 6-5-12 Instruc	ctor's Name / ID # Miles K	6.64	
	10Del 526 GAS D		
Location Auc Sponsored	l by Line of Business	<u>Training</u> Hours	
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety owledge () Developmental		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
1. Sarles Janathan	Quath Dal	LG €	
2. Sommer 51	56 Summer	<u> </u>	
Waddle Hndrew	andrew I whoddle	LGTE	
4. BRUNGE RODNEY 5.	Rodney E. Burn	168	
5. Stinson Herman	Human Stinson	2646	
6. Bapne Chris	Chip Brough	LGE	*
7. HAYDEN DR.	K Handen	LGE	
8. PENdleton R.J. 9. (B. of	2. Pendliton	- 17	
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For Of	tice Use Only:	Course <u>Code</u>	Session #	
Date 6.5-12 Instruc	tor's Name / ID	# MIKEN	e, b çı	
Subject Presented <u>CmJ</u>	MODEL.	526 GAS DC	TECTON	· .
Location AOC Sponsored	l by Line of Bus	iness	<u>Tr</u> aining Hours	
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology	() Operator Qualificati() Safety() Developmental(X) Technical/Job Spec		
Last Name/First Name (please print in ink or type)	Signature		Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
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5. WALLACE MARK	Marko	Valle	LGE	
6. JONES NOTHAN	1	W	LLE	
Peter David	a.	N T	LGE	
8. Harrison Kn	Kn D		L6+E	
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For U	mice use Only: Course <u>Code</u>	<u> Jessiuii #</u>	
•	ctor's Name / ID#		
Subject Presented & MI	MODEL 526 GAS DC	jecton	ni
Location AUC Sponsored		<u>Tr</u> aining Hours	
Training Reasons: (check only one) () Compliance () Computer 1 () Industry Kn () Leadership	Technology () Safety	-	
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. Quill, Mille	MA Date	.1.65	2
2. Lawis Richard L.	Suhad X Sani	1645	
rocteing LP	site sty		
4. Hodson Darren	Danen Hockern	LG E	
4. Hodson Darren 5. Russell, Brian 6.	Fline Freell	16:E	
WAINSCOTT, JAMES	Com Clanto	CBE	
MATTINGY DU	DW Matty G	268	
MATTINGY DW Shelton Gary	Am Make	165	
9. CLUNIE JOSE	12 Cha	66 E	
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For Oi	tice Use Only: Course Gode	Session #	1
Date 6-5-12 Instruc	ctor's Name / ID#	Koby	
Subject Presented GME	MODEL 526 GAS	Decreeran	
Location Acc Sponsored	by Line of Business	<u>Training</u> Hours	
Training Reasons: (check only one) () Compliance () Computer T () Industry Kn () Leadership	echnology () Safety		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
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2. Vacent Toll-	Tolkelle	miller	
Cochran Juan	Man Coher,	6 (60	
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PPL companies

Gas Distribution Trouble Tech Meeting

September 19, 2012



Meeting Agenda

Trouble Tech All- Hands Meeting - September 19, 2012

7:30 Meeting Starts/Breakfast

7:45 - 8:15 Hypertension - Barbara Hawkins

8:15 - 8:45 Trouble Performance - Cindy Martin

Safety Performance

PSC Response/Actions

8:45 - 9:00 Break

9:00 - 10:00 Verizon - Phone Changeover

10:00 - 11:30 Table Top Discussion - Eric Netherton

Leak Investigation

Inspect CGI's & GT40's

Riser Repl/Service Repair

CSST Bonding

2013 Schedule

Vacation

Ouestions/Discussion





PPL companies

High Blood Pressure Management

Roll up your sleeves and get to work . . .



Major Health Issues

- Increasing medical plan costs
- High chronic illness prevalence
- Costs out of line relative to other utilities
- High use of prescriptions

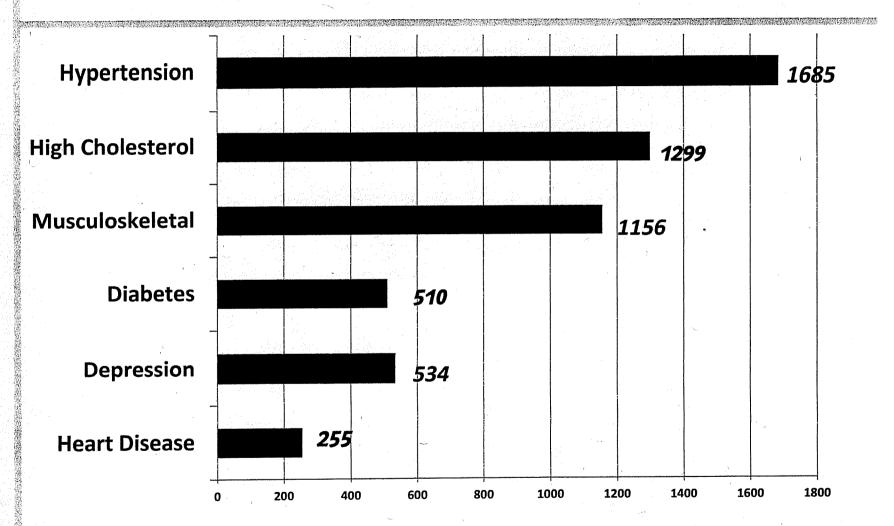
And yet ...

Many employees not being treated or are under-treated



Top Conditions by Prevalence

(employees and dependents)



Prevalence (n) = the total number of episodes of care in a given population

IGE K.

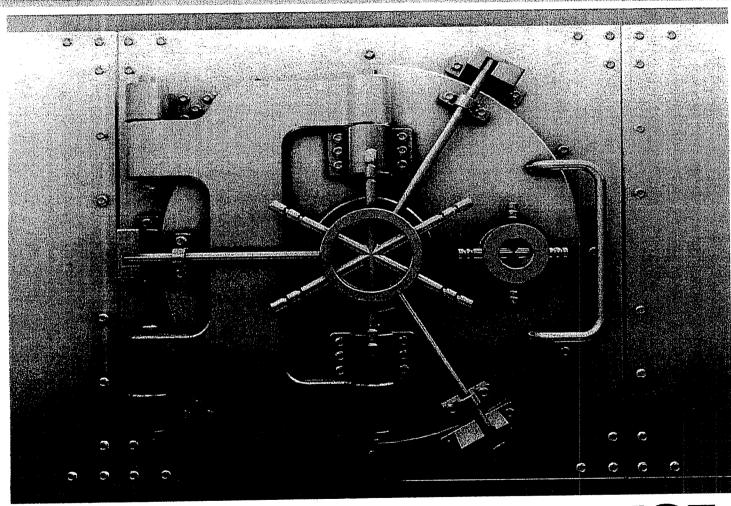
A Personal Approach to Managing Blood Pressure



- Kentucky-based health management company
- Face-to-face consultation with a nurse practitioner
- Access to educational classes on blood pressure for all employees and dependents
- Nurse practitioner supplements, not replaces, personal MD



Confidentiality/HIPAA Compliance



What to Expect

First Visit

- Perform clinical assessment.
- Review medications, including adherence and alternatives.
- Identify barriers to compliance.
- Educate on importance of meeting standards of care.
- Schedule educational class (spouse participation encouraged).

Subsequent Visits

- Measure and track clinical results.
- Educate on standards of care.
- Self-care competencies.
- Schedule second educational class.
- Coordinate with primary care physician.



Participant Cost and Incentives

Participant Cost:

Program feature	Cost (approximate)
4-6 nurse practitioner visits	\$100 (\$20 copay x 5)
Lab/diagnostic testing	\$ 0 (in network)
Blood pressure monitor	\$ 20
Education	\$ 0
Total:	\$120

Incentives:

- \$450/Participant
- \$150 ChooseWell
- \$300 Program Completion
- \$330 Net



Why should I sign up?

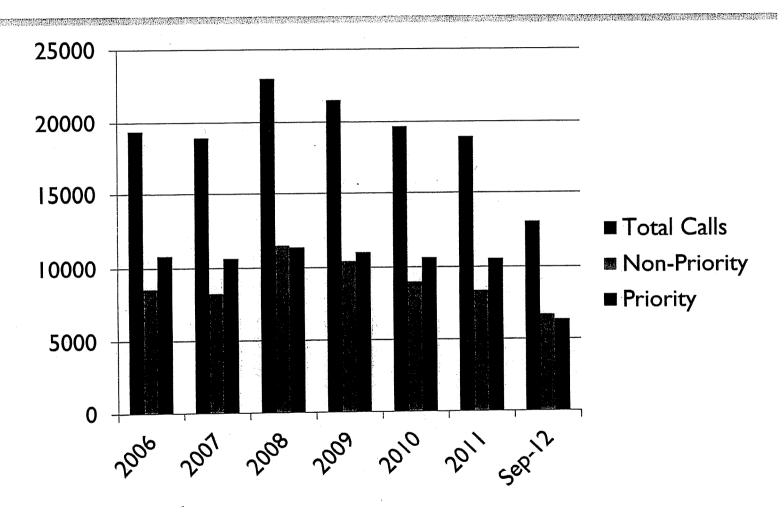








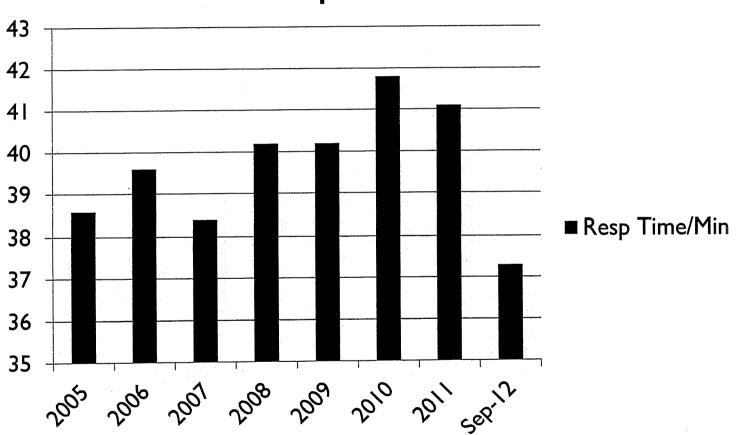
Trouble Call Volumes Louisville Operations





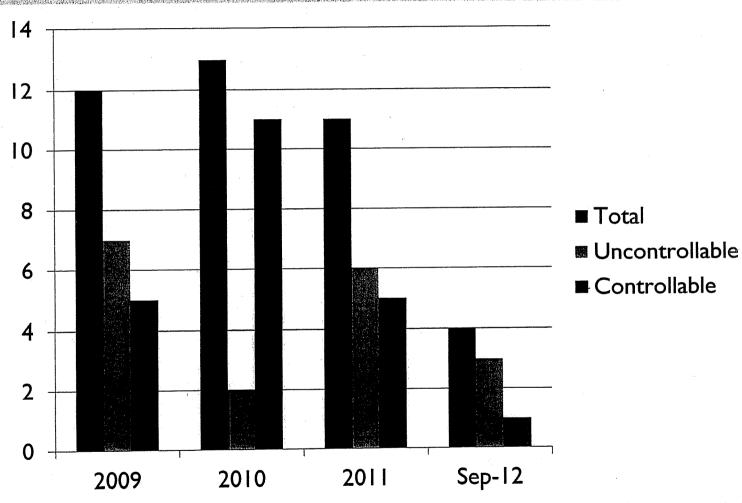
Trouble Response Time TIA Measure







Safety Performance Vehicle Incidents





Recordable Incidents

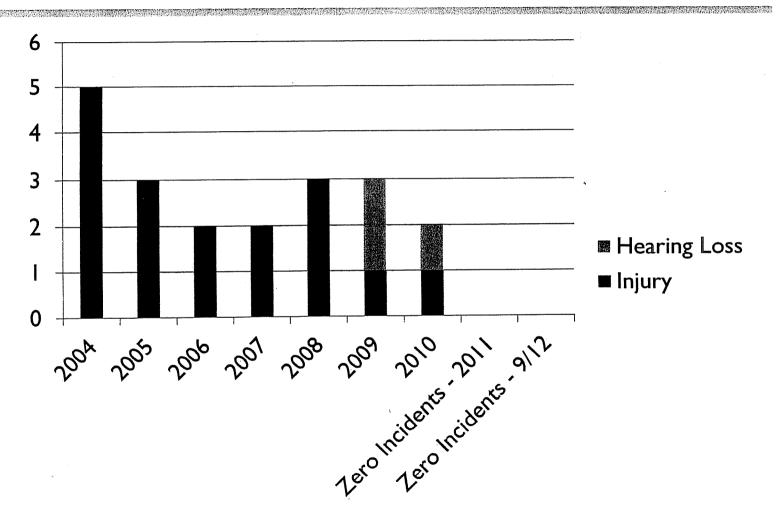
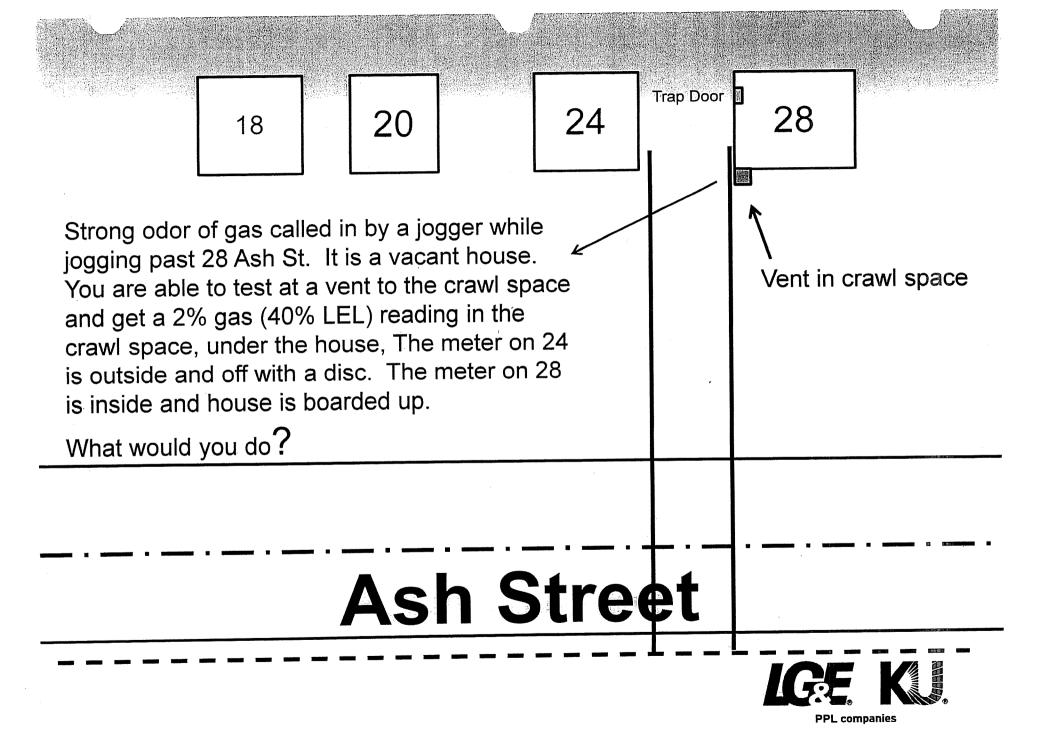




Table Top Discussions





Questions to Answer

- What would you do?
- There is a trap door (entry door) on the crawl space, would you open it?
- Is the gas collecting in the crawl space from an internal piping failure?





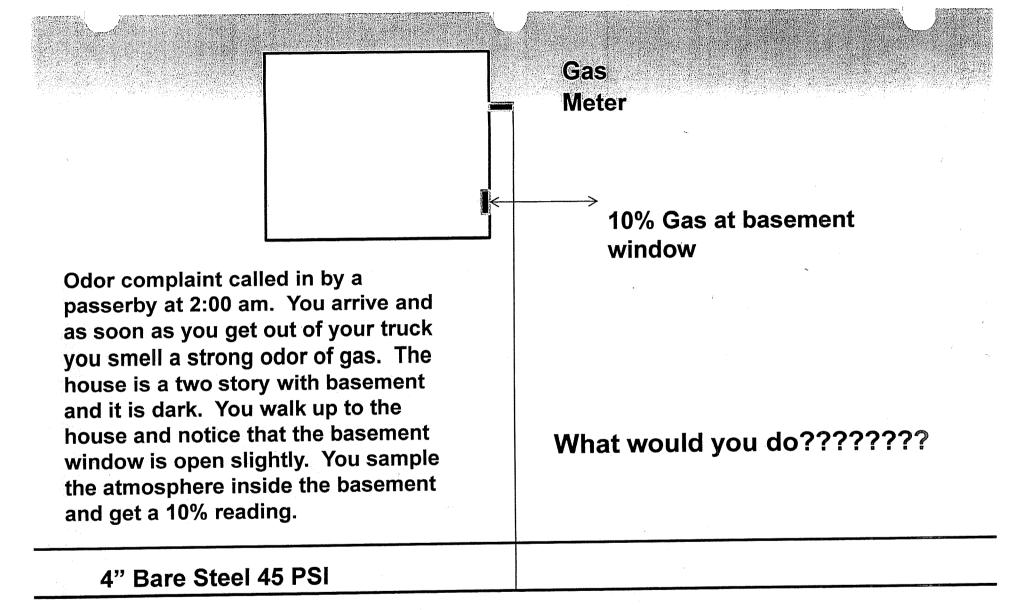
1% Gas In Air



You arrive and get
a 20% LEL (1%
Gas/Air reading) in
the atmosphere,
just as you enter
the front door.

What would you do?





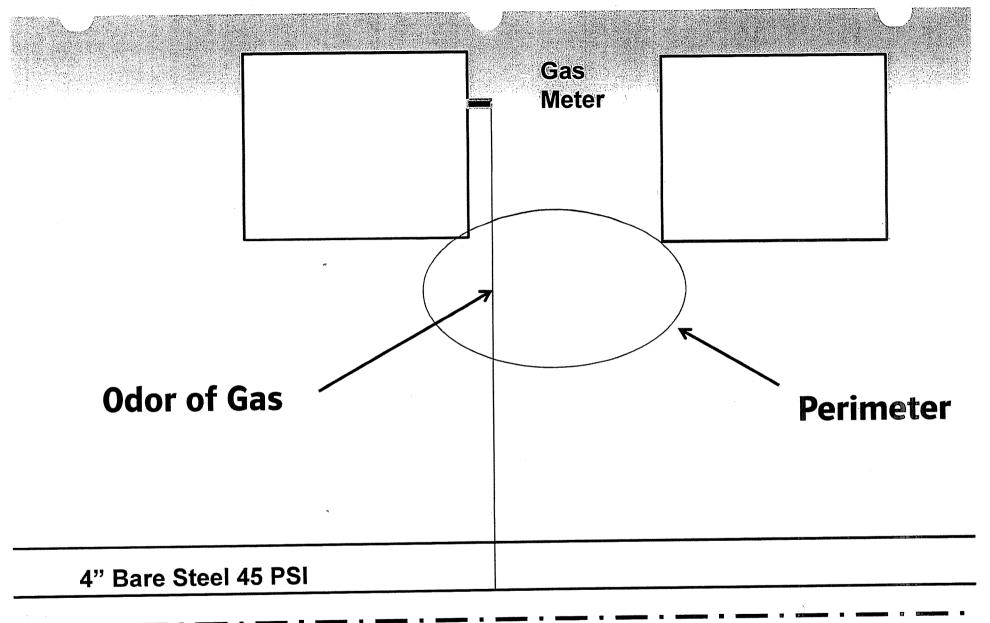
Oak Street



Establishing Perimeter

- Can only be done by probing with proper instrumentation
- Is instrumentation working properly/calibrated?
- Perimeter 360 degrees
- Where does probing begin/end?





Oak Street



azard E xtent ife roperty Page 23



Our main job is Public Safety





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Date 9-19-17 Instruc	tor's Name / ID# ERIC W. N	ETHERTON					
Subject Presented JoB POST	ING INSTRUCTIONS	/AM HANDS	MTG.				
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Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety owledge () Developmental						
Last Name/First Name	Signature	Business	Dept./				
(please print in ink or type)		Division (LPI,	Empl. #				
		LEM, LG&E, KU, LEC, etc.)					
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Heath Tony	1 Shatt	260 2					
Gootzinger L.P.	Jest I Sorging						
5. Hinkle Chris	C. Tulle	66+€					
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7. Allen, James H.	James H. all	LG!E					
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Training Reasons: () Compliant (check only one) () Computer () Industry K () Leadership		•	
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* JOSEPH CSLANK WAS NOT PRESENT (ON VACATION)

MOCK FIELD DRILL DECEMBER, 2012

DOCUMENT SUBMITTED UNDER PETITION FOR CONFIDENTIAL TREATMENT

LINE OF PROGRESSION ENHANCEMENTS AUGUST, 2012

Gas Construction and Maintenance Distribution Mechanic Journeyman Classification Review Board Process

Introduction:

Gas Distribution's Distribution Mechanic "B" will be eligible to advance to Distribution Mechanic "A" (Journeyman Classification):

- After working 24 months in the "B" classification;
- Satisfying Department of Transportation Operator Qualification requirements deemed necessary for the Journeyman classification; and,
- Demonstrating proficient knowledge and skills of prescribed criteria in front of Gas Distribution's Distribution Mechanic Review Board.

Gas Distribution's Review Board shall be comprised of a Gas Construction and Maintenance Team Leader, Trouble Team Leader, Distribution Safety and Technical Training Specialist, and Union Representative.

After meeting the minimum requirements and advancing to the Journeyman Classification, the Mechanic A will not be eligible to bid on, be assigned, or advance to the Gas Distribution Trouble Technician or a permanent Crew Leader position until they have completed a full year as a Mechanic A, and have completed 360 hours of prescribed "hands on" training in the Gas Distribution Trouble Department.

Review Board Timeline:

1. Interim Review - 12 Months

Gas Distribution's Distribution Mechanic Review Board shall be responsible for conducting an interim review of all employees completing 12 months of work in the Mechanic B position to evaluate their classification proficiency level, identify knowledge and skill deficiencies, and develop future training plans for the Mechanic A candidate prior to their 24 month Review. All interim reviews shall be formally documented and shared with the appropriate Safety & Technical Training Specialist and Distribution Crew Leader. During the interim review, knowledge and skills deemed necessary for advancement to journeyman will be assessed, including:

Hands On:

- Internal and External Leak Investigation and Classification Procedures
- o Gas Piping Line Locating
- o Houseline Pressure Test
- o Regulator Lock-up Test
- o Relighting of Appliances

Vehicles/Equipment:

- o Department of Transportation Pre and Post Trip Inspections
- o Safe Operation, Loading, and Unloading of Power Operated Equipment
 - Kubota/Backhoe
 - Trencher/Plow

O & A Session:

- o Operator Qualification Material
- o Gas Operations, Maintenance & Inspection Procedures
 - Leakage Survey & Leak Classification
 - Pipeline Repair
 - Prevention of Accidental Ignition
 - Damage Prevention
- Gas Emergency Operations Procedures
 - Incident Command Procedures
 - Notification Procedures
 - Emergency Response to Fire or Explosion Potentially Involving Natural
 Gas
 - Restoring Service

2. Advancement Review - 24 Months:

Gas Distribution's Distribution Mechanic Review Board shall be responsible for coordinating, scheduling, and conducting formal advancement reviews of employees in the Mechanic B classification who have satisfied the minimum requirements for promotion to Mechanic A. The Review Board shall be responsible for formally documenting all results and sharing said results with the Mechanic A candidate.

Hands On:

- Internal and External Leak Investigation and Classification
- Gas Piping Line Locating
- Houseline Pressure Test
- Regulator Lock-up Test
- Relighting of Appliances
- Farm Tap Set (regulator relief valve)
- Sizing Services
- Damaged Facilities walk through actions required for various scenarios
- Information Systems and Record Keeping

Vehicle/Equipment:

- Department of Transportation Pre and Post Trip Inspections
- Safe Operation, Loading, and Unloading of Power Operated Equipment
 - o Kubota/Backhoe

o Trencher/Plow

Q & A Session:

- Gas Operations, Maintenance & Inspection Procedures
 - o Leakage Survey & Leak Classification
 - o Pipeline Repair
 - o Prevention of Accidental Ignition
 - o Damage Prevention
- Gas Emergency Operations Procedures
 - o Incident Command Procedures
 - o Notification Procedures
 - o Emergency Response to Fire or Explosion Potentially Involving Natural Gas
 - o Restoring Service

*** The GEOP Q&A was expanded from its original state.

In the event a Mechanic A candidate doesn't satisfactorily pass their Review, the responsible Team Leader on the Review Board shall notify the Mechanic A candidate of their identified deficiencies, and subsequently reconvene the Review Board to develop a formal training plan specific to the employee's identified deficiencies. The failed employee shall be required to complete the arranged training plan and be recommended by their Team Leader before being eligible to reappear before the Gas Distribution Review Board, a minimum 90 days after the failed attempt.

If special circumstances arise, the Company reserves the right to accelerate or decelerate the process outlined above based on an individual's skill set.

	•	

			Specify Other:	
Company - See .	94. Contractor:	ported?:	Passport Shown on Request?:	
Crew Reporting Location: EOC - Gas		NOT ESTA 1 -	Immediate Supervisor.	Heckel .
Lead Person #1: LEWIS, RICHARD	Lead Person #2:	incol		
Employees under their supervision on this job:				
	Click to add employee to aud			
Location and brief description of work:	6512 Mount Batten Teak of			
Job Planning (Scouting, etc.):	All Proper:	escribe:		
	Yes	1		
Job Briefing (Tailboard Conf. etc.):	Air Topo	Jescribe:		
	Yes	D. combo:		
Work Area Protection (Signs, Flags):	All Proper?	Describe:		
	Yes	Describe:		
PPE (Hardhat, Gloves Sleeves):	All Proper?			
	Yes			
Cover-Up Equipment	All Proper?	Describe:		
	Not Applicable			
Other Equipment and Procedures:	All Proper?	Describe:		
Other Equipment 2012	Yes			
Hazards not being guarded against by crew.				
	Good			
Overall Safety Rating of Crew:	COOC			
Recommendations or Suggestions:			:	
	Yes De	scribe:		
Are all safety devices in working order?	Yes			
	arge? Yes 🗖 De	scribe:	:	
Audit results discussed with employee in ch	100 100			:
	Time of Audit	1100	Employee Performing Au	adit HECKEL, ANTHONY
Date of Audit 1/23/2012	Entered By:	11100	Follow Up?	
Entered Date/Time: 2/2/2012 6:21:53 AM	CHEICH DJ.		•	

Carranti F AuditNo: 9	9981 Contractor:	and Control (1997) in the Control (1997) in		Specify Other:		
Company		Passported?:	Passi	oort Shown on Request?:	and a	
Crew Reporting Location: EOC - Gas					Tony Heckel	
Lead Felson & C.	Lead Person #2		[Press]			
Employees under their supervision on this job		<u></u>			•	
	Click to add employe	· · · · · · · · · · · · · · · · · · ·				
Location and brief description of work:	Winding View Trail a	and Running Brook (lea	ak on mairy			
Constitution at N	All Proper?	Describe:				
Job Planning (Scouting, etc.):	Yes					
	All Proper?	Describe:				
Job Briefing (Tailboard Conf., etc.):	Yes L	1				
Work Area Protection (Signs, Flags):	All Proper?	Describe:				
Work Area Protection (Signs, Progs)-	Yes					
. Classes	All Proper?	Describe:		:		
PPE (Hardhat, Gloves Sieeves):	Yes	5.4				
Cover-Up Equipment	All Proper?	Describe:				
Cover-op Editioneric	Yes					
	All Proper?	Describe:				
Other Equipment and Procedures:	Yes	N. A.				
Hazards not being guarded against by crew:						
Mazards not being guerace against a			•			,
Overall Safety Rating of Crew:	Good	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Recommendations or Suggestions:						
Kerminglendingto of a 13						
Are all safety devices in working order?	Yes	Describe:	,			
Ale all salety de tions		**			,	
Audit results discussed with employee in cha	arge? Yes 🗔	Describe:			•	
AND THE PROPERTY OF THE PROPER						
Date of Audit 1/27/2012	Time of Audi	t 10900	E	mployee Performing Audi	t DODSON, LARRY	₩.
	Entered By:			Follow Up?		
Entered Date/Time: 1/27/2012 11:19:07 A						

Company 3E AuditNo: 9	982 Contractor:		1 1	Specify Other		
	N-1	Passported?:	Pa Pa	ssport Shown on Request?:	·	
Olove Hoboveria	Lead Person #2:			Immediate Supervisor.	Tony Heckel	
·			Mattingly			
Employees under their supervision on this job	Click to add employee					
Location and brief description of work:	16709 Winding View		k on main)			Account and an article of
Job Planning (Scouting, etc.):	All Proper?	Describe:				
Job Briefing (Failboard Conf., etc.):	Yes All Proper?	Describe:		,		
Work Area Protection (Signs, Flags):	All Proper?	Describe:				
PPE (Hardhat, Gloves Sleeves):	Yes All Proper? Yes	Describe:				
Cover-Up Equipment	All Proper? Not Applicable	Describe:				
Other Equipment and Procedures:	All Proper? Not Applicable	Describe:				
Hazards not being guarded against by crew:						
Overall Safety Rating of Crew:	Good	7				
Recommendations or Suggestions:				•		
Are all safety devices in working order?	Yes	Describe:				
Audit results discussed with employee in cha	rge? Yes 🔽	Describe:				
Date of Audit 1/27/2012	Time of Audit	0930		Employee Performing Aud	it: DODSON, LARRY	5.48
Entered Date/Time: 1/27/2012 11:22:22 A	Entered By:			Follow Up?		1

				Specify Other:	
Compat de la	983 Contractor:		Passpi	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		Passported?:		Immediate Supervisor.	
	Lead Person #2:		Server 1	and the same of th	
Employees under their supervision on this job:	Click to add employee t	to audit 1			
Location and brief description of work	Hwy 1793 Broken ma				
Job Planning (Scouting, etc.):	All Proper?	Describe:			
4	Yes				A. Martine C. B. C.
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	,		
	Yes				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes	300 th			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	Also included fire suit,	hood, and respirator	
	Yes	, 	j		
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable		J		
Other Equipment and Procedures:	All Proper?	Describe:		,	
•	Yes	Fred to	114		
Hazards not being guarded against by crew:					
	Good	7			
Overall Safety Rating of Crew:	Good	1			
Recommendations or Suggestions:				,	
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	arge? Yes 🔼	Describe			r .
				mployee Performing Audit:	DODSON, LARRY
Date of Audit 1/27/2012	Time of Audit	1100		Follow Up?	
Entered Date/Time: 1/27/2012 11:24:22 A	Entered By:	٧	,	, and a F	

From: 502 333 1823

Page: 13/17

Energy Delivery Work Safety Audit

1	Crew: KU: LGE: Contractor: Grew Reporting Location or Name of Contractor
1.6	I. If Contractor: Passported7: YES NO Passport shown on request: YES NO
	Name and class of employee directly in charge of work: Joe CS A
	Names of employees under his supervision on this job:
	Name of Immediate supervisor of employee directly in charge: ERIC W. NETHERTON
	Location and brief description of work: 4023 GOUCESTER RD. CODE 1 OUTSIDE (ON BACK)
	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describer TRUCK WAS CONES OUT.
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES V NO Describe:
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
11,	Other Equipment and Procedures: All Proper YES NO Describe:
12,	Apparent hazards not being guarded against by crew:
	Overall Safety Rating of Crew: Good: Fair: Poor: Recommendations or Suggestions:
15,	Are all safety devices in working order? YESNO
16.	Audit results discussed with employee in charge: YES NO
	2-16-12 1000 ERIC W. NETH SETON Date of Audit Employee Performing Audit

: 502 333 1823 Page: 14/17 Date: 2/17/2012 11:40:25 AM

* JOE, found leak on regulator
Nipple & made repairs- TESTED

HILS & relit appliances.

From: 502 333 1823

Distribution Operations Motor Vehicle Safety Audit

Vehicle #: (0024)	Location: 4023 Gloursstar R	d. Date: 2-16-12
Veh. Make: F-350	Veh. Type: TROUBS TRUCK	Operator: JOE CSIANK

EXTERIOR CONDITION Doors (Cab & Bins) Glass (Windshield, Doors, Rear) Windshield Wipers & Washer Fluid Mirrors Running Boards Bumpers (Front & Rear) & Grill Steps Boom Boom Bunket & Liner July H Winch Lines Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Extenior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) 81 A. Safety Latch on Hooks July A. Safety Latch on Ho	Items Checked	Aççe Yes	ptable No	Comments
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Bumpers (Front & Rear) & Grill Steps Boom Bucket & Liner Winch Lines Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering,Brakes,etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Rafety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Mirrors	V,		
Steps Boom Bucket & Liner NJA Winch Lines Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Rafety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Running Boards	V		
Boom Bucket & Liner NJA Bucket & Liner NJA Winch Lines NJA Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belis Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Rifety Latch on Hooks NJA Safety Latch on Hooks NJA Chocks Ayailable Tool Guards In Pface All Containers & Cans Properly Labeled	Bumpers (Front & Rear) & Grill	1		
Bucket & Liner Winch Lines Ulghts - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Steps	V.		
Bucket & Liner Winch Lines Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Boom	NA		
Winch Lines Ughts - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Bucket & Liner			
Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tall, etc.) Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) MiAC Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Winch Lines	NA		
Marker Lights & Spot Light Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Lights - Front (Headlights, Parking, etc.)	1 /		
Tires (Tread & Air Pressure) Exterior Housekeeping INTERIOR CONDITION Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Lights - Rear (Brake, Backup, Tail, etc.)			
Exterior Housekeeping Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering,Brakes,etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Marker Lights & Spot Light			
Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering,Brakes,etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Pface All Containers & Cans Properly Labeled	Tires (Tread & Alr Pressure)	1		
Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Exterior Housekeeping	V		
Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	INTERIOR CONDITION			
Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Interior Housekeeping			·
Horn Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Seats			
Mechanical Condition (Steering, Brakes, etc.) MISCELLANEOUS Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Seat Belts			
MISCELLANEOUS Fire Extingulsher Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oli Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Horn			
Fire Extingulsher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oli Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Mechanical Condition (Steering, Brakes, etc.)			
Work Signs, Reflectors, Flags First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oli Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	MISCELLANEOUS			
First Ald Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oll Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Fire Extinguisher		,	
Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oll Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Pface All Containers & Cans Properly Labeled	Work Signs, Reflectors, Flags			
Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oll Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	First Ald KIt	/		
Chain Saws (Condition, Guards, etc.) Gas/Oll Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Decals	1		
Gas/Oll Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Warning Lights			
Safety Latch on Hooks Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Chain Saws (Condition, Guards, etc.)	NA		
Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Gas/Oll Mixture Can	NA		
Chocks Available Tool Guards In Place All Containers & Cans Properly Labeled	Safety Latch on Hooks	N/A.		
All Containers & Cans Properly Labeled	Chocks Available			
	Tool Guards In Place	V	`	
DOT Dally Increation	All Containers & Cans Properly Labeled			
Inspected By: ERIC W. NETHERTON	DOT Daily Inspection	NA		

12368

1.	Crew: KU: LGE: Contractor:	_ AOC					
1 a	. If Contractor: Passported?: YES NO		eporting Location or Na vn on request:				
2.	Name and class of employee directly in charge of work:	-	BEUNER				
3.	Names of employees under his supervision on this job:	HERMAN	_				
	The parine spender						
4.	Name of immediate supervisor of employee directly in char	ge: ERe	Miller				
5.	Location and brief description of work: $3950 \Delta t$	KIE HWY					
	CLASS I LEAK BROKEN	MAIN					
6.	Job Planning (Scouting, etc.): All Proper YES	NO	Describe:	PERM	NETER		
AC.	PEADY ESTABLISHEN BY FIRE DEP	T. Consulte	ED W/TO	MAKE	MAN @>		
	Job Briefing (Tailboard Conf., etc.): All Proper YES	-					
UHA	I HE HAD DONE & DISCUSSED P	CAN Of A	TTACK.				
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prope	er YES_	NO NO				
	Describe: ONLY CONES WERE NEED	EN AND	WETZE,	in us	E.		

٠,	Personal Protective Equipment (Hardhat, Gloves & Sleeves,	Eyewear, etc.): /	All Proper	YES in	NO		
	Describe: ALL PPP WORN.						
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	-	YES	ио	uren.		
	Describe: FR EQUIPTMENT WORN.						
11.	Other Equipment and Procedures: All Proper YES	NO	Describe:		And the second desired the second		
45	ALL EQUIPMENT WORKING						
12.	Apparent hazards not being guarded against by crew:	NONE					
40							
		Fair:	Poor:				
1.4.	Recommendations or Suggestions: NONE				A		
15	Are all safety devices in working order? YES	NO		*			
13,	Are all safety devices in working order? YES	NO _	Professional Parks	***************************************			
-	Audit results discussed with employee in charge: YES a	NO					
,	Audit results discussed with employee in charge: YES <u>i</u>	NO _					
-	02/16/12 10:15	7	Cappà				
	Date of Audit	ERU	Employee Performing	Audit	and the same of th		

Distribution Operations Motor Vehicle Safety Audit

Veh. Make: Veh. Make: Veh. Make: Veh. Make: Veh. Veh. Make: Veh. Veh. Make: V	eh. Type:	Operator: Result Reun
Items Checked	Acceptable	Comments
EXTERIOR CONDITION	Yes No	A STAN AND
Doors (Cab & Bins)	1.	
Glass (Windshield, Doors, Rear)		
Windshield Wipers & Washer Fluid		
Mirrors		
Running Boards		
Bumpers (Front & Rear) & Grill		
Steps		
Boom		
Bucket & Liner		
Winch Lines		
Lights - Front (Headlights, Parking, etc.)		
Lights - Rear (Brake, Backup, Tail, etc.)		
Marker Lights & Spot Light		
res (Tread & Air Pressure)	1	
Exterior Housekeeping	1	
INTERIOR CONDITION	1	
Interior Housekeeping		
Seats		
Seat Belts		
Horn		
Mechanical Condition (Steering, Brakes, etc.)		
MISCELLANEOUS		
Fire Extinguisher	V	
Work Signs, Reflectors, Flags		
First Aid Kit		
Decals	V	
Warning Lights	V	
Chain Saws (Condition, Guards, etc.)		·
Gas/Oil Mixture Can		
Safety Latch on Hooks	V	
Chocks Available	V	
nol Guards In Place	1	
Containers & Cans Properly Labeled	V	
DOT Daily Inspection	-	

Inspected By: Each West

RODNEY BRUNER 3950 DIRIE HWY OZ/16/20 CLASS I CEAK BROKEN MAIN.

- 4" PL GAS MAIN BROKEN BY CONSTRUCTION CO. INSTALLING SANITARY SEWERS. TROUBLE TECH WAS FIRST RESPONDER. Upon his ARRIVAC, FIRE DEAT HAD SECTION of DIXIE HWY CLOSED & TRABLIC POUTED AROUND. RODNEY ARRIVED ON SCENE & DISCUSSED WITH TROUBLE TECH WHAT HE HAS ALREADY SOME. It WAS leARNED the TROUBLE TECH HOS BEEN MONITORING INSIDE Buildings Downwind of Broken main, All GAS CECAPING GROW MAIN WAS BEING RELEASED IN HE AIR & NO DANGER OF GAS MIGRATING ENDER GROUND WAS DOSSIBLE. NO REALINGS of GAS WERE DETECTED INSIDE BUILDINGS - BACE ROMANY DETERMINED THAT LIVES & PROPERTY WERE NOT IN IMMEDIATE, DANGER, A ALAN of ATTACK WAS DISCUSSED W/ENGINEERING to DETERMINE the BEST WAY to SHUT DOWN MAIN. AFTER A PLAN WAS MADE, RODNEY CONSULTED W/ FIRE CHIEF ON SCENE AND WAS GIVEN PERMISSION BY FIRE CHEIF TO EXECUTE PLAN. The MAIN WAS SHUT DOWN AND REARRED WOUT INCIDENT.

ייי Work Safety Audit - 2.0.0.23 - [Work Safety A ייי Work Safety Audit - 2.0.0.23 - [Work Safety A	
Add New Search Reports Window Help	
Save Print Delete E/Asil	
Company: AuditNo:	Contractor: 1/18 CLEW Specify Other:
sompany. (Calification: 40C	Passported?: Passport Bhown on Figures?:
Plead Paron il M. Quill De	ead Reson #2:
; Employees under heir supervision on this lob	and a second
。 「一种主义」(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Click to add employee to eudit.
Location and brief description of works	8800 Reston Huy
	LAK LEATIR
Job Planning (Scouting, etc.):	All Proper? Describe:
$\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j$	Yes 🗷
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:
The property of the property o	Yes E
Work Area Protection (Bigns, Flags):	All Proper? Describe: Signs & Comes properly Yes Discribe: Signs & Comes properly
	Yes DIALED
PPE (Hardhat Gloves Sleeves):	All Proper? Describes
	Yes I All PPE OBSELVED BEING WOLL
Cover-Up Equipment:	All Proper? Describe:
Olher Equipment and Procedures;	All Proper? Describe:
	Yes 🖸
Hazards not being guarded against by crew:	
	None
Overall Safety Raling of Craw:	GOOD M
Recommendations or Suggestions:	None
	NONE
Are all safety devices in working order?	Yes 😨 Describe:
Addit results discussed with employee in cha	ITGE? Yes Describe: DISCUSSO W/ CLEW LEADEL
	an site
Date of Audit: 2/20/20/2 😨	Time of Audit: 142 pm Employee Performing Audit: 3608
Enlared Date/Time:	Entered By: [Ti Follow Up? Huw T
Ready	
Ready P. G. C	an w ♪ Sea

12366

· #	Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1a.	1a. If Contractor: Passported?: YES NO Pas	sport shown on request: YES NO
		A DILLEY CREW LEADER
	-	BRY VAUGHIU
	(mage) light from	
4.	4. Name of immediate supervisor of employee directly in charge:	FRE MILLER
	5. Location and brief description of work: 4717 PRECO	- ,
	ROUTINE (DAK JINVESTIGATION	
	6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: <u>HIGH TRAFF</u>
<i>[</i>	AREA. CONSULTER WHTRALLIC CONTROL	& PLACE MENT of CONES.
7.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: AISCUSSEA
	INITIAL APPROACH TO FINAING (E)	9K.
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES NO
	Describe: TRAFFIC COP, ARROW BOARD	, SON & CONES WERE
	PROPERLY PLACED.	
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewe	ear, etc.): All Proper YES NO
	Describe: ALL PAE WORN.	
10.	10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper	YES NO
	Describe: FR CLOTHING WORN	
11.	1. Other Equipment and Procedures: All Proper YES	NO Describe:
,	GOOD WORKING ORNER	
12.	2. Apparent hazards not being guarded against by crew:	bne
13.	.3. Overall Safety Rating of Crew: Good: Fair:	Poor:
14.	4. Recommendations or Suggestions:	
15.	5. Are all safety devices in working order? YES	NO
-	Audit results discussed with employee in charge: YES	NO
		<i></i>
	02/20/12 0915	ERE MillER
	Date of Audit	Employee Performing Audit

Distribution Operations Motor Vehicle Safety Audit

Location: 4717 PROSTON Huy _nicle #: <u>4714</u> Operator: Veh. Make: Veh. Type: _____ GAS Acceptable Comments **Items Checked** Yes No **EXTERIOR CONDITION** Doors (Cab & Bins) Glass (Windshield, Doors, Rear) Windshield Wipers & Washer Fluid Mirrors Running Boards Bumpers (Front & Rear) & Grill Steps Boom **Bucket & Liner** Winch Lines Lights - Front (Headlights, Parking, etc.) Lights - Rear (Brake, Backup, Tail, etc.) Marker Lights & Spot Light res (Tread & Air Pressure) Exterior Housekeeping **INTERIOR CONDITION** Interior Housekeeping Seats Seat Belts Horn Mechanical Condition (Steering, Brakes, etc.) **MISCELLANEOUS** Fire Extinguisher Work Signs, Reflectors, Flags First Aid Kit Decals Warning Lights Chain Saws (Condition, Guards, etc.) Gas/Oil Mixture Can Safety Latch on Hooks Chocks Available Tool Guards In Place . Containers & Cans Properly Labeled **DOT Daily Inspection** Inspected By: Frie Mill Appe Lilley 02/20/12

POLITINE CEAR INVESTIGATION = 4717 PRESTON HWY.

- HIGH TRAFFIC AREA. DANA MET WITH ME & DISCUSSED

TRAFFIC DIVERSION. 12" GAS MAIN LAYS IN SOUTH ROUND

DRIVING CN OF PRESTON HWY @ ENTRANCE & EXIT

RAMPS FOR I-bC.

BROAD RANGE of SAJETY CONCERNS WITRASSIE DEPENDING ON WHERE CEAK IS WE DISCUSSED & COME to AN AGREEMENT. A TRAFFIC COP, ARROW ROARD AND 60 COMES WERE USED to make work AREA SAFE. MANY BAR HOLES HAVE BEEN DRIVED AND HOLD PROCESS & EUMINIATION LEAK WAS FOUND & PEPAIRED.

٨.	Crew: KU: LGE: Contractor: Eoc GAS Crew Reporting Location or Name of Contractor
ſa.	If Contractor: Passported?: YES NO Passport shown on request: YES NO NO
2.	Name and class of employee directly in charge of work: CHRIS HALL
3.	Names of employees under his supervision on this job: GREY SHELTON
4.	Name of immediate supervisor of employee directly in charge: To~y Heckel
5.	Location and brief description of work: 2BIS LEXINGTON RS MAIN LEAK DEPAIR.
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: Locatics
	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: CREW
	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: TRAFFIC CONTAGL , SIGNS だ CONES
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YESNO Describe: ALL യജിപ്പ് PPE
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe: メルタ
	Other Equipment and Procedures: All Proper YES NO Describe: CROW DECLING FOR LOAKS, RAP HOLENGE FROM NO C.G.I. TO LOCATE LETTE
12.	Apparent hazards not being guarded against by crew:
	Overall Safety Rating of Crew: Good: Fair: Poor: Poor: Recommendations or Suggestions:
.5.	Are all safety devices in working order? YESNO
۲۹,	Audit results discussed with employee in charge: YES NO
-	2-20-17 Date of Audit Date of Audit Employee Performing Audit

K	Crew: KU: LGE: Contractor:	EOC GAE,			
		Crew Reporting Location or Name of Contractor			
1a.	- participal and a supplemental	assport shown on request: YES NO			
2.	Name and class of employee directly in charge of work:	ARYL HAYBEN			
3,	Names of employees under his supervision on this job:	ARREN HODSON			
4.	Name of immediate supervisor of employee directly in charge:	TONY HECKEL			
5. Location and brief description of work: LEXINGTON RO. F ALTA GATE - LEAK TO					
	TO- 12" BARE STEEL MAIN				
6.	Job Planning (Scouting, etc.): All Proper YES				
	COMPLETE, PERMITS				
	Job Briefing (Tailboard Conf., etc.): All Proper YES				
	DISCUSSED WHAT STOPS TO TAKE TO FIN				
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES NO			
	Describe: SIGNS, CONES, ACROWBOARDS IN 1	PLACE.			
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyev	vear, etc.): All Proper YES NO			
	Describe: ALL EMPLOYEES WEARNE PPE				
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper	YES NO			
	Describe: NA				
11.	Other Equipment and Procedures: All Proper YES	NO Describe: CREW DRILLING			
	FOR LEAK WITH ROCK BRILL. BAR HOLE, NG	E PROBING HOLES WITH C.G.I. TO			
12.		NE LOCATE LOAK.			
L3.	Overall Safety Rating of Crew: Good: Fair:	Poor:			
L4.	Recommendations or Suggestions:				
L 5.	Are all safety devices in working order? YES	NO			
ዓ.	Audit results discussed with employee in charge: YES	NO			
•	7.70.17	1-110			
	Z-ZO-1Z Date of Audit	Fmployee Performing Audit			

#/0350

1	Crew: KU: LGE: Contractor: EOC GA 3
	Crew Reporting Location or Name of Contractor
18	. If Contractor: Passported?: YES NO Passport shown on request: YES NO
2	. Name and class of employee directly in charge of work: Tobb VINCONT
3	. Names of employees under his supervision on this job: Bo TayLor, CHAIS FAITH, CHRIS GOONE
4	Name of Immediate supervisor of employee directly in charge: Tony HELKEL
5.	Location and brief description of work: U30 MALQUETTE DL LOW DU SERVICE
	TEE
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: Locates
7.	Job Briefing (Tallboard Conf., etc.): All Proper YES NO Describe: 1000000000000000000000000000000000000
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: ALL Employees Werking PPE
10,	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Other Equipment and Procedures: All Proper YES NO Describe: CREW WENCING RESPIRATOR EQUIPMENT TO CHANGE OUT LEMENTS SERVICE TEE, CLEW HAS TO CUT OFF Apparent beyond not being expected against by expert
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: V Fair: Poor:
14.	Recommendations or Suggestions:
15.	Are all safety devices in working order? YES NO
16.	Audit results discussed with employee in charge: YES NO
	2-21-12 Date of Audit Date of Audit Employee Performing Audit

#10349

1, Crew: KU: LGE: Contractor:	EOC GAS
Ti would have a second	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported7: YES NO	Passport shown on request: YESNO
2. Name and class of employee directly in charge of wor	K: CHRIS FROTH
3. Names of employees under his supervision on this job	BOTAYLOR, BOBBY PENDLETON, DAVE MATERNOLY,
TODD VINCENT, CHAIS BOONE	
4. Name of Immediate supervisor of employee directly in	charge: Tony HECKEL
5. Location and brief description of work: REULAH C	HUNCH & FEGENBUSH - MANN LEAK
•	
6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: MILLER
PIPELINE ON JOB. CALLED FOR CRE	sw
7. Job Briefing (Taliboard Conf., etc.): All Proper YES	and the second s
	LOW TO SHUT DOWN INTERSECTION
8. Work Area Protection (Signs, Flags, Cones, etc.): All	ن سنس
	205 ÉTRAFFIC CONTROL OFFICERS
9. Personal Protective Equipment (Hardhat, Gloves & Sle	eves, Evewear, etc.): All Proper YES NO
Describe: ALL EMPLOYETS WEHUNG	PPE
40. Course Du Producent (house Heads Blowleds etc.): A	II Proper YESNO
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): A	•
Describe:	
Neg .	NO December of the State of
11. Other Equipment and Procedures: All Proper YES	
WITH FOCK DELL TO LOCATE LOAD CO	PINPOINTED WITH C.G.I
12. Apparent hazards not being guarded against by crew:	.√€
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
14. Recommendations or Suggestions: <u>ceeus</u> we	et virey THUROUGH PINPOINTING LIAK.
15. Are all safety devices in working order?	/ES NO
16. Audit resulte discussed with employee in charge:	YES NO NO
2-21-12-	Tony Harles
Date of Audit	Employee Performing Audit

12365

	Crew: KU: LGE: Contractor:	HOC
ia	. If Contractor: Passported?: YES NO	Crew Reporting Location or Name of Contractor Passport shown on request: YES NO
	Name and class of employee directly in charge of work:	STEVE SUMNER /CPEW LEADER
		ANDREW WADDLE
э.	Names of employees under his supervision on this job:	ANDREW WALLE
Л	Name of immediate supervisor of employee directly in cha	arge Epi Milles
	Location and brief description of work: ZNA \$	
	INVESTIGATING CLASS I LEAK	•
	Job Planning (Scouting, etc.): All Proper YES	^ ^
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Pro	
	Describe: SIGN & CONCS	WERE PROPERLY PLACED.
	Personal Protective Equipment (Hardhat, Gloves & Sleeve	s, Eyewear, etc.): All Proper YES NO
	Describe: BOTH HAD PAE ON.	
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Properties: FR CLOTHING ON	roper YES NO
	Other Equipment and Procedures: All Proper YES	NO Describe: HAA PROBLEM
12,	Apparent hazards not being guarded against by crew:	NONE
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:
14.	Recommendations or Suggestions: WONE	·
15.	Are all safety devices in working order? YES	NO
16.	Audit results discussed with employee in charge: YES	NO
	. / /	Gih
	Date of Audit	Employee Performing Audit
	page of finance	minibiol and a ministrating a require

Distribution Operations Motor Vehicle Safety Audit

hicle #: 4720 Location: ZM & MARKET Date: 02/21/12.

Veh. Make: GAC CPEW Teack Veh. Type: Operator: STEVE Sumvere

Items Checked	Acceptable Yes No	Comments
EXTERIOR CONDITION		
Doors (Cab & Bins)		
Glass (Windshield, Doors, Rear)		
Windshield Wipers & Washer Fluid		
Mirrors	V	
Running Boards		
Bumpers (Front & Rear) & Grill		
Steps	V	
Boom		
Bucket & Liner		
Winch Lines		
Lights - Front (Headlights, Parking, etc.)		
Lights - Rear (Brake, Backup, Tail, etc.)		
Marker Lights & Spot Light		
Tires (Tread & Air Pressure)		
exterior Housekeeping		
INTERIOR CONDITION		
Interior Housekeeping		
Seats		
Seat Belts	Val	
Horn _		
Mechanical Condition (Steering, Brakes, etc.)		
MISCELLANEOUS		
Fire Extinguisher		
Work Signs, Reflectors, Flags		
First Ald Kit		
Decals		
Warning Lights	V	
Chain Saws (Condition, Guards, etc.)		
Gas/Oil Mixture Can	,	
Safety Latch on Hooks		
Chocks Available	V.	
Tool Guards In Place	V,	
l Containers & Cans Properly Labeled		
DOT Daily Inspection		ed By: ERix Willed

STEVE SUMNER ZNA & MARKET OZIZION, CLASS 2 CEAK INVESTIGATION,

TROUBLE MAN WAS FIRST ON SCENE & DETERMINE THE LEAK NEEDS IMMEDIATE ATTENTION. STELL WAS FIRST RESPONDING CREW. In the South EAST CORNER A PERIMETER WAS SET W/CREW TRUCK, TROUBLE TRUCK & CONES. TROUBLE TECH BREIGED STEVE W/READINGS of GAS @ LOCATIONS OF GAS. STEVE DETERMINED THAT 1ST PRIORITY WAS TO MAKE SURE GAS WAS NOT MIGRATING INTO BULLDING S. THEY WERE CHECKED INSIDE & ONCE CLEARED & GAS HE LOCUSED WAS then turnED to the gas outsides SEVERAL BAR HOLES WERE DRIVED NEAR Buzillings then eventually over mains of SERVICES. NO GAS WAS DETECTED TO BAR Holes WEAR BUILDING. 50% to 90% GAS WAS DETECTED @ A Couple Cocations over MAIN. NONE OVER SERVICES, GAS WAS ASPIRATED FROM ONE BAR hole for @ 30 min. TRUE READINGS TURNED OUT TO BE @ 10% 9 AS ORLY IN ONE Spot OVER MAINS STEVE DETERMINED THAT A VERY Small leak OVER TIME CONCENTED IN A Couple AREASCAUSING ligh READINGS. STEVE & I Agreed to have some CAST IRON TOINTS SEALED to STOP the PEAK.

	Crew: KU: LGE: Contractor:	EOC	GAS		
1a.	1a. If Contractor: Passported?: YES NO Passported		ting Location or Nan on request:		
	The state of the s		CREW		-
			, J, mm		
4.	4. Name of immediate supervisor of employee directly in charge:	DNY HE	EUCEL		
	5. Location and brief description of work: 4914 DE PRI				
	6. Job Planning (Scouting, etc.): All Proper YES NO		Describe:	LOCAT	E \$
	7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO		Describe:	CREW	D.5055021
	HOW TO CHECK FOR LEAK.				
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES <u></u>	_ NO		
	Describe: ALL SIGNS, FLAGS, CONES AROUN	JD WOR	EK SITE.		
			· · · · · · · · · · · · · · · · · · ·		
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear,	etc.): All	Proper	YES	NO
	Describe: ALL EMPLOYEES WEARING PPE	to the state of th			· · · · · · · · · · · · · · · · · · ·
	10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe: March March		SS	NO	-
11.	11. Other Equipment and Procedures: All Proper YES V NO		Describe:	CLEN E	ellen
	BAR HOLES TO LOCATE LEAK WITH C	_			
12.	12. Apparent hazards not being guarded against by crew:	,			
13.	13. Overall Safety Rating of Crew: Good: Fair:		Poor:	-	
14.	14. Recommendations or Suggestions:				
15,	15. Are all safety devices in working order? YES	NO	Name of the second seco		
16.	16. Audit results discussed with employee in charge: YES	NO			
•	3-13-12	100	my Le	hel)

1a. If Contractor: Passported?: YES NO Passport shown on request: YES NO 2. Name and class of employee directly in charge of work: Dary Haydur 3. Names of employees under their supervision on this job: Break Haydur 4. Name of Immediate supervisor of employee directly in charge: Tany Heckel 5. Location and brief description of work: 100 Standard Western Leak on Many 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Work on Describe: Work on Describe: Work on Describe: Work on Describe: Work of D			Eve	Contractor:	LGE:	Crew: KU:	1.
2. Name and class of employee directly in charge of work: 3. Names of employees under their supervision on this job: 4. Name of immediate supervisor of employee directly in charge: 5. Location and brief description of work: 5. Location and brief description of work: 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: 6. Job Planning (Tailboard Conf., etc.): All Proper YES NO Describe: 6. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: 6. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: 6. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: 6. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: 6. Ocover-Up Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: 7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: 8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Lignalium About Abo				Vro No	Danaua tada	Te Combination	٠
3. Names of employees under their supervision on this job: Bream Hungry 4. Name of immediate supervisor of employee directly in charge: Tany Heckel 5. Location and brief description of work: SLD Handu Ilm Ingani leak on Many 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Work en Poscribe: Bream en Poscribe			_ ^ ^ _				
4. Name of Immediate supervisor of employee directly in charge: Tony Heckel 5. Location and brief description of work: See Gaude III (repair leaf or Coman) 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: Work of Conf., etc.): All Proper YES NO Describe: All Proper YES NO Describe: No No Describe: No							
5. Location and brief description of work: See Haule III Ingair lesh or (Marin) 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Walk we will be a purpose of the control of		,	Brear Mergrey	upervision on this job:	yees under their st	Names of employ	3.
5. Location and brief description of work: See Haule III Ingair lesh or (Marin) 6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Walk we will be a purpose of the control of			- 1/10		Annual Control of the		
6. Job Planning (Scouting, etc.): All Proper YES NO Describe: Upul were Awayer 7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: Work Area Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Source Agreement		1					
6. Job Planning (Scouting, etc.): All Proper YES NO Describe: **Literal .eu** **Proper** **Proper** 7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: **Literal .eu** **Literal .eu** 7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: **Literal .eu** 8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: **Literal .eu** 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: ** 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe: ** 11. Other Equipment and Procedures: All Proper YES NO Describe: **Literal .eu** **	NAME TO AND A STATE OF THE STAT	leahor	ulu Mis Tripan	ork: 502 H	ef description of w	Location and brid	5,
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: Look w	ar sarran						
7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:		war en				_	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: Abnote and segue but police duriting thappee 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Liquidure Aonus Aumorid, fue witniguish up wend primedic into						,	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper Describe: Cone and segs out palice directing Maffect 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe: 11. Other Equipment and Procedures: All Proper Source Amount for experiment and parenclic sets.		work un	NO Describe:	: All Proper YES	Iboard Conf., etc.)	Job Briefing (Tai	7.
Describe: Cons and signs out police directing Maffect 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe:	and the second	and all an analysis white-sub-late (1) any completely for the Propagation (1) which are successive.				proges	
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO			per YES NO	s, Cones, etc.): All Pr	ction (Signs, Flags	. Work Area Prote	8.
Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe: 11. Other Equipment and Procedures: All Proper Some semand, for witnguste up werd princetic sets.	<u></u>	y Maffee	police direction	segis out	e and	Describe: <u>Con</u>	
Describe: 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe: 11. Other Equipment and Procedures: All Proper Some semand, for witnguste up werd princetic sets.		<i>,</i>	¥				
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Sources semand, fire extraguishe up were presented seta		YES NO	s, Eyewear, etc.): All Proper	ardhat, Gloves & Sleev	ive Equipment (Ha	Personal Protect	9.
Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Significant Sources removed, fue extenguishe up werd perenelia esta	***************************************					Describe:	
Describe: 11. Other Equipment and Procedures: All Proper YES NO Describe: Significant Sources removed, fue extenguishe up werd perenelia esta							
11. Other Equipment and Procedures: All Proper YES NO Describe: Significant Sources removed, fue extenguishe up werd permete sate		NO $ u$	oper YES	s, Blankets, etc.): All	nent (hoses, Hood	. Cover-Up Equipr	10.
11. Other Equipment and Procedures: All Proper YES NO Describe: Stynchiv Sources removed, fire extraguishe up werd permedia esta 12. Apparent hazards not being guarded against by crew:	and the same of					Describe:	
11. Other Equipment and Procedures: All Proper YES NO Describe: Stynchew Sources Nemoved, fire extraguishe up werd permetic sets 12. Apparent hazards not being guarded against by crew:	· ·					6	
Sources removed, fire extraguestic up were prenedic seto 12. Apparent hazards not being guarded against by crew:	; 	: Styncher	NO Describe:	All Proper YES	t and Procedures:	. Other Equipmen	11,
12. Apparent hazards not being guarded against by crew:	Toblech	prenedio set	usher un werd w	Luc extend	removed,	Sources)	
			/	ed against by crew:	ds not being guard	2. Apparent hazard	12,

13. Overall Safety Rating of Crew: Good: Fair: Poor:	***************************************		Fair: Poor:	Good:	ating of Crew:	R. Overall Safety R	13.
14. Recommendations or Suggestions:		~	Projection of Pr	Parameter Control of		•	
2 // Resembled of Suggestions.	Tringeline (Inc.)	97 <u></u>		•	no or ouggestions.	, necommendatio	47 1
15. Are all safety devices in working order? YES NO	***************************************		S NO	. Cuchu	wissa in warking a	Aro all anfahr da	12
15, Are all safety devices in working order? YES NO			- NO	nucii I	vices in working 0	, Ale all Safety (18	ı.;,
16. Audit results discussed with employee in charge: YES NO	The state of the s					4	- د
	····		s	oyee in charge: Y	cussed with emplo	6. Audit results dis	16.
1) 10 17 1/6:45	and the same of th		SNO	oyee in charge: \	cussed with emplo	5. Audit results dis	16.

1.	Crew: KU: LGE: Contractor:	Eo C Crew Reporting Location or Name of Contractor
ia.	If Contractor: Passported?: YES NO	Passport shown on request: YES NO
	Name and class of employee directly in charge of work:	DAVID Potest (Cruw Leida)
		Kenny Harrison
4. 5.	Name of immediate supervisor of employee directly in char Location and brief description of work: 37 Ch	rge: Tony beduch
	27 Dill	FIRE (SIDILY STRONG)
6.	Job Planning (Scouting, etc.): All Proper YES	
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prop	
9,	Personal Protective Equipment (Hardhat, Gloves & Sleeves Describe:	- And the state of
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	· production of
11.	Other Equipment and Procedures: All Proper YES V	NO Describe: All 19 No Hour area , CRCW was doing barboling
	Apparent harards not being guarded against by erew.	to establish perimeter
13,	Overall Safety Rating of Crew: Good:	Fair: Poor:
14.	Recommendations or Suggestions:	
15.	Are all safety devices in working order? YES	NO
16.	Audit results discussed with employee in charge: YES	✓ NO
	2-16-12 1600 Date of Audit Time of Audit	LARRY DO DEON

10215

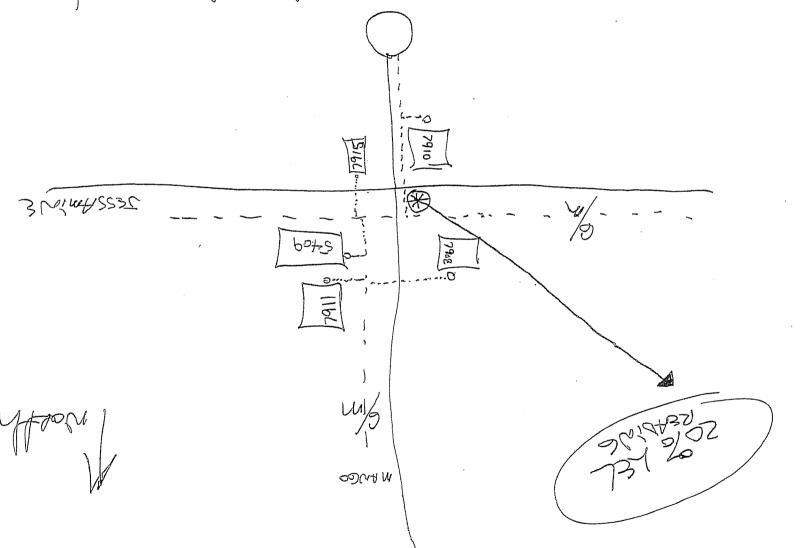
1.	Crew: KU: LGE: Contractor:	800	
		Crew Reporting Location or Name	of Contractor
1a.	If Contractor: Passported?: YES NO	Passport shown on request:	YES NO
2.	Name and class of employee directly in charge of work:	Dow Dearing	
3.	Names of employees under their supervision on this job:		and the second s
4.	Name of immediate supervisor of employee directly in char	ge: BRIAN Claypoo	l
	Location and brief description of work: 41 Chama	borg ance loca	de Pous
	Cont.		
6,	Job Planning (Scouting, etc.): All Proper YES		work , w
	- Juzzus		work
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	. NO Describe:	
	in progress		
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Propo	er YES NO NO	parameter in the
	Describe:		
9,	Personal Protective Equipment (Hardhat, Gloves & Sleeves,	Eyewear, etc.): All Proper	YES' NO
	Describe:	•	
	pescribe:		
10.	. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	oper YES	NO _
	Describe: Not applicable		
11,	. Other Equipment and Procedures: All Proper YES $_ u$	NO Describe:	ann
,	properly marked and perin	nuiteo estatelishel	
4.7			
1.2	. Apparent hazards not being guarded against by crew:	-	
13.	Overall Safety Rating of Crew: Good: 1	Fair: Poor:	
14	Recommendations or Suggestions:		
15	. Are all safety devices in working order? YES	NO	
		parameter parame	
		NO	
16	. Audit results discussed with employee in charge: YES	NO	
	2-16-12 1000	Jany Dodn	
	Date of Audit Time of Audit	/ Employee Performing	Audit

1. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	
2. Name and class of employee directly in charge of work:	Chais Hall Concw Reader
3. Names of employees under their supervision on this job:	
4. Name of immediate supervisor of employee directly in cha	arge: Tony Hide il
5. Location and brief description of work: 542 GA	
Mary)	•
6. Job Planning (Scouting, etc.): All Proper YES	
IN progress	
7. Job Briefing (Tallboard Conf., etc.): All Proper YES	
IN progress	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Pro	
Describe: S19105 AND OBNES D	roperly placed
,	, , ,
9. Personal Protective Equipment (Hardhat, Gloves & Sleeve	es, Eyewear, etc.): All Proper YES V NO
Describe:	
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All P	Proper YES NO 🗸
	Procured participation of participation
Describe:	
11. Other Equipment and Procedures: All Proper YES	NO Describe All ICVILLY KIND
	uisher represent, and perineter estab
12. Apparent hazards not being guarded against by crew:	as to very a great the control of the
tz. Apparent nazarus not being guarded agamst by Gow.	
AD Coursell Cafety Polylog of Cycour	Fair: Poor:
13. Overall Safety Rating of Crew: Good:	rail:
14. Recommendations or Suggestions:	
15. Are all safety devices in working order? YE	NO
16. Audit results discussed with employee in charge:	ES NO
	/
2-10-12 10:45	LARRY DODSON
Date of Audit Time of Audit	Employée Performing Audit

.4	LGE: Contractor:	EOG	GA3		
	· Introduction	Crew Reportin	g Location or Nar	ne of Contractor	
1:	La. If Contractor: Passported?: YES NO	Passport shown or	ı request:	YES	NO
2	2. Name and class of employee directly in charge of work:	HRIS FAITH	CLEW	LOADER	
3	3. Names of employees under his supervision on this job:	CHEIS BOONE	, BOBBY	PENBLETO	No.
4	4. Name of immediate supervisor of employee directly in charge	TONY HEC	KEL		
	5. Location and brief description of work: Pope 5+.				
6.	6. Job Planning (Scouting, etc.): All Proper YES		Describe:	LOCATES	
and a	COMPLETED	-			
/.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO	Describe:		
8.	. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES	NO		
	Describe: ALL SIGNS FLAGS & CONES	ALOUND TRU	حلا لخ	WORK	<u>, </u>
	SITE.				•
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Ey	rewear. etc.): All Pr	oper	YES W	NO
	Describe: ALL 3 EMPLOYEEZ WERLING PPE				
10.	Describe: パルタ			NO	
	C.G. I. OTHER TOOLS IN GOOD				
12.	. Apparent hazards not being guarded against by crew:	NONE			
13.	Overall Safety Rating of Crew: Good: Fai	r: F	oor:		
	Recommendations or Suggestions: CAEW DID GREAT			NV CR	ل داسخه
	DRILLED OUT LEAK & BAR HOLED TO PINP		UG LE	7	
	Are all safety devices in working order? YES	NO	Berton Marian Control		
⁴4,	Audit results discussed with employee in charge: YES	NO			
-	2-15-72 Date of Audit	Torry &	ee Performing A	371Z	

	Crew: KU: LGE: Contractor: Acc 18518 Gost ZINGER Crew Reporting Location or Name of Contractor
1a	. If Contractor: Passported?: YES NO Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work: LESTER COET ZINCER
3.	Names of employees under his supervision on this job:
	Name of immediate supervisor of employee directly in charge: SRIC W. NETHERTON
5.	Location and brief description of work: INVESTIGATING CODE Z@ the INTERSECTION of MANGO & JESSAMINE
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: (02 BACK) LESTER BAUE DETAILED DESCRIPTION OF SAK INVESTIGATION.
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: VEHICLE WAS CONED OUT & HAShELS WERE ON.
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe:
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
11.	Other Equipment and Procedures: All Proper YES NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
14.	Recommendations or Suggestions:
.15.	Are all safety devices in working order? YES
`a .	Audit results discussed with employee in charge: YESNO
	Z-12 Eic W. NETHERION Date of Audit Employee Performing Audit

, 3 vodo 23 223 Bbo 3th @ 230; vg3 2 szvo B3 dorg g3 7231 *
200 Log 3th C3ning T3b dha zhon aht ex 1134 2th
(02/14 m & 3 Wing 23 th 20 42 hours his tage 3th @



Distribution Operations Motor Vehicle Safety Audit

icle #: 6233 Location: MANGO & JSSAMINE Date: Z-第-1Z

Veh. Make: F-350 Veh. Type: TROUBLE TRUCK Operator: LESTER GOSTEINGER

Items Checked	Accer Yes	table No	Comments
EXTERIOR CONDITION	1 165		and the second s
Doors (Cab & Bins)	1		
Glass (Windshield, Doors, Rear)			
Windshield Wipers & Washer Fluid			
Mirrors			
Running Boards			
Bumpers (Front & Rear) & Grill			
Steps	1		:
Boom	1		
Bucket & Liner	#		
Winch Lines	NA		
Lights - Front (Headlights, Parking, etc.)	101		
Lights - Rear (Brake, Backup, Tail, etc.)			
Marker Lights & Spot Light	1/		
Tires (Tread & Air Pressure)			
terior Housekeeping	1		
INTERIOR CONDITION		7.	
Interior Housekeeping			
Seats			
Seat Belts			
Horn			
Mechanical Condition (Steering, Brakes, etc.)	V		
MISCELLANEOUS			
Fire Extinguisher			
Work Signs, Reflectors, Flags	1		
First Aid Kit			
Decals			
Warning Lights			
Chain Saws (Condition, Guards, etc.)	NIA		
Gas/Oil Mixture Can	NA		
Safety Latch on Hooks	NA		
Chocks Available			
Tool Guards In Place	NIA		
`Containers & Cans Properly Labeled	/		
שטT Daily Inspection	NA		

Inspected By: ERIC W. NETHERTON

16:00-17:30

10258

Employee Performing Audit

3	, Crew: KU: LGE: Contractor:
1	Crew Reporting Location or Name of Contractor a. If Contractor: Passported?: YES NO Passport shown on request: YES NO
	. Name and class of employee directly in charge of work: TOHN RAGIANN
	. Names of employees under his supervision on this job:
	Name of immediate supervisor of employee directly in charge:
5	Location and brief description of work: 3217 BRIDWELLAV
	CODE 1 INSIDE & CUTSIDE. (COMMENTS ON BACK)
	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO_ Describe: VEHICLE CONES OF BAND Flashes on
10.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper Describe: Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES
	Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
	Recommendations or Suggestions:
15.	Are all safety devices in working order? YES
	Audit results discussed with employee in charge: YES NO

* JOHN tested Houselines @ 902. of Found leak

M CABINET OF CURNACE. RED tagged the FURNACE of

ADVISED PARTY. PRODED SERVICES @ 3215 of 3217

BRIDWELL. Found small leak on SERVICE SIDE

OF loop@3215 BRIDWELL. CLASS Z leak CARD

WAS left w customer.

Distribution Operations Motor Vehicle Safety Audit

veh. Make: F-350

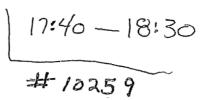
Location: 3217 BRIDWELL AV. Date: 2-15-12

Veh. Make: F-350

Veh. Type: TROUB & TRUCK Operator: John RACIAND

Items Checked		ptable	Comments
EXTERIOR CONDITION	Yes	No	
Doors (Cab & Bins)	+./		
Glass (Windshield, Doors, Rear)	+		
Windshield Wipers & Washer Fluid	1		
Mirrors	1		
Running Boards	1		
Bumpers (Front & Rear) & Grill			
Steps	1./		
Boom	NA		
Bucket & Liner	NA		
Winch Lines	NA	<u> </u>	
Lights - Front (Headlights, Parking, etc.)	1 /		
Lights - Rear (Brake, Backup, Tail, etc.)	1		
Marker Lights & Spot Light			
Tres (Tread & Air Pressure)	1./	<u> </u>	
Aterior Housekeeping	1./		
INTERIOR CONDITION	1		
Interior Housekeeping	1		
Seats	1		
Seat Belts	1		
Horn			
Mechanical Condition (Steering, Brakes, etc.)	1		
MISCELLANEOUS			
Fire Extinguisher			
Work Signs, Reflectors, Flags			
First Ald Kit			
Decals	1		
Warning Lights			
Chain Saws (Condition, Guards, etc.)	NA		·
Gas/Oil Mixture Can	NIA		
Safety Latch on Hooks	14/14		
Chocks Available			
Tool Guards In Place	1		
Containers & Cans Properly Labeled			
υΟΤ Daily Inspection			
		L	Inspected By: ERIC IA) A) STHERTON

Inspected By: ERIC W. NETHERTON



J.	Crew: KU: LGE: Contractor: Section or Name of Contractor
1	a. If Contractor: Passported?: YES NO Passport shown on request: YES NO
	. Name and class of employee directly in charge of work: Ron BENEDICT
	Names of employees under his supervision on this job:
4	Name of immediate supervisor of employee directly in charge: ERIC W. NETHERFOW
5	Location and brief description of work: ZSZO MCGEE DR.
	INVESTIGATING CODE 1 OUTSIDE (COMMENTS ON BACK)
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: TRUCK WAS CONED OUT & FLASHERS WELS ON
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	Describe:
	•
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
14.	Recommendations or Suggestions:
15.	Are all safety devices in working order? YES NO
	Audit results discussed with employee in charge: YES NO
	7-15-17 For 12.0 15TASOTE

Employee Performing Audit

Date of Audit

RON PROBED OUT SERVICES @ 2520 MCGEEDR \$ 2503 LGRENZ AV. & FOUND REGULATOR NIPP(= (EAK@ 2520 MCGEEDR. REPAIR WAS MADE & SERVICE WAS TURNED backon.

Distribution Operations Motor Vehicle Safety Audit

ıicle #: 6256 L	
-----------------	--

Location: 2520 MCGEE DR. veh. Type: TROUBLE TRUCK Operator: Row BENEDIC

Veh. Make: F − 350

Items Checked		otable	Comments
EXTERIOR CONDITION	Yes	Nö	
	+		
Doors (Cab & Bins)	1		
Glass (Windshield, Doors, Rear)	1		
Windshield Wipers & Washer Fluid	1/		
Mirrors	1/		
Running Boards	1/		
Bumpers (Front & Rear) & Grill	IV		
Steps	V		
Boom	Ala		
Bucket & Liner	MA		
Winch Lines	MA		
Lights - Front (Headlights, Parking, etc.)	1		
Lights - Rear (Brake, Backup, Tail, etc.)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Marker Lights & Spot Light	1		
es (Tread & Air Pressure)	1//		
exterior Housekeeping			
INTERIOR CONDITION			
Interior Housekeeping	V		
Seats	V		
Seat Belts	V		
Horn	V		
Mechanical Condition (Steering, Brakes, etc.)			
MISCELLANEOUS			
Fire Extinguisher		$\sqrt{}$	NEEDS CHECK IST
Work Signs, Reflectors, Flags			
First Aid Kit			
Decals	V		
Warning Lights			
Chain Saws (Condition, Guards, etc.)	NA		
Gas/Oil Mixture Can	NA		
Safety Latch on Hooks	NA		
Chocks Available			
Tool Guards In Place			
Containers & Cans Properly Labeled			
DOT Daily Inspection	NA		

Inspected By: ERICWINE HELDN

10369

Employee Performing Audit

-1	Crew: KU: LGE: Contractor: Ecc Crew Reporting Location or Name of Contractor
1 a.	. If Contractor: Passported?: YES NO Passport shown on request: YES NO NO
	Name and class of employee directly in charge of work: DON DEARING
	Names of employees under his supervision on this job: $\frac{\sqrt{A}}{\sqrt{A}}$
-	
4.	Name of immediate supervisor of employee directly in charge: ERIC W. NSTHERTON
5.	Location and brief description of work: 9604 HUDSON LN.
	INVESTIGATING-CODE 1 INSIDE.
б.	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: FARKED IN CUSTOMERS DRIVEWAY
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YESNO
	Describe:
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
	Describe.
11.	Other Equipment and Procedures: All Proper YES NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Fair: Poor: Poor:
14.	Recommendations or Suggestions:
1 5.	Are all safety devices in working order? YESNO
16.	Audit results discussed with employee in charge: YESNO
	7-16-17 ERICW. NETHERION

Date of Audit

Distribution Operations Motor Vehicle Safety Audit

hicle #: 6234

Location: 9604 HUDSON LN. veh. Type: TROUBLY TRUCK Operator: Den DEARING

Veh. Make: F-350

When are areas		table	Comments
Items Checked	Yes	Nö	
EXTERIOR CONDITION			
Doors (Cab & Bins)			
Glass (Windshield, Doors, Rear)			
Windshield Wipers & Washer Fluid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Mirrors			
Running Boards			
Bumpers (Front & Rear) & Grill			
Steps			
Boom	NA		
Bucket & Liner	NA		
Winch Lines	NA		
Lights - Front (Headlights, Parking, etc.)			
Lights - Rear (Brake, Backup, Tail, etc.)			
Marker Lights & Spot Light	1		
Tires (Tread & Air Pressure)			
exterior Housekeeping			
INTERIOR CONDITION			
Interior Housekeeping			
Seats			
Seat Belts	1		
Horn			
Mechanical Condition (Steering, Brakes, etc.)			
MISCELLANEOUS		4	
Fire Extinguisher			
Work Signs, Reflectors, Flags			
First Aid Kit	14		
Decals	1		
Warning Lights	14		
Chain Saws (Condition, Guards, etc.)	N/A		-
Gas/Oil Mixture Can	N/A		
Safety Latch on Hooks	NA		
Chocks Available	1/		
Tool Guards In Place	1		
'I Containers & Cans Properly Labeled	1		
DOT Daily Inspection	NA		Inspected By: ERIC W. NETHERTON

Inspected By: ZRIC W. NEIHERION

1. Crew: KU: LGE: Contractor:	EOC GAS
	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
2. Name and class of employee directly in charge of work:	TODS VINCENT CREW LOADER
3. Names of employees under his supervision on this job:	BEIN RUSSELL
4. Name of immediate supervisor of employee directly in cha	rge: Tony HECKEL
5. Location and brief description of work: 4212 Rivi	IERA DE LEAU REPAIR ON
Company SERVICE.	
6. Job Planning (Scouting, etc.): All Proper YES	
Completed.	¥
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	
. , ,	-
8. Work Area Protection (Signs, Flags, Cones, etc.): All Prop	per YES V NO
Describe: SIGNS & CONES ABOUND W	
beschied states a cone of the company we	,
Personal Protective Equipment (Hardbat, Clover & Sleeves	Evolution of a V. All Bronch VES / NO
. Personal Protective Equipment (Hardhat, Gloves & Sleeves	the state of the s
Describe: BOTH EMPLOYEES WOHLING PI	PE
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	oper YES NO
Describe: N/A	
11. Other Equipment and Procedures: All Proper YES	NO Describe
CLEW USED C.G.I. & PROBE TO LOCATE	·
	LEAR, LUI BUI LENEAU VALVE.
12. Apparent hazards not being guarded against by crew:	NONE
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
14. Recommendations or Suggestions: CREW DID GA	DAT JOB.
15. Are all safety devices in working order? YES	NO
3. Audit results discussed with employee in charge: YES	NO
2 16 -17 -	-T-04 60 0.0
Z - 16 - (Z Date of Audit	Englisyee Performing Audit

(10:05-11:00)

10268

		Anc
1.	. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1a.	a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
2.	. Name and class of employee directly in charge of work:	50ECS/ANK
3,	. Names of employees under his supervision on this job:	NA
	Name of immediate supervisor of employee directly in charge: Location and brief description of work; 423 660	
5.	CODE 1 outside (COM BACK)	CESTER ND.
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper Describe: TRUCK WAS Cours OUT.	YES NO
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eye Describe:	
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe:	YES NO
11.	Other Equipment and Procedures: All Proper YES	NO Describe:
12.	Apparent hazards not being guarded against by crew:	
13.	Overall Safety Rating of Crew: Good: Fair	; Poor:
14.	Recommendations or Suggestions:	
15.	Are all safety devices in working order? YES	NO
,	Audit results discussed with employee in charge: YES	NO
,	7-11-17	Foic W. NETHSOLON

2-16-12 Date of Audit

Employee Performing Audit

* JoE, found leak on regulator
Nipple & made repairs. Tested
HILS & relit appliances.

Distribution Operations Motor Vehicle Safety Audit

"hicle #: (0024)	Location: 4023 Gloursster R	d. Date: 2-16-12
/eh. Make: F-350	Veh. Type: TROUBLE TRUCK	Operator: JOE CSLANK

Items Checked	Accep		Comments
EXTERIOR CONDITION	Yes	Νo	
	1.7		
Doors (Cab & Bins)	1/		
Glass (Windshield, Doors, Rear)	1./		
Windshield Wipers & Washer Fluid			
Mirrors			
Running Boards	$ V_{\gamma} $		
Bumpers (Front & Rear) & Grill	1/		
Steps	IV,		
Boom	NA		
Bucket & Liner	NIA		
Winch Lines	NA		1
Lights - Front (Headlights, Parking, etc.)			
Lights - Rear (Brake, Backup, Tail, etc.)			
Marker Lights & Spot Light			
Tires (Tread & Air Pressure)		,	
terior Housekeeping			
ANTERIOR CONDITION			
Interior Housekeeping			
Seats			
Seat Belts			
Horn			
Mechanical Condition (Steering, Brakes, etc.)			
MISCELLANEOUS			
Fire Extinguisher		,	
Work Signs, Reflectors, Flags			
First Aid Kit			
Decals			
Warning Lights			
Chain Saws (Condition, Guards, etc.)	NA		
Gas/Oil Mixture Can	NA		
Safety Latch on Hooks	NA		
Chocks Available	1011		
Tool Guards In Place	1		
All Containers & Cans Properly Labeled	1		
T Daily Inspection	NA		

Inspected By: ERIC W. NETHERTON

1.		GAS ng Location or Name of Contractor
1a.		n request: YES NO
2.		LETON CREW LEADED
3,	3. Names of employees under his supervision on this job: DAVE WAR	TINGLY
4.	4. Name of immediate supervisor of employee directly in charge: Tony	TEXEL
5.	5. Location and brief description of work: 7017 WOODED MEADOW	- LEAK AT
	STOPBOX	
	6. Job Planning (Scouting, etc.): All Proper YES NO	Describe: LOCATES
	COMPLETED.	
7.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO	Describe: CAZW
	DISCUSSED HOW TO APPROACH JOB.	
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES	NO
	Describe: ALL SIGN, FLAGS CONES AROUND W	ORK SITE.
9.	9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All i	Proper YESNO
	Describe: BOTH EMPLOYEES WEARING PPE	
10.	\mathbf{F} .	6 NO
	Describe: N/A	
	11. Other Equipment and Procedures: All Proper YES NO	
	DEIVING PROBE & C.G.I. TO LOCKE LEAK, CLEW !	REMOVED LEALING SERVICE
12.	12. Apparent hazards not being guarded against by crew:	<i>y</i> 11-72.
13.	13. Overall Safety Rating of Crew: Good: Fair:	Poor:
14.	14. Recommendations or Suggestions:	
,		
15.	15. Are all safety devices in working order? YES NO	
16.	16. Audit results discussed with employee in charge: YES NO	
,		- 11 12
	3-13-12 To-	riovee Performing Audit

12400

1.	Crew: KU: LGE: Contractor:	AOC
	, <u></u>	Crew Reporting Location or Name of Contractor
1a.	If Contractor: Passported?: YESNO	Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work:	MIKE QUIL /CREW LEADER
3.	Names of employees under his supervision on this job:	SUAN COCHEAN DEEDY BAKER
	RODRICK ALLOW	
4.	Name of immediate supervisor of employee directly in o	charge: Eric Miller
5.	Location and brief description of work: 450	S-Brook ST. (FRURNETT)
	LEAK ON MAIN	
6.	Job Planning (Scouting, etc.): All Proper YES _	NO Describe: Delle Holes
JOEWAL	K NEXT TO BUILDING . No GAS	MIGRATING.
•	Job Briefing (Tailboard Conf., etc.): All Proper YES _	
CEAL	Soints on C.I. main. W	
8.	SEFORE WE STATION IN AKING Work Area Protection (Signs, Flags, Cones, etc.): All P	AITED UNTIL AFTER 13:00 FOR CUSTOME NO
		•
9.	Personal Protective Equipment (Hardhat, Gloves & Slee	ves, Eyewear, etc.): All Proper YES NO
1	Describe: WORN BY ACL	
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): Al	Proper YES NO
	Describe:	
		-
11.	Other Equipment and Procedures: All Proper YES	NO Describe:
	STROBE UGHTS, WORKING S	
12.	Apparent hazards not being guarded against by crew:	None
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:
		F WELL BY CREWS
15.	Are all safety devices in working order?	YES I
16.	Audit results discussed with employee in charge:	YES NO
	, , court and course in the course in the gold	
Street in	2/4/- 08:5	Z=(e2 M-2
	03/16/12 09:30 Time of Audit Time of Audit	Employee Performing Audit

	., Crew: KU: LGE: Contractor: EOC	
		porting Location or Name of Contractor
	Specification Sp	on on request: YES NO
2.	2. Name and class of employee directly in charge of work: K-ICK LEW	S - CREW LEADER
3.	3. Names of employees under his supervision on this job: വ്യ	SSELL
4.	4. Name of immediate supervisor of employee directly in charge: Towy H	ECKEL
5.	5. Location and brief description of work: 143 N. HITE - Le	THE REPAIR ON DRIP.
6.	6. Job Planning (Scouting, etc.): All Proper YES NO	Describe: LOCATES
	COMPLETED.	
	7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO	Describe: CREW
	DISCUSSED HOW TO REPAIR LOAK.	
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES	NO
	Describe: ALL CONES, SIGNS & FLAGS AROUND WO	
		,
3	7. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.):	All Proper YES NO
'•		- the second second
	Describe: ALL EMPLOYEES WEALNE PPE.	
10.		YES NO
	Describe: WA	
	11. Other Equipment and Procedures: All Proper YES NO	
C	C.G.I. E PROBE TO LOCKET LOOK ON DRIF	·
12.	12. Apparent hazards not being guarded against by crew: NonE	
13.	13. Overall Safety Rating of Crew: Good: Fair:	Poor:
14.	14. Recommendations or Suggestions:	
15.	15. Are all safety devices in working order?	CRE USED BACK-Flow
	TO DIGUP & CUT OUT LEAKING DRIP.	
16.	16. Audit results discussed with employee in charge: YES NO	
_5.		
	2 10 17	and of loo
	3-19-17 107	Employee Performing Audit

	Son Contractor.		Specify Other:	
Company GE AuditNo: 107		Passported?:	Passport Shown on Request?:	<u></u>
Crew Reporting Location: AOC - Gas		SARLES JONATHAN	Immediate Supervisor.	Eric Miller
Lead Person #1: SUMNER, STEVE	Lead Person #2:			
Employees under their supervision on this job:		<u>a.z</u>		
_	Click to add employee			
Location and brief description of work.	Repaired leak that wa	as located in Shively KY off M	ae.	
Job Planning (Scouting, etc.):	All Proper?	Describe:		
	Yes 🔻			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:		
	Yes	: 		
Work Area Protection (Signs, Flags):	All Proper?	Describe: Area was tap	ed off.	
	Yes			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe: Hard hat, sa	fety glasses, boots and traffic vest	
iv.	Yes	524		
Cover-Up Equipment	All Proper?	Describe:		
	Not Applicable	issá		
Other Equipment and Procedures:	All Proper?	Describe: Followed pr	oper testig and reconnecting proced	ures
•	Yes	Service Control of the Control of th		
Hazards not being guarded against by crew:	None			
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:	None			
e e e e e e e e e e e e e e e e e e e				
Are all safety devices in working order?	Yes	Describe:		
			1	
Audit results discussed with employee in char	rge? Yes 🍱	Describe:		
D. M. S. S. M.	Time of Audit	1930	Employee Performing Audit	NEWTON, FRANK
Date of Audit 3/23/2012	Entered By:		Follow Up?	
Entered Date/Time: 3/26/2012 10:50:52 A				

	748 Contractor.			→ Specify Other.	
Compar Euc [20]		Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: AOC - Gas	<u></u>	rassporeur.	197.5	Immediate Supervisor.	Brian Claypool
Lead Person #1: ALLEN, JAMES	Lead Person #2:			managed to the state of the sta	
Employees under their supervision on this job:		<u> </u>			
	Click to add employee	to audit		Lat OEW and at about 20 f	eet from the house and 56%
Location and brief description of work:	Working a gas leak in gas in the water met	n Shively KY off i er box.	Mae off Crums Lane, r	180 95 & Ges at about 25 t	eet from the house and 56%
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Yes				
Job Briefing (Failboard Conf., etc.):	All Proper?	Describe:			
	Yes				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	area was taped off on	both ends of the hot zone	-
	Yes	ų, š			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:		ses, boots and traffic vest.	
	Yes				
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable		14		I by the boundary on
Other Equipment and Procedures:	All Proper?	Describe:	Began barholing eve	ry 10 feet along the street, no gas at the foundations	checked around both houses on
Other Equipment and	Yes	N.	The sirectand losing		
Hazards not being guarded against by crew.	None				1
			•		
Overall Safety Rating of Crew:	Good	<u></u>			
Recommendations or Suggestions:	None				
	t t				
Are all safety devices in working order?	Yes	Describe:			-
			·		
Audit results discussed with employee in cha	arge? Yes 🔻	Describe:			
					IIL NEWTON, FRANK
Date of Audit 3/23/2012	Time of Audi	1808		Employee Performing Aud	HELA KORA' E LOGARE FOR
Entered Date/Time: 3/26/2012 10:41:35 A	Entered By:			Follow Up?	

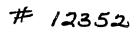
GE AuditNo: 10	749 Contractor:			Specify Other:	-
Compa		Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		HUETTIG, GREG		Immediate Supervisor:	Tony Heckel
Lead Person #1: BROCK, TOM	Lead Person #2:		[D3-33]		
Employees under their supervision on this job:		<u> </u>	. •		
	Click to add employee				
Location and brief description of work	Assisting James Alle	n in locating leak alo	ing street off Mae i	n Shively KT	
		Describe:			
Job Planning (Scouting, etc.):	All Proper?	Describe.			
	Yes				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes	1			
Work Area Protection (Signs, Flags):	All Proper?	Describe: Area	a was taped off with	barrier tape.	
	Yes	5.2			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe: Har	d hat, safety glasse	es, boots and traffic vest. Als	o were wearig ear plugs when
PE (Hamilat Closes Closes).	Yes	ope	erating the aerator.		
a to Go is worth	All Proper?	Describe:			
Cover-Up Equipment					
	Not Applicable			er the service to adiacent h	ouse. Used Kabota to uncover
Other Equipment and Procedures:	All Proper?	the	line and find the le	ak Excavation looked good	d and spoil pile was over 2 feet
	Yes	essat .			
Hazards not being guarded against by crew:	None ²				
Overall Safety Rating of Crew:	Good	ri e			
Recommendations or Suggestions:	None				•
Are all safety devices in working order?	Yes	Describe:	The state of the s		
Ale din Sales, de la					
a la complementa in cha	irge? Yes 🔻	Describe:		2573-1-1583-1484-1484-1484-148-148-148-148-148-148-	
Audit results discussed with employee in cha	rge? Yes 🔨				
	magner of all 17%			mployee Performing Audit	NEWTON, FRANK
Date of Audit 3/23/2012	Time of Audit Entered By:	1840		Follow Up?	
Entered Date/Time: 3/26/2012 10:46:59 A	Entered by.		*	e energy and	

I. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
2. Name and class of employee directly in charge of work:	MANA LIVEY CEEW LEADER
3. Names of employees under his supervision on this job:	
5. Matties of employees under his supervision on this job.	
4. Name of immediate supervisor of employee directly in c	haven Frie Miller
4. Name or immediate supervisor of employee directly in co	1 / I de de The (4717 PRESTON HWY)
4. Name of immediate supervisor of employee directly in classics. 5. Location and brief description of work: 8-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	o pray & 1 02 (1.1.)
KEPAIR LEAK ON MININ	
6. Job Planning (Scouting, etc.): All Proper YES	
UTRANCE & EXIT PAMPS FROM ILS	- DIVERTING TRAFFIE AROUND HOLE.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: GAS WAS MIGRATA
/main BUT NOT MIGRATING AWI	AY FROM IT.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Pr	roper YES NO
Describe: COAS ARROW ROARDS 4	CONES WERE USEA. All LEAK PATH
WERE MONITORED UNTIL LEA	
). Personal Protective Equipment (Hardhat, Gloves & Sleet	· ·
Describe: ALL WORD BY CRE	
pescriber	
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All	Proper YES NO
Describe:	
11. Other Equipment and Procedures: All Proper YES	NO Describe:
DLL STROBE LIGHTS WOT	eking
12. Apparent hazards not being guarded against by crew:	NONE
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
14. Recommendations or Suggestions: Dugl To	B 70 DO. RANNES OUT WELL.
15. Are all safety devices in working order?	YES NO
20,7,10 4,102,104, 102,104	
de Andia months discussed with province in change.	YES L NO
16. Audit results discussed with employee in charge:	
Date of Audit Time of Audit	Employee Performing Audit
- Duct of Addit	

Company GE AuditNo: 11	020: Contractor:	The second second control of the second seco	Specify Other:	\
Compan		Passported?:	Passport Shown on Request?:	
Olow Hopoling -	Lead Person #2:		Immediate Supervisor.	
LCGQ CISOII IV	Lead Telson #2.			
Employees under their supervision on this job:	Click to add employee			
Location and brief description of work:	10101 McNeely Lake		k	
Job Planning (Scouting, etc.):	All Proper?	Describe:		
	Work in Progress			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:		
	Yes			
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Cones and signs properly placed	
	Yes			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	All employees had vest, hard hats and safty glass	es on
	Yes	S		
Cover-Up Equipment	All Proper?	Describe:		
	Not Applicable			
Other Equipment and Procedures:	All Proper?	Describe:	Shoring properly installed	
	Yes			
Hazards not being guarded against by crew:				
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:				
			*	
Are all safety devices in working order?	Yes	Describe:		
Audit results discussed with employee in char	ge? Yes 🌃	Describe:		
Date of Audit 4/12/2012	Time of Audit	1045	Employee Performing Audit	DODSON, LARRY
Entered Date/Time: 4/12/2012 3:24:19 PM	Entered By:		☐ Follow Up?	

	Contractor		Control of the second s	Specify Other:		
Compan	019 Contractor.	Passported?:	Passp	ort Shown on Request?:	554	
Crew Reporting Location: AOC - Gas		1 d33p013311	<u> </u>	Immediate Supervisor.		
Lead Person #1: BRUNER, RODNEY	Lead Person #2:		[3782]			
Employees under their supervision on this job:	Click to add employed	e to audit				
Location and brief description of work:	10101 McNeely Lake		k on main			
Job Planning (Scouting, etc.):	All Proper? Work in Progress	Describe:				
Job Briefing (Tailboard Conf., etc.):	All Proper? Work in Progress	Describe:				
Work Area Protection (Signs, Flags):	All Proper? Yes	Describe:	All signs and cones in	place		
PPE (Hardhat, Gloves Sleeves):	All Proper? Yes	Describe:				-
Cover-Up Equipment	All Proper? Not Applicable	Describe:				
Other Equipment and Procedures:	All Proper? Yes	Describe:	1	proper		
Hazards not being guarded against by crew:						
Overall Safety Rating of Crew:	Good					
Recommendations or Suggestions:						
Are all safety devices in working order?	Yes	Describe:				
Audit results discussed with employee in cha	arge? Yes 🔀	Describe:				
Date of Audit 4/12/2012 Entered Date/Time: 4/12/2012 3:22-06 PN	Time of Audi Entered By:	1015		Employee Performing Audit Follow Up?	DODSON, LARRY	

1.	Crew: KU: LGE: Contractor: AoC Crew Reporting Location or Name of Contractor
1a.	If Contractor: Passported?: YES NO Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work: STEVE SUMNER KEEW LEASER
3.	Names of employees under his supervision on this job: SOHNNY SARLES
4. 5.	Name of immediate supervisor of employee directly in charge: Enc Miller Location and brief description of work: MARKET LEAK ON MAIN
^	Job Planning (Scouting, etc.): All Proper YES NO Describe: TRAFFIC DEFERATIONS WERE MADE.
	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: Describe:
OLES	ON STREET & SIDEWALK TO MAKE SURE SAFE. NO GAS IN BUILDING.
	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: ONLY CONES NEEDED.
Э.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: Describe: Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO YE
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe:
11.	Other Equipment and Procedures: All Proper YES 1 NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
14.	Recommendations or Suggestions:
15.	Are all safety devices in working order? YES NO
16.	Audit results discussed with employee in charge: YES
	04/17/12 12:00 Enter Milles Date of Audit Time of Audit Employee Performing Audit



1.	Crew: KU: LGE: X Contractor:	AOC Crew Reporting Location or Name of Contractor			
a.	If Contractor: Passported?: YES NO	Passport shown on request: YES NO			
).	Name and class of employee directly in charge of work:	Jeff Clunie DIST. CREWLEADER			
	Names of employees under his supervision on this job:	Nathen Jones, Bob Blandford & Herman Stinson			
•	Name of immediate supervisor of employee directly in char	ge: Rodney Bruner			
	Location and brief description of work: 6th & St. Catho	ernine St. Leak investigation on 16" WI gas main			
•	Job Planning (Scouting, etc.): All Proper YES X	NO Describe:			
•	Job Briefing (Tailboard Conf., etc.): All Proper YES X	NO Describe:			
	Work Area Protection (Signs, Flags, Cones, etc.): All Proposerribe: All work signs & cones out and in there proper place	er YES X NO			
i	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Describe: All PPE was being used, vest, hardhats & glass's.	, Eyewear, etc.): All Proper YES X NO			
٠.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro				
L.	Other Equipment and Procedures: All Proper YES X	NO Describe:			
2.	Apparent hazards not being guarded against by crew:	All good			
	Overall Safety Rating of Crew: Good: X Recommendations or Suggestions: None at this time.	Fair: Poor: ob site looked good.			
5.	Are all safety devices in working order? YES	XNO			
6.	Audit results discussed with employee in charge: YES				
	April 17, 2012 930	Tom Murphy			
	Date of Audit	Employee Performing Audit			

> CREW was looking for leak on 16"WILP GAS Main.

Tound crew had drilled out 19 BARHOLE Using bar & probe.

Crew was using CGI to take reading & readings being recorded

to HARROW leak.

> After screal reading where taken, hole was open over

16" screw collar that was leaking. > Miller pipeline was called

to seal leaks on both ends
of collar.

This is old School leak detection

1.	Crew: KU: LGE: Contractor:	EOG GAS
fa	. If Contractor: Passported?: YES NO	Crew Reporting Location or Name of Contractor
	* : · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •
	Name and class of employee directly in charge of work:	CHRIS HALL - CREW LEADER
3.	Names of employees under his supervision on this job:	DARYL HAYBEN, GARY SHELTON,
	JIMMY WAINSLOTT, LESTER GOETZINGER	
	Name of immediate supervisor of employee directly in cha	•
5.	Location and brief description of work: 10806ω	ARD AVE, LEAK REPAIR ON 2"
	CT. MAIN	
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe: Locates
	Complete & TRAFFIC CONTROL	
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: _cew \\\ \\\ \\\\ \\\\\\\\\\\\\\\\\\\\\\\
	BEST WAY TO REPAIR LEAK.	
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prop	er YES NO
	Describe: TRAFFIC CONTROL, SIGNS &	
		, , , , , , , , , , , , , , , , , , , ,
٦.	Personal Protective Equipment (Hardhat, Gloves & Sleeves	, Eyewear, etc.): All Proper YES VNO
-		Mary Services (Services Asset)
	Describe: ALL Employets WEARING P.	1.0,
10	Cover Un Environment (honor Honds Displayer at). All D	VFG NO
TO.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Properties: NA	oper YES NO
	Describe: N/Fl	
11.	Other Equipment and Procedures: All Proper YES	NO Describe: <u>c೭೯</u> ೪೪ ಬ ६೭೨
	WILLIAMSON MACHINE TO STOP OFF MAIN	, WELDER: MASE REPAIR TO LEAK,
12.	Apparent hazards not being guarded against by crew:	NONE
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:
14.	Recommendations or Suggestions:	
15.	Are all safety devices in working order? YES	NO
16.	Audit results discussed with employee in charge: YES	NO
	4-17-12	Tom 4 h.S
	Date of Audit	Employee Performing Audit

1.	Crew: KU: LGE: Contractor:	AO C Crew Reporting Location or Nam	ne of Contractor
2.		Passport shown on request: REFUT UPATHERFE NAPEW WASSLE	YESNO
	Name of immediate supervisor of employee directly in charge Location and brief description of work: SEALENG BROKEN GAS SERVICE	PRESTON HWY	
w/ 7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:	CREED UPON.
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Properties: FRE DEAT. HAD TRAFFI CONES WERE IN PLACE. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Describe: ALL WERE WORN	er yes No	YES NO
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	pper YES	NO
OPEN	Other Equipment and Procedures: All Proper YES		KIND OF BUT IN
14. PROP	Overall Safety Rating of Crew: Good: V. Recommendations or Suggestions: CREW HAD CELL RUT ALL ELSE WAS GREW Are all safety devices in working order? YES	AT.	WASN'T WORKING
16.	. Audit results discussed with employee in charge: YES	NO	
	04/23/12 /1:00 Date of Audit Time of Audit	ERVE // Employee Performing	Mee .

12376 Contractor: KU: LGE: Reporting Location or Name of Contractor 1a. If Contractor: YES NO Passport shown on request: Passported?: 2. Name and class of employee directly in charge of work: 3. Names of employees under his supervision on this job: ERL WETHERTON 4. Name of immediate supervisor of employee directly in charge: 5. Location and brief description of work: 5904 PRESTON HWY Describe: AIA NOT WITNES NO 6. Job Planning (Scouting, etc.): All Proper BUT SPOKE U/JAMES @ HIS OWN TAILGATE. Describe: HE WAS Con 7. Job Briefing (Tailboard Conf., etc.): All Proper YES ___ FLEAK MIGRATION. CERNED ABOUT TRAFFIC 8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper Describe: FIRE DEAT. ON SCENE WHEN TAMES ARRIVED YES NO 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper Describe: APE WARN 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES Describe: Describe: AMES HAD 11. Other Equipment and Procedures: All Proper CMI AND WAS PROBING ESTARLISH 12. Apparent hazards not being guarded against by crew: NONE 13. Overall Safety Rating of Crew: Good: Fair: Poor: 14. Recommendations or Suggestions: 15. Are all safety devices in working order? YES 🗸 NO YES V 16. Audit results discussed with employee in charge: NO

1. Crew: Contractor: Frew Reporting Location or Name of Contractor 1a. If Contractor: Passported?: YES NO Passport shown on request: / YES 2. Name and class of employee directly in charge of work: NONE 3. Names of employees under his supervision on this job: 4. Name of immediate supervisor of employee directly in charge: FPIC NETHERTON SOUTHSIDE 5. Location and brief description of work: 6. Job Planning (Scouting, etc.): All Proper YES Describe: SAMES SANKE Describe: MAIN CONCERN 7. Job Briefing (Tailboard Conf., etc.): All Proper WAS GAS MIGRATING INTO 7141 \$ 7/37 8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES L Describe: FIRE DEAT, HAS SCONE WHER CONTROL FOR TRAFFIC. YES NO 9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper Describe: PPE WOrn 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO 11. Other Equipment and Procedures: All Proper NO Describe: 12. Apparent hazards not being guarded against by crew: NONE 13. Overall Safety Rating of Crew: Fair: Poor: 14. Recommendations or Suggestions: 15. Are all safety devices in working order? YES NO 16. Audit results discussed with employee in charge: NO YES



11413

1.	Crew: KU: LGE: / Contractor: EOC GAS Crew Reporting Location or Name of Contractor
fa	. If Contractor: Passported?: YES NO Passport shown on request: YES NO
	Name and class of employee directly in charge of work: C+R-15 ++A-L-L
	Names of employees under his supervision on this job: GARY SHELTON
٠.	
4.	Name of immediate supervisor of employee directly in charge:
	Location and brief description of work: 2460 LINDAY AVE RENEW COMPANY
	SERVICE.
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: Locate S
	Completes. Permit FOR STREET CUT.
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
	DISCUSSION BEST WAY TO FIND LEARL.
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: ALL SIGNS, CONES ALOUND WOME SITE.
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	Describe: CREW WEARING P.P.E.
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe: N/A
11.	Other Equipment and Procedures: All Proper YES NO Describe: CREW PROBED
	OVER SERVICE WITH DLIVING PROBE & USED C.G.I. TO FIND LOAK.
	Apparent hazards not being guarded against by crew: NoNE.
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
	Recommendations or Suggestions:
	,
٠ ج	Are all safety devices in working order? YES NO
	Are dit Safety devices in Working Order.
5	Audit results discussed with employee in charge: YES NO
.Ui	Adult respits discussed with employee in oligige.
-	- (111)
	Date of Audit Date of Audit Date of Audit Date of Audit

11495

1,	Crew: KU: LGE: Contractor: EOC GATS Crew Reporting Location or Name of Contractor
đe.	. If Contractor: Passported?: YES NO Passport shown on request: YES NO
	1
3,	Names of employees under his supervision on this job: DAVE MATTINGLY
	Name of Immediate supervisor of employee directly in charge:
5,	Location and brief description of work: 5006 RED FEEN - REDEW Company SERVICE
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: Locate3
7.	Job Briefing (Taliboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: ALL COPES & SIGNS AROUND WORK AREA.
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	· · · · · · · · · · · · · · · · · · ·
	Describe: CREW WEARING P.P.E.
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
-	
11.	Other Equipment and Procedures: All Proper YES NO Describe: CREW FOUND LEAK ON SERVICE AT MAIN, FOUND LEAK BY PROBING WITH C.G.T.
_	LEAK ON SERVICE AT MAIN, FOUND LEAKS BY PROBING WITH C.G.T.
12.	Apparent hazards not being guarded against by crew:
13. (Overall Safety Rating of Crew: Good: Fair: Poor:
14. 1	Recommendations or Suggestions: พูดปัย
15. /	Are all safety devices in working order? YES NO
- 16. <i>I</i>	Audit results discussed with employee in charge: YES NO
-	
	Date of Audit: Employee Performing Audit
	Date of Audit Employee Parforming Audit

12378

1.	1. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1 a.	1a. If Contractor: Passported?: YES NO Pass	port shown on request: YES NO
	2. Name and class of employee directly in charge of work: (UAN)	(PFW (EADER
		EY BAKER, MIKE QUILL
	RODRICK ALLEN	
4.	4. Name of immediate supervisor of employee directly in charge:	FIL MILLER
	5. Location and brief description of work: 6/06 STE	AWRERBY LN.
	leak repail	
6.		O Describe: PLANTUING TO
w	W/AIRPORT AUTHORITY.	
7.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES N	O Describe: No TRAFFIC
H	HEAVY CONSTRUCTION SITE W/ROAD WOR	K.
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES NO
	Describe: Only CONES WERE NEEDED. K	REPAIRING LEAK ON MAIN.
10.	Describe: <u>AU PERSONEL PROTECTE</u> Δ. ω/ 10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe:	YES NO
	•	
11.	11. Other Equipment and Procedures: All Proper YES N	O Describe:
12.	12. Apparent hazards not being guarded against by crew:	INE
13.	13. Overall Safety Rating of Crew: Good: V Fair:	Poor:
14.	14. Recommendations or Suggestions: (SOA) CLEW	
15.	15. Are all safety devices in working order? YES	NO
¹ 5,	'5. Audit results discussed with employee in charge: YES	NO
		=: C12.00-2
	OS/16/12	Employee Performing Audit

12407

1.	L. Crew: KU: LGE: Contractor:	EOC GAS Crew Reporting Location or Name of Contractor
ia.	a. If Contractor: Passported?: YES NO F	Passport shown on request: YES NO
	Automatical Automa	HRIS FAITH - CREW LEADER
	H	HUS BOONE, DARYL HAYDEN, DARK
	HODSON. TROUBLE TEXH HOLLIS BEIG	
А		
	Name of immediate supervisor of employee directly in charge:	•
٥.	. Location and brief description of work: 9903 TAYLO	SESVINE 120 ISEOREN MAIN
6.	. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Blowfo maid
7.	How TO SHUT MAIN OFF.	
8.	. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	
	Describe: ALL SIGNS, FLAGS & CONES AND	
		3.72
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyeves) Describe: ALL CLEUS WPARWE P.P.E.	vear, etc.): All Proper YES NO
	. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe:	YES NO
	Other Equipment and Procedures: All Proper YES	NO Describe: on
		ONE
13. C	Overall Safety Rating of Crew: Good: Fair:	Poor:
14. R	Recommendations or Suggestions:	
15. A	Are all safety devices in working order? YES	NO
16. A	Audit results discussed with employee in charge: YES _ · _	NO
_	5-18-12	Tony W 0.0
	Date of Audit	Proposes Performing Audit

OBSERVED TROUBLE TEEM TAKING READINGS UPON AGRIVAL. TROUBLE TECH CHECKED LEAK WITH G.M. T. FALSO, TOOK PERDINGS INSIDE OF UESS. CREW BUG UP 2"PLASTIC MAIN É SAIGEZED OFF MAIN TO MAKE KERAIR.

12398

1.	Crew: KU: LGE AOC AOC
1a.	Crew Reporting Location or Name of Contractor If Contractor: Passported?: YES NO Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work: TUAN COCHERU
3.	Names of employees under his supervision on this job:
	Name of immediate supervisor of employee directly in charge:
5.	Location and brief description of work: (ANE PUN & PNAH AVE STIGATE LEAK O
6	Job Planning (Scouting, etc.): All Proper YES NO Describe: LEAK INVESTOR
_	PATION HAD TO BE DONE AT NIGHT W/ TEAFFIC CONTROL.
	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: CTAK NO T
	MIGRATING, VENTING OUT STREET BOX. CLASS 3 LEAK.
	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: TRAFFIC CONTROL WAS USED
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YESNO
	Describe: PROPERLY PROTECTED
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe:
17	Apparent hazards not being guarded against by crew:
	Apparent nazarus not being guarded against by crew.
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
	Recommendations or Suggestions:
15.	Are all safety devices in working order? YES NO
6.	Audit results discussed with employee in charge: YES NO
	05/23/12 20:00 Frie Miller
	Date of Audit Time of Audit Employee Performing Audit

1. Crew: KU: LGE: Contractor:	HOC
1a. If Contractor: Passported?: YES NO	Crew Reporting Location or Name of Contractor Passport shown on request: YES NO
The state of the s	MIKE QUILL CREW LEADER
	POSEICK ALLEN, LET PEREL
MARK WALLACE, NATHAN JONE	
4. Name of immediate supervisor of employee directly in cha	
5. Location and brief description of work: 7/4/ Se	
- REPAIRING ISPONDU SERV.	suitale at
6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Conquit with
•	
FIRE DEAT. ON SCONE ABOUT	
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: SAME 1
C. World Aven Durtostics (Circ. Elec. Const.)	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Prop	The state of the s
Describe: CONES, SIGNS & TRAF	FIC CONTROL WAS PRESENT
on Jois.	
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves	A
Describe: ALL AFRSONET HAD	Pre.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	
Describe: [Vi	7
11. Other Equipment and Procedures: All Proper YES	NO Describe: PROCEDURES
ARE TO ESTABLISH A PERIMETER	R & PROVINE SAFETY TO PUBLIC
12. Apparent hazards not being guarded against by crew:	NONE
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
14. Recommendations or Suggestions: CREW WAS	GREAT.
,	
15. Are all safety devices in working order? YES	NO
16. Audit results discussed with employee in charge: YES	NO
0825/12 14:00	En 91.0000
Date of Audit Time of Audit	Employee Performing Audit

1.	Crew:	KU:	LGE:	Contract	tor:	EOC	GAS		
					н		Reporting Location or N		
	If Contract		Passported?:		NO	Passport sho	own on request:	YES	NO
2.	Name and	d class of	employee dire	ctly in char	ge of work:	TODO VI	NCENT -	red	LEADER
3.	Names of	employe	es under his su	pervision o	n this job:	BO THY	کمک	"	
4.	Name of i	mmediat	e supervisor of	employee (directly in cha	arge: てらん	(HERKEL		
			description of v			HELLER.	- LEAK O	s comp	HNY
6.					-	NO		Loc	न्सहरू
7.	Job Briefi	ng (Tailb	oard Conf., etc. しららいほう): All Prope	r YES <u>~</u>	NO	_ Describe	Crev	איצבעזבוסי
8.	Work Area	a Protect	ion (Signs, Flag	s, Cones, e	tc.): All Pro	per YES	NO NO	l	
	Describe:	ALL	SIGNS	FLAC	5 CON	5 ALOUNY	s work	5 तस	TRAFFIC
	Consi	wL	· (W) · · · · · · · · · · · · · · · · · · ·		•		······································		
J.						s, Eyewear, etc.):	All Proper	YES _	NO
	Describe:	_CRE	w wear	426	P.P.E.				
10.	Cover-Up	Equipme	nt (hoses, Hood	ls, Blankets	s, etc.): All Pi	oper	YES	NO	
	Describe:	<u> </u>		SIA					
11.		=		-	# · · · ·	NO	-		
	over	- MAH	J F USET	7 C.C.	I. 70	PINPOINT	LOAK, WE	Lose i	REPAIRED LE
12.	Apparent i	hazards r	ot being guard	ed against	by crew:	NONE	and a second		www.manuseum.com/
13.	Overall Sa	fety Rati	ng of Crew:	Good: ۷		Fair:	Poor:		_
L4.	Recomme	ndations	or Suggestions	: <u>N</u>	ONE		-		***************************************
1.5.	Are all safe	ety devic	es in working o	rder?	YES	No	•		
`.	Audit resu	Its discus	sed with emplo	yee in char	rge: YES	No	•		
-	- -	5-30					ong lotus	En P	
		Date of Au	dit			**************************************	Employee Performin	g Audit	

Comps LGE AuditNo: 111	836 Contractor:	-			Specify Other:		
Country .		Passported?:		Passo	ort Shown on Request?:		
Crew Reporting Location: EOC - Gas	النبط النبط	ſ			Immediate Supervisor.	Tony Heckel	
Lead Fersuri # 1.	Lead Person #2:			اليا			
Employees under their supervision on this job:							
	Click to add employed	e to audit					
Location and brief description of work	1855 Highway 393	Broken Service					
Job Planning (Scouting, etc.):	All Proper?	Describe:		***************************************			
	Work in Progress ▼	- Commentered			***************************************		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:					
	Work in Progress ▼						
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Area fenced in	2			
	Yes						
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:					
	Yes						
Cover-Up Equipment	All Proper?	Describe:			•		
	Not Applicable					***************************************	
Other Equipment and Procedures:	All Proper?	Describe:					
	Yes						
Hazards not being guarded against by crew:							
Overall Safety Rating of Crew:	Good	83.					
Recommendations or Suggestions:							
Are all safety devices in working order?	Yes	Describe:					
Audit results discussed with employee in char	rge? Yes ▼	Describe					<u></u>
Data of Budity Company	Time of Audit	1600	<u></u>	En	nplayee Performing Audi	DODSON, LARI	₹Υ 🔻
Date of Audit 5/30/2012 ▼	Entered By:	1000			Follow Up?		
Entered Date/Time: 5/31/2012 12:52:33 P	Lineited of.			,			

					Specify Other:	
Compt LGE AuditNo: 114	360 Contractor	sported?:	-	Passp	ort Shown on Request?:	la.c.
Crew Reporting Location: Muldraugh		sported:	النسك السيا		Immediate Supervisor.	
Lead Person #1: BARNES, Crimic	Lead Person #2:	ENGL	AND, BRIAN;			5
Employees under their supervision on this job:				*		
	Click to add employee to a					
Location and brief description of work:	361 Smith St. Radcliff, Ki Repair Main	, ,				
Job Planning (Scouting, etc.):	All Floper	Describe:				
	Work in Progress	D-seribo: Ì				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:				
	Work in Progress ▼]				
Work Area Protection (Signs, Flags):	All Proper?	Describe:				
	Yes		605.4			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	Proper PPE V	VOITI		
	Yes					
Cover-Up Equipment	All Proper?	Describe:	,			
	Not Applicable					
Other Equipment and Procedures:	All Proper?	Describe:				
Other Equipment and 1	Yes	truit.				
Hazards not being guarded against by crew:	None					
						·
Overall Safety Rating of Crew.	Good					and the state of t
Recommendations or Suggestions:	No					
Are all safety devices in working order?	Yes D	escribe: All :	safety items w	orking o	n vehicle.	
Audit results discussed with employee in ch	large? Yes ▼ D	lescribe: Dis	scussed with C	hris Bar	nes	
		1			Employee Performing Audit:	WALTON, ED
Date of Audit 5/31/2012	Fime of Audit	1010			Follow Up?	
Entered Date/Time: 5/31/2012 4:40:25 PA	Entered By:					

Company: AuditNo: 12038 Contractor: Passported?: Passport Shown on Request?: Lead Person #1: Employees under their supervision on this job: Click to add employee to audit Location and brief description of work: Job Planning (Scouting, etc.): All Proper? Describe: apparent Yes Work Area Protection (Signs, Flags): All Proper? Describe: cones and signs All Proper? Describe: cones and signs PPE (Hardhat, Gloves Sleeves): All Proper? Describe: Cones and signs
Crew Reporting Location: AQC - Gas
Lead Person #1: Employees under their supervision on this job: Click to add employee to audit Location and brief description of work: All Proper? Describe: apparent All Proper? Describe: apparent Work Area Protection (Signs, Flags): All Proper? Describe: cones and signs Page 2 Describe: cones and signs
Click to add employee to audit Location and brief description of work: 4th St. at Cardinal Blwt. / gas line work - setting plates Job Planning (Scouting, etc.): All Proper? Describe: apparent Yes Vork Area Protection (Signs, Flags): All Proper? Describe: cones and signs All Proper? Describe: cones and signs
Location and brief description of work 4th St. at Cardinal Blvd. / gas line work - setting plates All Proper? Describe: apparent Yes Job Briefing (Failboard Conf., etc.): Work Area Protection (Signs, Flags): All Proper? Describe: cones and signs Yes All Proper? Describe: Cones and signs
Job Planning (Scouting, etc.): All Proper? Describe: apparent Apparent All Proper? Describe: apparent All Proper? Describe: apparent Describe: apparent Describe: apparent All Proper? Describe: cones and signs All Proper? Describe: Describe: cones and signs
Job Planning (Scouting, etc.): Yes All Proper? Describe: apparent Yes Work Area Protection (Signs, Flags): All Proper? Describe: cones and signs All Proper? Describe: Describe: cones and signs
Job Briefing (Failboard Conf., etc.): All Proper? Describe: apparent Yes Vork Area Protection (Signs, Flags): All Proper? Describe: cones and signs All Proper? Describe: Describe: cones and signs
Job Briefing (Tailboard Cont., etc.): Yes Yes All Proper? Describe: cones and signs Yes All Proper? Describe: Describe: cones and signs
Vork Area Protection (Signs, Flags): All Proper? Describe: cones and signs Yes Describe: Cones and signs
Vork Area Protection (Signs, Flags): Yes \text{Yes
All Brongs? Describe:
PPE (Marurial Criston and Annual
Yes
Cover-Up Equipment: All Proper? Describe:
Not Applicable
Other Equipment and Procedures: All Proper? Describe: Flagging. Crew should use traffic paddels when flagging traffic
OK, But Suggested Enhanceme
Hazards not being guarded against by crew: traffic flagging
Overall Safety Rating of Crew: Good S
Recommendations or Suggestions: tailgate flagging responsibilities and procedures
Are all safety devices in working order? Not inspected Describe:
Audit results discussed with employee in charge? No Describe: in traffic could not stop
Time of Audit 1200 Employee Performing Audit 1200
Entered Date/Time: 6/13/2012 9:16:47 AN Entered By:

1.	Crew: KU: LGE: Contractor: Crew Reporting Location or Name of Contractor
1a.	If Contractor: Passported?: YES NO Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work: And Alley cear Lease
	Names of employees under his supervision on this job:
4.	Name of immediate supervisor of employee directly in charge: Enc Millet
5.	Location and brief description of work: WOODLAWN & ALMOND AVE.
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe: NO Describe: ANNES FOR TRAFFIC CONTROL @ INTERSECTION
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
2	BUSTING HOLE IN STREET OVER MAIN. LEAK NOT MORATING
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe:
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe:
L1.	Other Equipment and Procedures: All Proper YES NO Describe:
L2.	Apparent hazards not being guarded against by crew:
.3.	Overall Safety Rating of Crew: Good: Fair: Poor: Poor:
L 4. i	Recommendations or Suggestions:
.5. <i>i</i>	Are all safety devices in working order? YESNO
.6. <i>I</i>	Audit results discussed with employee in charge: YESNO
	06/07/72 14:30 Epic Millex Date of Audit Time of Audit Employee Performing Audit

12002

1. Crew: KU: LGE: Contractor:	EUC GAS
	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
Name and class of employee directly in charge of work:	BOBBY POSOLETON
Names of employees under his supervision on this job:	SAVE MATTINGLY, TOOD VINCENT,
BO TAYZOR	4
4. Name of immediate supervisor of employee directly in char	GE: TONY HEZKEL
5. Location and brief description of work: Washing	N & CARLE ST. LEAK AT
HIGH PRESSURE VALVE.	
6. Job Planning (Scouting, etc.): All Proper YES	
COMPLETED, TRAFFIC CONTROL.	
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describer Carrel
DISCUSSED HOW TO FIND LONE & HOW	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Prope	The state of the s
Describe: ALL CONES & SIGNS AROUN	g WORL SITE,
	<u> </u>
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves,	Eyewear, etc.): All Proper YESNO
Describe: BFTA CREWS	WEARING P.P.E.
	<u> </u>
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Prop	per YES NO
Describe:	
11. Other Equipment and Procedures: All Proper YES	NO Describe: CREW DEILLED
OVER HIGH PECSSURE MAIN & DETERMIN	
12. Annaront hazarda not holns suarded a salvet by assault	REDU REPLACED BOLTS ON VALVE.
	NO NE.
12 Outsid C-2-1-2-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	air: Poor:
14. Recommendations or Suggestions:	
15. Are all safety devices in working order? YES	NO
16. Audit results discussed with employee in charge: YES	NO
6-7-12 6930	Tomy 46 Ro Q
Date of Audit	Employee Performing Audit

Date: 6/12/2012 8:18:06 AM

Energy Delivery Work Safety Audit

12364

1	1. Crew: KU: LGE: Contractor:	EOC GAS Crew Reporting Location or Name of Contractor
12	la. If Contractor: Passported?: YES NO	
	-	DAVID POTEET
		LENNY HARRISON
4.	4. Name of immediate supervisor of employee directly in charge	TONY HECKEL
5.	5. Location and brief description of work: 49 12 72 EC	DAK LN. RENEW COMPANY
•	SERVICE	
6.	5. Job Planning (Scouting, etc.): All Proper YES	NO Describe:Locates
	COMPLETED.	
7.	. Job Briefing (Tallboard Conf., etc.): All Proper YES	NO Describe: CAEW Discusses
	HOW TO FOND LEARL	
8,	. Work Area Protection (Signs, Flags, Cones, etc.): All Proper	
	Describe: ALL SIGNS, FLAGS & CONES	ARION WORK SITE.
9.	. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Ey	rewear, etc.): All Proper YES NO
	Describe: CREW WENRING P.P.E.	
10.	. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Prope	r YES NO
	Describe: NA	
11.	. Other Equipment and Procedures: All Proper YES	
•	FOR LEASE WITH BEIVING PROSE & C.	G. I. PENEWED COMPANY SERVICE
12.	. Apparent hazards not being guarded against by crew:	NONE
13.	Overall Safety Rating of Crew: Good: Fall	r: Poor:
14,	Recommendations or Suggestions:	
15.	. Are all safety devices in working order?	NO
	<u> </u>	
16.	Audit results discussed with employee in charge: YES	NO
	6-7-12 1000	Tony 4 led
	Date of Audit	(Employee Performing Audit

1. Crew: KU: LGE: Contractor:	EUC GAS
	Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
Name and class of employee directly in charge of work:	RICK LEWIS - CLEW LEADER
3. Names of employees under his supervision on this job:	BRIAN RUSSELL
4. Name of immediate supervisor of employee directly in ch	harge: TONY HELIKEL
5. Location and brief description of work: 5903	
6. Job Planning (Scouting, etc.): All Proper YES ~	
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: CLEW DISCUSSE
8. Work Area Protection (Signs, Flags, Cones, etc.): All Pro	oper YES NO
9. Personal Protective Equipment (Hardhat, Gloves & Sleeve Describe: Claw worken) & R. P.	
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All P	roper YES NO
11. Other Equipment and Procedures: All Proper YES レルコナイ C.G. エ. TO アルクロッグ しかれた。Apparent hazards not being guarded against by crew:	NO Describe: CLEN PLOBED LE PENEWED COMPANY SERVICE. NONE
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
25. Are all safety devices in working order? YES	NO
6. Audit results discussed with employee in charge: YES	NO
6-8-12 10:00.	Toy Duhl

	382 Contractor.	Specify Other:
Comp		Passport Shown on Request?:
Crew Reporting Location: EOC - Gas	▼ Passported?:	Immediate Supervisor. Tony Heckel
Lead Person #1: PENDLETON, BOB	Lead Person #2:	e Mattingly, Todd Vincent, Chris Boone
Employees under their supervision on this job:		e Mattingly, 1000 Vincera, orallo section
	Click to add employee to audit	
Location and brief description of work	9008 Reamers. Broken company s	ervice
Job Planning (Scouting, etc.):	All Proper? Describe:	Broken service
;	Yes	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	crew called for second crew
	Yes	and work eite
Work Area Protection (Signs, Flags):	All Proper? Describe	
	Tes	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:	Crew wearing all PPE
	Yes	
Cover-Up Equipment	All Proper? Describe	
	MOLAPPRICADIC	Crew called for second crew. Both crews wore respirator equipment to cut curb
Other Equipment and Procedures:	All Proper? Describe	== service.
	Yes	
Hazards not being guarded against by crew:	None	
	Good	
Overall Safety Rating of Crew:		
Recommendations or Suggestions:	None	
Are all safety devices in working order?	Yes Describe:	
Audit results discussed with employee in cha	arge? Yes ▼ Describe:	
	Time of Audit 1400	Employee Performing Audit: HECKELANTHONY
Date of Audit 6/14/2012	Entered By:	Follow Up?
Entered Date/Time: 6/26/2012 11:27:08 A		

1. Crew: KU: LGE: Contractor:	EOC GAS Crew Reporting Location or Na	
To The Combination - Province I II - Marie - M		
1a. If Contractor: Passported?: YES NO	Passport shown on request:	
2. Name and class of employee directly in charge of work:	HOLLIS BRIDGEWAT	DL - TWUSLE T
3. Names of employees under his supervision on this job:	None	
4. Name of immediate supervisor of employee directly in charge	e: Tony HERKEL	
5. Location and brief description of work: 100 SHELBY	,	CUSTOMER
Scence. 6. Job Planning (Scouting, etc.): All Proper YES	NO Describe	BEOLEN SERVICE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:	
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper Describe: ాలుకు గాలు జాగా జాగా జాగా ఆయ్		
Describe: Trouble Teach werend Pippleste etc.). All Proper		
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Prope Describe:	YES	NO
11. Other Equipment and Procedures: All Proper YES		CONFIRMED THE
12. Apparent hazards not being guarded against by crew:	MES WHS 044 44	STREET.
13. Overall Safety Rating of Crew: Good: Fai	ir: Poor:	- manufacture and manufacture
4. Recommendations or Suggestions: Town contempositions		HAUD WATTEN
FOR TENUBLE TEXAL TO TURN GAS		HAUP WHILES
5. Are all safety devices in working order? YES		
.6. Audit results discussed with employee in charge: YES	NO	
	Employee Performing	e O

1400

NOTIFIED CONTRACTUR TO ALWAYS WAST FOR L.G. ET TO ARRIVE. HE COULD HAVE TURNED OFF MAIN LINE VALUE.

Campan GE AuditNo: 12	168 Contractor: USIC	▼ Specify Other:	
Compan	Passported?	Yes Passport Shown on Request?:	Yes 🔻
Crew Reporting Location: AOC - Gas		Immediate Supervisor.	
Lead Ferson + 1.	Lead Person #2:		
Employees under their supervision on this job:		O ALL	
	Contractor Employees:	stic service at 4029 Heath Rickard PI-40245	
Location and brief description of work	broken .5in medium pressure pia	sic service at 4023 (1038) (1038)	
	All Proper? Describe		
Job Planning (Scouting, etc.):	All Floper.		
	Work in Progress ▼ All Proper? Describe		
Job Briefing (Tailboard Conf., etc.):		-	
	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper? Describ		
	Yes	<u> </u>	
PPE (Hardhat Gloves Sieeves):	All Proper? Describe	2:	
•	Yes		
Cover-Up Equipment	All Proper? Describe	÷:	
	Not Applicable	554	
	All Proper? Describ	e:	
Other Equipment and Procedures:	All Flober	=	
	Yes		
Hazards not being guarded against by crew:			
Overall Safety Rating of Crew:	Good		and the state of t
Recommendations or Suggestions:			
Are all safety devices in working order?	Yes Describe:		
Audit results discussed with employee in cha	rge? Yes Describe:		
Audit Contract Traces and Traces			
Date of Audit 6/15/2012	Time of Audit 1000	Employee Performing Audit	DODSON, LARRY
	Entered By:	Follow Up?	
Entered Date/Time: 6/15/2012 10:46:11 A			

١.

Ţ	1. Crew: KU: LGE: Contractor:	EOC GAS Crew Reporting Location or Name of Contractor
1a	1a. If Contractor: Passported?: YES NO Pa	assport shown on request: YES NO
2.	2. Name and class of employee directly in charge of work:	ers FATTH - CREW LEADER
3.		US BOONE, BRUCE PEYTON
4.	4. Name of immediate supervisor of employee directly in charge:	Tony HECKEL
5.	5. Location and brief description of work: 603 OLD H	REODS CLEEK PD. —
6.	6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Blaken SERVICE
7.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:
8.	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper Describe: ALL Signs, FLAGS , Cones Ad	
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyew Describe: CREW WEARNG ALL P.P.E.	
10.	O. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper Describe:	YES NO
	BACK OF AUDIT	NO Describe: Comments on
. 12.	2. Apparent hazards not being guarded against by crew:	ONE
13.	3. Overall Safety Rating of Crew: Good: Fair:_	Poor:
14.	4. Recommendations or Suggestions: בנונט	
15.	5. Are all safety devices in working order? YES	NO
16.	6. Audit results discussed with employee in charge: YES	NO
		Employee Performing Audit

ARRIVED ON JOB AND OBSERVED TROUBLE TECH TAKING TRADINGS
AROUND MANHOLES & OVER SERVICE WITH G.M.T. WHILE CREW WAS
C TING HOLE AT MAIN OVER SERVICE. TROUBLE TECH CONTINUED
TO TAKE READINGS UNTIL CREW HAD SERVICE SHUT OFF AT
MAIN.

. . .

1. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
Ia. If Contractor: Passported?: YES N	
2. Name and class of employee directly in charge of w	
3. Names of employees under his supervision on this	
Traines of employees under ins supervision on this	ob. Cerron Gray C.
4. Name of immediate supervisor of employee directly	
5. Location and brief description of work: 580	9 SMITHFIELD - LEAK ON FARM TO
-	
6. Job Planning (Scouting, etc.): All Proper YE	S NO Describe: Locates
Completed.	
7. Job Briefing (Tailboard Conf., etc.): All Proper YE	S NO Describe:
DISCUSSED THAT THEY NOTION	WELSER TO REPAIR LEAK.
8. Work Area Protection (Signs, Flags, Cones, etc.):	
Describe: ALL SIGNS, FLAGS, CO.	
Joseph Jig. J. F. Dress, Co.	7,20.0.
	NO.
J. Personal Protective Equipment (Hardhat, Gloves & S	Sleeves, Eyewear, etc.): All Proper YES NO
Describe: CREW WEARNE P.P.E.	
O. Cover-Up Equipment (hoses, Hoods, Blankets, etc.):	All Proper YES NO
Describe: N/A	
Other Equipment and Procedures: All Proper YES	NO Describe:
	TAP. WELDER REPARED LEAK.
2. Apparent hazards not being guarded against by crew	V: NONE
	·
3. Overall Safety Rating of Crew: Good:	Fair: Poor:
4. Recommendations or Suggestions: New E	
5. Are all safety devices in working order?	YES NO
) A. W	WEG BIO
`. Audit results discussed with employee in charge:	YES NO
6-21-12	Tony Xulel
Date of Audit	Amployee Performing Audit

12410

1	, Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1 a	a. If Contractor: Passported?: YES NO	• -
2	Name and class of employee directly in charge of work:	BOBBY PENGLETON - CREW LOODER
3.	Names of employees under his supervision on this job:	DANE MATTINGLY, LESTER GOETZINGER
4.	Name of immediate supervisor of employee directly in char	ge: Tony HECKEL
5.	Location and brief description of work: HORSTBOUR	·
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe: Locates
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prope Describe: ALL SIGNS, FLAGS & CONES A	r YES NO
•	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Describe: CREW WERMS P.P.E.	Eyewear, etc.): All Proper YES NO
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Prop Describe:	per YESNO
	Other Equipment and Procedures: All Proper YES LEAL WITH G.M.T. CREW REPLACED Apparent hazards not being guarded against by crew:	NO Describe: CREW PINPOINTED, BOLTS ON VALUE TO STOP LEIGHT NONE
	Overall Safety Rating of Crew: Good: F Recommendations or Suggestions: Noいと	air:Poor:
15. <i>i</i>	Are all safety devices in working order? YES	NO
-S. A	Audit results discussed with employee in charge: YES	NO
_	Date of Audit	Employee Performing Audit

Comps LGE ▼ AuditNo: 12	392 Contractor.			Specify Other:	
Crew Reporting Location: EOC - Gas	S .	Passported?:	Passp	ort Shown on Request?:	
	Lead Person #2:			Immediate Supervisor.	Eric W. Netherton
Employees under their supervision on this job:		E. Sal	,		
	Click to add employee	e to audit			
Location and brief description of work:	4505 Spring Bay Ct.	Investigating a c	ode 1 leak @ the meter	r.	
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Yes ▼				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes 🔻				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Yes	<u></u>			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	Z			
Other Equipment and Procedures:	All Proper?	Describe:	Meter loop was check	ed with GT 40 unit for leak no leaks found at either k	s. The service was probed with
, ,	Not Applicable	ş <u>.</u> i	Gas Surveyor unit with	TO ICOIC IODIO OLOMO.	
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good	3			
Recommendations or Suggestions:			<u>Applicable Malicida</u> , <u>og å gad gåre år om an den påri, det ad år se a</u> ksom standes bedår.	<u></u>	
	en e				
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in char	ge? Yes ▼	Describe:			
		, s			
Date of Audit 6/26/2012	Time of Audit	1100		nployee Performing Audit	NETHERTON, ERIC
Entered Date/Time: 6/26/2012 1:42:54 PN	Entered By:			Follow Up?	

12,455

1. Crew: KU: LGE: Contractor:	EOC-GAS
· • • • • • • • • • • • • • • • • • • •	Passport shown on request: YES NO
Name and class of employee directly in charge of work:	DAVID POTEET - CREW LEADER
3. Names of employees under his supervision on this job:	CHRIS BOONE BRIAN RUSSELL
4. Name of immediate supervisor of employee directly in char	The Track HERET
	•
5. Location and brief description of work:	EWING - MAIN LEAK
6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Lacates
CAMPLETED UPON CREWS ARRIVAL	
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:
PERINGTER, CREW DISCUSSED BEST	WAY TO FIND LEAK.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Prope	
Describe: ALL SIGNS, FLAGS & CONES	
bestille. ALL SIGHS, FLAGS GEONES	AUGUND MOZE 2778.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves,	Eyewear, etc.): All Proper YES NO
Describe: ALL CROW MEMBERS WEARLY	6 P.P.E.
O. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	per YESNO
Describe: V/4	profitment sourcement
P0301BC1	
.1. Other Equipment and Procedures: All Proper YES	NO Describe:
OF AVOIT.	
2. Apparent hazards not being guarded against by crew:	NONE
	NONE
3. Overall Safety Rating of Crew: Good: F	air: Poor:
	and the second s
4. Recommendations or Suggestions:	
5. Are all safety devices in working order? YES	NO
_	planta del
6. Audit results discussed with employee in charge: YES	NO /
TEO	
	1.100
G-27·12	Jony Cestel
Date of Audit	Employee Performing Audit

AFTER SETTING PERMITTER UPON ARRIVAL, CREW BEGAN DRILLING &

BAR-HOLEING OVER MAINS & SERVICES. AFTER BANLING OVER 125 AREA,

EN DETERMENT THAT LEAR WAS INFRONT OF 122 N. EWING. CREW

CUT HOLE IN PAVEMENT, AND DUG OVER COMPANY SERVICE FOR 122 N. EWING.

CREW FOUND LEAR ON COMPANY SERVICE AT MAIN, AND MADE REPARES

TO COMPANY SERVICE.

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The second of th

e de la companya de

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Energy Delivery # 17 /3+34 Work Safety Audit

L. Crew: KU: LGE: Contractor:	EOC-GAS
L, Clews Ru: LGE: Contractor:	. Crew Reporting Location or Name of Contractor
1a. If Contractor: Passported?: YES NO	Passport shown on request: YES NO
2. Name and class of employee directly in charge of work:	RICK LEWIS
3. Names of employees under his supervision on this job:	KENNY HARRISON, TENUALE TECH
JAMES ALLEN. 200 CREW BROWN	•
4. Name of immediate supervisor of employee directly in cha	· · · · · · · · · · · · · · · · · · ·
5. Location and brief description of work: 3515 Ter	RRIER LW BLOKEN COMPANY
SERVICE.	•
6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Beoren
SERNCE.	
7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: CREW DECT DET
TO SQUEEZE OF STEEL SERVICE	UPON ARRIVAL.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Prop	
Describe: ALL SIGNS, FLAGS, & CONES	AROUND WORK SITE.
. Personal Protective Equipment (Hardhat, Gloves & Sleeves	, Eyewear, etc.): All Proper YES NO
Describe: ALL CREW MEMBERS WEARING	_
<u> </u>	2
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	oper YES NO NO
,	
11. Other Equipment and Procedures: All Proper YES	NO Describe: SEE BACK
OF AUDIT.	
12. Apparent hazards not being guarded against by crew:	Nowl
, and a special control of the special contro	
13. Overall Safety Rating of Crew: Good:	Fair: Poor:
14. Recommendations or Suggestions:	
The resident of Buggestoner	
15. Are all safety devices in working order? YES	NO
in the instance, across in the ining of acr.	
16. Audit results discussed with employee in charge: YES	V NO
4-28-12	Tome at lel
Date of Audit	Imployee Performing Audit

TROUBLE TECH MOUITORING ALOUM HOUSE, UPON ARRIVAL OF CREW.

PREW SQUEED OFF 1'4 SERVICE STEEL SORVICE AFTER SETTING PERMITER.

3 DUG UP SERVICE AT MAIN & TURNED OFF. 2ND CREW ARRIVED

4 BOTH CREWS RENEWED BRANCH Company SERVICE.

But the second of the property of the second

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12453

L	L. Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
		Passport shown on request: YESNO
2		UBBY PENALETON - CROW CEADETS
	,	LEGE HAYDEN, DAVEMENTINGY,
	DARLEN LLOSON.	
4.	4. Name of immediate supervisor of employee directly in charge:	TONY HELLEL
	5. Location and brief description of work: 12108 oLD 5	
	company service.	
6.	6. Job Planning (Scouting, etc.): All Proper YES	NO Describe: Revenu
	SERVICE	
7.	7. Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: _ CREW DISCUSSE
	BEST WAY TO SHUT GAS OFF.	
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES NO
	Describe: TRACTIC CONTROL, ALL SIGN	S, FLAGS, & CONES AROUND
	WORK SITE.	
٦,	• Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eye	wear, etc.): All Proper YESNO
	Describe: ALL CACO MEMBERS WEREING P.	P.E.
10.	O. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper	YES NO
	Describe:	
11.	L. Other Equipment and Procedures: All Proper YES	NO Describe: SEE BACIL
	OF AUDIT.	
12,	2. Apparent hazards not being guarded against by crew:	ONE
13.	Good: Fair:	Poor:
14.	Recommendations or Suggestions:	
15.	i. Are all safety devices in working order? YES	NO
16.	. Audit results discussed with employee in charge: YES	NO
	6-28-12	Tony weeder
	Date of Audit	Finployee Performing Audit

Electrical designation of the second

Upon ARRIVAL, FIRST CREW SET PERIMETER. 2ND CREW BEGAN

MONITORING WITH G.M.I.'S AROUND HOUSES ON BOTH SIDES OF STREET.

I ST CREW DUE UP SERVICE AT MAIN & SHUT GAS OFF. 2ND CREW

MONITORED AROUND HOUSE ABOUND TO BE SURE THORE WORE NO REMOINES

AROUND HOUSES. (CREWS TRENEWED Company SERVICE)

Materough Noom to add in Program. It

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Contract to the second of the second second

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4.

1.	Crew: KU: LGE: X Contractor: 50 C
ia.	Crew Reporting Location or Name of Contractor If Contractor: Passported?: YES NO Passport shown on request: YES NO
	Name and class of employee directly in charge of work: UNCENT, TODD 3776
	Names of employees under his supervision on this job:
	Name of immediate supervisor of employee directly in charge: THECKEL
5.	C CRESCENT & BROWNS BORD RD RESPONSE
6,	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES X NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO Describe:
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe:
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe:
12.	Apparent hazards not being guarded against by crew:
13.	Overall Safety Rating of Crew: Good: Y Poor:
14.	Recommendations or Suggestions: C. HENMAN SUCCESTED THAT DUST MASKS BE WOWN DURING TACK HAMMER
15.	Are all safety devices in working order? YES NO
16.	Audit results discussed with employee in charge: YES NO
	7/1/12 645Am K MWPHY E016297 Time of Audit Employee Performing Audit Completed 7/5/12

12534

1,	Crew: KU: LGE: Contractor: AOC
ia.	Crew Reporting Location or Name of Contractor If Contractor: Passported?: YES NO Passport shown on request: YES NO
	Name and class of employee directly in charge of work: PEAVLER KEWNY 3068
	Names of employees under his supervision on this job:
٠.	The state of ampioples under this spectrosion on this job.
4	Name of immediate supervisor of employee directly in charge: E. NETHENTON
	Location and brief description of work: FIRST RESPONSE, ODOR COMPUAIN T
J.	C WATER MAN BREAK: BROWNSBOND & CRESCENTI WISU'IL
Ė	
0.	
-	Joh Briefing (Tailhand Carf. etc.): All Brown Mrs.
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: N/A - B/T PEAUCET - MUNPHY ONSITE
	· /
٥.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: W/A was Established by LWC Crews +
_	
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	Describe: CONCRECTED SAFETY VEST
40	
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe: W/A
11.	Other Equipment and Procedures: All Proper YES NO Describe:
10	Amenda who is a sected
12.	Apparent hazards not being guarded against by crew: NA (Traffic Nest Corrected)
12	Outpurall September 19 Septembe
	Overall Safety Rating of Crew: Good: Fair: Poor: Poor: Recommendations or Suggestions: Mandate traffic UES+3 NAC
14.	
	Modways V
15.	Are all safety devices in working order? YES NO
	Audit would discussed with any law in the way and with a surface of the way of the way in the way of the way in the way i
٥.	Audit results discussed with employee in charge: YES NO
•	7/1/12 330 AM KMUNPHY E010297
	Date of Audit Time of Audit Employee Performing Audit
	completed 7/5/12

1.	Crew: KU: LGE: \(\sum \) Contractor: \(\A O C \)
	Crew Reporting Location or Name of Contractor
•	If Contractor: Passported?: YES NO Passport shown on request: YES NO
٠,	Name and class of employee directly in charge of work: Tom Murphy Team Leader
3.	Names of employees under their supervision on this job: Joe Cs Jank Trouble Tech.
4.	Name of immediate supervisor of employee directly in charge: ERic Netherton
	Location and brief description of work: 100 Blk. East Washington St. LFD called to
	the Humana building on a oder of gas in building.
6.	Job Planning (Scouting, etc.): All Proper YES / NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe: LFD had all street's blocked by LMPD in the area.
: مان	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	Describe: Hard hats, safety glass's and vests used by all.
10	Cover In Equipment (he can Heade Blankete etc.); All Drener VES / NO
TO.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe:
	(See back) ->
12.	Apparent hazards not being guarded against by crew: All hazards where quared against
	work ZONE.
13.	Overall Safety Rating of Crew: Good: Fair: Poor:
14.	Recommendations or Suggestions: None. Joe did a fine monitoring Area and
	Keeping me informed of any readings on his GMI.
	Are all safety devices in working order? YES NO
j	Audit results discussed with employee in charge: YES / NO
<i>J</i> -	
-	7-3-12 11:15 Am T.M. Murchy
	Date of Audit Time of Audit Employee Performing Aydit

Company: AuditNo: 125 Crew Reporting Location: EOC - Gas Lead Person #1:	Pa	essported?:		Specify Other: sport Shown on Request?: Immediate Supervisor. ble technician on this job.	Eric W. Netherton
Employees under their supervision on this job:	Click to add employee to	audit			
Location and brief description of work:	2134 Vernon Court. Mil	ce was investiga	ating a code 1 insi	de.	
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper? Work in Progress	Describe:			·
Work Area Protection (Signs, Flags):	All Proper? Yes	Describe:			
PPE (Hardhat, Gloves Sleeves):	All Proper? Yes	Describe:			
Cover-Up Equipment	All Proper? Not Applicable	Describe:		ined a small leak on the	furnace. leak was detected with a sewer gas.
Other Equipment and Procedures:	All Proper? Yes	Describe:	Mike found and GT-40. Advised p	repaired a small leak of the party odor at front door was	sewer gas.
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew.	Good	3			
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in c	harge? Yes 🗷	Describe:		Employee Performing A	Audit: NETHERTON, ERIC
Date of Audit 7/5/2012 - Entered Date/Time: 7/5/2012 4:22-53 PM	= Familiar	34		☐ Follow Up?	

1.	Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1 a.	. If Contractor: Passported?: YES NO	
2,	Name and class of employee directly in charge of work:	LEE PERRY-CREW LEAVER
		BERRY BAKER NATHAN SONES
		t WALLACE
4.	Name of immediate supervisor of employee directly in char	<u> </u>
	Location and brief description of work: 622 U).	
	INVESTIGATING CLASS / (
6.	Job Planning (Scouting, etc.): All Proper YES	
	A CLASS ONE LEAK.	
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	
RE	W WAS DISPATCHED, AND JOB W	AS SURVEYED, A TAILBATE WAS DE
	Work Area Protection (Signs, Flags, Cones, etc.): All Prope	
	Describe: Consideration was ma	AE FOR A HIGH VOLUME OF
C'È	MI TRUCK TRAFFIC CONES CO	YED OUT WELL.
	Personal Protective Equipment (Hardhat, Gloves & Sleeves,	•
	Describe: ALL PRE WORN.	
		*:
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	per YES NO
	Describe:	
11.	Other Equipment and Procedures: All Proper YES	NO Describe: SAPPICALES
4	PLATES FOR STREET CUTS & SI	DEWALK CUTS.
12.	Apparent hazards not being guarded against by crew:	None
,		
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:
14.	Recommendations or Suggestions:	
15.	Are all safety devices in working order? YES	NO
٦,	Audit results discussed with employee in charge: YES	NO
	07/09/12 0945	Fric Willer
	Date of A dit	Employee Performing Audit

	772 Contractor:	Specify Other:
Company:	772 Contractor:	Passport Shown on Request?:
Crew Reporting Location: EOC - Gas		Immediate Supervisor: Eric W. Netherton
Lead Person #1: BRIDGEWATER, HOLLIS	Lead Person #2:	
Employees under their supervision on this job	Ctals to add employee to audit	
	Crick to add employee to the Hollis probed	out service with GS500 unit, repaired leak on the meter loop and
Location and brief description of work	gage tested the houseline.	
Job Planning (Scouting, etc.):	All Proper? Describe:	
7. e	Yes	
Job Briefing (Failboard Conf., etc.):	All Proper? Describe:	
•	Work in Progress *	
Work Area Protection (Signs, Flags):	All Proper? Describe:	
	Yes	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:	
	Yes	
Cover-Up Equipment	All Proper? Describe:	
	Not Applicable	
Other Equipment and Procedures:	All Proper? Describe:	
	Yes	
Hazards not being guarded against by crew.		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		•
	τ	
Are all safety devices in working order?	Yes Describe:	
	-	
Audit results discussed with employee in ch	arge? Yes 🔼 Describe:	
		Employee Performing Audit: NETHERTON, ERIC
Date of Audit 7/17/2012	Time of Audit 1530	Employee Fellorining
Entered Date/Time: 7/20/2012 1:30:14 PM	Entered By:	Follow Up?

Campany AuditNo: 12	2890 Contractor.	Specify Other:
Company.	Passported?:	Passport Shown on Request?:
Crew Reporting Location: EOC - Gas Lead Person #1: PENDLETON, BOB	Lead Person #2:	Immediate Supervisor. Bo Taylor
	THE PROOF LENDY	
Employees under their supervision on this job	Click to add employee to audit	
Location and brief description of work	801 hurstborne Leak on company service	
Location and brief description of works		
Job Planning (Scouting, etc.):	All Proper? Describe:	
	Yes	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	
	Yes	
Work Area Protection (Signs, Flags):	All Proper? Describe: All signs , safety	y cones where out
	Yes	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe: crew had thier	proper PPE on
FFE (Flanding Giovas Giovas)	Yes	
Cover-Up Equipment	All Proper? Describe:	
	Not Applicable	
nu S	Describe: Come probed o	company service using GMI, Bar hole company service, aerated
Other Equipment and Procedures:	Yes bar holes, four	nd leak on High Voulme Cap
Hazards not being guarded against by crew:		
Hazarus nut being guerden againean		•
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:	Crew worked safe and hard in hot conditions	
Hecommendations of Organization		
Are all safety devices in working order?	Yes Describe:	
Are all salety devices in worlding state.		
Audit results discussed with employee in ch	arge? Yes Describe:	
Audit results discussed with simple years		
Date of Audit 7/17/2012	Time of Audit 1130	Employee Performing Audit: TAYLOR, NORMAN
77772012	Entered By:	Follow Up?
Entered Date/Time: 7/26/2012 12:38:47 F		

		The state of the s	Specify Other:	
Company: E AuditNo: 127			Passport Shown on Request?:	
Crew Reporting Location: AOC - Gas		ported?:	Immediate Supervisor:	Eric Netherton
	Lead Person #2:		0.09	
Employees under their supervision on this job:	Click to add employee to aud	Sit		L. dile parti
Location and brief description of work:	6203 Hanses. Investigating leave the house, red tagge	g a code 1 inside. Kenny od the water heater and m	ot reading of 50 ppm of CO inside Conitored the readings until it was	ie the house. He had the party safe for the party to reenter the
Job Planning (Scouting, etc.):	All Proper?	lescribe:		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:		
Work Area Protection (Signs, Flags):	Work in Progress	Describe:		
	Yes All Proper?	Describe:		
PPE (Hardhat Gloves Sleeves):	Yes			
Cover-Up Equipment	All Froper:	Describe:		
Other Equipment and Procedures:	Not Applicable All Proper? Yes	Describe:		
Hazards not being guarded against by crew.				
Overall Safety Rating of Crew.	Good			
Recommendations or Suggestions:				
Are all safety devices in working order?	Yes Des	scribe:		
Audit results discussed with employee in ch	arge? Yes 💌 De	scribe:		adit NETHERTON, ERIC
Date of Audit 7/18/2012 Thered Date/Time: 7/20/2012 1:59:46 PM	Time of Audit Entered By:	0700	Employee Performing An	NETHERION, ENG.

<u> </u>		Specify Other:
Company: =	773 Contractor: Passported?:	Passport Shown on Request?:
Crew Reporting Location: EOC - Gas		Immediate Supervisor. Eric W. Netherton
Lead Person #1:	Lead Person #2:	
Employees under their supervision on this job:		had get the service with a
Location and brief description of work	1122 W. Whitney Av. Investgating a code 1 inside. NB GS 500 unit.	H - left meter off with a disc and probed out the service with a
Job Planning (Scouting, etc.):	All Proper? Describe:	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	
Work Area Protection (Signs, Flags):	All Proper? Describe:	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:	
Cover-Up Equipment	All Proper? Describe: Not Applicable	
Other Equipment and Procedures:	All Proper? Describe: Yes	
Hazards not being guarded against by crew		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		·
Are all safety devices in working order?	Yes Describe:	
Audit results discussed with employee in cl	narge? Yes 💌 Describe:	Employee Performing Audit: NETHERTON, ERIC
Date of Audit 7/18/2012 Entered Date/Time: 7/20/2012 1:40:11 PM	Para Para	Employee Performing Audit: NETHERTON, ERIC [3]

			Specify Other:	
Company: AuditNo: 128		tod? Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		▼	Immediate Supervisor.	
Lead Person #1: HALL, CHRIS		HINKLE CHRIS:		
Employees under their supervision on this job:	Click to add employee to audit		,	
Location and brief description of work:	4908 Brownsbro Road Bro	bken Customer service (Dairy	Queen)	
Job Planning (Scouting, etc.):	All Proper? Des	scribe:		
Job Briefing (Failboard Conf., etc.):	All Proper? Des	scribe:		
Work Area Protection (Signs, Flags):	All Proper? De	escribe: All cones , wheel cha	lks, fire extinguisher was in pla	œ
PPE (Hardhat, Gloves Sleeves):	All Proper? Des	escribe:		
Cover-Up Equipment	Yes All Proper? De Not Applicable	escribe:		
Other Equipment and Procedures:			safe, then Chris Hall took extra Jerstand what was going to hav	measures to help customer e to happen, before the gas
Hazards not being guarded against by crew.				
Overall Safety Rating of Crew:	Good The crew worked extremly	y well together trying to get thin	ngs safe on job site	
Recommendations or Suggestions:				
Are all safety devices in working order?	Yes Descr	лībe:		
Audit results discussed with employee in ch	arge? Yes 💌 Desc	aribe:	···	TAYLOR, NORMAN
Date of Audit 7/19/2012 Entered Date/Time: 7/26/2012 1:01:55 PN	- A Com	1230	Employee Performing Audit: Follow Up?	IATEOR NO. WILL

1.	Crew: KU: LGE: Contractor:	Crew Reporting Location or Name of Contractor
1a.	. If Contractor: Passported? YES NO	
2.	Name and class of employee directly in charge of work:	KEVIN MILLS - CREW LEADER
3.		BRIAN KINGPEY
_		
	Name of immediate supervisor of employee directly in charge	/
5.	Location and brief description of work: 7229 Soc	•
_	TO A CLASS 1	
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe: NO CHANGE 70 DO SO.
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: EXISTING EXCAVATION
7	EAFFIE, LEAK MIGRATION & PLAN OF A	TYPICK Was AISCULLED
	Work Area Protection (Signs, Flags, Cones, etc.): All Prope	
	Describe: EXISTING WATER CONTRACTOR	
(ONE LANE ALREADY SHAT DOWN.	·
	Personal Protective Equipment (Hardhat, Gloves & Sleeves,	
	Describe: ALL WORE PPE	. WAS CESS THAN 1% GAS
	HTW 10FT & DID WORE CONSSIG	and the state of t
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Prop	
	Describe:	
_		-
11.	Other Equipment and Procedures: All Proper YES	NO Describe:
_	AIR COMPROXICE FOR IMPACE	T GUN
12. /	Apparent hazards not being guarded against by crew:	NONE
_		
13. (Overall Safety Rating of Crew: Good: F	air: Poor:
14. I	Recommendations or Suggestions: Now 6	
_		
15. /	Are all safety devices in working order? YES	NO
l6. A	Audit results discussed with employee in charge: YES _	NO
	· · · · · · · · · · · · · · · · · · ·	
	07/19/12 0930	Eric McDec Employee Performing Audit

1.	Crew: KU: LGE: Contractor: AOC. Crew Reporting Location or Name of Contractor							
1a.	. If Contractor: Passported?: YES NO Passport shown on request: YES NO							
•	Name and class of employee directly in charge of work: JUAN COCHEAN COSEW LEADER							
	. Names of employees under his supervision on this job: Acres Bakes Bak							
	The state of complete control of the job of							
4.	Name of immediate supervisor of employee directly in charge:							
5	Location and brief description of work: 120 PENNSYLVAINIA AVE. BROICEN SERVA							
٥.	TOURS YEAR OF THE TOURS OF THE							
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe:							
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:							
	PLASTIC SERVICE ALREADY SQUEEZED OFF DISTUSED METHOD OF REPAIR							
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YESNO							
	Describe: Truck CHACKED & CONED.							
ر.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO							
	Describe: BOTH HAD PPE ON.							
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO							
	Describe:							
11.	Other Equipment and Procedures: All Proper YES NO Describe:							
	SQUEETE OFF TOOL WAS GROUNDED.							
12.	Apparent hazards not being guarded against by crew:							
13.	Overall Safety Rating of Crew: Good: Fair: Poor: Poor:							
	Recommendations or Suggestions:							
15.	Are all safety devices in working order? YES NO							
7.	Audit results discussed with employee in charge: YES NO							
	07/20/12 0845 Frie Make							
	Date of Audit Employee Performing Audit							

12833-BW

IGE KU.

LG&E and KU Services Company Work Safety Audit

1.	Contractor:	AOC	
1a.	Passported?: YES NO	Reporting Location Passport shown on request: YES	NO.
	Name and class of employee directly in charge of work:		
	Names of employees under his supervision on this job:	HERMAN STINSON STEVES	-(314)) UTC
		HERMAN SINSON 216VE	DOMNER
4.	Name of immediate supervisor of employee directly in char	rne!	
5.	Location and brief description of work: Pression P	rge:	
	LEAK ON MAIN WALVE	LANGE MAN	Sirr
6.	Job Planning (Scouting, etc.): All Proper YES V		
	Teach in the second sec		
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:	·
_			
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prop		•
	Describe: TRUCKS CONED OFF IN	I VACANT VARICING LOT	
•	Particular de la constant de la cons	;	
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves,		<u></u>
	Describe:		
10			
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro		
	Describe:		
11.	Other Equipment and Procedures: All Proper YES	NO Describe:	
12	Apparent hazards not being guarded against by crew:	None	
12.	Apparent nazarus not being guarded against by crew:	70000	
12	Overall Safety Rating of Crew: Good: V	Patri	
		Fair: Poor:	
14.	Recommendations or Suggestions:		
15	Are all enfety devices in quality and a 2	./	
19.	Are all safety devices in working order? YES	NO	
16	Audit results discussed with overland in change	1 / NO	
10.	Audit results discussed with employee in charge: YES	<u> </u>	
-	7 77	M - 1	
	7-23-12 Tife	MIKE) A-EIC SON Employee Performing Audit	

12:45



12909 BW 7-27-12

1.	Contractor:	Reporting Location
1a.	Passported?: YES NO	Passport shown on request: YES NO
2.	Name and class of employee directly in charge of work:	RICK LEWS - CREW LEADER
з.	Names of employees under his supervision on this job:	BRIAN RUSSELL
	_	
	Name of immediate supervisor of employee directly in charge	
5.	Location and brief description of work: 1702 Roos	SEVELT - MAIN LEAK
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe: Locates
	COMPLETED.	
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: CREW HAD
	CONFERENCE ON BEST APPROACH TO FINI	
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prope	
	Describe: ALL SIGNS, FLAGS & CONES	AROND WORK STIE.
	<u> </u>	
	Personal Protective Equipment (Hardhat, Gloves & Sleeves,	Eyewear, etc.): All Proper YESNO
	Describe: CROW WEARLIG ALL P.P.E.	
	All Duranting	per YES NO
	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proposerribe:	
	Describe: 70 /Fi	
	Other Equipment and Procedures: All Proper YES	NO Describe: SEE BACIL OF
	AUDIT.	
	Apparent hazards not being guarded against by crew:	NONE
	,	
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:
	Recommendations or Suggestions:	
	-	
15.	Are all safety devices in working order? YES	NO
16.	Audit results discussed with employee in charge: YES	NO
•		
•	7-26-12	Tout by let
	Date of Audit	Employee Performing Audit

11 110

UPON ARRIVAL, CLEW BAR-HOLEY OVER MAIN & TOOK READING WITH G.M.I. .

CLEW DUG UP Z" MAIN & FOUND Z COUPLERS THAT WERE STRAPPED ON MAIN.

EALING CREW. MILLER CREW THEN ENCAPSULATED BOTH COUPLERS TO TOP LEALS.



1.	Contractor:	EOC GAS Reporting Location
1a.	Passported?: YES NO	Passport shown on request: YESNO
		BOBBY PENDLETON - CREW LEADET
	•	KENNY HARRISON
4.	Name of immediate supervisor of employee directly in charg	ge: Tony HECKEL
	Location and brief description of work: 5310 PERE	MY NEAL RD - RENEW COMPANY
	Job Planning (Scouting, etc.): All Proper YES	
	DO ARRIVAL FOR TEST & RECONNECT TO	
	Work Area Protection (Signs, Flags, Cones, etc.): All Prope Describe: ALL SIGNS, FLAGS とCouES AR	YES NO
9.	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Describe: CREW WEARLNG ALL P.P.E.	Eyewear, etc.): All Proper YESNO
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Properties:	per YES NO
	Other Equipment and Procedures: All Proper YES	NO Describe: SEE BACK OF
12.	Apparent hazards not being guarded against by crew:	NOVE
	Overall Safety Rating of Crew: Good: Recommendations or Suggestions:NONE	Fair: Poor:
15.	Are all safety devices in working order? YES	
16.	Audit results discussed with employee in charge: YES	NO
•	7-25-12 Date of Audit	Tony derland
	Date of Addic	Hullokee Lenothing France

UPON ARRIVAL FOR TEST ERECONNECT, CREW BAR HOLED OVER COMPANY SERVICE
FOUNDS COMPANY SERVICE LEAKING AT MAIN, CHEW DIG UP SERVICE AT MAIN &

SERVICE TEE LEAKING CLEW CHANGED OUT SERVICE TEE & RENEWET

SMPANY SERVICE, CLEW TEST COMPANY & CUSTOMER SERVICES OIK. CREW METER

TESTED CUSTOMERS HOUSE LINES OIK. & RECIT APPLIANCES.

Compan: 3E T AuditNo: 12	2903 Contractor.	. •		Specity Other.	
Crew Reporting Location: EOC - Gas.	.	Passported?:	▼ Pass	port Shown on Request?:	
	▼ Lead Person #2:		[A]	Immediate Supervisor.	Eric Netherton
Employees under their supervision on this job:	-				
	Click to add employee	to audit			,
Location and brief description of work:	4023 St. Germaine C with the GS 500 unit.	t. Investigating Code 1 Scanned meter bar wit	@ the meter. I h the GT 40 ur	Dan put a probe hole at the nit and did not get a readin	e riser and did not get a reading g. No leak was found. Advised
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Yes 🔻				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes ▼		•	<i>*</i>	. 1
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			:
	Yes				
Cover-Up Equipment	All Proper?	Describe:	Y		
	Not Applicable	<u>See</u> '			•
Other Equipment and Procedures:	All Proper?	Describe:			
	Yes	.			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:		<u> </u>			,
		· ~			
Are all safety devices in working order?	Yes	Describe:		1	
Are all salety devices in working order	100				
		D3			
Audit results discussed with employee in cha	rge? Yes 🔨	Describe:			
4 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			NETHERTON, ERIC
Date of Audit 7/26/2012 💌	Time of Audit	1700		mployee Performing Audit	- NEINERION, ENC
Entered Date/Time: 7/26/2012 4:59:20 PN	Entered By:		1	Follow Up?	

13004

IGE KJ.

LG&E and KU Services Company Work Safety Audit

1.		EOC GAS
1a		Passport shown on request: YES NO
2,		DAVID POTEET - CREW LEADUR
3.		ESTEL GOETZINGER, BOBBY PENDLETONS
	LENNY HARRISON	
4.	Name of immediate supervisor of employee directly in charge:	TONY HECKEL
	Location and brief description of work: 3733 FAIR	
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe: CAN SECUSAD
, -	DAILLING OVER MAIN IN PAVEMENT	•
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper	YES NO
	pescribe: ALL SIGNS, FLARS & CONES A	ROUND WARK STE
		· Š
9.	personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyev	
•	Describe: ALL CREN MEMBERS WEARING	
		Signal Control of the
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper	YES NO
	Describe: N/A	Annandamenta Annandamenta
11.	Other Equipment and Procedures: All Proper YES	NO Describe: SEE BACK
-		
12.	Apparent hazards not being guarded against by crew:	YONE
-		7
		Poort
14.	Recommendations or Suggestions: NONE	
-		
15.	Are all safety devices in working order? YES	NO
-		
16. /	Audit results discussed with employee in charge: YES	NO
-		
	7-30-12 Date of Audit	Ci.B. Cecla
	vote or Addit	Employee Performing Audit



#13029

1.	Contractor:	EOC GAS Reporting Location					
1a.	Passported?: YES NO	Passport shown on request: YES NO					
2.	Name and class of employee directly in charge of work:	DARREN HODSON - TEMP. CREW LEADER					
3,	Names of employees under his supervision on this job:	GARY SHECTON					
4.	Name of immediate supervisor of employee directly in char	rge: TONY HELKEL					
5.	Location and brief description of work: 6908 BEDFOLD LW REPAIR BROKEN						
	CUSTOMER SERVICE.						
6.	Job Planning (Scouting, etc.): All Proper YES	NO Describe: TROUBLE TECH					
	ALREADY ON JOB.						
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES	NO Describe:					
	BEST WAY TO REPARE CUSTOMETE						
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prop						
	Describe: ALL SIGNS, FLAGS, FCONES AN	ROUND WORK SITE.					
	Personal Protective Equipment (Hardhat, Gloves & Sleeves,						
Describe: CREW WEARING ALL P.P.E.							
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO							
	Describé: N/A						
11	Other Equipment and Procedures: All Proper YES	NO Describer a day of Total Total					
	CUSTOMERS . SOPL SERVICE AT 100 H. MAR						
	Apparent hazards not being guarded against by crew:	NONE					
	,						
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:					
	Recommendations or Suggestions:						
15.	Are all safety devices in working order? YES	NO TEST EQUIPMENT IN					
_	WORKING ORACK.						
16.	Audit results discussed with employee in charge: YES	NO					
_							
_	7-31-12	tong by he					
	Date of Audit	Imployee Performing Audit					

G 3E ▼ AuditNo: 12	279 Contractor:		Specify Other:	
Compan JL	t management of the second	onted?: 🔻 Pas	sport Shown on Request?:	
Clew reporting 2000	Line !		Immediate Supervisor.	Eric Netherton
Lead Person #1: ORR, RENAT	Lead Person #2:			
Employees under their supervision on this job:	L			
Location and brief description of work.	Click to add employee to audit 3903 Blanton Ln. (Blanton L	Ln. station). There was a repo	ort of a loud noise or escapin	g gas coming from the station.
Job Planning (Scouting, etc.):	All Floper:	escribe:		
Job Briefing (Tailboard Conf., etc.):)	escribe:		
Work Area Protection (Signs, Flags):	All Proper? De	escribe:		
PPE (Hardhat Gloves Sleeves):	All Proper? De	escribe:		
Cover-Up Equipment	All I Topol.	escribe:		
Other Equipment and Procedures:	Not Applicable All Proper? Yes	escribe: Kenny scanned the some small leaks of	piping inside the station are on 4" plug valves.	a with a GT 40 unit and found
Hazards not being guarded against by crew:				
Overall Safety Rating of Crew:	Good		notication and I contacted	the project engineer to advise
Recommendations or Suggestions:	Kenny communicated the him of the situation.	findings to SR&O for further f	riveaganor, and , semi-	
Are all safety devices in working order?	Yes Descri	ribe:		
Audit results discussed with employee in cha	rge? Yes ▼ Descr	ribe:		
Date of Audit 7/31/2012 Entered Date/Time: 7/31/2012 9:13:00 AN	Time of Audit Entered By:	0720	Employee Performing Audi	t NETHERTON, ERIC

	Crew: KU: LGE: Contractor: AOC GAS Crew Reporting Location or Name of Contractor					
1a.	If Contractor: Passported?: YES NO Passport shown on request: YES NO					
2.	Name and class of employee directly in charge of work: Rodney Bruner					
	Nathan Jones Dumptruck					
	Name of immediate supervisor of employee directly in charge: <u>Fric Miller</u>					
5. Location and brief description of work: Preston Hwy. + Markwell						
	Leak Investigation on MP main.					
6.	Job Planning (Scouting, etc.): All Proper YES / NO Describe:					
,						
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:					
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES 🗸 NO					
	Describe: Right Driving lane blocked with cones V ARROW board, Traffic good					
	Share.					
	,					
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES V NO					
	Describe: Hardhats glasses gloves, vest, an earplus all in order.					
-						
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO					
1	Describe: Electric pole was braced by Electric Dept before job started. Millers					
ū	asing Hydro Vac to dig hole, Hole is 10×10×10 Shoring on job, over >					
	Other Equipment and Procedures: All Proper YES _/_ NO Describe:					
	Apparent hazards not being guarded against by crew:					
	Apparent hazards not being guarded against by crew: Hone All looks good.					
-						
	Overall Safety Rating of Crew: Good: Fair: Poor:					
.4. F	Recommendations or Suggestions: HONC Talked to Rodney & HERMAN. to Keep					
<u>a</u>	N EVE ON electric pole for a kick-back.					
5. <i>F</i>	Are all safety devices in working order? YES NO					
۶. A	Audit results discussed with employee in charge: YES / NO					
_	7.31.12					
	7.31-12 10:45 AM 7.M. Mukshy Date of Audit Time of Audit Employee Performing Audit					

Several probe hole down & readings taken with GMI.

Gas main looks to be 8' to 10' deep. Leak has not been foundat this time.

and the state of t

Barbara Barbara Barbara Barbara



13028

1.	Contractor:	EoC GAS Reporting Location	
1 a.	. Passported?: YES NO		t: YES NO
	Name and class of employee directly in charge of work:	HOLLIS BRIDEWATER	
	Names of employees under his supervision on this job:	NONE	
4.	Name of immediate supervisor of employee directly in cha	rge: <u>Elic Nethelson</u>	
5.	Location and brief description of work: 6908 BE	DFORD LN BLOK	EN . 50 PL CUSTOMEN
6.	Job Planning (Scouting, etc.): All Proper YES	NO Descri	ibe: CLASS / LEAK
	Job Briefing (Tailboard Conf., etc.): All Proper YES		ibe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Prop		
	Describe: CONES AROUND TECH'S PA	er up Truck.	
Э.	Personal Protective Equipment (Hardhat, Gloves & Sleeves	, Eyewear, etc.): All Proper	YES NO
	Describe: TROUBLE TECH WEALING ALL	- PAE.	
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Pro	oper YES	NO
	Describe: N/A		
11.	Other Equipment and Procedures: All Proper YES	NO Descri	ibe: Teourse Tech
	FOUND BROKEN CUSTOMER SPRICE UPOR	ARRIVAL TURNED OF	F AT STREET, CALLED
12.	Apparent hazards not being guarded against by crew:	OR CREW TO MAILE	REITHES.
	NONE		
13.	Overall Safety Rating of Crew: Good:	Fair: Poor:	,
14.	Recommendations or Suggestions:		
15.	Are all safety devices in working order? YES	NO	
16.	Audit results discussed with employee in charge: YES		
•	7-31-12	Tony Way	Pal
	Date of Audit	Employee Perfor	rming Audit

Compan GE AuditNo: 13	408 Contractor.	THE PERSON NAMED OF PERSON	annualid () Agricultura il merendetty per di della delevera vide re e-	Specify Other:	
Compan		Passported?:	2	Passport Shown on Request?:	
Clew Reporting 2011	Lead Person #2:	PENDLETON	4, BOB	Immediate Supervisor. Heckel	
Lead Felson #1.				Goetzinger, Lester,BOONE, CHRIS;HODS	ON, DARREN;
Employees under their supervision on this job:	Click to add employee t				
Location and brief description of work	Tucker Station and Pa		broken 2" plas	tic main	
Job Planning (Scouting, etc.):	All Proper?	Describe:	crew checked	where to shut off main while in route to job.	
Job Briefing (Tailboard Conf., etc.):	Yes S	Describe:	crew discusse	d finding valve to shut down main to make:	safe.
Work Area Protection (Signs, Flags):	Yes Market Marke	Describe:	crew found ro	ed shut down by fire department on arrivel.	
PPE (Hardhat, Gloves Sleeves):	Yes All Proper?	Describe:	all crew mem	pers wearing PPE	
Cover-Up Equipment	Yes All Proper?	Describe:			
Other Equipment and Procedures:	Not Applicable All Proper? Yes	Describe:	meters.crews	n main on arrivel at valve crews shut off 20 made repairs to broken main and relit hou	houses at ses.
Hazards not being guarded against by crew:	none	(222)			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:		2.1			
Are all safety devices in working order?	Yes	Describe:			:
Audit results discussed with employee in cha	ırge? Yes 🔝 I	Describe:			
Date of Audit 8/15/2012	Time of Audit	1430			KEL, ANTHONY
Entered Date/Time: 8/24/2012 11:19:12 A	Entered By:			Follow Up?	•

13546

~=	Crew: KU: LGE: Contractor: A O C G A S Crew Reporting Location or Name of Contractor
1a.	If Contractor: Passported?: YES NO Passport shown on request: YES NO NO
2.	Name and class of employee directly in charge of work: Lee Perry
з.	Names of employees under their supervision on this job: Juan Cochran, Darry Baker
	Mark Wallace
4.	Name of immediate supervisor of employee directly in charge: $ERicMilleR$
5.	Location and brief description of work: Fountain Ct, 44th St 1435 So. 4th St.
	Repairing leak on 4"CI gas main & Renew Co. gas service to 1435 So. 4th
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe:
7.	Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO
	Describe:
	Developed Developed Control of Classes Control of the No. 11 December 1985 (NO. 11
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO
	Describe: All personal had PPE ON.
10.	Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO
	Describe:
11.	Other Equipment and Procedures: All Proper YES NO Describe: Crews had
	several bar holes in sidewalk and Street to pin point leak GMI used to time
12.	Apparent hazards not being guarded against by crew:
	₹
13.	Overall Safety Rating of Crew: Good: Fair: Poor: Poor:
L4.	Recommendations or Suggestions: Hone All looked good.
l5.	Are all safety devices in working order? YES NO
'5.	Audit results discussed with employee in charge: YES / NO Talk to Lee About
	job. He explained the procedure he used and how he determined leak location.
	8-28-12 12:45 Pm T. M. Mursky Date of Audit Time of Audit Employee Performing Audit
	Date of Audit Time of Audit Employee Performing Audit

Compan _GE AuditNo: 1352 Crew Reporting Location: EOC - Gas Lead Person #1: VINCENT, FODD Employees under their supervision on this job:	Specify Other Passported?: Passport Shown on Request Lead Person #2: LEWIS, RICHARD Immediate Superviso MATTINGLY, DAVID:RUSSELL, BRIAN: Click to add employee to audit	?: 54
	0207 Windrow ct. broken .50 plastic service	
Job Planning (Scouting, etc.):	Yes Describe: crews discussed shuting down road.	off.
Job Briefing (Tailboard Conf., etc.):	Yes All Proper? Describe: crew discussed best way to squeeze service Yes Describe: crew had all signs, flags, and cones around	
Work Area Protection (Signs, Flags):	Yes 🔛	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe: crews wearing all PPE. Yes	
Cover-Up Equipment	All Proper? Describe: Not Applicable Describe: crews grounded squeeze off tool to shut grounded squeeze o	as off. crew test customer service
Other Equipment and Procedures:	All Proper? Describe: crews grounded squeeze off tool to shut grounded squeeze of tool tool tool to shut grounded squeeze of tool tool tool tool tool tool tool t	ed houseline OK and to
Hazards not being guarded against by crew:	none	
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes Describe:	
Audit results discussed with employee in ch	erge? Yes Describe: Employee Performing	Audit HECKEL, ANTHONY
Date of Audit 8/29/2012 Strate Date/Time: 8/30/2012 10:54:56 A	Time of Audit 1130 Follow Up?	

	185 Contractor:	de des constructions de la construction de la const		Specify Other:	
Compa EGE	085 Contractor:	Passported?:	Passpo	ort Shown on Request?:	Sal
Crew Reporting Location: AOC - Gas	7			Immediate Supervisor:	Eric Netherton
Lead Person #1.	Lead Person #2:	none			
Employees under their supervision on this job:	Click to add employed				
Location and brief description of work	EOC Training Center		k	·	
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper? Work in Progress	Describe:			
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Inside training area no	traffic control needed	
	Not Applicable All Proper?	Describe:	Wore all PPE applical	be for this task	
PPE (Hardhat, Gloves Sleeves):	Yes	No.		,	
Cover-Up Equipment	All Proper?	Describe:			
Other Equipment and Procedures:	Not Applicable All Proper? Yes	Describe:	Very thorough on esta	blishing a perimeter, use	d equipment properly, thought
Hazards not being guarded against by crew:		\			
Overall Safety Rating of Crew:	Good	A			
Recommendations or Suggestions:	None				
Are all safety devices in working order?	Yes	Describe: CG	I properly calibrated and	d taken care of	-
Audit results discussed with employee in cha	rge? Yes 🌌	Describe:			
Date of Audit: 8/6/2012 State of Audit: 8/6/20	Time of Audi Entered By:	it: 0900		mployee Performing Aud Follow Up?	it: DODSON, LARRY

		er executive state		Specify Other:	
Compa LGE AuditNo: 130		ssported?:	Passp	ort Shown on Request?:	<u>aá</u>
Crew Reporting Location: AOC - Gas	- Indiana	33po(Immediate Supervisor.	Eric Netherton
Lead Person #1: NEWTON, CHRISTOPHER	Lead Person #2:				
Employees under their supervision on this job:	Click to add employee to				
Location and brief description of work:	EOC Training Center Inv		ς		
Job Planning (Scouting, etc.):	All Proper? Work in Progress	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			4-4
Work Area Protection (Signs, Flags):	All Proper? Not Applicable	Describe:		ea of no traffic and not nee	
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	and.	task associated with lea k	(IIIVesignation)
Cover-Up Equipment	All Proper? Not Applicable	Describe:		land were	hack to establish perimenter.
Other Equipment and Procedures:	All Proper?	Describe:	investigated to dele	cess at house worked was rmine if leakage was mig	y back to establish perimenter. ating to inside of building.
Hazards not being guarded against by crew					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CO	GI properly calibrated a	and taken care of	
Audit results discussed with employee in c	harge? Yes 🖾	Describe:	N.		udit: DODSON, LARRY
Date of Audit: 8/6/2012 Entered Date/Time: 8/6/2012 1:38:34 PM	Entered BV	1100		Employee Performing A	

Compai _GE AuditNo: 13	090 Contractor:			Specify Other:	
Compai		Passported?:	Pass	port Shown on Request?:	
Crew Reporting Location: AOC - Gas				Immediate Supervisor.	Eric Netherton
Lead I cison					
Employees under their supervision on this job:				•	
•	Click to add employee				
Location and brief description of work:	EOC training center -	leak investigatio	n training		
	AH D	Describe:		,	
Job Planning (Scouting, etc.):	All Proper?	Dosc.i.so.			
	Yes				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	ŧ		
	Yes	1			
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes	Dali			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	,		
PPE (Hardnat Gloves Glocks).	Yes				
a M. F. Vissanh	All Proper?	Describe:			
Cover-Up Equipment		656			
	Not Applicable	Describe:	,		
Other Equipment and Procedures:	All Proper?		÷		
	Yes	<u> </u>			
Hazards not being guarded against by crew:					
•					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:	Joe did a thorough j	ob establishing t	the leak migration pa	stern.	
Trecommendation of the same of				_	
Are all safety devices in working order?	Yes	Describe:			,
Are all safety devices in working over	[125,213]				
	2	Describe:			
Audit results discussed with employee in cha	rge? Yes 📶	Describe.			
				Employee Performing Audi	it: NETHERTON, ERIC
Date of Audit: 8/6/2012	Time of Audit	USUD	1	Follow Up?	
Entered Date/Time: 8/6/2012 3:58:47 PM	Entered By:			, tollow op:	

GE AuditNo: 130	191 Contractor:	The special sp	Specify Other:	,
Compar	Passpo	orted?: Passp	oort Shown on Request?:	
Crew Reporting Location: AOC - Gas			Immediate Supervisor:	
Lead reison #1.	Lead Person #2:			
Employees under their supervision on this job:		100		
	Click to add employee to audit			
Location and brief description of work:	EOC Training Center Leak In	wesigation		
Job Planning (Scouting, etc.):	All Proper? De	scribe:		
	Work in Progress		-	
Job Briefing (Tailboard Conf., etc.):	All Proper? De	escribe:		
	Work in Progress			
Work Area Protection (Signs, Flags):	All Proper? De	escribe: In traiing area that do	es not need	
	Not Applicable	mak		
PPE (Hardhat, Gloves Sleeves):	All Proper? Des	scribe: All proper for leak inve	estigation task	
PPE (Haldilat Gloves Cicers)	Yes	Acid		
Cover-Up Equipment	All Proper? De	scribe:		
Cover-op Equipmon	Not Applicable			
		escribe: Established perimete	er, made comment if service v	was broken would probe to
Other Equipment and Procedures:	Yes	main, also at cath ba	sins and manifoles	
Hazards not being guarded against by crew:				
Hazards not being guarded against by several				
no con Deline of Commer	Good			(
Overall Safety Rating of Crew:	Training			
Recommendations or Suggestions:	July 2012	`		
Are all safety devices in working order?	Yes Descri	be: CGI properly calibrated an	d in good working order	
Audit results discussed with employee in char	rge? Yes 🖾 Descri	ibe:		
Date of Audit: 8/6/2012	Time of Audit.	000 E	Employee Performing Audit:	NETHERTON, ERIC
Entered Date/Time: 8/6/2012 3:58:49 PM	Entered By:		Follow Up?	•

	Ogg Contractor:		Control of the second of the s	Specify Other:	
Compai Luc Mail	JOO	Passported?:	Passpor	rt Shown on Request?:	
Crew Reporting Location: EOC - Gas					Eric Netherton
Lead Person #1: BRIDGEWATER, HOLLIS	Lead Person #		E		
Employees under their supervision on this job:		none			
	Click to add employ				
Location and brief description of work:	EOC Training Cen	iter Investigate leal	cs		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Planning (Geoduling, Geo).	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			•
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable)		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	Wore all PPE that was a	applicable with the task i	nvestigating natural gas leaks
FFE (Haldide Gloves	Yes	San			
a II. Environt	All Proper?	Describe:			
Cover-Up Equipment	Not Applicable	- I			
_	All Proper?	Describe:	Ir - blished proper peri	imeter, classified leaks (properly, put barholes down
Other Equipment and Procedures:	Yes		appropriately, very thou	rough in investigation	
		Pana	2)		
Hazards not being guarded against by crew:					
•					
Overall Safety Rating of Crew:	Good				,
Recommendations or Suggestions:					
				used properly	
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated and i	aged proporty	
		1			
Audit results discussed with employee in cha	rge? Yes	Describe:			
				_ ,	it: DODSON, LARRY
Date of Audit: 8/6/2012	Time of Au			ployee Performing Audi	DODGON, DANNY
Entered Date/Time: 8/6/2012 1:29:47 PM	Entered B	y:		Follow Up?	

	ngg Contractor:			Specify Other:	
Compar LGE [Sall]		essported?:	Pass	port Shown on Request?:	
Crew Reporting Location: EOC - Gas				Immediate Supervisor:	
Lead Person #1.	Lead Person #2:	none		j -	
Employees under their supervision on this job:	Click to add employee to				
Location and brief description of work:	EOC Training Center Le	eak Investigation	on		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
Work Area Protection (Signs, Flags):	All Proper? Not Applicable	Describe:			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
Cover-Up Equipment	Yes All Proper? Not Applicable	Describe:			
Other Equipment and Procedures:	All Proper?	Describe:	Followed all proced classified properly	ures in establishing perimeter	, found all leaks and
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				į
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes 🗔 [escribe: CGI I	Properly calibrated a	nd in good working order	
Audit results discussed with employee in ch	arge? Yes 📉 [Describe:			
Date of Audit: 8/6/2012 Entered Date/Time: 8/6/2012 3:51:27 PM	Time of Audit.	1400		Employee Performing Audit Follow Up?	DODSON, LARRY

GE AuditNo: 130	Igo Contractor.	and the second s	The second secon	Specify Other:	
Compar		Passported?:	Passpo	ort.Shown on Request?:	
Clew reporting	Lead Person #2:			Immediate Supervisor:	Eric Netherton
Leau reison with	<u></u>	Mike	Payne		
Employees under their supervision on this job:	Click to add employee				
Location and brief description of work:	EOC training center	· · · · · · · · · · · · · · · · · · ·	on training.	·	
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
Work Area Protection (Signs, Flags):	Yes All Proper?	Describe:			
PPE (Hardhat, Gloves Sleeves):	Yes All Proper?	Describe:			
Cover-Up Equipment	Yes All Proper?	Describe:			
Other Equipment and Procedures:	Not Applicable All Proper?	Describe:	Mike did not have the bellows probe. Proper	correct probe to take reac action was taken to educ	ling in bar hole. He was using a cate Mike on the proper
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good	<u>a</u>	L. Juing the tra	ining exercise by Eric Ne	therton. He was instructed to use
Recommendations or Suggestions:	Mike was educated the bellows probe i	on the proper p in a wet environn	nent or for scanning ab	ove ground.	
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in char	ge? Yes 🔝	Describe:			
Date of Audit: 8/6/2012	Time of Audit	1500		nployee Performing Audit	NETHERTON, ERIC

			Specify Other:
Compar LGE MAI	103 Contractor:	Passported?:	Passport Shown on Request?:
Crew Reporting Location: AOC - Gas		assported:.	Immediate Supervisor: Eric Netherton
Lead Person # 1: 112	Lead Person #2:		
Employees under their supervision on this job:	Click to add employee t		
Location and brief description of work:	EOC training center - I		tion training
Job Planning (Scouting, etc.):	All Proper?	Describe:	
Job Briefing (Tailboard Conf., etc.):	Yes All Proper?	Describe:	
Work Area Protection (Signs, Flags):	Yes All Proper?	Describe:	
Work	Yes	Pavil	
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	
Cover-Up Equipment	Yes All Proper?	Describe:	
Other Equipment and Procedures:	Not Applicable All Proper? Yes	Describe:	Tony did the initial walk around with a bellows probe, then established the perimeter with a regular probe during the bar holing.
Hazards not being guarded against by crew:			
Overall Safety Rating of Crew:	Good		
Recommendations or Suggestions:			
Are all safety devices in working order?	Yes	Describe:	
Audit results discussed with employee in cha	arge? Yes 🔝	Describe:	
Date of Audit: 8/7/2012 Street Date/Time: 8/7/2012 1:45:59 PM	Time of Audit	0830	Employee Performing Audit: NETHERTON, ERIC

Canada GE AuditNo: 13	104 Contractor.	area area (ap. 1444) april 1477 a		Specify Other:	
Compar		Passported?:	Pa Pa	ssport Shown on Request?:	
Crew Reporting Location: AOC - Gas				Immediate Supervisor.	Eric Netherton
Lead 1 cloon with	Lead Person #2:		L'		
Employees under their supervision on this job:		S			
	Click to add employee				
Location and brief description of work	EOC training center -	Leak investigat	ion training.		
	and the same of th				
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Yes				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes	la si			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
PPE (Hardilat Gloves Glococo).	Yes	Mi			
	All Proper?	Describe:			
Cover-Up Equipment			TOTAL CONTRACTOR		
	Not Applicable	10:00]	d the second second	e in establishing the leak
Other Equipment and Procedures:	All Proper?	Describe:	migration perimet	the bellows and regular prober.	e in establishing the lock
	Yes	M			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					·
Are all safety devices in working order?	Yes	Describe:			
Are all safety devices in woming of the	[Med]				•
Audit results discussed with employee in cha	rge? Yes	Describe:			
				m i maranina Arraba	NETHERTON, ERIC
Date of Audit: 8/7/2012	Time of Audit:	0920		Employee Performing Audit	RETRICKTOR, CINO
Entered Date/Time: 8/7/2012 1:50:40 PM	Entered By:			☐ Follow Up?	

	108 Contractor:			Specify Other:	
Compar _GE IMA		sported?:	Pass	port Shown on Request?:	
Crew Reporting Location: AOC - Gas	Theory	sporæu:.		Immediate Supervisor.	Eric Netherton
Lead Person #1.	Lead Person #2:	none			
Employees under their supervision on this job:					
	Click to add employee to au		l eak		
Location and brief description of work:	EOC Training Center Inves	Sugare coo			
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress ₹				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Parked at training cer	nter no trame	
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	Had peopper PPE or	n for task	
FLE (Halland and and	Yes	M			
Cover-Up Equipment	All Proper?	Describe:			
00001 00 -4-1-	Not Applicable	54	4		
Dmondures:	All Proper?	Describe:	Very mythodical on e	stablishing a perimeter by d well taken care of, chec	efore classifying the leak, CGI ked houses on both sides of the
Other Equipment and Procedures:	Yes	M	properly and dies a		
Hazards not being guarded against by crew:					
Hazarus not being general					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
		: Lagr	calibrated and in goo	nd condition	
Are all safety devices in working order?	Yes De	scribe: [CGI	Calibrated and in goo		
		!			
Audit results discussed with employee in ch	arge? Yes 🔀 De	ecribe:			
				Employee Performing Aud	dit: DODSON, LARRY
Date of Audit: 8/7/2012	Time of Audit:	1500		Follow Up?	
Entered Date/Time: 8/7/2012 3:49:53 PM	Entered By:		,	, tollow op.	

Crew Reporting Location: EOC - Gas	Click to add employee	Passported?:			≕ wn oп Request?:	Eric Netherton
Location and brief description of work:	EOC training center -	leak investigatio	on training.			
Job Planning (Scouting, etc.):	All Proper?	Describe:				
Job Briefing (Tailboard Conf., etc.):	All Proper? Yes	Describe:	;			
Work Area Protection (Signs, Flags):	All Proper?	Describe:				
PPE (Hardhat, Gloves Sleeves):	All Proper? Yes	Describe:				
Cover-Up Equipment	All Proper? Not Applicable	Describe:		at a final in	his establishment	of the leak migration perimeter.
Other Equipment and Procedures:	All Proper?	Describe:	71	y methodical III		
Hazards not being guarded against by crew:		1				
Overall Safety Rating of Crew:	Good					
Recommendations or Suggestions:						
Are all safety devices in working order?	Yes	Describe:				
Audit results discussed with employee in ch	arge? Yes 🔝	Describe:				dit NETHERTON, ERIC
Date of Audit: 8/7/2012	Time of Aud Entered By:		<i>\$</i> 5		yee Performing Au low Up?	UIL IIILAN SAN LES

Compai LGE AuditNo: 131	05 Contractor:		lens D	Specify Other:	
Crew Reporting Location: EOC - Gas	F	assported?:	Pass		Eric Netherton
Lead Person #1: GUTTERMAN, DAN	Lead Person #2:		與證	Hillicator 0-7	
Employees under their supervision on this job:					
	Click to add employee t		t-ining		
Location and brief description of work:	EOC training center - I	_eak investigat	on tannig.		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Yes	D		,	
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes	indi			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
FFE (Halanda San	Yes	Sá			
Cover-Up Equipment	All Proper?	Describe:			
0010, 07 = 1	Not Applicable	M	'	it a b	allows probe then pinpointed
- Decedures	All Proper?	Describe:	Dan walked out the the leaks with bar h	main and services will a b oling.	ellows probe, then pinpointed
Other Equipment and Procedures:	Yes	M			
Hazards not being guarded against by crew:				-	
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	arge? Yes 📉	Describe:			
Date of Audit: 8/7/2012 Entered Date/Time: 8/7/2012 1:53:26 PM	Time of Audit	1030		Employee Performing Aud Follow Up?	it: NETHERTON, ERIC

GE AuditNo: 13	181 Contractor:		ž.	Specify Other:	
Compar Lac (SUB)		Passported?:	Passport Sho	own on Request?:	
Crew Reporting Location: AOC - Gas		1 23390122.1		ediate Supervisor:	Eric Netherton
Lead Felson #1.	Lead Person #2:				
Employees under their supervision on this job:					
	Click to add employee				
Location and brief description of work	Eoc training center. L	eak investigatio	n training.		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
•	Yes				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Yes				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable	<u></u>			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Yes	M			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable				- uning the GMI unit and bar
Other Equipment and Procedures:	All Proper?	Describe:	Demonstrated the ability to entire the hole probe.	establish a penmele	rusing the GMI unit and bar
	Yes	M			
Hazards not being guarded against by crew:					
		<u>.</u>]			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	rge? Yes 🛣	Describe:			
Date of Audit 8/13/2012	Time of Audit	0730	Employe	ee Performing Audit	NETHERTON, ERIC
Entered Date/Time: 8/13/2012 10:26:26 A	Entered By:		· Follo	ow Up?	

		Specify Other	er.
ComparGE	221 Contractor:	D + Chause on Required	?:
Crew Reporting Location: AOC - Gas	Passported?	Immediate Superviso	
Lead Person #1: SMITT.	Lead Person #2:	[Pares]	
Employees under their supervision on this job:	wati		
Location and brief description of work:	Click to add employee to audit EOC Traininig Center Investigate L	eak	
Job Planning (Scouting, etc.):	All Proper? Describe		
	Yes		
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe	E .	
Work Area Protection (Signs, Flags):	Work in Progress All Proper? Describe	In training field site	
Work Area i Tobode (4 5	Not Applicable	M	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe		
,. = \	NOTAPPIICABIC	<u> </u>	
Cover-Up Equipment	All Proper? Describe	e: ■	
	Penerih		
Other Equipment and Procedures:	All Proper? Yes	M	
the second secon			
Hazards not being guarded against by crew:		•	
Overall Safety Rating of Crew:	Good		
Recommendations or Suggestions:	None		
Are all safety devices in working order?	Yes Describe:		
Audit results discussed with employee in ch	arge? Yes 🛣 Describe:		
Date of Audit 8/13/2012	Time of Audit 1500	Employee Performing	Audit: NETHERTON, ERIC
Entered Date/Time: 8/15/2012 7:56:53 AM	Entered By:	Follow Up?	

		0			_	
Compar _GE AuditNo: 13	184 Contractor.			Spec	ify Other:	
Crew Reporting Location: EOC - Gas		Passported?:		Passport Shown on F		X
	Lead Person #2:			Immediate Su	pervisor:	Eric Netherton
Employees under their supervision on this job:			,			
	Click to add employee					
Location and brief description of work:	EOC training center.	Leak investigati	on training.			
Job Planning (Scouting, etc.):	All Proper?	Describe:				
	Yes					
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:				
	Yes					
Work Area Protection (Signs, Flags):	All Proper?	Describe:				
	Yes	Possit				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:				
	Yes	M]			
Cover-Up Equipment	All Proper?	Describe:				
	Not Applicable	54				
Other Equipment and Procedures:	All Proper?	Describe:	Demonstrate hole probe.	d the ability to establish	a perimete	r using the GMI unit and bar
	Yes	ini	TIOIC PIODO:			
Hazards not being guarded against by crew:						
Overall Safety Rating of Crew:	Good	(i)				
Recommendations or Suggestions:						
d d						
Are all safety devices in working order?	Yes	Describe:				
Audit results discussed with employee in cha	rge? Yes 🖼	Describe:				
				- 1 D. f	mina Audit	NETHERTON, ERIC
Date of Audit: 8/13/2012	Time of Audit	0820		Employee Perfor Follow Up?	ming Addit.	METHICION, LINE
Entered Date/Time: 8/13/2012 10:30:23 A	Entered By:		<i></i>	i Lollow ob:		

Compat GE AuditNo: 13	183 Contractor:	and the same and t		Specify Other:	
Compar		Passported?:	Passp	oort Shown on Request?:	
Crew Reporting Location: Muldraugh			L		Ed Walton
Lead Person #1: VANOVER, ERIC	Lead Person #2:			Immediate Supervisor.	Jed Marrin
Employees under their supervision on this job:		None	:		
	Click to add employed	e to audit			
Location and brief description of work:	EOC Traning Center	Investigate Leal	k		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress ₹	≕,			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training building pa	rking lot	
	Not Applicable	M			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	M			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable				
Other Equipment and Procedures:	All Proper?	Describe:	Followed all procedur very thorough, proper	res in establishing a perim	neter, CGI properly maintained
Cutch Equipment	Yes	M	very thorough, proper	iy classifica took	
Hazards not being guarded against by crew:					
Tidzulas Nordonig galaxia					
Overall Safety Rating of Crew:	Good	a a			
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Ale all salely devices in working states.					
Audit results discussed with employee in char	rge? Yes 📉	Describe:			
	Ti E AJis.	1	Fr	mployee Performing Audit	DODSON, LARRY
Date of Audit: 8/13/2012	Time of Audit: Entered By:	0900		Follow Up?	<u> </u>
Entered Date/Time: 8/13/2012 10:29:24 A	Elizieu by.		· ·	. 5000 56.	

		Specify Other.
Compar _GE AuditNo: 13	186 Confractor: Passported?	Passport Shown on Request?:
Crew Reporting Location: Muldraugh	(57)11	Immediate Supervisor.
Lead Person #1:	Lead Person #2:	ne
Employees under their supervision on this job		•
	Click to add employee to audit	a=k
Location and brief description of work:	EOC Training Center Investigate le	ear
Job Planning (Scouting, etc.):	All Proper? Describe	e:
	Work in Progress	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe	e:
	Work in Progress	e: Parkign lot at traiing building
Work Area Protection (Signs, Flags):	All Proper? Describ	
	NotApphosizio	inds
PPE (Hardhat, Gloves Sleeves):	All Proper?	
,,,,,	MOLAPPINOSDIO	
Cover-Up Equipment	All Proper? Describ	
	Not Applicable	be: Properly identified leaks and classified properly, maintained equipment, and
Other Equipment and Procedures:	All Proper? Describ	was very thourough in establishing permission
Other Editibuters 2007	Yes	
Hazards not being guarded against by crew	T	
Hazalus Not bowy 3		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		
	Describe:	
Are all safety devices in working order?	Yes Describe:	
Audit results discussed with employee in c	harge? Yes 🛣 Describe:	
		Employee Performing Audit: DODSON, LARRY
Date of Audit 8/13/2012		☐ Follow Up?
Entered Date/Time: 8/13/2012 10:32:25	Entered By:	

GE AuditNo: 13	189 Contractor:		Specify Other:
Compar LCC (Mask)		Passported?:	Passport Shown on Request?:
Clew Hopolang 2			Immediate Supervisor: Ed Walton
Lead Ferson w.	Lead Person #2:		
Employees under their supervision on this job:			
	Click to add employee		
Location and brief description of work:	EOC Training Center	Investigate Gas	s Leak
Job Planning (Scouting, etc.):	All Proper?	Describe:	
Job I Mining (Goodang)	Work in Progress		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	
	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Parking lot EOC Training center
	Not Applicable	(Section 1)	
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	
	Not Applicable	i i	
Cover-Up Equipment	All Proper?	Describe:	
•	Not Applicable	is at	
Other Equipment and Procedures:	All Proper?	Describe:	Identifed leak and classified properly, established perimeter and maintianed instrument well
Onici Equipment	Yes		
Hazards not being guarded against by crew:			
Overall Safety Rating of Crew:	Good		
Recommendations or Suggestions:			
		Describe:	
Are all safety devices in working order?	Yes	Describe.	
Audit results discussed with employee in cha	rge? Yes 🔀	Describe:	
Date of Audit	Time of Audit	0930	Employee Performing Audit: DODSON, LARRY
Date of Audit: 8/13/2012 Entered Date/Time: 8/13/2012 10:41:57 A	Entered By:		□ Follow Up?

GE AuditNo: 13	234 Contractor:		and the second state of th	Specify Other:	
Compar			Passp	ort Shown on Request?:	
Crew Reporting Location: AOC - Gas		Passported?:			Tony Heckel
Lead Person #1: GOETZINGER, LESTER	Lead Person #2:			Immediate Supervisor:	Tony Hecker
Employees under their supervision on this job:		None	•		
	Click to add employee				
Location and brief description of work:	EOC Training Center	Investigate Lea	ek		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			-
500 Biteling (value and a second	Work in Progress				
		2	Area already properly:	accurad	
Work Area Protection (Signs, Flags):	All Proper?			SCOULCE	
	Not Applicable	**]		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Yes	local local			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	54			
	All Proper?	Describe:	Started using bellow p	probe to get into vicinit. He	e also contined to use bellow
Other Equipment and Procedures:			probe once he started	probing (corrected on site	e)informed employee that if
	Yes	[E:370			
Hazards not being guarded against by crew:					
	1			•	
Overall Safety Rating of Crew:	Good	740			
Recommendations or Suggestions:					
Recommendations of coggestions					
	[3.7]	Describe: CGI	properly maintained an	od calibrated	
Are all safety devices in working order?	Yes	Describe. Co.	property manualities and		
Audit results discussed with employee in char	ge? Yes	Describe:			
		ľ			
Date of Audit 8/15/2012	Time of Audit	0800	Er	mployee Performing Audit:	DODSON, LARRY
	Entered By:	,5555	Г	Follow Up?	
Entered Date/Time: 8/15/2012 9:46:33 AN			y'		

Compa LGE AuditNo: 133	235 Contractor:	and the second s		Specify Other:		
Compare 200 (see all)		Passported?:	Passp	ort Shown on Request?:		
Clew Nepolalis 200220	Lead Person #2:			Immediate Supervisor.	Eric Netherton	
Lead 1 e13011 # 1.	Lead Person #2.	none				
Employees under their supervision on this job:						
	Click to add employed		Joak			
Location and brief description of work:	EOC Traning Center	investigate gas	reak			
Job Planning (Scouting, etc.):	All Proper?	Describe:				
	Work in Progress					
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:				
	Work in Progress					
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Area secured in parkig	n lot		
	Not Applicable					
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	Area secured			
	Not Applicable	<u> </u>				
Cover-Up Equipment	All Proper?	Describe:				
	Not Applicable	M	= <i>P</i>			
Other Equipment and Procedures:	All Proper?	Describe:	k migration perimeter	utilizing the GMI unit in co	onjunction with barholing	
Outer Equipmentant / research	Yes	M				
Hazards not being guarded against by crew:						
Tibeside Herbering Same						
Overall Safety Rating of Crew:	Good			_		
Recommendations or Suggestions:					•	
Are all safety devices in working order?	Yes	Describe:				
Audit results discussed with employee in char	ge? Yes 📓	Describe:				
Date of Audit 8/15/2012	Time of Audit	0700	En	nployee Performing Audit	DODSON, LARRY	646
Entered Date/Time: 8/15/2012 10:01:22 A	Entered By:			Follow Up?		

	236 Contractor:	a market had the beauty of the beauty of		Specify Other:	
Compan			Pass	oort Shown on Request?:	
Crew Reporting Location: AOC - Gas	[65001]	assported?:		Immediate Supervisor:	
Lead Person #1: SPRINGSTON, RICHIE	Lead Person #2:			minedica capati	
Employees under their supervision on this job:		none			
	Click to add employee t				
Location and brief description of work:	EOC Training Buidling	Investigate ga	as leak		
•		5	Г		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Secured by by training	g area	
	Not Applicable	M			
PPE (Hardhat Gloves Sleeves):	All Proper?	Describe:			<u> </u>
	Yes	is de			
Cover-Up Equipment	All Proper?	Describe:			
Cover of Equipment	Not Applicable				
	All Proper?	Describe:		neter with the GMI unit and	barholing
Other Equipment and Procedures:	Yes		-1		
	165				
Hazards not being guarded against by crew:					
] []				
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
4					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	rge? Yes 📉	Describe:			
					THE TON FRICE
Date of Audit: 8/15/2012	Time of Audit	0900	_	mployee Performing Audit	NETHERTON, ERIC
Entered Date/Time: 8/15/2012 10:08:50 A	Entered By:		ſ	Follow Up?	

Compan _GE AuditNo: 1	3233 Contractor:		***************************************		Specify Other:	
Crew Reporting Location: EOC - Gas		Passported?:		Passport \$	Shown on Request?:	
Lead Person #1: POTEET, DAVID	Lead Person #2:	-		lm	mediate Supervisor.	Tony Heckel
Employees under their supervision on this job	»:	none		1		
	Click to add employe	e to audit				
Location and brief description of work:	EOC Traning Center	r Investigate Lea	k			
		D 7				
Job Planning (Scouting, etc.):	All Proper?	Describe:				
	Work in Progress	<u>-</u> !				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:				
	Work in Progress	<u>-</u> J				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In traiing area	ı		
	Not Applicable					
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	In secured tra	ininig area		
	Not Applicable					
Cover-Up Equipment	All Proper?	Describe:				
	Not Applicable	S				
Other Equipment and Procedures:	All Proper?	Describe:			LEL at door woudl not ed properly. Establish	go in house. Very mythodical,
	Yes		louru ali leak	S and Classin	ed property. Establish	ed proper permeter
Hazards not being guarded against by crew:			***************************************			:
Overall Safety Rating of Crew:	Good		ı			
Recommendations or Suggestions:						
,						
Are all safety devices in working order?	Yes	Describe: CGI F	roperly calibra	ated and main	ntained	
Audit results discussed with employee in cha	rge? Yes 🚮	Describe:				
Date of Audit: 8/15/2012	Time of Audit	0830		Employ	ree Performing Audit:	DODSON, LARRY
Entered Date/Time: 8/15/2012 9:41:26 AM	Entered By:			☐ Folk	ow Up?	
			_			

GE AuditNo: 13	313 Contractor:	and a second of the second of the		Specify Other:	
Compan		Passported?:	Passi	oort Shown on Request?:	
Crew Reporting Location: AOC - Gas		Passponeu!.	ISSNOT I		Eric Miller
Lead Person #1: WADDLE, ANDREW	Lead Person #2:			mineurale oupervisor.	
Employees under their supervision on this job:		None	•		
•	Click to add employee	e to audit			
Location and brief description of work:	EOC Traning Center	Investigate gas	leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training building are	ea .	
	Not Applicable	East			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	·		
	Not Applicable				
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	54			
Other Equipment and Procedures:	All Proper?	Describe:	Missed leak on one b	uilding, walked to fast with	w probe, Did use probe in
	Yes		classification of leak		
Hazards not being guarded against by crew:					
, idazi ida ilebenig galaria					
- 40		ล			
Overall Safety Rating of Crew:	Good		- L. L. L. Landard at		
Recommendations or Suggestions:	Informed individual	that the picture	needs to be looked at		
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in char	rge? Yes 🔝	Describe:			
Date of Audit: 8/20/2012	Time of Audit	0900	E	mployee Performing Audit:	MILLER,ERIC
Entered Date/Time: 8/20/2012 3:57:54 PN	Entered By:			Follow Up?	

Compar GE AuditNo: 1	3315 Contractor:				Specify Other:	
Crew Reporting Location: AOC - Gas	P	assported?:		Passpo	ort Shown on Request?:	
Lead Person #1: WEATHERFORD, BRENT	Lead Person #2:				Immediate Supervisor.	Eric Miller
Employees under their supervision on this job	:	none				
	Click to add employee to	audit				
Location and brief description of work:	EOC Traiing Building In	westigate gas	leak			
lab Diamina (Deputing 1)		r			•	
Job Planning (Scouting, etc.):	All Proper?	Describe:				
	Work in Progress					
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:				
	Work in Progress					
Work Area Protection (Signs, Flags):	All Proper?		In training area			
N.	Not Applicable	M				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:				
	Not Applicable	Má				
Cover-Up Equipment	All Proper?	Describe:		-		
	Not Applicable					
Other Equipment and Procedures:	All Proper?	Describe:	Missed leak on	on one b	ouidlidng, did use probe	for classification of leak
	Yes	1531				
Hazards not being guarded against by crew:						
Overall Safety Rating of Crew:	Good				•	
Recommendations or Suggestions:	Re-instructed Brent on I	ooking at the	big picture			
Are all safety devices in working order?	Yes Des	scribe:				
		A STATE OF THE STA				
Audit results discussed with employee in charg	e? Yes 🔝 Des	scribe:				
	and the state of t					
Date of Audit: 8/20/2012	Time of Audit:	0930		Emple	oyee Performing Audit:	DODSON, LARRY
Entered Date/Time: 8/20/2012 4:01:57 PM	Entered By:			□ Fc	ollow Up?	

Compar .GE 🔀 AuditNo:	13316 Contractor:	and the same of the same of		Sanat Oil	
Crew Reporting Location: AOC - Gas		Passported?:	Passp	Specify Other:	
Lead Person #1:	Lead Person #2:		[255] , G33p	ort Shown on Request?:	
Employees under their supervision on this jo		Non		Immediate Supervisor:	Eric Miller
	Click to add employee				
Location and brief description of work:	EOC Traninig Center		20 1-1-		
		vesigale de	as leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training center		
	Not Applicable	M			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			•
	Not Applicable	M			
Cover-Up Equipment	All Proper?	Describe:			
•	Not Applicable				
Other Equipment and Procedures:	All Proper?	Describe:	1/		
	OK, But Suggested En		very systematic found an Established a perimeter	d classified all leaks prop	perly, Did an excellent job.
Hazards not being guarded against by crew:		marice rie			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:	Used				
Are all safety devices in working order?	Yes De	scribe: cor o	1-1		
		Scribe. CGI Ca	librated and in good con	dition	
Audit results discussed with employee in charge	2 .				,
in charge	Yes Des	scribe:			
Date of Audit: 8/20/2012	Time of A				
Entered Date/Time: 8/20/2012 4:11:43 PN	Time of Audit Entered By:	1000			MILLER,ERIC 34
1	chicled by:		☐ Foll	ow Up?	[me.gt]

Compar _GE AuditNo: 13	318 Contractor:		Specify Other:
Crew Reporting Location: AOC - Gas		Passported?:	Passport Shown on Request?:
ead Person #1:	Lead Person #2:		Immediate Supervisor: Eric Miller
Employees under their supervision on this job		None	
	Click to add employee	to audit	
ocation and brief description of work:	EOC Training Center	Investigate gas	leak
lob Planning (Scouting, etc.):	All Proper?	Describe:	
lob Briefing (Tailboard Conf., etc.):	Work in Progress	Describe:	
Work Area Protection (Signs, Flags):	Work in Progress	Describe:	In EOC complex
, (3)	Not Applicable		-
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	
	Not Applicable	izá	
Cover-Up Equipment	All Proper?	Describe:	
	Not Applicable		
Other Equipment and Procedures:	All Proper?	Describe:	Very systematic in locating and classifying leaks properly, followed all leak detection guidelines Excellent job
Hazards not being guarded against by crew:	Yes	[8:8]	
Overall Safety Rating of Crew:	Good		
Recommendations or Suggestions:			
Are all safety devices in working order?	Yes	Describe:	
Audit results discussed with employee in cha	rge? Yes 🛣	Describe:	
Date of Audit: 8/20/2012	Time of Audit	1030	Employee Performing Audit: DODSON, LARRY
Entered Date/Time: 8/20/2012 4:14:56 PM	Entered By:		Follow Up?

Compar LGE AuditNo: 13	319 Contractor:			Specify Other:	
Crew Reporting Location: AOC - Gas		Passported?:	Pass	port Shown on Request?:	
Lead Person #1: PERRY,LEE	Lead Person #2:			Immediate Supervisor.	Eric Miller
Employees under their supervision on this job:		None		:	
	Click to add employee	e to audit			
Location and brief description of work:	EOC Training Center	investigate gas	leak		
Lab Blancing (Constitute other)	All Proper?	Describe:			
Job Planning (Scouting, etc.):	Work in Progress)			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe: Î			
gob Bheiling (ransoard Com., cas).	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In EOC training comple		
WORK Area Protection (Olyna, Flags).	Not Applicable		in EOC training compr	ex.	
DDF (Handler) Clause Steemely	All Proper?	Describe:			
PPE (Hardhat, Gloves Sleeves):	Not Applicable				
Cover-Up Equipment	All Proper?	Describe:			
Cover-op Equipment		S al			us.
	Not Applicable	Describe:	I availed and classified	l leaks properly, establish	ed nerimeter
Other Equipment and Procedures:	All Proper? Yes		Localed and classifica	повы ргоропу, озышный	
Hazards not being guarded against by crew:		[65:50]			
, luzzi do not bom g galace a significant					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:	GGG GGGG				
recommendations of deggenerics					
Are all safety devices in working order?	Yes	Describe: CGI p	roperly calibrated and	well taken of	
	(Waster)				
Audit results discussed with employee in charg	je? Yes 🙀 I	Describe:			
	[Anti-sect]				
Date of Audit: 8/20/2012	Time of Audit	1100	Em	ployee Performing Audit:	MILLER,ERIC
Entered Date/Time: 8/20/2012 4:27:18 PN	Entered By:		Г	Follow Up?	

A. Jiaha	320 Contractor:	Specify Other:
Compan	Passported	?: Passport Shown on Request?:
Crew Reporting Location: AOC - Gas		Immediate Supervisor. Eric Miller
Lead Person #1.	Lead Person #2:	
Employees under their supervision on this job:		ine
	Click to add employee to audit	
Location and brief description of work:	EOC Training center Investigate g	jas leak
Job Planning (Scouting, etc.):	All Proper? Describ	e.
	Work in Progress	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describ	e:
	Work in Progress	
Work Area Protection (Signs, Flags):	All Proper? Describ	ln training center
	Not Applicable	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describ	e:
PPE (Hardnar, Gloves Gleeves).	Not Applicable	
	All Proper? Describ	e:
Cover-Up Equipment	Not Applicable	Social Control of the
	D3	
Other Equipment and Procedures:	All Proper?	
	Yes	
Hazards not being guarded against by crew:		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:	None did excelletn job	
Are all safety devices in working order?	Yes Describe:	
Are all salety devices in tremmy and		
the state of the section of the sect	arge? Yes 💌 Describe:	
Audit results discussed with employee in cha	169 (84)	-
	Time of Audit 1990	Employee Performing Audit: DODSON, LARRY
Date of Audit: 8/20/2012	Time of Audit 1130 Entered By:	Follow Up?
Entered Date/Time: 8/20/2012 4:31:23 PM	Ellieled by.	• • • • • • • • • • • • • • • • • • • •

Compan .GE AuditNo: 1	3292 Contractor: Specify Other.
Crew Reporting Location: EOC - Gas	Passported?: Passport Shown on Request?:
Lead Person #1: SHELTON,GARY	Lead Person #2: Immediate Supervisor: Tony Heckel
Employees under their supervision on this jot	Click to add employee to audit
Location and brief description of work:	EOC Training Center Investigate Leak
Job Planning (Scouting, etc.):	All Proper? Describe:
Job Briefing (Tailboard Conf., etc.):	Work in Progress All Proper? Describe:
Work Area Protection (Signs, Flags):	Work in Progress All Proper? Describe: The area was inside the confines of the EOC
PPE (Hardhat, Gloves Sleeves):	Not Applicable All Proper? Describe:
Cover-Up Equipment	Not Applicable All Proper? Describe:
Other Equipment and Procedures:	Not Applicable All Proper? Describe: Very thourough and systematic, found all leaks and properly graded, Did a text book job
Hazards not being guarded against by crew:	
Overall Safety Rating of Crew:	Good
Recommendations or Suggestions:	
Are all safety devices in working order?	Yes Describe: CGI property calibrated and well taken care of
Audit results discussed with employee in cha	erge? Yes Describe:
Date of Audit: 8/20/2012	Time of Audit 0800 Employee Performing Audit HECKEL,ANTHONY
Entered Date/Time: 8/20/2012 12:43:44 P	Entered By: Follow Up?

Carrati GE AuditNo: 13	293 Contractor.	Market to recovery had the house of anything self-		Specify Other:	
Compar		Passported?:	Pass	eport Shown on Request?:	
Crew Reporting Location: EOC - Gas				Immediate Supervisor.	Tony Heckel
Lead Pelson #1.	Lead Person #2:			y .	
Employees under their supervision on this job:		None	•		
	Click to add employee				
Location and brief description of work:	EOC Trainning Cente	r Investigate ga	is leak		
	1	Describe:			
Job Planning (Scouting, etc.):	All Proper?	Describe.			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Inside the EOC Com	plex	
VOIK . 100 ·	Not Applicable	54			
Plannel	All Proper?	Describe:			
PPE (Hardhat, Gloves Sleeves):	Not Applicable				
	All Proper?	Describe:			
Cover-Up Equipment	· ·		1		
	Not Applicable	<u> </u>		ablished perimeter barholed	d properly
Other Equipment and Procedures:	All Proper?	Describe:	-1	Buildined perimotes and and	
	Yes	lac.			
Hazards not being guarded against by crew:		•			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Recommendations of ouggestation					
2 on the market	Yes	Describe: CGI	properly maintained		
Are all safety devices in working order?	Yes		•		
	_ (
Audit results discussed with employee in cha	rge? Yes	Describe:			
			_	m	: NETHERTON, ERIC
Date of Audit: 8/20/2012	Time of Audit	0700		Employee Performing Audit	The state of the s
Entered Date/Time: 8/20/2012 12:46:58 P	Entered By:			Follow Up?	

	ogg Contractor:	The state of the s	The same of the sa	Specify Other:	
Compan GC Real		Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		rassponeur.	Darwer		Tony Heckel
Lead Person #1: HARRISON, kENNY	Lead Person #2:				Prince of the second se
Employees under their supervision on this job:	Click to add employee	none			
Location and brief description of work:	EOC Training Center		C		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress All Proper? Work in Progress	Describe:			
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Inside EOC complex		
PPE (Hardhat, Gloves Sleeves):	Not Applicable All Proper?	Describe:			
Cover-Up Equipment	Not Applicable All Proper?	Describe:			
Other Equipment and Procedures:	Not Applicable All Proper? Yes	Describe:	Leak invstigation very	thourough, Established po	erimeter (Great job)
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good	· n			
Recommendations or Suggestions:				•	•
		·			
Are all safety devices in working order?	Yes	Describe: CGI	properly maintained		
Audit results discussed with employee in cha	rge? Yes 🔝	Describe:			
Date of Audit: 8/20/2012	Time of Audit Entered By:	0730		mployee Performing Audit Follow Up?	NETHERTON, ERIC

Compa LGE AuditNo: 13	303 Contractor:	Specify Other:	
Compa Local (Sassa)	Passported?:	Passport Shown on Request?:	S
Clew (toporally 2		Immediate Supervisor:	Tony Heckel
Lead Person #1.		- Proposed J	
Employees under their supervision on this job:			
	Click to add employee to audit		
Location and brief description of work	EOC Traning Center Investigate Le	gan.	
Job Planning (Scouting, etc.):	All Proper? Describe	:	
	Work in Progress		
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe	: ·	
	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper? Describe	In training area at the EOC	
	Not Applicable		
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:		
, , , , , , , , , , , , , , , , , , , ,	Not Applicable		
Cover-Up Equipment	All Proper? Describe	:	
	Not Applicable		
Other Equipment and Procedures:	All Proper? Describe	E: Located and classified leaks	
Other Equipment and Procedures.			
Hazards not being guarded against by crew:			
Adzards not being guested and			
Overall Safety Rating of Crew:	Good		
Recommendations or Suggestions:	Instructed Chri he needs to barho	le to establish perimeterand migration instead of	using bellow probe
Recommendations of ouggesterns			
Are all safety devices in working order?	Yes Describe:		
Are all safety devices in working order.	[49-225]		
Audit results discussed with employee in cha	rge? Yes Describe:		
Date of Audit 8/20/2012	Time of Audit 0830	Employee Performing Aud	it: HECKELANTHONY
OZZO, COL	Entered By:	☐ Follow Up?	
Entered Date/Time: 8/20/2012 12:59:51 P			

GE AuditNo: 13	305 Contractor:			Specify Other:		
Companor RESSET		assported?:	Pass	port Shown on Request?:		
Clew Hoporaria	Lead Person #2:			Immediate Supervisor:	Tony Heckel	
Lead Ferson # 1.		None				
Employees under their supervision on this job:	Click to add employee to					
Location and brief description of work	EOC Training Center In		leak			
Job Planning (Scouting, etc.):	All Proper?	Describe:				
Job Briefing (Tailboard Conf., etc.):	Work in Progress	Describe:				
Work Area Protection (Signs, Flags):	Work in Progress	Describe:	Inside the EOC yard			
Work Area Proceeding Cogney 103-7	Not Applicable	M				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	At training center			
	Not Applicable	i i				
Cover-Up Equipment	All Proper?	Describe:				a.
	Not Applicable			the control of		
Other Equipment and Procedures:	All Proper? Yes	Describe:	-	ery thourough Great job		
Hazards not being guarded against by crew:						
Overall Safety Rating of Crew:	Good					
Recommendations or Suggestions:						
Are all safety devices in working order?	Yes [escribe: CGI	properly maintained			
Audit results discussed with employee in cha	rge? Yes 🔝 [Describe:				1
Date of Audit 8/20/2012	Time of Audit	0730	1	Employee Performing Audit	t: NETHERTON, ERIC	<u>Mag</u>
Entered Date/Time: 8/20/2012 1:17:46 PM	Entered By:		,	, , ullow op:		

GE AuditNo: 133	221 Contractor.			Specify Other:	
Compan	<i></i>	Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		. Booperati		Immediate Supervisor.	Tony Heckel
Lead Person #1.	Lead Person #2:	None			
Employees under their supervision on this job:			•		
	Click to add employee				
Location and brief description of work:	EOC Training Center	investigate gas	; leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	in the EOC complex		
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
() 20 () ()	Not Applicable	S			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	M			
Other Equipment and Procedures:	All Proper?	Describe:	Classifed leak properl barhole probe for esta	ly, found all leaks but use: ablishing perimeter	d bellows probed and not
Office Equipment of the Property of the Proper	Yes		Barriole proportor ser		
Hazards not being guarded against by crew:					
, 1025, 105 33 5 5 5					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:	instructed Greg the	proper used of	the bellows probe		
Recommended					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	rge? Yes	Describe:			
	Time of Analis	1 400	E	mployee Performing Audi	it: DODSON, LARRY
Date of Audit: 8/20/2012	Time of Audit: Entered By:	1400		Follow Up?	
Entered Date/Time: 8/20/2012 4:39:20 PN	Entered by:				

	222 Contractor:		-	Specify Other:	
Compan _GE AuditNo: 13		- 12	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		Passported?:			Eric Netherton
Lead Person #1: BROCK, TOM	Lead Person #2:			mmediae Supervisor.	I - Land and a second a second and a second
Employees under their supervision on this job:		None			
	Click to add employee	to audit .			
Location and brief description of work:	EOC training center in	nvestigate leak			
					
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	Parked in training cen	ter	
Work Alea Flowers (Classic)	Not Applicable			•	
Oleman's	All Proper?	Describe:			
PPE (Hardhat, Gloves Sleeves):	Not Applicable				
	All Proper?	Describe:			
Cover-Up Equipment		li—i	1		
	Not Applicable	Describe:	le with a the sheller	w and harhole probes to e	establish the leak migration and
Other Equipment and Procedures:	All Proper?		properly classify both	leaks	1
	Yes	<u>Ma</u>			
Hazards not being guarded against by crew:					
			,		
Overall Safety Rating of Crew:	Good		,		
Recommendations or Suggestions:					
Recommendation of 0.333					
Are all safety devices in working order?	Yes	Describe:			
Are all safety devices in working 5.457	[Indicated]				
سطه من درود و درود	me? V	Describe:			
Audit results discussed with employee in cha	rge? Yes	Desc., Do.			
		<u> </u>		mployee Performing Audit	NETHERTON, ERIC
Date of Audit 8/20/2012	Time of Audit	1300		Follow Up?	
Entered Date/Time: 8/20/2012 4:42:10 PM	Entered By:		,	· where were	

GE AuditNo: 13	323 Contractor.			Specify Other:	
Compar		Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		:		Immediate Supervisor.	Tony Heckel
Lead Ferson #1.	Lead Person #2:	none			
Employees under their supervision on this job:	Click to add employee				
Location and brief description of work:	EOC Training Buildin		as leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress ₹				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?		At trainiing center		
	Not Applicable	M			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	,		
	Not Applicable	M			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable				i Propoded
Other Equipment and Procedures:	All Proper?	Describe:	Tom used the bellow	probe and walked out the pinpoint the leaks and es	services and main. Proceded tablish the leak migration
	Yes	M	À		
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
		and the second s			
Audit results discussed with employee in cha	rge? Yes	Describe:			r
					. Currienton enlo
Date of Audit: 8/20/2012	Time of Audit	1430		mployee Performing Audi	t: NETHERTON, ERIC
Entered Date/Time: 8/20/2012 4:48:18 PN	Entered By:			Follow Up?	

		Specify Other:
Compar 10L Res	342 Contractor:	
Crew Reporting Location: AOC - Gas	Passported	Immediate Supervisor. Eric Miller
Lead Person #1: CLUNIE, JEFF	Lead Person #2:	[Mart]
Employees under their supervision on this job:	no no	ne
	Click to add employee to audit	
Location and brief description of work:	EOC Training Center Investigate	Odor of Gas
Job Planning (Scouting, etc.):	All Proper? Describ	e.
	Work in Progress	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describ	e:
	Work in Progress	
Work Area Protection (Signs, Flags):	All Proper? Describ	e: In training center
	Not Applicable	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describ	e:
PPE (Haldilat Gloves Greens)	Not Applicable	
Cover-Up Equipment	All Proper? Describ	e:
Cover-op Equipment	Not Applicable	
	8	and the delegated leak using harhole probe, established perimeter.
Other Equipment and Procedures:	All Proper?	checked inside buildings. Very thorough, looked at big picture
	Yes	(1993)
Hazards not being guarded against by crew:		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes Describe:	CGI calibrated and well maintained
	1	
Audit results discussed with employee in cha	arge? Yes Describe:	
Date of Audit: 8/21/2012		Employee Performing Audit: DODSON, LARRY
	Time of Audit 0900	

Compar _GE AuditNo: 13	343 Contractor:			Specify Other.	
Crew Reporting Location: AOC - Gas		Passported?:	Passp	oort Shown on Request?:	
Lead Person #1: JONES, NATHAN	Lead Person #2:			Immediate Supervisor.	Eric Miller
Employees under their supervision on this job:					
	Click to add employee	to audit			
Location and brief description of work:	Investigate Odor of G	as EOC Training	g Center		
Job Planning (Scouting, etc.):	All Proper?	Describe:		Maria 100 - 0,	
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress	-			
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training center		
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	5 4			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable				
Other Equipment and Procedures:	All Proper?	Describe:	Located and classified	leak using barhole probe	e established proper perimeter.
	Yes		checked inside buildin	gs, very thourough and sy	semanc
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes 🙀	Describe: CGI p	roperly calibrated and	well maintained	
Audit results discussed with employee in charg	je? Yes 🔝 [Describe:	,		
Date of Audit: 8/21/2012	Time of Audit	0930		ployee Performing Audit:	NETHERTON, ERIC
Entered Date/Time: 8/21/2012 2:19:04 PM	Entered By:		Г	Follow Up?	

Compan GE AuditNo: 13	344 Contractor:			Specify Other:	
Crew Reporting Location: AOC - Gas		Passported?:	Passp	ort Shown on Request?:	
	Lead Person #2:			Immediate Supervisor:	Eric Miller
Employees under their supervision on this job:		None			
	Click to add employee	to audit			
Location and brief description of work:	EOC Training Center	lv=nvest5igate l	Leak Complaint		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	At training center		
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	M			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	M			
Other Equipment and Procedures:	All Proper?	Describe:	utilized bellow probe to	o locate vicinity of leak. Pi with barhole probe, very t	npointed, classified and horough
	Yes			•	
Hazards not being guarded against by crew:					
		,			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI p	properly calibrated and	well maintained	
Audit results discussed with employee in chan	ge? Yes	Describe:			
Audit 100010 010000000 1100 011000000000000	Septemb	The state of the s			•
Date of Audit: 8/21/2012	Time of Audit	1000	Em	ployee Performing Audit:	MILLER,ERIC
Entered Date/Time: 8/21/2012 2:55:16 PM	Entered By:			Follow Up?	

Audible: 127	339 Contractor:	and the second of the second o	- Carlotte and Andrew Constitution of the Carlotte and Ca	Specify Other:	
Compan, OL RASS		Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas		Вороли		Immediate Supervisor.	Tony Heckel
Lead Person #1.	Lead Person #2:			,	
Employees under their supervision on this job:		None	•		
	Click to add employee t			,	
Location and brief description of work:	EOC Training Center I	nvestigate Lea	ak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				2
Work Area Protection (Signs, Flags):	All Proper?		Vehicle parked in train	ling center	
	Not Applicable	had			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	23			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	M			
	All Proper?	Describe:	Followed all procedur	res as far as classification o red up with barhole probe to	of leak. Used beliow probe to classify and establis
Other Equipment and Procedures:	Yes	M.	locate leak and follow	red up with barriole proper	
and a spinet by CEPIA					
Hazards not being guarded against by crew:					
		1			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
		- "	in good operatign cond	dition and calibrated	
Are all safety devices in working order?	Yes	Describe: CGI	in good operangii wix		
		1			
Audit results discussed with employee in char	rge? Yes 📉	Describe:			
					DODGON LADRY
Date of Audit: 8/21/2012	Time of Audit	ngno		mployee Performing Audit:	DODSON, LARRY
Entered Date/Time: 8/21/2012 1:57:29 PM	Entered By:		*	Follow Up?	

	345 Contractor:			Specify Other:	
Compan, GL (Marie)		Passported?:	[Marie 1]	ort Shown on Request?:	Eric Miller
Crew Reporting 2002	Lead Person #2:			Immediate Supervisor:	JERC Miller
Lead Person #1: BRONLING	grand	None			
Employees under their supervision on this job:	Click to add employee				
			k		
Location and brief description of work:	EOC Training Center	nvesigale Lear			
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	'		
Job Bliefing Commercial	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	,		
V	Not Applicable	M	<u> </u>		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	1		
1100	Not Applicable	Mi			
Cover-Up Equipment	All Proper?	Describe:	1		
	Not Applicable	<u>is a</u>		to principle of least for	llowed up with barhole probe to
I Florandures.	All Proper?	Describe:	utilized bellow probe	classify leak, Very systema	atic
Other Equipment and Procedures:	Yes	Pre-			
Hazards not being guarded against by crew					
Overall Safety Rating of Crew:	Good	ā			
Recommendations or Suggestions:					
V		<u>.</u>	il properly maintained	and calibrated	
Are all safety devices in working order?	Yes	Describe: CG	il property maritalites		· ·
Audit results discussed with employee in cl	narge? Yes 🚮	Describe:			
	Time of Audit	t 1030		Employee Performing Aud	dit NETHERTON, ERIC
Date of Audit: 8/21/2012	Catarad By	11000		Follow Up?	
Entered Date/Time: 8/21/2012 2:57:57 PM					

	346 Contractor:	and the same of religions and the same of	Specify Other:	
Compan GE REAL		orted?:	Passport Shown on Request?:	
Crew Reporting Location: AOC - Gas		- Landerson - Land	Immediate Supervisor:	Eric Miller
Lead Person #1. ALLELY	Lead Person #2:			
Employees under their supervision on this job:		none		
	Click to add employee to audi			
Location and brief description of work:	EOC Training Center Investi	gate Odor of Gas		
	All Proper? De	escribe:		
Job Planning (Scouting, etc.):	Дії Горог			
	Work in Progress	escribe:		
Job Briefing (Tailboard Conf., etc.):		escribe.		
	Work in Progress			
Work Area Protection (Signs, Flags):	All Proper? Do	escribe:		
	Not Applicable	Way		
PPE (Hardhat, Gloves Sleeves):	All Proper? De	escribe:		
, , ,	Not Applicable			
Cover-Up Equipment	All Proper? Do	escribe:		·
	Not Applicable	24		
Decedures	All Proper?	escribe: Followed all pr	ocedures using barhole probe to imeter, very thorough	locate, pinpoint, classily and
Other Equipment and Procedures:	Yes	establisti a pei	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
and a grainet by CTPW				
Hazards not being guarded against by crew:				
	Good			
Overall Safety Rating of Crew:	Good False			
Recommendations or Suggestions:				
) hesc	ribe: CGI Calibrated and	well maintained	
Are all safety devices in working order?	Yes Desc			
	:			
Audit results discussed with employee in cha	erge? Yes 🛣 Desc	nbe:		
	_		Employee Performing Audit	MILLER,ERIC
Date of Audit: 8/21/2012		1100	Follow Up?	
Entered Date/Time: 8/21/2012 3:03:39 PM	Entered By:		i Louoss ob:	

	341 Contractor:			Specify Other:	
Compan GE BB	341 Contractor:	Passported?:	Passp	ort Shown on Request?:	
Crew Reporting Location: EOC - Gas			, Emma	Immediate Supervisor:	Tony Heckel
Lead Person #1: VINCENT, TODD	Lead Person #2:				
Employees under their supervision on this job:		None			
	Click to add employe				
Location and brief description of work:	EOC Training Cente	r Investigate Odo	or of Gas		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			q
	Work in Progress	= :			
Work Area Protection (Signs, Flags):	All Proper?		In training center		
	Not Applicable	M			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	M			
Cover-Up Equipment	All Proper?	Describe:	7		
	Not Applicable	i Sa		TI de	
Other Equipment and Procedures:	All Proper?	Describe:	Utilized bellows prob	e to locate vicinity of leak, systematic, established pe	probed and classified leak with erimeter and classified properly
Other Equipment and 1 1999	Yes	S			
Hazards not being guarded against by crew:					
		 1			
Overall Safety Rating of Crew:	Good	A			
Recommendations or Suggestions:					
				d.coll maintained	
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated and	g weii maimaires	
	arge? Yes 🐼	Describe:			
Audit results discussed with employee in cha	[See Ag]				
	Time of Aud	it: 0830	E	mployee Performing Aud	it: NETHERTON, ERIC
Date of Audit: 8/21/2012	Entered By:	3000	7	Follow Up?	
Entered Date/Time: 8/21/2012 2:10:43 PN					

Audible: 122	347 Contractor:	Control of the Contro		Specify Other:	
Compan		assported?:	Pas Pas	sport Shown on Request?:	
Crew Reporting Location: AOC - Gas	[100]	assponed:	[SECON]	_	Eric Miller
Lead Person #1: QUILL, MICHAEL	Lead Person #2:			attiticolon capetitis	
Employees under their supervision on this job:		none			
	Click to add employee to				
Location and brief description of work:	EOC Training Center in	westigate Odo	or of Gas		
		Describe:			
Job Planning (Scouting, etc.):	All Proper?	pescribe.			
	Work in Progress	- The state of the	Г		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	7		
	Not Applicable	M			
PPE (Hardhat Gloves Sleeves):	All Proper?	Describe:			
FFE (Harding Gloves	Not Applicable	X			
Cover-Up Equipment	All Proper?	Describe:			
Cover-op Equipment	Not Applicable	7			
	All Proper?	Describe:	Followed all proces	dures using barhole probe to	o locate leak, clasify, pinpoint
Other Equipment and Procedures:			and establish a per	rimeter. Very thorough	, i
	Yes	ENST			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good			(
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI	well maintained and	d calibrated	
		and the second s			
Audit results discussed with employee in cha	rge? Yes 🕥 [Describe:			
Date of Audit: 8/21/2012	Time of Audit	1130		Employee Performing Audi	t NETHERTON, ERIC
Entered Date/Time: 8/21/2012 3:06:09 PM	Entered By:			☐ Follow Up?	

Compan GE AuditNo: 1333 Crew Reporting Location: EOC - Gas Lead Person #1: RUSSELL, BRIAN Employees under their supervision on this job:	Passported	r. was	Specify Other: ort Shown on Request?: Immediate Supervisor:	Tony Heckel
•	EOC Training Center Investigate	Gas Leak		
to be planning (Scouting, etc.):	All Proper? Descri	be:		
·L	All Proper? Descr			
Work Area Protection (Signs, Flags):	All Proper? Descri Not Applicable			
PPE (Hardhat, Gloves Sleeves):	All Proper? Descri Not Applicable			
Cover-Up Equipment	All Proper? Desc		Luio ambe to es	tablish the leak perimeter and openly classify leak, very
Other Equipment and Procedures:		utilized both bellows migration. Also, use	d the barhole probe to pr	operly classify leak, very
Hazards not being guarded against by crew:				
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:		e: CGI properly maintained	and calibrated	:
Are all safety devices in working order?	Yes Describ	e: CGI properly		
Audit results discussed with employee in ch	arge? Yes 🔯 Describ	}	Employee Performing A	udit: DODSON, LARRY
Date of Audit: 8/21/2012 State of Audit: 8/21/2012 12:56:48 P	Time of Audit: 07 Entered By:	700	Follow Up?	

Company GE AuditNo: 13	335 Confractor:			Specify Other:	
Compan	333	Passported?:	Pass	port Shown on Request?:	
Crew Reporting Location: EOC - Gas				Immediate Supervisor:	Tony Heckel
Lead Person #1: LEWIS, RICHARD	Lead Person #2:				
Employees under their supervision on this job:	Click to add employer	None	•		
Location and brief description of work:	EOC Training Cente		ak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress All Proper? Work in Progress	Describe:	1		
Work Area Protection (Signs, Flags):	All Proper?		In training yard		
PPE (Hardhat, Gloves Sleeves):	Not Applicable All Proper? Not Applicable	Describe:			
Cover-Up Equipment	All Proper? Not Applicable	Describe:		,	
Other Equipment and Procedures:	All Proper?	Describe:	Utilized bellow probe	e to establish location of leaster afo rmigration	ak and barhole probe to classify
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated an	d well maintained	
Audit results discussed with employee in cha	rge? Yes	Describe:			
Date of Audit: 8/21/2012 SI Entered Date/Time: 8/21/2012 1:01:11 PN	Time of Audit	0730		Employee Performing Audi Follow Up?	HECKEL ANTHONY

GE AuditNo: 13	340 Contractor:		Specify Other:
Compan		Passported?:	Passport Shown on Request?:
Clew Reporting Education			Immediate Supervisor. Tony Heckel
Lead Felson #1.		none	
Employees under their supervision on this job:			
	Click to add employee	*	Look Commaint
Location and brief description of work:	EOC Training Center	mvestigate Gas	s Leak Company
Job Planning (Scouting, etc.):	All Proper?	Describe:	
	Work in Progress ☑		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	
	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper?		
	Not Applicable	M	
PPE (Hardhat, Gloves Sieeves):	All Proper?	Describe:	
	Not Applicable	<u> </u>	
Cover-Up Equipment	All Proper?	Describe:	
	Not Applicable	No.	
Other Equipment and Procedures:	All Proper?	Describe:	Followed all procedures as fas as classification of leak. Used bellow probe to locate leak and followed up with barhole probe to classify and establish
Other Equipmentality (1995)	Yes	M	Nocate leak and lonowed up the land to the
Hazards not being guarded against by crew:			
		7	
Overall Safety Rating of Crew:	Fair		
Recommendations or Suggestions:			
Are all safety devices in working order?	Yes	Describe:	
		<u></u>	
Audit results discussed with employee in cha	rge? Yes	Describe:	
		<u></u>	Employee Performing Audit: DODSON, LARRY
Date of Audit 8/21/2012	Time of Audit	0800	Follow Up?
Entered Date/Time: 8/21/2012 2:07:21 PN	Entered By:		

		ify Other:
Compan GE REEL I	48 Comacan	equest?:
Crew Reporting Location: Muldraugh	mmediate Su	
Lead Person #1: DARNALL, WAYNE	Lead Person #2:	
Employees under their supervision on this job	none	
Location and brief description of work:	Click to add employee to audit EOC Training Center investigate Odor oof Gas	
Job Planning (Scouting, etc.):	All Proper? Describe:	
Job Briefing (Tailboard Conf., etc.):	Mork in Progress All Proper? Describe:	
Work Area Protection (Signs, Flags):	Work in Progress All Proper? Describe:	
	Not Applicable All Proper? Describe:	
PPE (Hardhat, Gloves Sleeves):	Not Applicable	
Cover-Up Equipment	All Proper? Describe:	
Other Equipment and Procedures:	Not Applicable All Proper? Describe: Very systematic and thorough, started leak, pinpoint, clasify and established leak.	d at house usining barhpole probe to locate erimeter, also chekced inside of house
Hazards not being guarded against by crew:		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes Describe: CGI calibrated and well maintained	
Audit results discussed with employee in ch		
Date of Audit: 8/21/2012 Entered Date/Time: 8/21/2012 3:12:02 PN	Time of Audit 1300 Employee Performance By:	ming Audit: DODSON, LARRY

	- Contractor	And the second s		Specify Other:	
Compan OL SSEET	49 Contractor:	assported?:	Passpo	ort Shown on Request?:	
Crew Reporting Location: Muldraugh	(4023)			Immediate Supervisor.	Ed Walton
Lead Person #1: BURTON, MIKE Employees under their supervision on this job:		none			•
0	Click to add employee to				
Location and brief description of work:	EOC Training Center is	rvestigate Odo	or of Gas		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Court etc.):	Work in Progress	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable	Describe:			
PPE (Hardhat, Gloves Sleeves):	All Proper? Not Applicable		之战.		
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable			horough, started at hous	e usining barhpole probe to locate also chekced inside of house
Other Equipment and Procedures:	All Proper?	Describe:	leak, pinpoint, clashy	and establishperimeter,	also chekced inside of house
Hazards not being guarded against by crew:					
)		a			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CG	GI Calibrated and prope	rly maintained	
Audit results discussed with employee in cha	arge? Yes	Describe:			idit: DODSON, LARRY
Date of Audit: 8/21/2012	Time of Audit Entered By:	1330		Employee Performing Au Follow Up?	DOUSON, LARRY (MARK)

GE AuditNo: 13	476 Contractor:	Andrewski za za 18 delje se nastania (184		Specify Other:	
Compai	2	Passported?:	Passpe	ort Shown on Request?:	
Crew Reporting Location: AOC - Gas	Lead Person #2:			Immediate Supervisor:	Eric Miller
Lead Person #1.		None			
Employees under their supervision on this job:					
	Click to add employee		Leak		
Location and brief description of work:	EOC Hamming Conner				
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress	-		<u> </u>	
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable	M]		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	<u>M</u>			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	56			and I have so soon as he
Other Equipment and Procedures:	All Proper?	Describe:	Derry did the ame thin	ng as Juan by not going in e. Fogot to make gas insi	to the house as soon as he de a priority . Corrected on site
Other Equipment of the second	Yes	M	Nobi Ri god Gi		
Hazards not being guarded against by crew:					
Hazaida Horbania 3					
Overall Safety Rating of Crew:	Good	ai)			
Recommendations or Suggestions:					

Are all safety devices in working order?	Yes	Describe:			
		<u> </u>			
Audit results discussed with employee in cha	arge? Yes	Describe:			
	Time of Audit	- [0020	E	mployee Performing Audi	t MILLER,ERIC
Date of Audit: 8/27/2012	Entered By:	0930		Follow Up?	
Entered Date/Time: 8/28/2012 4:43:32 PM	Emereu by.				

		The state of the s	Specify Other.	
Compan GE AuditNo: 134	78 Contractor:	orted?: Passpo	ort Shown on Request?:	
Crew Reporting Location: AOC - Gas	· [letter]	, kee	Immediate Supervisor.	Eric Miller
Lead Person #1: MILLS, KEVIN	Lead Person #2:	none ·		
Employees under their supervision on this job:				
	Click to add employee to audit			
Location and brief description of work:	EOC Training Center Investig	gale das Loo.		
Job Planning (Scouting, etc.):	All Proper:	escribe:		
	Work in Progress	-ita-		,
Job Briefing (Tailboard Conf., etc.):	Ziri iopo.	escribe:		
	Work in Progress	escribe: In Training Center		
Work Area Protection (Signs, Flags):	діі Ріореі :	escribe: In Training Center		
	Not Applicable	escribe:		
PPE (Hardhat, Gloves Sleeves):	All Proper?			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes			
Cover-Up Equipment	All Proper? De	escribe:		
Caveloop Edulation	Not Applicable		i la animatar i	sing CGI and barholing area.
	All Proper?	Demonstrated ability Classified properly	to establish a perimeter	
Other Equipment and Procedures:	Yes	Classified property		
1 1inst by CTPW:				
Hazards not being guarded against by crew:				
	Good			
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:				
		cribe: CGI properly maintained	and calibrated	
Are all safety devices in working order?	Yes	cribe. (dai properly memorial		
Audit results discussed with employee in ch	arge? Yes 🛣 Desc	cribe:		
Audit results discussed	***************************************			dit: HECKEL, ANTHONY
977012 M	Time of Audit	17030	Employee Performing Au	
Date of Audic	Entered By:		Follow Up?	
Entered Date/Time: 8/29/2012 6:54:21 AM	•			

A Fill at 10	179 Contractor:		· Or Name and Address of the Address	Specify Other:	
Compan J		Passported?:	Passp	ortShown on Request?:	
Crew Reporting Location: AOC - Gas		азэрогас		Immediate Supervisor:	Eric Miller
Lead Person #1: KINGREY, BRIAN	Lead Person #2:				
Employees under their supervision on this job:	Click to add employee	None to audit			
Location and brief description of work:	EOC Training Center		: Leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress	Describe:			
Job Briefing (16.155275 Co.m.)	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	al -		8
•	Not Applicable		J		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	30			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	56			and the Latina absorbed
Other Equipment and Procedures:	All Proper?	Describe:	Demonstrated ability leak properly	to establish perimeter usir	ng CGI and barholing, classified
Olier Equipmentalises	Yes	ladi	leak property		
Hazards not being guarded against by crew:					
	Good				
Overall Safety Rating of Crew:	Good	1			
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	rge? Yes 🕍	Describe:			
Date of Audit: 8/27/2012	Time of Audit	1100	E	mployee Performing Audit	MILLER, ERIC
Date of Audit: 8/27/2012 Entered Date/Time: 8/29/2012 6:56:53 AN	Entered By:		Ţ	Follow Up?	
Entered Date Hine. MYSIZUTZ 0:00:00 Air				4	

A. Jihler 12	427 Contractor.	and the second s	Specify Other:
Compan GE REAL A	427	Passported?:	Passport Shown on Request?:
Crew Reporting Location: EOC - Gas	Lead Person #2:		Immediate Supervisor: Tony Heckel
Lead Person #1.		none	
Employees under their supervision on this job:	Click to add employe		
Location and brief description of work:	EOC Training Cente		s Leak
Job Planning (Scouting, etc.):	All Proper?	Describe:	
•	Work in Progress		
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:	
	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper?	Describe:	1
	Not Applicable	Example 1	
PPE (Hardhat, Gloves, Sleeves):	All Proper?	Describe:	
	Not Applicable		<u> </u>
Cover-Up Equipment	All Proper?	Describe:	
	Not Applicable	į.	
Other Equipment and Procedures:	All Proper?	Describe	Followed all guidelines for leak investgiation, very systematic
Other Equipment and Vices	Yes	in the state of th	
Hazards not being guarded against by crew:			
Overall Safety Rating of Crew:	Good	M	
Recommendations or Suggestions:			
		1 - 1 - 1 - 1	al properly calibrated and well taken care of
Are all safety devices in working order?	Yes	Describe: ICG	il properly caribidate elle
Audit results discussed with employee in ch	arge? Yes 🍒	Describe:	
Date of Audit: 8/27/2012 Entered Date/Time: 8/27/2012 8:08:49 AM	Time of Aud Entered By:		Employee Performing Audit: DODSON, LARRY

GE AuditNo: 134	28 Contractor:			Specify Other:	
Compan de Mai		Passported?:	Pas	sport Shown on Request?:	30447
Crew Reporting Location: EOC - Gas				Immediate Supervisor.	
Lead Person #1: BOONE, CHRIS	Lead Person #2:		1/2/1255	<u>.</u>	
Employees under their supervision on this job:		<u>FA</u>			
-	Click to add employee				
Location and brief description of work:	EOC Training Center	· Investigate gas	: leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress ☑				
Job Briefing (Tailboard Com., etc.):	All Proper?	Describe:			
	Work in Progress	=			
Work Area Protection (Signs, Flags):	All Proper?		In training center		
	Not Applicable				
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			:
	Not Applicable	A			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	in the state of th			
Other Equipment and Procedures:	All Proper?	Describe:	Very thorough class	ified properly	
G 2.0. 2.4. <i>V</i>	Yes	Side Side			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good	á)			
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI	calibrated and well t	aken care of	
	\$				
Audit results discussed with employee in chan	ge? Yes 🖼	Describe:			
	<u> </u>				
Date of Audit: 8/27/2012	Time of Audit	0730		Employee Performing Audit	NETHERTON, ERIC
Entered Date/Time: 8/27/2012 8:11:02 AM	Entered By:			Follow Up?	

	Contractor.			Specify Other:	
Compan GE ES		Passported?:	Pas	sportShown on Request?:	
Crew Reporting Location: EOC - Gas		-assponeu:	[323]		Tony Heckel
Lead Person #1: HODSON, DARREN	Lead Person #2:			Milliodica copi	
Employees under their supervision on this job:		None			
	Click to add employee				
Location and brief description of work:	EOC Training Center I	Investigate Gas	: Leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training area		
	Not Applicable	M			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
*	Yes	M			
Cover-Up Equipment	All Proper?	Describe:			
	OK, But Suggested I	Enhanceme 📉			· · · · · · · · · · · · · · · · · · ·
Other Equipment and Procedures:	All Proper?	Describe:	Established perime	eter, vewry thorough with lea m house to street, clasified	k investigation and use of G.M.I leak properly
Other Equipment and Florestee	Yes	M	properly probed in	Y	
Hazards not being guarded against by crew:					
1,1020.00					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
, teaching the same of the sam	-				
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	rge? Yes 🛣	Describe:			
	Time of Audit	0800		Employee Performing Aud	it: DODSON, LARRY
Date of Audit: 8/27/2012	Entered By:	10000		☐ Follow Up?	
Entered Date/Time: 8/28/2012 4:27:38 PM					

GE AuditNo: 134	74 Contractor:			Specify Other:	
Compan Local Based		Passported?:	Pass	oort Shown on Request?:	
Crew Reporting Location: EOC - Gas	=	1 assported :	[[applied]		Tony Heckel
Lead Person #1: WAINSCOTT, JIM	Lead Person #2:				P. Santa Company
Employees under their supervision on this job:		None			
	Click to add employee				
Location and brief description of work:	EOC Training Center	Investigate gas	: leak		
·	= 2	Describe:			
Job Planning (Occounty, 523).	All Proper?				
_	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress		, , , , , , , , , , , , , , , , , , , ,		
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training area		
	Not Applicable	36			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Yes	M			
Cover-Up Equipment	All Proper?	Describe:			
Cover-op Edulpment	Not Applicable				
	All Proper?	Describe:	r . Lishad porimete	er, verythorough with use o	of GMI, probed properlyfromh
Other Equipment and Procedures:	Yes	in a	ouse to street to inves	stigate leak, classified leal	с ргорепу
· · · · · · · · · · · · · · · · · · ·	Tes	(Mate	<u>a</u>)		
Hazards not being guarded against by crew:					
		J			
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
		r -			
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in char	ge? Yes	Describe:			
			-		
Date of Audit: 8/27/2012	Time of Audit	0830	E	mployee Performing Audi	t NETHERTON, ERIC
Entered Date/Time: 8/28/2012 4:31:25 PM	Entered By:	the second of th		Follow Up?	•

	Contractor:			Specify Other:	
Compan GE AuditNo: 134		assported?:		assport Shown on Request?:	
Crew Reporting Location: EOC - Gas				Immediate Supervisor.	Tony Heckel
Lead Person #1: MATTINGLY, DAVID	Lead Person #2.	istai			
Employees under their supervision on this job:	Click to add employee to				
<u>:</u>	EOC Training Center In		leak		
Location and brief description of work:	EOC Training Cemer ii			·	
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Bessile			
	Work in Progress	Describe:	l I		
Work Area Protection (Signs, Flags):	All Proper?				
	Not Applicable	M.S.]		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	,		
FFE (ISSUE)	Not Applicable				
Cover-Up Equipment	All Proper?	Describe:	1		
COVCI OF -1	Not Applicable			the manufacture 1850	e of GMI to locate leaks and classify
Decodures.	All Proper?	Describe:	Established per properly	rimeter very thorough will so	4
Other Equipment and Procedures:	Yes		99		
Hazards not being guarded against by crew:		÷			
Overall Safety Rating of Crew:	Good		· · · · · · · · · · · · · · · · · · ·		
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe:			
Audit results discussed with employee in cha	arge? Yes	Describe:		Employee Performing A	audit: HECKEL, ANTHONY
Date of Audit: 8/27/2012 Entered Date/Time: 8/28/2012 4:46:16 PM	Time of Audit Entered By:	1000		Follow Up?	

GE AuditNo: 134	180 Contractor:			Specify Other:	
Compan OL BOR		Passported?:	Pass	portShown on Request?:	
Crew Reporting Location: Muldraugh				Immediate Supervisor:	Ed Walton
Lead Felson #1.	Lead Person #2:	Frag L			L
Employees under their supervision on this job:		None			
	Click to add employee	to audit			
Location and brief description of work:	EOC Traiing Center I	nvestigate Odot	of Gas		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Failboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Not Applicable	X			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
.,	Yes	izi			
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	Si	J		
Other Equipment and Procedures:	All Proper?	Describe:	Chris established pe	erimeter with GGI with adeq	juate barholing, leak properly
Other Equipment and Freezes.	Yes	M	classified		
Hazards not being guarded against by crew:					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Overall Safety Rating of Crew:	Good	i			
Recommendations or Suggestions:					
Recommendations of 5-23					
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated ar	nd well maintained	
Audit results discussed with employee in cha	rge? Yes	Describe:			
Date of Audit: 8/27/2012	Time of Audit	1300		Employee Performing Audi	t: NETHERTON, ERIC
	Entered By:			Follow Up?	
Entered Date/Time: 8/29/2012 6:59:53 AN					

	- Carlondar		Specify Other:	
Compan GE AuditNo: 134	181 Contractor:	sported?:	Passport Shown on Request?:	
Crew Reporting Location: Muldraugh		sported?:		Ed Walton
Lead Person #1: CROSS, GENE	Lead Person #2:		020175	
Employees under their supervision on this job:		None		
	Click to add employee to au		(
Location and brief description of work:	EOC Training Center Inves	stigate Odor of Leak		
Job Planning (Scouting, etc.):	All Proper?	Describe:		
	Work in Progress			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:		
	Work in Progress			
Work Area Protection (Signs, Flags):	All Proper?	Describe:		
	Not Applicable			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:		
PPE (Hardriat Gloves Glosses)	Yes			
Cover-Up Equipment	All Proper?	Describe:		
Cover-op Equipment	Not Applicable			
1.D. andrewer	All Proper?	Describe: Established	perimeter using barholing and CG	, classofoed leak properly
Other Equipment and Procedures:	Yes			
Hazards not being guarded against by crew:				
Hazards not being guarded against a				
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:				•
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Are all safety devices in working order?	Yes Des	scribe:		
Audit results discussed with employee in cha	nrge? Yes 📓 De	scribe:		
Date of Audit: 8/27/2012 Street Date/Time: 8/29/2012 7:02:05 AM	Time of Audit: Entered By:	1330	Employee Performing Audi Follow Up?	t HECKEL ANTHONY

	IM&E Pa		J.	ssport Shown on Request?: Immediate Supervisor.	
Location and bile doson,	All Proper?	Describe:			
	Work in Progress	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress All Proper?	Describe:			
Work Area Protection (Signs, Flags):	Not Applicable	Describe:			
PPE (Hardhat, Gloves Sleeves):	All Proper? Yes				
Cover-Up Equipment	All Proper? Not Applicable	Describe:		cedures, established perimete	er, checked hosues on both sides.
Other Equipment and Procedures:	All Proper? Yes	Describe:	a		
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good	લે			:
Recommendations or Suggestions: Are all safety devices in working order?	Yes	Describe: CG	I properly calibrate	ed and well taken care of	
Audit results discussed with employee in ch	earge? Yes 🚎	Describe:		Employee Performing Au	udit: DODSON, LARRY
Date of Audit: 10/4/2012	Time of Audit Entered By:	t: 1100		Follow Up?	

	20 Contractor:		Specify Other:	
Compt Loc Sale		ted?: A Passp	ort Shown on Request?:	<u>va. 19</u>
Crew Reporting Location: Gas Control, SR&O	Lead Person #2:	Sing A	Immediate Supervisor.	William Lawson
Lead Person #1: HONOLLY	p			
Employees under their supervision on this job:	Click to add employee to audit			
Location and brief description of work	EOC Traiing Center (Investiga	ate gas leak)		
Job Planning (Scouting, etc.):	All Proper? Des	cribe:		
Job Briefing (Tailboard Conf., etc.):	All Proper? Des	scribe:	,	
Work Area Protection (Signs, Flags):	Work in Progress All Proper? Des	scribe: In training center		
	NotApplicable	<u> </u>		
PPE (Hardhat Gloves Sleeves):	All Proper? Des	scribe:		
Cover-Up Equipment	Yes All Proper? Des	scribe:		
	Not Applicable	M		shacked houses on both sides
Other Equipment and Procedures:	All Proper? De	escribe: Followed all procedu	ires, established perimete	r, checked houses on both sides
Hazards not being guarded against by crew:				
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:				
Are all safety devices in working order?	Yes Descri	be: CGI properly calibrated ar	nd well taken care of	
Audit results discussed with employee in ch	arge? Yes 🔝 Descri	ibe:		
Date of Audit: 10/4/2012 Entered Date/Time: 10/4/2012 2:18:43 PM	Time of Audit: 1 Entered By:	130	Employee Performing Aud	it: DODSON, LARRY 🔻

Compa LGE AuditNo: 14	123 Contractor:			Specify Other:	
Compt,		Passported?:	∑ Pas	sportShown on Request?:	<u>x</u> a
Olev Hoperang —	Lead Person #2:		h.	Immediate Supervisor.	William Lawson
Lead Felson #1.		<u> </u>			
Employees under their supervision on this job:	Click to add employee t				
Location and brief description of work:	EOC Training Center (s odor)		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
boo hamming (essession st.	Work in Progress				-
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
332 2	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training center		
	Not Applicable	3 <u>3</u>			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable	é, s			
Cover-Up Equipment	All Proper?	Describe:			· ·
	OK, But Suggested E	Enhanceme 🔀			
Other Equipment and Procedures:	All Proper?	Describe:	Followed all proced	ures in establishing perime	ter and classifying leak
Suite App	Yes	šio si			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:			-		
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated a	nd well taken care of	
•					
Audit results discussed with employee in cha	rge? Yes 💌	Describe:			
Date of Audit: 10/4/2012	Time of Audit	1330		Employee Performing Audit	t DODSON, LARRY
Entered Date/Time: 10/4/2012 2:23:49 PN	Entered By:			Follow Up?	
Elicied December 104/2012 2.25.451 h					
•					

AuditNo: 14	125 Contractor:			Specify Othe	r.
Compa Loc (Sale)		7	in the second	Passport Shown on Request): Name
Crew Reporting Location: Gas Control, SR&C		Passported?:	iilus 22	Immediate Supervisor	
Lead Person #1: DURBIN, MARK	Lead Person #2:			(SEA)	
Employees under their supervision on this job:		G-8			
	Click to add employee				
Location and brief description of work:	EOC Training Center	(Investigate an	odor of a gas k	eak)	
,		I			
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress]			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:			
	Yes	<u></u>			
The file is a Clause Classical.	All Proper?	Describe:			
PPE (Hardhat, Gloves Sleeves):	Not Applicable				
	All Proper?	Describe:			
Cover-Up Equipment					
•	Not Applicable	Describe:	 	recodures established perime	ter, checked for gas at houses on
Other Equipment and Procedures:	All Proper?		both sides	procedures, established politics	
	Yes	k.si	<u> </u>		
Hazards not being guarded against by crew:				4	
			•		
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
1,000,000,000					
Are all safety devices in working order?	Yes	Describe: CGI	properly calibr	ated and well taken care of	,
Are all safety devices in working over-	[1.00]		,		
	rrae? V -	Describe:			
Audit results discussed with employee in cha	rge? Yes 🔨	Describe.			
				Darkamaina Ar	dit: DODSON, LARRY
Date of Audit: 10/4/2012	Time of Audit	1130		Employee Performing Au	DODGON, LARN 1
Entered Date/Time: 10/4/2012 2:45:07 PN	Entered By:			Follow Up?	

Compa LGE AuditNo: 14	167 Contractor:			Specify Other:	
Crew Reporting Location: Gas Control, SR&C), IM&E	Passported?:	Pass	port Shown on Request?:	
Olove Hope and a second	Lead Person #2:		lived.	Immediate Supervisor.	William Lawson
Employees under their supervision on this job:		X		-	
Employees and of their dependence	Click to add employee	e to audit			
Location and brief description of work:	EOC TRaining Cente	er (Investigate lea	ik)		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress	,			
Job Briefing (Tailboard Conf., etc.):	All Proper? Work in Progress	Describe:			
Work Area Protection (Signs, Flags):	All Proper?	=	In training center		
	Not Applicable	(±.72			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Not Applicable				
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	<u> </u>			
Other Equipment and Procedures:	All Proper?	Describe:	Located leak properly	v. established perimeter, c	hecked services on both sides.
	Yes	E.A.			
Hazards not being guarded against by crew:	The state of the s				
Overall Safety Rating of Crew:	Good Z			,	
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI v	well maintained and p	properly calibrated	,
Audit results discussed with employee in char	rge? Yes 📆	Describe:			
Date of Audit: 10/9/2012	Time of Audit	0700		mployee Performing Audit	DODSON, LARRY
Entered Date/Time: 10/9/2012 3:41:50 PN	Entered By:), , , , , , , , , , , , , , , , , , ,	Follow Up?	

Compt LGE AuditNo: 14168 Contractor: Crew Reporting Location: Gas Control, SR&O, IM&E Passported?: Passport Shown on Request?: Lead Person #1: CRUZ, JASON Lead Person #2: Immediate Supervisor: William Lawson Employees under their supervision on this job: Click to add employee to audit Location and brief description of work: EOc Training Center (Investigate Leak) Job Planning (Scouting, etc.): All Proper? Describe: Work in Progress Work in Progress Work Area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable PEC (Hardhat, Gloves Sleeves): Not Applicable All Proper? Describe: Not Applicable
Lead Person #1: CRUZ, JASON Lead Person #2: Immediate Supervisor. William Lawson Employees under their supervision on this job: Click to add employee to audit Location and brief description of work: EOc Training Center (Investigate Leak) Job Planning (Scouting, etc.): All Proper? Describe: Work in Progress Job Briefing (Tailboard Conf., etc.): Work in Progress Work Area Protection (Signs. Flags): All Proper? Describe: In training center Not Applicable PPE (Hardhat, Gloves Sleeves): Not Applicable Not Applicable Not Applicable Not Applicable Describe: Not Applicable Not Applicable Describe: Not Applicable
Employees under their supervision on this job: Click to add employee to audit Location and brief description of work: Describe: Work in Progress Work area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable PPE (Hardhat, Gloves Sleeves): Not Applicable Not Applicable Describe:
Click to add employee to audit Location and brief description of work: Describe: Work in Progress Work Area Protection (Signs. Flags): All Proper? All Proper? Describe: Work Applicable All Proper? Describe: In training center Not Applicable All Proper? Describe: Not Applicable
Location and brief description of work: Job Planning (Scouting, etc.): All Proper? Work in Progress Work Area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable PPE (Hardhat, Gloves Sleeves): Not Applicable All Proper? Describe: Not Applicable
Job Planning (Scouting, etc.): All Proper? Work in Progress Work Area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable PPE (Hardhat, Gloves Sleeves): Not Applicable Not Applicable All Proper? Describe: Not Applicable Describe:
Job Planning (Scouting, etc.): Work in Progress All Proper? Describe: Work Area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable PPE (Hardhat, Gloves Sleeves): All Proper? Describe: Not Applicable All Proper? Describe: Not Applicable All Proper? Describe: Not Applicable All Proper? Describe:
Job Briefing (Tailboard Conf., etc.): All Proper? Work in Progress Work in Progre
Job Briefing (Tailboard Conf., etc.): Work in Progress Work Area Protection (Signs. Flags): All Proper? Describe: In training center Not Applicable All Proper? Describe: Not Applicable All Proper? Describe: Not Applicable
Work Area Protection (Signs, Flags): All Proper? Describe: In training center Not Applicable All Proper? Describe: Not Applicable All Proper? Describe: Not Applicable Not Applicable Not Applicable Describe: Not Applicable
Work Area Protection (Signs, Flags). Not Applicable PPE (Hardhat, Gloves Sleeves): Not Applicable Not Applicable Not Applicable Not Applicable Describe:
PPE (Hardhat, Gloves Sleeves): All Proper? Describe: Not Applicable All Proper? Describe:
PPE (Hardhat, Gloves Sleeves): Not Applicable All Benerics Describe:
Not Applicable Not Applicable Describe:
Cover Un Equipment All Proper? Describe:
Net Analicable
Not Applicable Not Applicable Describe: Located leak properly, established perimeter, checked services on both sides,
Other Equipment and Procedures: All Proper? Yes
Hazards not being guarded against by crew:
Hazards not being guarded agomets, seems
Overall Safety Rating of Crew: Good
Cyeran Galety (1992)
Recommendations or Suggestions:
Are all safety devices in working order? Yes Describe: CGI properly calibrated and well maintained
Audit results discussed with employee in charge? Yes 🔀 Describe:
Date of Audit 10/9/2012 Time of Audit 0700 Employee Performing Audit DODSON, LARRY
Entered Date/Time: 10/9/2012 3:44:18 PN Entered By:

	169 Contractor:			Specify Other:	
Compa. LGE 33		assported?:	Marcal F	Passport Shown on Request?:	William Lawson
Clewitopolary	Lead Person #2:			Immediate Supervisor:	Transition of the second
Lead Person #1: DAVIS, BRIAN Employees under their supervision on this job:		Si			
Employees under their Cap	Click to add employee in				,
Location and brief description of work:	EOC Traiing Center (In	vestigate Leak)			
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress	Describe:			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe.			
Work Area Protection (Signs, Flags):	Work in Progress ☑	Describe:			
Work Area From the Control of the Co	Not Applicable	Tex. 1			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
Cover-Up Equipment	Not Applicable All Proper? Not Applicable	Describe:		Lished perimeter.	checked services on both sides.
Other Equipment and Procedures:	All Proper?	Describe:	ni .	roperly, established polimers	
Hazards not being guarded against by crew	-				
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI	propely mainta	ined and calibrated	
Audit results discussed with employee in c	harge? Yes 🔀	Describe:			
Date of Audit: 10/9/2012 Entered Date/Time: 10/9/2012 3:46:02 PI	J Do-	0800		Employee Performing Au	odit: DODSON, LARRY

	Specify Other:
Compa, LGE AuditNo: 14	Passported?: Passport Shown on Requestr.
Crew Reporting Location: Gas Control, SR&C	Immediate Supervisor. William Lawson
Lead Person #1: HYPES, JAMES	Lead Person #2:
Employees under their supervision on this job:	
Employ -	Click to add employee to audit
Location and brief description of work:	EOC Training Center (Investigate Leak)
Job Planning (Scouting, etc.):	All Proper? Describe:
	Work in Progress
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:
DOD Dilloming Co.	Work in Progress
Work Area Protection (Signs, Flags):	All Proper? Describe: In training center
	Not Applicable (3)
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:
PPE (Haronat Gloves 515	Yes
	All Proper? Describe:
Cover-Up Equipment	Not Applicable Not Applicable
	Not Applicable All Proper? Describe: Located leak properly, established perimeter, checked services on both sides,
Other Equipment and Procedures:	
	Yes
Hazards not being guarded against by crew	
Overall Safety Rating of Crew:	Good
Recommendations or Suggestions:	
	Yes Describe: CGI calibrated and well maintained
Are all safety devices in working order?	Yes
	parge? Yes Describe:
Audit results discussed with employee in a	narge? Yes 📶 Describe.
	Employee Performing Audit: DODSON, LARRY
Date of Audit: 10/9/2012	Time of Audic
Entered Date/Time: 10/9/2012 4:01:03 P	Entored KV

A JUNIO 1	187 Contractor: Specify Other:
Company LGE AuditNo: 14 Crew Reporting Location: Gas Control, SR&	D. IM&E Passported?: Passport Shown on Request?:
Clew Hoboraria and	Lead Person #2:
Employees under their supervision on this job	Click to add employee to audit
Location and brief description of work:	EOC Training Center (Investigate Leak)
Job Planning (Scouting, etc.):	All Proper? Describe:
Job Briefing (Tailboard Conf., etc.):	Work in Progress Describe:
Work Area Protection (Signs, Flags):	Work in Progress Describe: In training center
PPE (Hardhat Gloves Sleeves):	Not Applicable All Proper? Describe:
Cover-Up Equipment	Yes All Proper? Describe:
Other Equipment and Procedures:	Not Applicable All Proper? Describe: Located leak and established a perimeter properly, check service on both sides Van
Hazards not being guarded against by crew	Tes
Overall Safety Rating of Crew:	Good
Recommendations or Suggestions:	
Are all safety devices in working order?	Yes Describe:
Audit results discussed with employee in cl	narge? Yes M Describe:
Date of Audit: 10/9/2012	Follow Up?

···		Specify Other:	
Compa LGE AuditNo: 141		?: Passport Shown on Request?:	
Crew Reporting Location: Gas Control, SR&O		Immediate Supervisor.	William Lawson
Lead Person #1: TALL STATE	Lead Person #2:		
Employees under their supervision on this job:	Click to add employee to audit		
Location and brief description of work:	EOC Training Center (Invstige od	or of gas)	
Job Planning (Scouting, etc.):	All Proper? Describ	e:	
Job Briefing (Tailboard Conf., etc.):	Work in Progress All Proper? Describ	pe:	
got Direming Co	Work in Progress		
Work Area Protection (Signs, Flags):	All Proper? Descri		
	Not Applicable		,
PPE (Hardhat, Gloves Sleeves):	All Proper? Describ		
	Yes Descri	[AZ4]	
Caver-Up Equipment	All Propert		
	Not Applicable	ibe: Located leak properly, established perimeter,	checked services on both sides
Other Equipment and Procedures:	All Proper? Descr	Located leak property.	,
	Yes	8.74	
Hazards not being guarded against by crew:			
Overall Safety Rating of Crew:	Good India		
Recommendations or Suggestions:			
Are all safety devices in working order?	Yes Describe:	CGI properly calibrated and well maintained .	
Audit results discussed with employee in cha	arge? Yes 🛣 Describe:		[
Date of Audit: 10/9/2012	Time of Audit Entered By:	Employee Performing Au Follow Up?	idit DODSON, LARRY

ompa LGE AuditNo:	14189 Contractor:			Specify Other:		
rew Reporting Location: Gas Control, SR	&O. IM&E 🔄 Pa	ssported?:		rtShown on Request?:		
ead Person #1: WILSON, GREG	Lead Person #2:		<u>M</u>	mmediate Supervisor.	William Lawson	
mployees under their supervision on this jo	b:					
mployees ander their paper	Click to add employee to	audit				
ocation and brief description of work:	EOC Training Center (Im	vestigate Gas Lea	্		i	
ob Planning (Scouting, etc.):	All Proper?	Describe:				
	Work in Progress ☑	Describe:				
lob Briefing (Tailboard Conf., etc.):	All Proper?	Describe.				
	Work in Progress	Describe: In tra	ining center			
Work Area Protection (Signs, Flags):	All Proper?		ming cense.			
	Not Applicable	Describe:				
PPE (Hardhat, Gloves Sleeves):	All Proper?					
	Yes	Describe:				
Cover-Up Equipment	All Proper?		r			
	Not Applicable	Describe: Local	L. J. L. De property	established perimeter, ch	ecked services on both si	des
Other Equipment and Procedures:	All Proper?		ited leak properly.	COMMUNICATION POR		
	Yes	<u>S</u>				
Hazards not being guarded against by cre-	w:				,	
Overall Safety Rating of Crew:	Good					
Recommendations or Suggestions:						
en e		:	erly calibrated and	well maintained		
Are all safety devices in working order?	Yes 🔟	escribe. CGI prop	any cambrated and			
•]				
Audit results discussed with employee in o	charge? Yes 🔀 D	escribe:				
				nployee Performing Audit:	DODSON, LARRY	
Date of Audit: 10/9/2012	=	0815		Follow Up?		
Entered Date/Time: 10/10/2012 10:07:47	Entered By:		ŕ			

. <i>1</i> 7"	101 Contractor:		Specify Other:	
Compai LGE Mid	191 Contractor:	i?: Passpo	ortShown on Request?:	h
Crew Reporting Location: Muldraugh	[80842]	Paul I	Immediate Supervisor:	Ed walton
Lead Person #1: ROBERTO	Lead Person #2:			
Employees under their supervision on this job:	ton 4			
	Click to add employee to audit		-	
Location and brief description of work:	EOC Training Center (Investigat	e odor of gas)		
Job Planning (Scouting, etc.):	All Proper? Descr	be:		·
	Work in Progress	1		
Job Briefing (Tailboard Conf., etc.):	All Proper? Descr	ibe:		
	Work in Progress			
Work Area Protection (Signs, Flags):	All Proper? Desc	ibe: In training center		
PVDIKA COLI TOTALO	Not Applicable	<u>~</u>		
Closures b	All Proper? Descr	ibe:		
PPE (Hardhat, Gloves Sleeves):	Yes			
	All Proper? Desc	ibe:		
Cover-Up Equipment	Not Applicable			
	Dam	cribe: Located leak properly	y, established perimeter, o	checked services on both sides
Other Equipment and Procedures:	All Proper?	42.05		
	Yes	(5-1/3 <u>)</u>		
Hazards not being guarded against by crew	:			
· · · · · · · · · · · · · · · · · · ·				
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:		· ·	44	
Are all safety devices in working order?	Yes Describe	CGI properly calibrated an	nd maintained	
Audit results discussed with employee in cl	harge? Yes 🖾 Describe	e:		
	Time of Audit 113	30	Employee Performing Aud	dit: DODSON, LARRY
Date of Audit: 10/9/2012	I Sates and By:	ou .	Follow Up?	
Entered Date/Time: 10/10/2012 10:16:35				

	259 Contractor:			Specify Other:	
Company:		Passported?:	Passp	ort Shown on Request?:	#F-55
Crew Reporting Location: Muldraugh		Passpoiles.	in the second	Immediate Supervisor.	d Walton
Lead Person #1: DOOLIN, DALE	Lead Person #2:				
Employees under their supervision on this job	Click to add employee	to audit			
Location and brief description of work:	EOC Training Center	(investigate gas	leak)		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
Job Briefing (Tailboard Conf., etc.):	Work in Progress	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training enter		
	Not Applicable	57.2 - '1			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
	Yes	N.A.	J		
Cover-Up Equipment	All Proper?	Describe:			
	Not Applicable	ĕ		horough, followed all proced	fures, started at house.
Other Equipment and Procedures:	All Proper?	Describe:	Very systematic and t checked buildings or	horough, followed all process borh sides, established per	rimeter can classified properly
Other Equipment	Yes				
Hazards not being guarded against by crew	:				
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:	4				
Are all safety devices in working order?	Yes	Describe: CG	properly calibrated		
Audit results discussed with employee in ch	narge? Yes 🐷	Describe:			
Deta of Audit 10/19/2012	Time of Aud	it: 0830		Employee Performing Audit	DODSON, LARRY
Date of Audit: 10/19/2012 Entered Date/Time: 10/19/2012 2:21:16 P				Follow Up?	
Entered Date Haro. 10/19/2012 E.E.					

	356 Contractor:	Specify Other:
Company: - Massil	356 Contractor: Passported?:	Passport Shown on Request?:
Crew Reporting Location: Muldraugh		Immediate Supervisor. Ed Walton
Lead Person #1: BAKER, JOE	Lead Person #2:	[800.]
Employees under their supervision on this job:	Click to add employee to audit	
Location and brief description of work:	EOC Training Center (Investigate odor of ga	ss)
Job Planning (Scouting, etc.):	All Proper? Describe:	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	
Work Area Protection (Signs, Flags):		ning center
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe:	
Cover-Up Equipment	All Proper? Describe: Not Applicable	
Other Equipment and Procedures:	Могарриоди	systematic and thorough, followed all procedures, started at house, ked buidlings on borh sides, established perimeter can classified properly
Hazards not being guarded against by crew:		
Overall Safety Rating of Crew:	Good	
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes Describe: CGI prope	erly calibrated
Audit results discussed with employee in ch	arge? Yes 🖾 Describe:	
Date of Audit: 10/19/2012 Entered Date/Time: 10/19/2012 2:12:40 P	Time of Audit 0730 Entered By:	Employee Performing Audit: DODSON, LARRY

		Specify Other:
Company: AuditNo: 14	1279 Contractor. Passported?:	Passport Shown on Request?:
Crew Reporting Location: Muldraugh		Immediate Supervisor: Ed Walton
Lead Person #1: MARTING CO.	Lead Person #2:	
Employees under their supervision on this job	Click to add employee to audit	
	EOC Training Center (Investigate or	dor of gas)
Location and brief description of work:	EOC I raining Certici (iii cons	
Job Planning (Scouting, etc.):	All Proper? Describe:	
	Work in Progress	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	
	Work in Progress Describe	In training center
Work Area Protection (Signs, Flags):	All Ploper:	
	Not Applicable	
PPE (Hardhat, Gloves Sleeves):	All Floper:	
	Yes	-
Cover-Up Equipment	All Proper:	
	Not Applicable Describ-	e: Check for gas at the house first and then checked houses on both sides. Found
Other Equipment and Procedures:	All Proper?	e: Check for gas at the house first and tries checked. leak area and established perimeter. Classified leak properly.
•	Tes	5-9J
Hazards not being guarded against by crew	v:	
Overall Safety Rating of Crew:	Good	·
Recommendations or Suggestions:		
	Describe: C	GI properly calibrated and well maintained
Are all safety devices in working order?	Yes Describe: C	
Audit results discussed with employee in o	charge? Yes 🔼 Describe:	
	Time of Audit 1030	Employee Performing Audit: DODSON, LARRY
Date of Audit: 10/16/2012	Takend Par	Follow Up?
Entered Date/Time: 10/16/2012 8:57:20 l	,	

Company: - AuditNo: 142			Passpo	Specify Other: ort Shown on Request?:	
Crew Reporting Location: Gas Control, SR&O.	[assported?:		Immediate Supervisor:	Mike Collins
Lead Person #1: MOYER, ELIZABETH	Lead Person #2:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Employees under their supervision on this job:		5t			
· · · · · · · · · · · · · · · · · · ·	Click to add employee t		or of cas)		
Location and brief description of work:	EOC Training Center (IUASIIGAIS 000	•. 5==;		
Job Planning (Scouting, etc.):	All Proper?	Describe:			
	Work in Progress				
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress		i i i i a conter		
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training center		
	Not Applicable	<u></u>]		
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
bbe (Paramer Cross	Yes	in your			
Cover-Up Equipment	All Proper?	Describe:			
Cowel-op Eduly	Not Applicable	S d		a Jahon cher	ked houses on both sides. Found
- Depondures	All Proper?	Describe:	Check for gas at the leak area and estable	nouse first and their cross ished perimeter.	
Other Equipment and Procedures:	Yes	E.	ž.		
Hazards not being guarded against by crew:					
Hazarda Hornoma and					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:			s		
Are all safety devices in working order?	Yes	Describe: CG	al properly calibrated		
Audit results discussed with employee in ch	arge? Yes 💌	Describe:			HIT DODSON LARRY
Date of Audit: 10/16/2012 Entered Date/Time: 10/16/2012 9:12:50 P	Time of Audi Entered By:	0930		Employee Performing At	udit DODSON, LARRY

- Article	Specify Other:
Company:	4283 CONTROLL Shows on Request?
Crew Reporting Location: Gas Control, SR&	O, INGE MA Languista Supervisor Mike Collins
Lead Person #1: HUFF, MIKE	Lead Person #2:
Employees under their supervision on this job	Click to add employee to audit
Location and brief description of work:	EOC Training Center (Investigate odor of gas)
Job Planning (Scouting, etc.):	All Proper? Describe:
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:
Work Area Protection (Signs, Flags):	Work in Progress Describe: In training center
PPE (Hardhat, Gloves Sleeves):	Not Applicable All Proper? Describe:
Cover-Up Equipment	Yes All Proper? Describe:
Other Equipment and Procedures:	Not Applicable All Proper? Describe: Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter. Yes
Hazards not being guarded against by crew	:
Overall Safety Rating of Crew:	Good
Recommendations or Suggestions:	
Are all safety devices in working order?	Yes Describe: CGI properly calibrated
Audit results discussed with employee in ch	
Date of Audit 10/16/2012 Entered Date/Time: 10/16/2012 9:10:46 P	Time of Audit: 0930 Employee Performing Audit: DODSON, LARRY Entered By: Follow Up?

. •				Specify Other:	
Company: - Management	282 Contractor:		Pass	port Shown on Request?:	75-18
Crew Reporting Location: Gas Control, SR&C	, 11-10-2 [seese]	ssported?:	Stevens		like Collins
Lead Person #1: CRENSHAW, BRIAN	Lead Person #2:		(60.05)		
Employees under their supervision on this job:					
	Click to add employee to				
Location and brief description of work:	EOC Training center (In	vestigate odo	r of gas)		
		Describe:			
Job Planning (Scouting, etc.):	All Proper?	Describe.			
	Work in Progress	` I			
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
	Work in Progress				
Work Area Protection (Signs, Flags):	All Proper?	Describe:	In training center		
Professional	Not Applicable	K-4			
n o Classori	All Proper?	Describe:			•
PPE (Hardhat, Gloves Sleeves):	Not Applicable	N. 4			
	All Proper?	Describe:		•	
Cover-Up Equipment	Not Applicable	on to		_	
		Describe:	Check for ras at the	house first and then checked	houses on both sides. Found
Other Equipment and Procedures:	All Proper?	in the	alleak area and estab	lished perimeter.	`
	Yes	list de			
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
T CONTROL OF THE PARTY OF THE P			•		
Are all safety devices in working order?	Yes	Describe: CGI	properly calibrated		
Are all salety decided			•		
Audit results discussed with employee in ch	arge? Yes	Describe:			
Audit results discussed with output	l				· · · · · · · · · · · · · · · · · · ·
	Time of Audit	0900		Employee Performing Audit	DODSON, LARRY
Date of Audit 10/16/2012	Enternal Dar	2000		Follow Up?	
Entered Date/Time: 10/16/2012 9:08:35 P	best took of an any				

Common Co			Specify Other:	
Company:	281 Contractor:	orted?: Passp	ort Shown on Request?:	in the second
Crew Reporting Location: Gas Control, SR&C	7,7,102	5184 · ·	Immediate Supervisor.	Mike Collins
Lead Person #1:	Lead Person #2:	Steve Hall		
Employees under their supervision on this job:	Click to add employee to audit			
Location and brief description of work:	EOC Training Center (Investi			
Job Planning (Scouting, etc.):	All Proper? De	escribe:		
Job Briefing (Tailboard Conf., etc.):	All Proper? De	escribe:		
Work Area Protection (Signs, Flags):	All Floper:	escribe: In training center		
PPE (Hardhat, Gloves Sleeves):	Not Applicable All Proper? De	escribe:		
Cover-Up Equipment	Yes All Proper? De Not Applicable	escribe:		
Other Equipment and Procedures:		Describe: Check for gas at the leak area and estable	house first and then checke ished perimeter.	ed houses on both sides. Found
Hazards not being guarded against by crew:			-	
Overall Safety Rating of Crew:	Good			
Recommendations or Suggestions:				
Are all safety devices in working order?	Yes Desc	cribe: CGI properly calibrated		
Audit results discussed with employee in ch	narge? Yes 🔀 Desc	cribe:		it: DODSON, LARRY
Date of Audit: 10/16/2012 ▼ Entered Date/Time: 10/16/2012 9:06:08 P	Fatorod By	U18.5D	Employee Performing Aud Follow Up?	DODSON, DAME,

,	280 Contractor:			Specify Other:	The State of the S
Company: ~ [X24]		assported?:	∑ Pas	sport Shown on Request?:	
Crew Reporting Location: Gas Control, SR&C		assponeu:.	- Georgia		Mike Collins
Lead Person #1.	Lead Person #2:		540%	3	
Employees under their supervision on this job:					
Location and brief description of work:	Click to add employee to		s leak)		
Job Planning (Scouting, etc.):	All Proper?	Describe:			· · · · · · · · · · · · · · · · · · ·
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:			
Work Area Protection (Signs, Flags):	Work in Progress	Describe:	In training center		
	Not Applicable	S. (5)			
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:			
Cover-Up Equipment	Yes All Proper?	Describe:			
30/0/ 07 24-17	NotApplicable			·	
Other Equipment and Procedures:	All Proper?	Describe:	leak area and estal	e house first and then check olished perimeter. Classifier	ed houses on both sides. Found I leak properly.
Hazards not being guarded against by crew:					
Overall Safety Rating of Crew:	Good				
Recommendations or Suggestions:					
Are all safety devices in working order?	Yes	Describe: CGI	propelry calibrtated	and well maintained	
Audit results discussed with employee in ch	arge? Yes 💌	Describe:			
Date of Audit: 19/16/2012 -	Time of Audit	0830		Employee Performing Aud	it: DODSON, LARRY
Entered Date/Time: 10/16/2012 9:00:29 P	Entered By:			- , -	

	O stantage	Specify Other:
Compai LGE AuditNo: 136		Passport Shown on Request?:
Crew Reporting Location: ACC - Gas	Paris I	Immediate Supervisor.
Lead Person #1: DILLEY, DANA		
Employees under their supervision on this job:	15. A.	
	Click to add employee to audit	Turkey 1º cours
Location and brief description of work.	Highlands area / possible broken 4	t" main - was broken 1 School
Job Planning (Scouting, etc.):	All Floper	observed
Till and Conf. etc.):	Yes The Describe	observed .
Job Briefing (Tailboard Conf., etc.):	Yes	
Work Area Protection (Signs, Flags):	All Proper? Describe	
	Yes	<u> </u>
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe	all in use
	16.3	
Cover-Up Equipment	All Proper	
	Marwehucania	e: Nomex suits / SCBA - worked well with on scene FD
Other Equipment and Procedures:	All Proper? Describ	
Other Extension	Yes	
Hazards not being guarded against by crew:	none seen	
	Good	
Overall Safety Rating of Crew:	Good Sil	
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes Describe: S	SCBA
Audit results discussed with employee in ch	arge? No Describe:	
Date of Audit 9/7/2012 57 Entered Date/Time: 9/10/2012 8:03:00 AN	Time of Audit 1130 Entered By:	Employee Performing Audit: MCBRIDE, KETH Follow Up?

13802

Energy Delivery Work Safety Audit

1.	1. Crew: KU: LGE: Contractor: AOC Crew	Y Reporting Location or Name of Contractor
1a.	1a. If Contractor: Passported?: YES NO Passport sh	• • •
2.	2. Name and class of employee directly in charge of work: Chais F	aith Crewleader
3.	3. Names of employees under their supervision on this job: Nother	JONES JUAN COCKRAN,
	Kenny Harrison, Dave Potect + Lester Goe	tzinger.
	4. Name of immediate supervisor of employee directly in charge: TONY	
	5. Location and brief description of work: 220 So. 41 5 St.	
	Broken 4" med. pressure plastic gas main,	by MSD
	6. Job Planning (Scouting, etc.): All Proper YES NO	
		and the second s
		Describe: Talked with
	Cheis and crews on how we where going to h	andle gas leak + make repair
	8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YE	s NO
	Describe: Lou. Fire Dept. had street shut do	own to all traffic
		<u> </u>
9.	9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.	.): All Proper YES NO
	Describe: All had PPE OH.	
10.	10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper	YES / NO
	Describe: Fire extingushers out at squeeze of	holes, Bonding wires used
	in squeese off hole and atmeter	
11.	11. Other Equipment and Procedures: All Proper YES NO	Describe:
		,
12.	12. Apparent hazards not being guarded against by crew:	
4 2	13. Overall Safety Rating of Crew: Good: Fair:	Poor:
	14. Recommendations or Suggestions:	7001.
T-4.	14. Recommendations of Suggestions. 110AC	\
15.	15. Are all safety devices in working order? YES N	10
16.	16. Audit results discussed with employee in charge: YES N	10
	9-13-12 6:00 PM	T.M. Muzshy
	Date of Audit	Employee Perforaling Midit

rmation: Passported? Y N Immediate Supv: (2) (1) (1) (2) (2)
Passported?YN Jmmediate Supv: Buc Dille a
Jmmediate Supv: Bric Dill & a
-
Job Briefing Y N
off by Fine DEPT.
11 PPE ON INCLUDRAY
compeny
winite-
Safety Equipment:
First Aid Kit Current
Fire extinguisher on truck/tagged
○ GEOP Accessible on Truck
-
tion:
ak Instrument
ent free alr
ther locations that may indicate leakage
.
Allan 1805 frachly
es Allew gas frauhly
- October 19 N
PUCK Operators License: VY N
hran Supv Name Eric M. Hen
Vehicle PacketYN
Verificie i delle i de
ary:
Date/Time of Audit 9-14-12 1600
► 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Discussed w/EmployeeYN
Discussed W/EmployeeYIN
Discussed W/Employee11

Energy Delivery Work Safety Audit

4:	Crew: KU: LGE: Contractor: Crew Reporting Location or Name of Contractor	•
1a.	. If Contractor: Passported?: YES NO Passport shown on request: YES NO	_
2.	Name and class of employee directly in charge of work:	-
3.	Names of employees under their supervision on this job:	-
4.	Name of immediate supervisor of employee directly in charge: ERIC Netherton	-
5.	Location and brief description of work: 220 Se. 41 51 St.	
	MSD punctuard H'med. pressure gas main with back hac.	
6.	Job Planning (Scouting, etc.): All Proper YES NO Describe:	-
7.	. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe:	<u> </u>
8.	Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES _/ NO	•
	Describe: Lou. Fire Dept. had street closed to vehicle and toot	-
	traffic.	-
	Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES 🗸 NO	_
	Describe: Hardhat, vest and glasses on.	-
10.	. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES NO	-
	Describe:	-
11.	. Other Equipment and Procedures: All Proper YES NO Describe: Sct-u	 -₽⊅
	a perimeter pround leak zone and maintained monitoring until l	إمي
12.	Apparent hazards not being guarded against by crew:	_
13.	. Overall Safety Rating of Crew: Good: V Fair: Poor:	-
14.	. Recommendations or Suggestions: Hone James did a fine job working	
	with the Fire Dept. to monitor the perimeter set-up.	ernd
15.	. Are all safety devices in working order? YES NO	-
ነ ዓ.	. Audit results discussed with employee in charge: YES NO	 -
	9-13-12 3:00 PM J.M. Murchy	
	Date of Audit Time of Audit Employee Performing Audit	

was shut off. Jumes Also along with Fine Dept. went into two I seis to check for gas with his GMI. No gas was detected in either home.

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LG&E Gas Safety/Procedural Audit Form	
General Safety Information:	
Contractor: L.G. FE. Reporting Location: EOC Passported? Y	
Name/Title Employee Working: GRED- HIVETTIG - CREW Concommediate Supv: Tory HECKEL	
Names of Other Employees on Job: "Ton Block	
Address/Description of Work 10630 ENGLE PINE - LEAK INSIDE	
Job Planning (Scouting, etc.) N Job Briefing N	
Work Area Protection (signs, Flags, cones, etc.) KLL SIGNS, FLAGS, CONES AROUND WORLL	
SITE,	
Personal Protective Equipment (Gloves, hard hats, etc.). Cerw workland ALL P. P. E.	•
Other Hazards In Area: NONE	•
Equipment:	
Gas Equipment:	
O'CGI's ealibrated in lost 30 days O'First Ald Kit Current	
⊕ Gauges on Truck and in Good Condition ⊕ Fire extinguisher on truck/tagged	
⊕ Egylpment Stored Properly ⊕ GEOP Accessible on Truck	
Probes Accessible and in Good Working Order	
Comments: ALL EQUIPMENTS. IN GUIDS WORLHANGE CONSTITION	
Leak Investigation:	
© Deponstrated turning on instrument and zeroed in ambient free dir © Determined location of company facilities	
(Sinstalled bar holes to determine potential gas migrotion	
© Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage	
© Tested adjacent structures for migration of gas	
© Established and monitored perimeter	
O Demonstrated proper grading of leaks	
@ Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	
Comments: ON ARRIVER CAN'T FOUND GAS IN OUTSIDE POOL	
ROOM, CLEW TIMES OFF AND TESTED HOUSE LIVES, HOUSE LIVES	
FAILUT TEXT CLOW SOAPED FITTINGS & FOUND CAST, LEAKING GOIN	4 10
POOL HISTOR, CHEW PLUGED WALVE TO ROLL HOTTER & RETEXTED HOUSE L	
Vehicle:	
Vehicle Number: 4712 Vehicle Description: INTERNATIONAL Operators License: V N	
Medical Card: N Operator Name Tom Beach Supv Name Tony HECKEL	
Exterior Condition: Good	
Interior Condition:	
Mechanical issues: Now E	•
Safety Equip: Groot wareful Condition	
Tools/Other Equipment: Garage Works Confortion	
Pre/Post Trip Inspection N Vehicle Packet N Vehicle Packet N Comments:	
Audit 5ummery:	.
Overall Audit Rating Good Date/Time of Audit 9-24-12/2006	من
Name of Auditor Tous perilet Discussed w/Employee N	
Recommendations/Suggestions: Good SUB By CLEW ISOLATING LEARL	

	LG&E Gas Safety	/Procedu	
Names of Other Employe	Reporting Location: orking: Boss y P es on Job: Levier	EOG WOLLTEN IMI GOETZIN	Passported? Y N nedlate Supv: Tony HELLE L
WOLK SME.	gns, flags, cones, etc.)	·	Job Briefing N N FINES F COWES AROUND EMPLOYED WORKING P.P.E.
Other Hazards In Area:	NONE	•	
•		Equipment	<u> </u>
© Equipment Stor © Probes Accessil	k and in Good Condition	er	ety Equipment: First Aid Kit Current Fire extinguisher on truck/tagged GEOP Accessible on Truck
	Leal proper care, handling and col	(Investigation	
Tested cracks in Tested adjacent Established and Demonstrated prope Prepared prope omments: CALW	t structures for migration of g i monitored perimeter proper grading of leaks s consistent with procedures	r wolls and othe	NG E BAA AOLING OVER
		Vehicle:	
	6000	MERNATION	Operators License: WY N Supv Name Towy Hazara
	NONE .		
	EQUIPMENT IN	יםע כינים	us, also people.
re/Post Trip Inspection	IN GOOD WORK	ender c	Vehicle Packet Y N
omments INOCK			
omments, - INCERC	Au	dit Summary:	

LG&E Gas Safety/Procedural Audit Form		
General Safety Information:	that the section of t	
Names of Other Employees on Job: BRIAN KINGREY	Passported?YN te Supv:ERicM:\ \leR	
Address/Description of Work 15 + Jacbb. St. Repairing leak at 4"WILP at tic-in on 16		
Job Planning (Scouting, etc.) <u>VY</u> N Work Area Protection (signs, flags, cones, etc.) <u>Signs 4 cones out</u>	Job Briefing VY N TRAFFIC OFFICER ON job.	
Personal Protective Equipment (Gloves, hard hats, etc.) All had PP	Е он.	
Other Hazards In Area: 시아니오		
Equipment)		
	quipment:	
	First Ald Kit Current	
' ♂ Gauges on Truck and In Good Condition (Fire extinguisher on truck/tagged	
	GEOP Accessible on Truck	
Probes Accessible and in Good Working Order	-	
comments: ONE NEW Fixe extinguisher needs:	to be tagged.	
	77	
Leak Investigation	ng ngapapalaga a sa mangapalaga sangapapapapasa bi sanasa manga a s	
Demonstrated proper care, handling and calibration of leak instrum		
Demonstrated turning on instrument and zeroed in ambient free all	l r	
O Determined location of company facilities		
O Installed bar holes to determine potential gas migration	•	
 Tested cracks in pavement, sidewalks, exterior walls and other locat 	tions that may indicate leakage	
Tested adjacent structures for migration of gas	• • • • • • • • • • • • • • • • • • •	
Established and monitored perimeter	•	
Demonstrated proper grading of leaks		
Performed tasks consistent with procedures		
Prepared proper completion of leak documentation		
	leak	
Comments: Woak in with Juan to Repair	IEAR	
	Photography and the second of	
Vehicle		
Vehicle Number: 4811 Vehicle Description: CREW TRUCK	Operators License:√√YN	
Medical Card: VVY N Operator Name Brain KingRev	Supv Name Exic Miller	
Exterior Condition: Good Truck is New		
Interior Condition: Good " "		
Mechanical issues: BROKES ON trailer locking was		
Safety Equip: Good		
Tools/Other Equipment: Good		
Pre/Post Trip Inspection Y N	Vehicle Packet VY N	
Comments: Trailer brakes locking-up garage to	Vehicle Packet VY N	
	אין	
	STEP TO SERVICE CONTROL OF THE PROPERTY OF THE	
Audit Summary:	Company of the Compan	
Overall Audit Rating Good	Date/Time of Audit 9-24-12 /0:15 An	
Name of Auditor 1 M Mughy	Discussed w/Employee Y_N	
Recommendations/Suggestions: None all looked god		

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Date: 9/24/2012 12:12:16 PM

LG&E Gas Safety/Pro	
General Safety I	nformation:
	OC Passported? Y N
Name/Title Employee Working: DAVID POTEST - COOL	mmediate Supv: Towy Heckel
Names of Other Employees on Job; Kerny Difference	
Address/Description of Work 1350 6 ASHERD CAS	RELE - BLOWN DUT RISER
Job Planning (Scouting, etc.) N	Job Briefing Y_N
Work Area Protection (signs, flags, cones, etc.) AH \$160	IS, FLAGS, CONE AROUND WORK
SME	
Personal Protective Equipment (Gloves, hard hats, etc.) <u>Bor</u>	HEMPLOYIES WEAR NA P.R.E.
Other Hazards In Area: No NE Equipme	ant:
Gas Equipment: GCG/:s-calibrated in last 30 days	Safety Equipment: Office Aid Kit Current
Gouges on Truck and In Good Condition	O Fire extinguisher on truck/tagged
© Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	C) GEOL WITESHINE OIL LIGHT
Comments: RHL EQUIPMENT IN GOOD	NORMAN CANDATON. COMI
TESTED SERVICE & RICE PROPER	
ICHELL SECTION OF THE PROPERTY	 1
a conference and	Tration .
Leak Investi	
Demonstrated proper care, handling and callbrotion	
Demonstrated turning on instrument and zeroed in a	imblent free dir
Determined location of company facilities	No.
Ginstalled bar holes to determine potential gas migrat	
Tested cracks in pavement, sidewalks, exterior walls a Tested adjacent structures for migration of gas	na other to Carions that may mulcote leokoge
Stablished and monitored perimeter	į –
O Domonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	
Comments: GAS OFF ON ARRIVEL.	The Alk Torse last days
DEAD ENDED. CREW REPLACED BLOW NEW SERVICE RUSER & HOUSE L.	WES WITH PUPEL GAUGES.
Vehicle	8:
/ehicle Number: <u>4719</u> Vehicle Description: /มาะยม	
Medical Card: N Operator Name KENNY	HARLISON SUPV Name TONY HECKEY
xterior Condition: Good	
nterior Condition: Good	
Mechanical Issues: ねいいと	
afety Equip: GOOD NORICING CONSTITUTE	/
ools/Other Equipment: Bood wake No Co	NO1870N
re/Post Trlp Inspection N	Vehicle Packet Y N
comments: Twee (J God) worked	
Audit 5umr	na/y;
everall Audit Rating Good	Date/Time of Audit 09:30/9-29
lame of Auditor Tony HECKEL	Discussed w/Employee N
ecommendations/Suggestions: NONE	Diacosaco Membrokec - 1
Commendations/ suggestions: NOME.	

LG&E Gas Safety/Procedural Audit Form		
General Safety Information:		
Contractor: Reporting Location: AOC Passported?N Name/Title Employee Working: Juan Cochran Immediate Supv: ERIC MILLER		
Names of Other Employees on Job: Nathan Jones Address/Description of Work 15T St. + Jacob St.		
Repairing leak on 4"WT LP at 16"LP WI main tie-in, Job Planning (Scouting, etc.) VY N Job Briefing VY N Work Area Protection Islans, flags, cones, etc.) Signs, and cones, out an in place, Teathic		
officer ON 106.		
Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE ON		
Other Hazards in Area: None Equipment:		
Gas Equipment: Safety Equipment:		
Salety Equipment:		
' & Gauges on Truck and In Good Condition		
✓ Equipment Stored Properly ✓ GEOP Accessible on Truck # 17		
♥ Probes Accessible and in Good Working Order #17A		
comments: GEOP Book was not readily available.		
Leak Investigation		
✓ Demonstrated proper care, handling and calibration of leak instrument		
☑ Demonstrated turning on instrument and zeroed in ambient free air		
☑ Determined location of company facilities		
☑ Installed bar holes to determine potential gas migration		
Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
(*) Tested adjacent structures for migration of gas		
(2) Established and monitored perimeter		
1		
⊘ Demonstrated proper grading of leaks		
♥ Performed tasks consistent with procedures		
O Prepared proper completion of leak documentation		
Comments: Established 30 perimeter around leak. 21 Barholes in		
street to determine leak locations, 35° gas in leak hole on S/E corner, hole was heing opened over leak.		
Vehicler		
Vehicle Number: 4808 Vehicle Description: Crew Truck Operators License: 1 Y N		
Medical Card: 1/Y N Operator Name Nathan Jones Supv Name Eric Miller		
Exterior Condition: Good		
Interior Condition: Dash board needs to be cleaned off		
Mechanical Issues: None		
Safety Equip: Good		
Tools/Other Equipment: Good		
Pre/Post Trip Inspection VY N Vehicle Packet VY N Comments: Juan needs CDL physical in 2 week to Renew CARd.		
Comments. Suar NEERS CHE PRYSICAL IN & WEER TO KENEW CAKA.		
Audit Summary Land Land Land Land Land Land Land Land		
Overall Audit Rating Good Date/Time of Audit 9-24-12 - 9:47 A		
Name of Auditor TM Muzehy Discussed w/Employee VY N		
Recommendations/Suggestions: Clean up dash board in crewtruck, Make sure		
your GEOP book is awhand and readily available for inspection.		

LG&E Gas Safety/Pro	cedural Audit Form	
General Safety		
Contractor: Reporting Location: 20		
Name/Title Employee Working: CHRIS HAII - CRSI	Immediate Supv: Tony Heckel	
Names of Other Employees on Job: Address/Description of Work ECC TRAINING CT	Dansfugg/ AUNET	
Address/Description of Work CO TRAIN 100 CI	k Juda Jukof / Judo /	
Job Planning (Scouting, etc.) Y N Work Area Protection (signs, flags, cones, etc.)	Job BriefingYN	
Personal Protective Equipment (Gloves, hard hats, etc.)		
Other Hazards In Area;		
Equipm	ent:	
Gas Equipment:	Safety Equipment:	
🏈 CGI's calibrated in last 30 days	O First Aid Kit Current	
Gauges on Truck and In Good Condition	 Fire extinguisher on truck/tagged 	
○ Egulpment Stored Properly	GEOP Accessible on Truck	
Probes Accessible and In Good Working Order		
Comments:		
Leak Invest		
Demonstrated turning on instrument and zeroed in a	amblent free air	
Opetermined location of company facilities		
Installed bar holes to determine potential gas migra	tion	
Tested cracks in pavement sidewalks, exterior walls of		
Tested adjacent structures for migration of gas	•	
Established and monitored perimeter		
Demonstrated proper grading of leaks		
⊕ Performed tasks consistent with procedures		
Prepared proper completion of leak documentation		
Comments:		
allow Clarky Called	ed leak DERINETER	
CHAN ETTELY SELMONDIE	ex temporalist a	
4 (M432) 4N = 1 (Q4)		
Vehicl		
/ehlcle Number: Vehlcle Description:	• •	
Medical Card: Y N Operator Name	20hA Matus	
xterior Condition:		
nterior Condition:		
afety Equíp:		
ools/Other Equipment:		
re/Post Trip inspectionYN	Vehicle PacketYN	
omments:		
Audit Sum	mary:	
Overall Audit Rating GOOD	Date/Time of Audit 9- 25-12	
lame of Auditor ERIC NETHERTON	Discussed w/EmployeeYN	
ecommendations/Suggestions:	08:00	

LG&E Gas Safety/Procedu	
General Safety Informa	ations
Contractor: Reporting Location: & C. Name/Title Employee Working: & Hustric C/L Important Names of Other Employees on Job: Address/Description of Work & C. T. T. A. J. Nag. C. D	,
Address/ Description of Work	710121.7
Job Planning (Scouling, etc.)YN Work Area Protection (signs, flags, cones, etc.)	Job BrielingYN
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area:	
Equipment:	
Gas Equipment: Safe (CGI's calibrated in last 30 days Gauges on Truck and in Good Condition Equipment Stored Properly Probes Accessible and in Good Working Order Comments:	ety Equipment: O First Aid Kit Current O Fire extinguisher on truck/tagged O GEOP Accessible on Truck
Leak Investigation: Demonstrated proper care, handling and calibration of leak in Demonstrated turning on instrument and zeroed in ambient Determined location of company facilities Installed bar holes to determine potential gas migration Tested cracks in pavement, sidewalks, exterior walls and other Tested adjacent structures for migration of gas Established and monitored perimeter Demonstrated proper grading of leaks Performed tasks consistent with procedures Prepared proper completion of leak gocumentation Comments:	Instrument free alr relocations that may indicate leakage night to leak. Portocolors Portocolors
V Vehicle:	
Vehicle Description:	Supv Name
ools/Other Equipment:N comments:N	Vehicle PacketYN
Audit Summery:	
ecommendations/Suggestions:	Date/Time of Audit 9-25-/72- Discussed w/Employee Y N 2:00

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LG&E Gas Safety/Pro	cedural Audit Form
General Safety	Information:
Contractor: Reporting Location: Eco	
	Immediate Supvi Tony Hake
Names of Other Employees on Job:	
Address/Description of Work ECC TRAINING CTR	- DO-BENICAL ANDONNE
Address Description of Work Land 114 116 116 116 116 116 116 116 116 116	The state of the s
Job Planning (Scouting, etc.)YN	Job Briefing Y N
Work Area Protection (signs, flags, cones, etc.)	20th pilletting
And I Wife a Library (alking) unake, course, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area;	
Equipm	ent:
Gas Equipment: ⊘ CGI's calibrated in last 30 days	Safety Equipment: O First Aid Kit Current
Gauges on Truck and In Good Condition	3
	Fire extinguisher on truck/tagged
Equipment Stored Properly Probability and In Good Working Order	GEOP Accessible on Truck
Probes Accessible and In Good Working Order	
Comments:	A Company of the Comp
Leak Invest	
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Demonstrated turning on instrument and zeroed in a	imblent free alr
**Determined location of company facilities	
Installed bar holes to determine potential gas migrat	lion
Tested cracks in pavement, sidewolks, exterior walls a	nd other locations that may indicate leakage
Or Tested adjacent structures for migration of gas	,
CEstablished and monitored perimeter	
O Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
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Medical Card: Y N Operator Name	
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re/Post Trip inspectionYN	Vehicle PacketYN
omments:	
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verall Audit Rating Good	Date/Time of Audit 9-25-/2
ame of Auditor ERC NETHERTON	Discussed w/Employee Y N
ecommendations/Suggestions:	
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General Safety In	edural Audit Form
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ersonal Protective Equipment (Gloves, hard hats, etc.)	
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ias Equipment:	Safety Equipment:
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General Safety	
Contractor: Reporting Locations MAC	
Name/Title Employee Working: LARRY But 152 - 0	L. Immediate supvi Doug The IN
Names of Other Employees on Job: Address/Description of Work EOC TRAIONING CITE	e - Pancanipal Aunti
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ersonal Protective Equipment (Gloves, hard hats, etc.)	
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Probes Accessible and in Good Working Order	
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Tested adjacent structures for migration of gas	
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Performed tasks consistent with procedures	
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Job BriefingYN
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Operators License: Y_N
Supv Name
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Date/Time of Audit 9-25-/2
Date/Time of Audit 9-25-/2 Discussed w/Employee Y N
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Date: 9/26/2012 7:03:32 AM

LG&E Gas Safety/Proc	edural Audit Form
General Safety In	formation:
Contractor: Reporting Location: ACC Name/Title Employee Working: SANA Dilky C/L	Passported? Y N Immediate Supv. PRIC MILER
Names of Other Employees on Jobs. Address/Description of Work Eoc TRA What OT	Λ Ι
lob Planning (Scouting, etc.)YN Work Area Profection (signs, flags, cones, etc.)	Job Briefing Y N
Personal Protective Equipment (Gloves, hard hats, etc.)	
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Vehicle:	
Vehicle Number: Vehicle Description: Medical Cord: Y N Operator Name Exterior Condition: Mechanical Issues:	Supv Name
afety Equip:	Vehicle Packet Y N
Audit Summa	Date/Time of Audit 9-25-12
verall Audit Rating Goods ame of Auditor Exic NETHERTON ecommendations/Suggestions:	Discussed w/Employee Y N

GUITAI BUIGIS	Information:
Contractor: Regorling Location: AC	
Name/Title Employee Working: 505 Vnug - mag	H. Immediate Supv. ERIC MI/18/2
Names of Other Employees on Job:	<u> </u>
Address/Description of Work EoC TRAINING CT	R PROCEDURAL AUDIT.
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Job Planning (\$couting, etc.)YN	Job BriefingYN
Work Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards in Area:	,
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Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Aid Kit Current
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Probes Accessible and in Good Working Order	
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Tested adjacent structures for migration of gas	
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Openonstrated proper grading of leaks	
Performed tasks consistent with procedures	
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Vehicle Number: Vehicle Description: Medical Cord: Y N Operator Name Exterior Condition: Mechanical Issues:	e: Operators License:YN Supv Name
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LG&E Gas Safety/Pro	
General Safety	Information:
Contractor: Reporting Location: HO Name/Title Employee Working: Tony HEATH Names of Other Employees on Job: Address/Dascription of Work 323 L). 51- CAHE CODE 1 (A) The STEET.	Passported? Y N Immediate Supvi Ecic W. NETHERTER LINE 57.
Job Planning (Scouting, etc.) Y N Work Area Protection (signs, flags, cones, etc.)	Job BriefingN
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area:	
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Sas Equipment: CGI's calibrated in last 30 days Gadges on Truck and in Good Condition Equipment Stored Properly Probes Accessible and in Good Working Order Comments:	Safety Equipment:
Leak Investi	eation:
NAF	ion and other locations that may indicate leakage
Vehicle: hicle Number: (002 Vehicle Description: edical Card: Y N Operator Name TONY HER erior Condition: echanical Issues: fety Equip:	Operators License: Y N Supv Name ELIL NETHBORN
ols/Other Equipment:N :/PostTrip InspectionYN mments:	Vehicle Packet_V_YN
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Audit Summs erall Audit Rating (CCC) me of Auditor Seic NETHERIO commendations/SyggesHons:	Date/Time of Audit_10-1-12 /9:30 Discussed w/Employee V Y N

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General Safety Information: Contractor: Reporting Location: LOC Passported? Y N Name/Title Employees Working: HES Immediate Supvi En C NETHERIN Names of Other Employees on Job: Address/Description of Work College Beauty Beauty Beauty College College Address/Description of Work College Beauty Beauty Beauty College Address/Description of Work College Beauty Beauty College Address/Description of Work College Address/Description of Security Address Acress/Description of Instrument: Gas Equipment: Safety Equipment: General Safety Instrument: Safety Equipment: Safety Equipment: General Safety Instrument: General Safety Instrument: Safety Equipment: Safety Equipment: General Safety Instrument: Safety Equipment: Safety Equipment: Safety Equipment: Geory Accessible on Truck of Ecopy Accessible on Truck of Geory Accessible on Truck of Instrument on Safety Instrument Safety Instrument on Safety Instrument on Safety Instrument On Safety Instrument Safety Instrument on Safety Inst	@
Contractor: Reporting locations: ADC passported? Y Name/litile Employees working: AT Ex Immediate Supv. Ex C NETHERA. Names of Other Employees on Job: Address/Description of Work BROW Fall MAY CARD Liver Color Address/Description of Work BROW Fall MAY CARD Liver Color Address/Description of Work BROW Fall MAY CARD Liver Color Address/Description of Work BROW Fall MAY CARD Liver Color Address/Description of Work BROW Fall MAY CARD Liver Address/Description of Work BROW Liver Liver Address/Description of Work BROW Liver Address/Description of Work Liver Liver Add	@
Name/Title Employees Working:	@
Names of Other Employees on Job: Addrass/Description of Work (E. Brook & F. D. D. A. C. C. C. D. D. Planning (Scouting, etc.)	@
Addrass/Description of Work & The Brook Rest Description of Work & The Brook Rest Description of Work & The Brook Rest Description of Briefing Description (Signs, flags, cones, etc.) Personal Protective Equipment (Gloves, hard hats, etc.) Other Hazards in Area: Equipment: Gas Equip	(a)
Job Planning (Scouting, etc.)	
Job Planning (Scouting, etc.)	
Personal Protection (signs, flags, cones, etc.) Personal Protective Equipment (Gloves, hard hats, etc.) Other Hazards in Area: Equipment: Safety Equipment: Off's calibrated in last 30 days Offse calibrated in last 30 days Offgrees on Truck and in Good Condition Office extinguisher on truck/tagged Office extinguisher on truck/tagged Office extinguisher on Truck Office extinguisher on truck/tagged Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on truck/tagged Office extinguisher	
Personal Protective Equipment (Gloves, hard hats, etc.) Other Hazards in Area: Equipment: Gas Equipment: Gas Equipment: Gas Equipment: Gas Equipment in lost 30 days Gifts tall kit Current Gauges on Truck and in Good Condition Equipment Stored Properly GEOP Accessible on Truck Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and collibration of leak instrument Demonstrated turning on instrument and zeroed in ambient free air Defermined location of company facilities Winstalled bar holes to determine potential gas migration Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage Tested adjacent structures for migration of gas	
Other Hazards in Areas Equipment: Gas Equipment: CGr's calibrated in lost 30 days Gauges on Truck and in Good Concilion Equipment Stored Properly Equipment Stored Properly Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and colibration of leak instrument Demonstrated turning on instrument and zeroed in ambient free air Determined location of company facilities Installed bar holes to determine potential gas migration Frested adjacent structures for migration of gas	
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LG&E Gas Safety/Procedural Audit Form	
General Safety Information:	
Contractor: Reporting Location: FOC Passported? Y N	: 1
Name/Title Employee Working: NORTON AllEN Immediate Supv. ERIC NETHERTO	343
Names of Other Employees on Job:	
Address/Description of Work 3705 SANE LAKES DR.	
CODE 1 INSIDE the SCHOOL	
lob Planning (Scouting, etc.) N N N	
Work Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area:	
Equipment:	
ias Equipment; Safety Equipment:	
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Gauges on Truck and in Good Condition Fire extinguisher on truck/tagge	d I
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Leak Investigation:	
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PROCEDURES. BAR HOISE AROUND 14 G. HORTON at 14/45.	
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Post Trip Inspection Y N Vehicle Packet Y N	
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LG&E Gas Safety/Proce	dural Audit Form
General Safety Info	mation:
Contractor: L.G.E. Reporting Location: ECC. Name/Title Employee Working: Recall Laws	Passported? Y N Immediate Supvi Telly Herry
Names of Other Employees on Job: Brand 22502	`
Address/Description of Work 2420 Amport De.	- BROKEN SERVICE
Job Planning (Scouting, etc.)N	Job BriefingN
Work Area Protection (signs, flags, cones, etc.) Aル せんしょ	+ MARS, CONES AROUND WORK
Personal Protective Equipment (Gloves, hard hats, etc.)	WOARING ALL P.P.E.
Other Hazards In Area: TEAFFIC	
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Tested adjacent structures for migration of gas	
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Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
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chicle Number: 4710 Vehicle Description:	Operators License: N
edical Card: Y N Operator Name 750,000 12,000	
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commendations/Suggestions: No.JE	
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LG&E Gas Safety/Pi	rocedural Audit Form
	ety information:
Contractor: L.C.E. Reporting Location: E Name/Title Employee Working: Language Haynes Can Names of Other Employees on Job: James Ware	GEAS Passported? Y N GEA Immediate Supvi Trong HECKEL
Address/Description of Work 2420 AMPEZE 1	IR BROWN COMPANY SERVICE.
Job Planning (Scouting, etc.) N	Job Briefing - Y N GNS, FLACES, CONFS AROUND WORK
GITE.	ans, 10/155, 10/075
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Other Hazards In Area: TRAFFIC	
Equip	oment: .
Gas Equipment:	Safety Equipment:
→ CGI's calibrated in last 30 days	⊕ First Ald Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
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1edlcal Card:Y_N Operator Name Jy .	Supv Name Tony HEVEL
xterior Condition: 6007	
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lechanical issues: None	
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re/Post Trip InspectionYN	Vehicle PacketYN
omments: NEW TRULK IN GOOD WORK	ING CANDITION .
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verall Audit Rating C	Date/Time of Audit 10-4-12 /1300
ame of Auditor Tony Horse	Discussed w/EmployeeY N
ecommendations/Suggestions: NONE	

LG&E Gas Safety/Pro	
General Safety	
Name/Title Employee Working: CHRIS HINKS	Passported? Y N Immediate Supvi ERIC NETTHER TON
Names of Other Employees on Job: Address/Description of Work ZHZO AMPRE	DR. CONTRAGOR BROKE 3/4"
Steel Company SERVICE (O. Main) Job Planning (Scouting, etc.) _ Y_N	Job Briefing Y N
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ommendations/Suggestions: HRIS EstablishED EAK MIGRAT ONSTRUCTION CREWS WERE DISPATCH	
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General Safety Information: Contractor Reporting Location: FOC. Passported? Namas of Other Employees on Job. Address/Description of Work Soc TRAINS CTR. — Pecchiler Author Job Planning [Scouting, etc.]		rocedural Audit Form
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Address/Description of Work SC TRAIN SC CTR. — PROGRAM AND TO De Planning [Scouting, etc.]	Contractor: Reporting Location: F Name/Title Employee Working: ANDEL DAKE	Immediate Supv: ERIC MITTER
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LG&E Gas Safety/Pro	
General Safety 1	information:
Contractor: Reporting Location: ACC Name/Title Employee Working: RENT WEATH SER	Passported7 Y N
Name/Title Employee Working: BRENT WEATH & F	Sedimmediate Supvi ERIC TYN 1184
Namer of Other Employees on Inh!	
Address/Description of Work FOC TRAINING CTR.	- PROCEDURAL AUDIT
Job Planning (Scouting, etc.) YN	Job Briefing Y_N
Work Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards in Area:	
Equipme	
Gas Equipment:	Safety Equipment
○ CGI's callbrated In lost 30 days	O First Aid Kit Current
 Gauges on Truck and In Good Condition 	O Fire extinguisher on truck/tagged
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Demonstrated proper care, handling and calibration a	of leak Instrument
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Optermined location of company facilities	
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Tested adjacent structures for migration of gas	
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Audit Summ	Date/Time of Audit 10-4-12
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commendations/Suggestions:	

I G&F Gas Safety/Pi	rocedural Audit Form
	ty Information:
Contractor: L-C-E- Reporting Location: EO	
Name/Title Employee Working: Tobs VINCEUT TOWN	
Names of Other Employees on Job: Ro TayLot Address/Description of Work 307 God FREY	- LERIZ ON COMPONY STRYICE.
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Job Planning (Scouting, etc.)N	Job Briefing N
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Personal Protective Equipment (Gloves, hard hals, etc.)_ c.	NEW MERRIAGE ALL P.P.E.
Other Hazards In Area: NONE	
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Gas Equipment:	Salety Equipment: —First Aid Kit Current
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Tested adjacent structures for migration of gas	
TEstablished and monitored perimeter	
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Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	n .
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G.M.I. CRON FOUND BAD WELD ON	DEFY. CREW REPLACEM LEARLY
E.F.V. TO STOP LOAK.	
Vehl	cle:
ehicle Number: 4809 Vehicle Description: (🗝 🕫	WATIONAL Operators License: WY N
Medical Card: N Operator Name 150 TA	
xterior Condition: Goog	
nterior Condition: 6000	
1echanical Issues: ಸಂ೨೯	
afety Equip: Causo Couso etrox	
ools/Other Equipment: Coop Competion	
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omments: Truck IN GOOD CONDITION	<u> </u>
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verall Audit Rating Groot	Date/Time of Audit_10 - 8-12_/1000
ame of Auditor Tony Heret	Discussed w/Employee N
ecommendations/Suggestions: No.25.	

LG&E Gas Safety/Pro	cedural Audit Form
General Safety	Information:
Contractor: L.G.E. Reporting Location: EDC Name/Title Employee Working: Devel Heyard Canal Names of Other Employees on Job: DARS HOUSE	Immediate Supv: Tony Heckel
Address/Description of Work 9507 CEDARLOOK.	
Job Planning (Scouting, etc.)N Work Area Protection (signs, flags, cones, etc.) <u>ALL SIG</u>	Job BriefingN 23, FLAKES, COURS ARROUND WORK SITE.
Personal Protective Equipment (Gloves, hard hats, etc.) <u>e</u>	EN WERRY ALL P.P.E.
Other Hazards in Area: Nowe	
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ias Equipment: (**Cal's calibrated in last 30 days* (**Gauges on Truck and In Good Condition* (**Equipment Stored Properly* (**Probes Accessible and In Good Working Order* comments: ALL EQUIPMENT (**) GOOD COUDE **Tores All EQUIPMENT (**) GOOD C	Safety Equipment: () First Aid Kit Current () Fire extinguisher on truck/tagged () GEOP Accessible on Truck
Leak Investi	gation:
Demonstrated proper care, handling and collibration Demonstrated turning on instrument and zeroed in an Determined location of company facilities Tiested cracks in pavement, sidewalks, exterior walls an Tested adjacent structures for migration of gas Tested adjacent structures for migration of gas Established and monitored perimeter Demonstrated proper grading of leaks Performed tasks consistent with procedures Prepared proper completion of leak documentation mments: CLEN CSTABLISTED TERMINATION Wehicle Description: LINDER Vehicle Dicle Number: 4813 Vehicle Description: LINDER Vehicle Port Condition: CLEND CONDITION Werior Condition: CLEND CONDITION Wellow Equipment: CONDITION Post Trip Inspection Y N	mblent free air lon nd other locations that may indicate leakage , PLURED
ments: NOW TRUCK IN GOOD COUD.	nrov .
•	
Audit Summa	ary:

LG&E Gas Safety/Procedural Audit Form	
General Safety In	formation:
Contractor: Reporting Location: A60	Passported? Y N
Name/Title Employee Working: LEDNEY BRUNEA	
Names of Other Employees on Job: #1=12 MAN STINSON	MARK MALLACOT JOSH ALVEY
Address/Description of Work 7461 Not Towny CI	
Job Planning (Scouting, etc.) 1/9N Work Area Protection (signs, flags, cones, etc.) ALL IN	Job Briefing VY_N
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards in Area:	
Equipmer	nt:
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Aid Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
Equipment Stored Properly	
Probes Accessible and In Good Working Order	
Comments:	
Leak Investig	gation:
Demonstrated proper care, handling and calibration of	fleak instrument
Demonstrated turning on instrument and zeroed in am	
Determined location of company facilities	,
Installed bar holes to determine potential gas migration	n
(b) Tested cracks in pavement, sidewalks, exterior walls and	
	other locations that may make leakage
Tested adjacent structures for migration of gas	
© Established and monitored perimeter	
Demonstrated proper grading of leaks	•
Performed tasks consistent with procedures	
 Prepared proper completion of leak documentation 	
Comments: HUNEADY MARROWED LE	AIC DOWN TO LONG SERVICE
PROBED 30'30" EACH WAY OVER	MAIN AND OVER CUSTOMER
SORVICE ON SHORT SIDE	•
Vehicle	
Vehicle Number: 472Z Vehicle Description: とない 7	
Medical Card: W N Operator Name HERMAN	
Exterior Condition: 6001	2/03/03/
Interior Condition: Gard	
Safety Equip: JN OROEA	
Tools/Other Equipment: NORDAL	Vahiala Darkat V N
Pre/Post Trip Inspection 1/Y N	Vehicle PacketYN
Comments:	
Audit Sumn	
Overall Audit Rating Goog	Date/Time of Audit 10-10-12 Zンロロア
Name of Auditor MIKE ACREE	Discussed w/Employee 2Y N
Recommendations/Suggestions:	

LG&E Gas Safety/Procedural Audit Form	
General Safety Information:	
Contractor: Reporting Location: FCC. Passported? Y N Name/Title Employee Working: FEC. Passported? Y N Names of Other Employees on Job: Immediate Supv: Nathor fext Address/Description of Work 1122 Kende Han Pl.	
Job Planning (Scouting, etc.) Y_N Job Briefing Y_N, UA Work Area Protection (signs, flags, cones, etc.) Ye C TYTE.	
Personal Protective Equipment (Gloves, hard hats, etc.) All appropriate PPE in USE.	
Other Hazards in Area:	
Equipment:	
Gas Equipment: © CGI's calibrated in last 30 days 7/9/1017 © Gauges on Truck and in Good Condition © Equipment Stored Properly © Probes Accessible and in Good Working Order Comments: Safety Equipment: First Aid Kit Current © Fire extinguisher on truck/tagged c/12 © GEOP Accessible on Truck Comments: Fill Figure 10 6550 0000000000000000000000000000000	
Leak Investigation: © Demonstrated proper care, handling and calibration of leak instrument	
Determined location of company facilities Installed bar holes to determine potential gas migration Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage Tested adjacent structures for migration of gas Established and monitored perimeter Demonstrated proper grading of leaks Performed tasks consistent with procedures Prepared proper completion of leak documentation Comments: Tested description Tested description Tested description	
Medical Card: YY N Operator Name fallis Rv. J.,	
Comments: Very Clean Truck	
Audit Summary:	
Name of Auditor Your Stratucian Discussed w/Employee V Y N Recommendations/Suggestions:	

Date: 10/15/2012 2:06:53 PM

LCOT Con Colony / Dunnand	rue Audit Corm
LG&E Gas Safety/Proced	The state of the s
General Safety Inform	
Contractor: L.C. Reporting Location: Ex. G. Name/Title Employee Working: Dava Porcer Leadure in	mmediate Supv: Tory HECKEL
Names of Other Employees on Job: CHR-15 BOOKE	•
Address/Description of Work 9009 North & HAM P	KWY, - BROKEN SERVICE.
Job Planning (Scouting, etc.)YN	Job BriefingN
Work Area Protection (signs, flags, cones, etc.) Are Signs	RIFLACES, CODES, ALCOUNT
Personal Protective Equipment (Gioves, hard hats, etc.) . AZL	P.P.E. WOEN BY CREW.
Other Hazards In Area:	
Equipment:	
The state of the s	efety Equipment:
(→CGI's calibrated in last 30 days (→ Gauges on Truck and in Good Condition	TITst Aid Kit Current Tre extinguisher on truck/tagged
(Fequipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and In Good Working Order	•
Comments: ALL EQUIPMENT IN 6000 WORK	LING ORDER.
	·
Leak Investigatio	n;
Demonstrated proper care, handling and calibration of lea	
Temonstrated turning on instrument and zeroed in ambien	t free air
Determined location of company facilities	
Tristalled bar holes to determine potential gos migration	the state of the saturation
Tested cracks in pavement sidewalks, exterior wolls and oth	ner locations that may indicate leakage
Tested adjacent structures for migration of gas	
Established and monitored perimeter	
© Demonstrated proper grading of leaks © Performed tosks consistent with procedures	
() Prepared proper completion of leak documentation	
Comments! ON ARRIVEL, CREN FOUND TROOP	LE TEXH MONITORING.
CREW WORE RESPIRATOR ENIMENT, CR	EW DUE UP SERVICE & SQUEEZE
SERVICE OFF TO STOP LOTHE, CLEW TO	MALE REPAIR TO SERVICE.
Vehicle:	
Pehicle Number: +719 Vehicle Description: /AMERIANTON	Operators License: N
Aedical Card: WY N Operator Name CHRY Book	
xterior Condition: Gest (
nterior Condition: Good	
lechanical issues: NONE .	
afety Equip: Good working constion	
ools/Other Equipment: GOOD NORKING CONST	P41
re/Post Trip InspectionN	Vehicle PacketYN
omments; VETTILLE IN GOOD CONDITION	
Audit Summary:	
verall Audit Rating Gゅつ	Date/Time of Audit 10/15/12 1300
ame of Auditor Tony HERKEL	Discussed w/EmployeeN
ecommendations/Suggestions: NONE.	
	Access

LG&E Gas Safety/Proc	
General Safety In	
Contractor: Reporting Location: EoC Name/Title Employee Working: Hollis Funde Working	Passported? Y N Immediate Supvice Ric DETHERS.
Names of Other Employees on Job: Address/Description of Work 4930 HEALT CARE B	VD. (LOWES HOME CTE.)
Job Planning (Scouting, etc.)YN Work Area Protection (signs, flags, cones, etc.)	Job Briefing Y N
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area:	
Equipmen	
Gas Equipment:	Safety Equipment:
CGI's collbrated in last 30 days	First Ald Kit Current
Gauges on Truck and In Good Condition	Of Fire extinguisher on truck/tagged
O Equipment Stored Properly	Of GEOP Accessible on Truck
Probes Accessible and In Good Working Order	
Comments:	
Leak Investige ### Degramstrated proper care, hundling and calibration of	ation:
Demonstrated turning on instrument and zeroed in orm	shiont free air
	inter thee on
O Determined location of company facilities	ne e
O Installed bar holes to determine potential gas migration	us A nebar locations that may inclicate leakage
Orfested cracks in pavement, sidewalks, exterior walls and	a other tocanous that may write de reckage
Tested adjacent structures for migration of gas	
(a) Established and monitored perimeter	
Demonstrated proper grading of leaks	
O Performed tosks consistent with procedures	
O Prepared proper completion of leak documentation	ersise AND.
comments: Hollis picken up 40%	ELINSIDE OF Blog. 1
BAR HOTING OF SERVICE NOT NECES	SARY. SERVICE INJOULD no!
HOLD TEST O OPERATING PRESSUR	25, ARGA AROUND RISOR
TE SOLLY CONCRETE	
Vehicle:	
Vehicle Number: 623 Vehicle Description: F350	
Medical Card: V N Operator Name Hollis Beit	GENATEL SUPV Name
exterior Condition:	
nterior Condition:	
1echanical lissues:	
afety Equip:	
ools/Other Equipment:	Vehicle Packet Y N
re/Post Trip inspectionYN	Vehicle PacketYN
omments:	
Audit Summa	
verall Audit Rating (See 1)	Date/Time of Audit 10-15-12 (11:45
lame of Auditor Seic NETHER on	Discussed w/EmployeeYN
ecommendations/Suggestions:	
	, <u> </u>

LG&E Gas Safety/Pro	ocedural Audit Form
General Safety	
Contractor: Reporting Locations	
Name/Title Employee Working:	Immediate Supv: ECICW. Noths Ato.
Names of Other Employees on Job:	
Address/Description of Work 4455 SARATOGA	Hill Red.
CODE L C METER	
1. V V	Job Briefing YN
Job Planning (Scouting, etc.)YN	VOD UTTUMB
Work Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.) 💟	
Other Hazards in Area:	
Equipo	nent:
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Ald Kit Current
Gauges on Truck and In Good Condition	Spire extinguisher on truck/tagged
Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments:	
Leak Inve	stigation:
Demonstrated proper care, handling and calibration	on of leak instrument
O Demonstrated turning on instrument and zeroed in	
Of Determined location of company facilities	· · · · · · · · · · · · · · · · · · ·
Installed bar holes to determine potential gas migr	ation
Tested cracks in pavement, sidewalks, exterior walls	and other locations that may indicate leakage
N/A O Tested adjacent structures for migration of gas	, tilly \$40.4. 12221511
NAO Established and monitored perimeter	
MIA O Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	and propose for the
comments: BARHOLED SERVICE & M	TUNE KINTER TO THE
SERVICE SIDE OF THE METER	
appliances. Houselings mex	E TESTED OF.
Vehl	cie;
rehicle Number: (4) Yehicle Description: F3	50 Operators License: VY N
Medical Card: Y N Operator Name Ams	A (En) Supv Name
xterior Condition: Y	
nterior Condition:	
fechanical Issues:	
afety Equip:	
ools/Other Equipment:	Vehicle Packet Y N
re/Post Trip InspectionYN	Vehicle Packet YN
omments:	
Audit Su	mmary:
verall Audit Rating (2001)	Date/Time of Audit 10-16-17 (13:00
lame of Auditor FRIC NETHERTON	Discussed W/EmployeeYN
ecommendations/Suggestions:	
ecommendations/suggestions	
, m 2/22	

***	400-0-1	
LG&E Gas Safety/Pi	rocedural Audit Form	·
General Safety Information:		
Contractor: L.G. FE. Reporting Location:		
Name/Title Employee Working: HORTEN ALLEN T	Immediate Supvi ERIC NETHELION	
Names of Other Employees on Job: May Taves	E_0=7 *	
Address/Description of Work 9009 Northe Ho		
		-
Job Planning (Scouting, etc.)N	Job BriefingN	
Work Area Protection (signs, flags, cones, etc.) <u> </u>	LE TECH HAD CONES ADVINS	
VEHICLE	A district and to All PPE	-
Personal Protective Equipment (Gloves, hard hats, etc.)	Courte Teen Wenting Hat Title.	
Other Hazards in Area:		-
	oment:	
Gas Equipment:	Safely Equipment:	
Or CGI's callbrated In last 30 days	Hist Ald Kit Current	
Gauges on Truck and In Good Condition	Thre extinguisher on truck/tagged	
C Equipment Stored Properly	G-GEOP Accessible on Truck	
Probes Accessible and in Good Working Order	_	
Comments:		
	stigation:	
Demonstrated proper core, handling and calibrati	on of leak instrument	
Demonstrated turning on instrument and zeroed in	in ambient free air	•
Oetermined location of company facilities		
Installed bar holes to determine potential gas mig	ration	
Tested cracks in pavement, sidewalks, exterior wall	s and other locations that may indicate leakage	
O Tested adjacent structures for migration of gas		
© Established and monitored perimeter		
Of Demonstrated proper grading of leaks		
O Performed tasks consistent with procedures O Prepared proper completion of leak documentation	n	
Frequest proper completion of teak accumentation	E TELH HAD MONITORED PERIMETER	
ommens: po prompter, rooms have	G.M. I. HISIDE FOUTSIDE OF HOUSE	-
TROUBLE TELL COUNTYED TO MOUNT	DO WITH CRITH ARRIVAND, CREW	1
COUNTRY OF ESQUES TO STAP!	DALL. ALSO, TROUBLE TECH TURNED OF	T AT METER
Vehl	icle:	
rehicle Number: 6235 Vehicle Description: Fores		
Medical Card: Y N Operator Name NORTON	J ALLEN SUPV Name ZEIC NETTING	row)
xterior Condition: Good		
nterior Condition: Geo A		
Mechanical Issues: 430 NC		•
afety Equip: Equipment in Good walk	LING DRAGE.	
ools/Other Equipment: Tools IN Gron D Cont)+7×p4,	
re/Post Trip Inspection Y N	Vehicle PacketN	
omments:		•
Audit Sur		
verall Audit Rating Good	Date/Time of Audit 10/15/12 1215	
ame of Auditor Town HECKEL	Discussed w/EmployeeN	
ecommendations/Suggestions: Thank Tech	FOLLOWED ALL MELEDUALS.	

- ---- i-f--- tion wielt http://www.afi.com

LG&E Gas Safety/Pro	cedural Audit Form
General Safety	Information:
Contractor: Reporting Location: Reporting Location:	
Name/Title Employee Working: NocTon Allen	Immediate Supvi ERIC NETHERTON
	Immediate supple COC TOE THE TOO
Names of Other Employees on Job:_ Address/Description.of Work. <u>5608 CHENOWETH</u>	Dutal
Address/Description of Work 3000 CHCNOWE 1 H	K4N 1801
Cobe 1 @ the meter	
Job Planning (Scouting, etc.)YN	Job BriefingYN
Work Area Protection (signs, flags, cones, etc.)	
•	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Diher Hazards In Area:	4
Equipme	enti
Sas Equipment:	Safety Equipment:
O'CGI's calibrated In last 30 days	·
	G First Aid Kit Current
Gauges on Truck and In Good Condition	∀ Fire extinguisher on truck/tagged
○ Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments:	A A A A A A A A A A A A A A A A A A A
Leak Investi	
O Demonstrated proper core, handling and calibration of	of leak Instrument
	mblent free air
Determined location of company facilities	•
Installed bar holes to determine potential gas migrati	'on
Tested cracks in pavement, sidewalks, exterior walls an	
	a other tocations that may maicute reakage
V/A C Tested adjacent structures for migration of gas	
Established and monitored perimeter	
→ Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	. 1 . 5
Prepared proper completion of leak documentation mments: REPAIREN MUTICALE EALS	ON SERVICE 5) de ot
TEXER DOD & BAR HOLED THE SE	ovice.
Vehicle	
hicle Number: 6235 Vehicle Description: F.350	
dicol Cord: Y N Operator Name Noe Tow A	1/22 Supv Name ZRIC NE 1/18/14
erior Condition:	
erior Condition:	
chanical issues:	
ety Equip;	
ols/Other Equipment:	
/Post Trip inspectionYN	Vehicle PacketYN
nments;	
. 1	·
Audit Summa	
rall Audit Rating Cook	Date/Time of Audit 10-15-12 (今:30)
ne of Auditor FRICA CHARLES	Discussed w/EmployeeYN
ommendations/Suggestions:	
######################################	

LG&E Gas Safety/Proce	
General Safety Info	matlon;
Contractor: Reporting Location: ACC Name/Title Employee Working: BRUCE FEY ICA	Passported?YN Immediate Supv: EPIC NETHERTON
Names of Other Employees on Jobs. Address/Description of Work 229 FROWN AV. (Q Z31 BROWN) AV.	LEAK WAS ON METER LOOP
Iob Planning (Scouting, etc.)YN Work Area Protection (signs, flags, cones, etc.)	Job BriefingYN
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards in Area:	
Equipmente	·
ias Equipment:	alety Equipment:
♂ CGI's calibrated In lost 30 days	Ø FJr≤t Ald Kit Current
Gauges on Truck and In Good Condition	Fire extinguisher on truck/tagged
→ Equipment Stored Properly	GEOP Accessible on Truck
	1
Leak Investigation	
Demonstrated proper care, handling and calibration of lea	
Demonstrated turning on instrument and zeroed in amble	nt free alr
Of Determined location of company facilities	
Tipstalled bar holes to determine potential gas migration	j
Tested cracks in povement, sidewolks, exterior walls and ot	her locations that may indicate leakage
Tested adjacent structures for migration of gas	
(Established and monitored perimeter	ì
O Demonstrated proper grading of leaks	1
Of Performed tasks consistent with procedures	1
Prepared proper completion of leak documentation	,
Prepared proper completion of leak documentation ments: MAOS REPAIR TO REG. NIGHE @	231 Rog W Ald
BARLLED SERVICES @ OZZ9 & Z3	1 BROWN ALL 501050
or meter loop @ 229.	TO THE COURT P. TO THE CO.
Vehicle;	
nicle Number: 5997 Vehicle Description: F350	Operators License: Y N
dical Card: Y NNA Operator Name BRUCE FEST	
erlor Condition:	
erlor Condition:	
chanical issues:	
ety Equip:	`
Is/Other Equipment:	
/Post Trip inspectionYN	Vehicle Packet Y N
oments:	VEHICLE PACKET V
Audit Summary:	
rall Audit Rating Goob	Date/Time of Audit_10~)\$-12 (10:30)
ne of Auditor FRIC NETHERTON ommendations/Suggestions:	Discussed w/EmployeeYN
	,

LG&E Gas Safety/P	rocedural Audit Form
	ety Information:
Contractor: Reporting Location: A	OC Passported? Y N
Name/Title Employee Working: RENTWEATHER FOL	Immediate Supv: ERC MILLOR
	IAME -
Address/Description of Work 33.	5 Hwy 44
LEPHIR CEA	Job Briefing V N
Job Planning (Scouting, etc.) YN	SOOD STIERING V
Work Area Protection (signs, flags, cones, etc.) <u>AL</u>	1002
Personal Protective Equipment (Gloves, hard hats, etc.)	YES
Other Hazards in Area:	
	pment:
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Aid Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
© Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	Pan Name
Comments: GOING TO GRIND STR	
HEAD MUSHA	
Look Inv	estigation:
Demonstrated proper care, handling and calibrati	
Demonstrated proper care, nandling and calibration Demonstrated turning on instrument and zeroed i	
Determined location of company facilities	n ambient free an
Installed bar holes to determine potential gas mig	ration
Tested cracks in pavement, sidewalks, exterior walk	
NA Tested adjacent structures for migration of gas	Sund other locations that may maleute, leaning a
	•
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	nn
Comments: LEAK TUST DOWNSTEAM	OF BOX ON STREET SIDE OF
CIDEWALK, 0% GAS ON CUSTON	MER SIDE OF SINEWALK MP IN 20'
PERIMETER of LEAK. NO NEE	D TO PROBE FOUNDATION OF HOUSE.
LEAK ISOLATED TO 6" CIRCLE	
	hicle:
Vehicle Number: 4609 Vehicle Description: 6. A.	CPEW TRUCK Operators License: V Y N
Medical Card: N Operator Name AND RE	WASSE Supv Name ERTE MILLER
Exterior Condition: 6001	
Interior Condition: FATR	
Mechanical Issues: None	
Safety Equip:	
Tools/Other Equipment: ALL TOOLS ARE	STORED & APPEAR TO BE GOOD
Pre Post Trip Inspection Y N	Vehicle Packet YN
Comments: FAIRLY OPGANIZED TRU	1CK
	Date/Time of Audit 10/15/12 - 14:00
Overall Audit Rating GODA	Discussed w/EmployeeYN
Name of Auditor ERIC. MILES	MENDATIONS.
Recommendations/Suggestions: <u>/VD /にどの</u> の	THE TURN HOYLS

LG&E Gas Safety/Proc	
General Safety Ir	nformation:
Contractor: Reporting Location: ACC Name/Title Employee Working: Juan Cochran Names of Other Employees on Job: Nathan Jones Address/Description of Work South side DR. At L Looking top /eak on EP gas main.	Immediate Supv: ERIC M. Iler
Job Planning (Scouting, etc.) <u>VY</u> N Work Area Protection (signs, flags, cones, etc.) <u>Signs</u> サ	Job Briefing ✓ YN CONES out.
Personal Protective Equipment (Gloves, hard hats, etc.) All	had PPE on.
Other Hazards in Area: Sec Recommendations & Suga	es Tions
Con Englishments	Cofety Equipments
Gas Equipment:	Safety Equipment:
Ø CGI's callbrated in last 30 days	♥ First Ald Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
⊗ Equipment Stored Properly	GEOP Accessible on Truck 17
✓ Probes Accessible and in Good Working Order Comments:	17A
Leak Invest	Bation
Demonstrated proper care, handling and calibration a	of leak Instrument
© Demonstrated turning on instrument and zeroed in ar	
Determined location of company facilities	
Installed bar holes to determine potential gas migrati	(an
· · · · · · · · · · · · · · · · · · ·	
Tested cracks in pavement, sidewalks, exterior walls on	· ·
\bigcirc Tested adjacent structures for migration of gas $$ $\!$	• 1
Established and monitored perimeter	
	1
✓ Performed tasks consistent with procedures	
O Prepared proper completion of leak documentation	
Comments: CREW had 6 bar holes down in	larrowed leak down to edge of
	is. No gas was detected in manhole to when I left job.
Vehic	A SHARING THE STATE OF THE STAT
Vehicle Number: 4808 Vehicle Description: CLEW	
Medical Card: Y N Operator Name Nathan	JORES Supv Name ERE Miller
Exterior Condition: Good	30)/- Supriming
Mechanical Issues: Hone	
Safety Equip: Good	
Tools/Other Equipment: <u>Good</u>	
Pre/Post Trip Inspection	Vehicle Packet Y_N
Comments:	
Audit Su	MM=NUMER STATE CONTRACTOR STATE OF THE STATE
Overall Audit Rating Good	Date/Time of Audit 10-15-12 /1:15 AP
Name of Auditor T.M. Murchy	Discussed w/EmployeeYN
Recommendations/Suggestions: Suggested that u	talked to Exic about getting one. on
1 j.b.	

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	*** **** *** *** *** *** *** *** *** *
LG&E Gas Safety/Pr	ocedural Audit Form
	y Information:
Contractor: Reporting Location: A	
Name/Title Employee Working: Steve Summer	Immediate Supv: Egic Miller
Names of Other Employees on Job: <u>Josh Alvey</u>	
Address/Description of Work Kepairing leak or	y 4"IP CI gas main.
936 E. Madison St.	
Job Planning (Scouting, etc.) <u>N</u>	Job Briefing Y N
Work Area Protection (signs, flags, cones, etc.) <u>Signs Y</u>	- cones out, Deadend Stepet.
Personal Protective Equipment (Gloves, hard hats, etc.) <u>All</u>	being used by all employees
Other Hazards in Area: None	
	mentr
Gas Equipment:	Safety Equipment:
Ø CGI's calibrated in last 30 days	(First Ald Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
Equipment Stored Properly	GEOP Accessible on Truck 6
Probes Accessible and in Good Working Order	16 A
Comments:	143
Leak lov	estigationu
☑ Demonstrated proper care, handling and calibration	
Demonstrated turning on Instrument and zeroed in	
(f) Determined location of company facilities	, , , , , , , , , , , , , , , , , , ,
(S) Installed bar holes to determine potential gas migro	ation
Tested cracks in pavement, sidewalks, exterior walls	
Tested adjacent structures for migration of gas	and other locations that may marcate realings
Sested dojucent structures for implation of gas	•
© Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	1
Comments: Talked to Steve about how	la lawted last steve evaluised he
had put 5 bae hale down started to	
leak down to a 4"CI joint Steve had leak.	Note book with reading whote down tor
	स्थानस्य स्थानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्धानसम्बद्ध
Ve	
Vehicle Number: 4722 Vehicle Description: Coco	
1	Alvey Supv Name Exic Miller
Exterior Condition: <u>Good</u>	
Interior Condition: Good	
Mechanical Issues: Hone	The second secon
Safety Equip: AI\ Good	**************************************
Tools/Other Equipment: Good	No. 11 to 12
Pre/Post Trip InspectionYN	Vehicle PacketYN
Comments:	
TO THE REPORT OF THE PROPERTY	Summanus
Overall Audit Rating Good	Date/Time of Audit 10-16-12 /1:38/50
Name of Auditor T. M. Mugohy	Discussed w/Employee
Recommendations/Suggestions: None at this	C time
. NONE AT ALL	5. 11195
1	

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LG&E Gas Safety/Proc	edural Audit Form
General Safety In:	
Contractor: 1 . G. E.F. Reporting Location: FOC. 6	Passported? Y LN
Name/Title Employee Working MyL . Hay had Limber	Immediate Supv: Tony HECKEL
Names of Other Employees on Job: KENNY HARLISON	
Address/Description of Work 305 W. Hwy 42 -	
Job Planning (Scouting, etc.)YN	Job BriefingN
Work Area Protection (signs, flags, cones, etc.) <u>Aلله جا</u>	FLAGS, CONES, ALGONS WORL SITE.
Personal Protective Equipment (Gloves, hard hats, etc.) <u>ceso</u>	N WEARING ALL P.P.E.
Other Hazards in Area: NONE	1.
Equipmen	it:
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Ald Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments: ALL EQUIPMENT IN GOOD WOLK	116-00000.
	1. The same of the
Leak Investiga Demonstrated proper care, handling and calibration of	
Demonstrated turning on instrument and zeroed in am	
Determined location of company facilities	ibient free an
() Installed bar holes to determine potential gas migration	מו
Tested cracks in pavement, sidewalks, exterior walls and	
Tested adjacent structures for migration of gas	Tourse Tourney Maisare Teaming
Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	
Comments: CREW DELLESS OVER MAIN & P	INPOINTED LEAR WITH G.M.I.
OVER COMPANY SERVICE. CREW CUST OUT S	SERVICE AT MAIN, CREW TO
RETURN ON 10-16-12 TO CUT OUT M	MIN. NO ACTIVE SERVICES REMAIN
DN 2" MAIN.	
Vehicle:	
Yehicle Number: 4813 Vehicle Description: 1276.258	
Aedical Card: Y N Operator Name Lহচত্য Ha	Reison Supv Name Tony HECKEZ
xterior Condition: Good	
nterior Condition: Goot	
Mechanical Issues: NONE	
afety Equip: 🕒 ಆರಂಭ	
ools/Other Equipment: Goob	-
re/Post Trip InspectionN	Vehicle PacketN
omments: NEW TRICK	
Audit Summa	iry:
verall Audit Rating Good	Date/Time of Audit_ 10-16-12 / 1300
ame of Auditor Tony HECKEL	Discussed w/EmployeeN
ecommendations/Suggestions: NovE	

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LG&E Gas Safety/Prod	cedural Audit Form
General Safety II	
Contractor: Reporting Location: BARN	Shown Passported? Y_N
Name/Title Employee Working: Richit SPRINGSTON	Immediate Supvi ERIC W. NETHERSON
Names of Other Employees on Job	- k - 712
Address/Description of Work 9907 Win BFile	eld Ris.
	Job Briefing YN
Job Planning (Scouting, etc.) Y N Work Area Protection (signs, flags, cones, etc.)	TOD BITCHING
Work Area Protection (signs, mags, cones, esc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards In Area:	
Equipme	nts.
Gas Equipment:	Safety Equipment:
	First Aid Kit Current
(auges on Truck and in Good Condition	Fire extinguisher on truck/tagged
⊘ Egdipment Stored Properly	♥ GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments:	
. Leak Investig	zaklan-
Demonstrated proper care, handling and calibration of	
Demonstrated turning on instrument and zeroed in an	mblent free alr
Determined location of company facilities	***************************************
(Anstalled bar holes to determine potential gas migration	on
NA O Tested cracks in pavement, sidewalks, exterior walls an	nd other locations that moy indicate leakage
√/4. ○ Tested adjacent structures for migrotion of gas	
N /A- C Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	ا ـــ حـ ما
comments. Found leak on inlet met	ER SWIVE.
BARHOLEN SERVICE (O RISOR.	
Vehicles	
rehicle Number: 654) Vehicle Description: F350	Operators License: Y 1
Nedlcol Card: Y N Operator Name Richiz 5위	ENGSEN Supr Nome EWN
xterior Condition:	
iterior Condition:	
Pechanical Issues:	
efety Equip:	
ools/Other Equipment:	
re/Post Trip inspectionYN	Vehicle PacketYN
omments;	
Audit Summ	
Audit Summ	Date/Time of Audit 10 - 16:12 (14:46
verall Audit Rating 6000 ame of Auditor Eet NETH ERTON	Discussed w/Employee Y Y N
	Discussed Membrolog
ecommendations/Suggestions:	
·	
•	

10040.000.000	in the state of th
LG&E Gas Safety/Pro	
General Safety	
Contractor: Reporting Location: BARI Name/Title Employee Working: Richit Sprints To	5570WN Passported? Y N) Immediate Supv: ERIC W. NETHERTON
Names of Other Employees on Job:	The second second
Address/Description of Work 675 Lloys LN CODE 10 the meter	· (MT. WASH)~GEN)
Job Planning (Scouting, etc.)YN Work Area Protection (signs, flags, cones, etc.)	Job Briefing YN
Personal Protective Equipment (Gloves, hard hats, etc.) 🗸	
Other Hazards in Area:	
Equipm	ent:
Gas Equipment:	Safety Equipment:
♥ CGI's calibrated in last 30 days	(V) First Ald Kit Current
♥ Gauges on Truck and In Good Condition	(a) Fire extinguisher on truck/tagged
(*) Egulpment Stored Properly	GEOP Accessible on Truck
Probes Accessible and In Good Working Order	
Comments:	
Leak Invest	
Demonstrated proper care, handling and calibration	
Demonstrated turning on instrument and zeroed in a	imbient free oir
Determined location of company facilities	Alon
Installed bar holes to determine potential gas migrated. Tested cracks in pavement, sidewalks, exterior walls a	
MA- O Tested adjacent structures for migration of gas	ina otner locations that may moreote repriege
N/A ○ Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Commendation with the state of	
Comments: Sample Out METER ISO & E	SARHOLFIN SERVICE @ HIS RISOR.
No leak Found	7/14/2/CJ - CJ - CG / 7/12 / CG
- CANS -181 65	
Vehicle Number: <u>6547)</u> Vehicle Description: <u>F35</u> 0	
	Supv Name ENN
	3up + Wante
xterior Condition:	
nterior Condition:	
Mechanical Issues:	
afety Equip:	
ools/Other Equipment:	Vehícle Packet Y N
re/Past Trip inspectionYN omments:	
onine ito,	
Audit Sumn	
verall Audit Rating Goog	Date/Time of Audit_10-16-12(13:30)
ame of Auditor ERIC NETHER TOW	Discussed w/EmployeeYN
ecommendations/Suggestions:	
	1

	•
LCO.C. Calate (Dissail and Ave discrete	•
LG&E Gas Safety/Procedural Audit Form	•
General Safety Information:	
Contractor: Reporting Location: <u>AOC</u> Passported?Y N Jame/Title Employee Working: Kevin Mills Immediate Supv: Egic M://eg	
· · · · · · · · · · · · · · · · · · ·	
Names of Other Employees on Job: Brian Kingrey Address/Description of Work 3402 Dixic Huy, Repairing leak on 4 Pley	
meter manifold. Mixic Huy. Repairing leak on 4 plex	,
ob Planning (Scouting, etc.) V N Job Briefing V Y N	
Nork Area Protection (signs, flags, cones, etc.) Cones + Sign out.	
Hork Area Protection (signs) raigs, cones, etc.,	
Personal Protective Equipment (Gloves, hard hats, etc.) All PPE being used.	
Other Hazards In Area: None	
Equipments	
Gas Equipment: Safety Equipment:	r
♥ CGI's calibrated in last 30 days ♥ First Ald Kit Current	
' Gauges on Truck and in Good Condition G Fire extinguisher on truck/tagged	
✓ Equipment Stored Properly ✓ GEOP Accessible on Truck	
Probes Accessible and in Good Working Order	
Comments:	
Leak Investigation	
☑ Demonstrated proper care, handling and calibration of leak instrument	
Demonstrated turning on instrument and zeroed in ambient free air	
O Determined location of company facilities	ı
O Installed bar holes to determine potential gas migration	1
○ Tested cracks in pavement,sidewalks,exterior walls and other locations that may indicate leakage	
Tested adjacent structures for migration of gas	
🖒 Established and monitored perimeter	
O Demonstrated proper grading of leaks	
♂ Performed tasks consistent with procedures	
O Prepared proper completion of leak documentation	
comments: Leak was on Nipple at tee on manifold. 1% LEL recorded	
at leak. Repairs made by loosing union and securing nipple down in ter.	
Scap out Ho leak tound.	
off they are the Proof of the Computer of the Section of the Secti	
Vehicles	
Vehicle Number: 4811 Vehicle Description: Coew tauck Operators License: VYN	
Medical Card: VY N Operator Name Brian Kingery Supv Name Exic Miller	
Exterior Condition: Good	
Interior Condition: Good	1
Mechanical Issues: See Comments	
Safety Equip: Good	1
Tools/Other Equipment: Good	1
Pre/Post Trip InspectionYN Vehicle PacketYN	
comments: Craw complained that to much grease being put on tractor and falling on trailer floor making a trip hazard. Will talk to Garage about problem.	1
	1
Overall Audit Policy Co. 4.40 1360	1 .
Overall Audit Rating Good Date/Time of Audit 10-16-12 1300 Name of Auditor T.M. Muschy Discussed w/Employee V Y N	,
, , , , , , , , , , , , , , , , , , , ,	
Recommendations/Suggestions: Look good Hone at this time.	

Cinned Calaba Informati	al Audit Form
Gëneral Şafety Informati	
ontractor: Reporting Location: ACC	Passported?YN
Iame/Title Employee Working: Je An Cocine War	ediate Supv: ERIC MILLET
lames of Other Employees on Job: Hasten STALS OF WASTE	AAN JONES
ddress/Description of Work 4/50 DM OLD & SEUTHSIDE I	98
ob Planning (Scouting, etc.) 1/Y N	Job Briefing 2 YN
ob Planning (Scouting, etc.) <u>V</u> N Nork Area Protection (signs, flags, cones, etc.) <u>Au la fraca</u>	LANGE TOWER CHANNE
VOTK Area Protection (signs, nags, cones, etc.) 1/41. 120 p. 101. 420	THE COMMENT OF THE PROPERTY OF
Personal Protective Equipment (Gloves, hard hats, etc.) Bistica lu	Idu
Other Hazards in Area:	
Equipment:	
Gas Equipment: Safet	y Equipment:
CGI's calibrated in last 30 days	First Aid Kit Current
Gauges on Truck and In Good Condition	Fire extinguisher on truck/tagged
	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments:	
Leak investigation:	
Demonstrated proper care, handling and calibration of leak in	
Demonstrated turning on instrument and zeroed in ambient fr	ee air
Determined location of company facilities	
Installed bar holes to determine potential gas migration	
(a) Tested cracks in pavement, sidewalks, exterior walls and other l	locations that may indicate leakage
Tested adjacent structures for migration of gas	•
Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
ੇ Prepared proper completion of leak documentation Comments: <u>Property</u> <u>ਹੈ। ਤੋਰ ਤੋਰ ਕਮਿਟੀ Dr.</u>	OFFINA BE HALL
Comments: \(\text{PROBGED} \) \(\text{I} \) \(SO GHU4 1) 1.	rection of the
Vehicle:	
Vehicle Number: 4808 Vehicle Description: 1 Row Twe	
Vehicle Number: 4808 Vehicle Description: டி நின் இவட் Medical Card: 4 N Operator Name	ν Operators License:-√YN Supv Name
Vehicle Number: 4808 Vehicle Description: パらい ていこ Medical Card: ビャ N Operator Name Exterior Condition: Nevas いろがし	
Vehicle Number: 4808 Vehicle Description: パらい Tive Medical Card: イソ N Operator Name Exterior Condition: News NASHAI Interior Condition: Govis	
Vehicle Number: 4808 Vehicle Description: パらい Tive Medical Card: レッ N Operator Name Exterior Condition: ルマロルタ ハムタチのは Interior Condition: Covid Mechanical Issues: Now	
Vehicle Number: 4808 Vehicle Description: 1 Row Two Medical Card: ビソ N Operator Name Exterior Condition: Nevas NASHOO Interior Condition: Covis Mechanical Issues: Nows Safety Equip: Nove	
Vehicle Number: 4808 Vehicle Description: 1 Row Two Medical Card: ビソ N Operator Name Exterior Condition: Nevas NASHOO Interior Condition: Covis Mechanical Issues: Nows Safety Equip: Nove	
Vehicle Number: 4808 Vehicle Description: パらい Tive Medical Card: レッ N Operator Name Exterior Condition: ルマロルタ ハムタチのは Interior Condition: Covid Mechanical Issues: Now	
Vehicle Number: 4808 Vehicle Description: 小たい Twee Medical Card: Y N Operator Name Exterior Condition: ひかな Mechanical Issues: Now Safety Equip: Now Tools/Other Equipment: Now Tools Tool	Supv Name
Vehicle Number: 4808 Vehicle Description: P fow Twee Medical Card: Y N Operator Name Exterior Condition: Nova NASHOD Mechanical Issues: Nova Safety Equip: Nova Nova Name Fre/Post Trip Inspection Y N	Supv Name
Vehicle Number: 4808 Vehicle Description: 小たい Twee Medical Card: Y N Operator Name Exterior Condition: ひかな Mechanical Issues: Now Safety Equip: Now Tools/Other Equipment: Now Tools Tool	Supv Name
Vehicle Number: 4808 Vehicle Description: 1 flow Tives Medical Card: 4 N Operator Name Exterior Condition: 1 A SHOSI Interior Condition: 2005 Mechanical Issues: Novo Safety Equip: 1 1000 Curto Tools/Other Equipment: 1 1000 Curto Pre/Post Trip Inspection 4 N Comments:	Supv Name
Vehicle Number: 4808 Vehicle Description: 1 たらい Tive Medical Card: 4808 Operator Name Exterior Condition: 1 A SHOSI Interior Condition: 20015 Mechanical Issues: 10005 Mechanical Card: 10005 Mechanical Issues: 10005 Mecha	Supv Name
Vehicle Number: 48から Vehicle Description: 1 15 15 15 15 15 15 15 15 15 15 15 15 1	Vehicle Packet 1/Y_N Date/Time of Audit 10-16-12-10545
Vehicle Number: 4808 Vehicle Description: 1 たらい Tive Medical Card: 4808 Operator Name Exterior Condition: 1 A SHOSI Interior Condition: 20015 Mechanical Issues: 10005 Mechanical Card: 10005 Mechanical Issues: 10005 Mecha	Vehicle Packet 1/Y_N Date/Time of Audit 10-16-17-10-45
Vehicle Number: 4808 Vehicle Description: 1 from Two Medical Card: Y N Operator Name Exterior Condition: 1 A SHOSI Interior Condition: 1 A SHOSI Mechanical Issues: 1 A SHOSI Mechanical Iss	Vehicle Packet 1/Y_N Date/Time of Audit 10-16-12-10545
Vehicle Number: 48 いる Vehicle Description: 小たい Two Medical Card: ビソ N Operator Name Exterior Condition: ルタン ハイシャン Mechanical Issues: ルタン Mechanical Issues: トランド Mechanical I	Vehicle Packet 1/Y_N Date/Time of Audit 10-16-12-10-45

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ESCH COCKANIN	ocedural Audit Form
General Safety	
	Passported? Y N
Name/Title Employee Working: STEVE SUMNOR	
Names of Other Employees on Job: SOSH ALVEY	
Address/Description of Work 938 E. MALIS	n 57.
CLASS 2 LEAK OVER	main in ST.
Job Planning (Scouting, etc.) Y N	Job Briefing V N
Work Area Protection (signs, flags, cones, etc.)	ENA CT.
ALL PLOTECTION ES	puit uses.
Personal Protective Equipment (Gloves, hard hats, etc.)	ALL PPE ON.
Other Hazards in Area: NONE	
Equipn	
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Aid Kit Current
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged
© Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	- The de posses
	IS TOGETHER & READY
FOR INSPECTION.	
	. No. 4 i on
Leak Inves	
Demonstrated proper care, handling and calibration	
Demonstrated turning on instrument and zeroed in	ambient free air
Determined location of company facilities	
Installed bar holes to determine potential gas migra	
Tested cracks in pavement, sidewalks, exterior walls a	and other locations that may indicate leakage
Tested adjacent structures for migration of gas	
Established and Monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	Į.
Prepared proper completion of leak documentation	OUER 4" CI MAIN. VERY
	VEER TO MOINITOR DIVCE
PERIMETER SET. ZEROED 11	n on lenk & busted House
Vehic	cle:
Vehlo Vehlole Number: 47で Vehlole Description: 公名	cle: CREW Operators License: Y N
Vehicle Number: 4700 Vehicle Description: 645 Medical Card: N Operator Name 654	cle:
Vehlo Vehlole Number: 47で Vehlole Description: 公名	cle: CREW Operators License: Y N
Vehicle Number: 4700 Vehicle Description: SAS Medical Card: N Operator Name SOSH Exterior Condition: GOOD Interior Condition: FAIR	cle: CREW Operators License: Y N
Vehicle Number: 4720 Vehicle Description: 6AS Medical Card: N Operator Name 6SH Exterior Condition: 6000	cle: CREW Operators License: Y N
Vehicle Number: 4720 Vehicle Description: GAS Medical Card: N Operator Name Sos H Exterior Condition: FAIR Mechanical Issues: NONE afety Equip:	cle: CREW Operators License: Y N
Vehicle Number: 4700 Vehicle Description: GAS Medical Card: N Operator Name SOSH Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Sools/Other Equipment:	cle: CREW Operators License: VY N ALVEY Supv Name ERIC Millèr
Vehicle Number: 470 Vehicle Description: (SAS) Medical Card: N Operator Name Sos H Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Cools/Other Equipment: Pre/Post Trip Inspection No Ne	cle: CREW Operators License: Y N ALVEY Supv Name ERC Miller Vehicle Packet Y N
Vehicle Number: 4700 Vehicle Description: GAS Medical Card: N Operator Name SOSH Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Sools/Other Equipment:	cle: CREW Operators License: VY N ALVEY Supv Name ERIC Millèr
Vehicle Number: 470 Vehicle Description: SAS Medical Card: N Operator Name SOSH Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Tools/Other Equipment: Pre/Post Trip Inspection NY N Comments: AFTER WALK AROUND OF	CREW Operators License: VY N ALVEY Supv Name ERIC MILLER Vehicle Packet VY N TRUCK, ALL TOOLS STORED
Vehicle Number: 470 Vehicle Description: (SAS) Medical Card: N Operator Name Sos H Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Cools/Other Equipment: Pre/Post Trip Inspection No Ne	CREW Operators License: Y N ALVEY Supv Name ERIC MILLER Vehicle Packet Y N TRUCK, ALC TOOLS STORED
Vehicle Number: 470 Vehicle Description: (SAS) Medical Card: N Operator Name SOSH Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Cools/Other Equipment: Pre/Post Trip Inspection NY N Comments: AFTER WALK AROUND OF MORKING PLOTERIA. Audit Sur Overall Audit Rating	CREW Operators License: Y N ALVEY Supv Name ERIC MILLE Vehicle Packet Y N TRUCK ALC TOOLS STORED mmary: Date/Time of Audit 10/17/12-18/
Vehicle Number: 4720 Vehicle Description: SAS Medical Card: N Operator Name Sos H Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Tools/Other Equipment: Pre/Post Trip Inspection Y N Comments: AFTER WALK AROUND OF MORKING PLOPERLY Audit Sur Overall Audit Rating Open Source Jame of Auditor Free Miller	CREW Operators License: Y N ALVEY Supv Name ERIC MILLE Vehicle Packet Y N TRUCK ALC TOOLS STORED mmary: Date/Time of Audit 10/17/12-18/10 Discussed w/Employee Y N
Vehicle Number: 470 Vehicle Description: CAS Medical Card: N Operator Name Sosh Exterior Condition: FAIR Mechanical Issues: NONE Machanical Iss	CREW Operators License: Y N ALVEY Supv Name ERIC MILLE Vehicle Packet Y N TRUCK ALC TOOLS STORED mmary: Date/Time of Audit 10/17/12-18/10 Discussed w/Employee Y N
Vehicle Number: 470 Vehicle Description: GAS Medical Card: N Operator Name SOSH Exterior Condition: FAIR Mechanical Issues: NONE Safety Equip: Sools/Other Equipment: Pre/Post Trip Inspection NY N Comments: AFTER WALK AROUND OF MORKING PLOFERLY Audit Sur Overall Audit Rating Soors Jame of Auditor Frie Miller	CREW Operators License: Y N ALVEY Supv Name ERIC MILLE Vehicle Packet Y N TRUCK ALC TOOLS STORED mmary: Date/Time of Audit 10/17/12-18/10 Discussed w/Employee Y N

LG&E Gas Safety/Procedural Audit Form				
General Safety	Information:			
	Passported? V Y N			
Name/Title Employee Working: BRENT WEATHER FORM ediate Supv: GRIC MILLER				
Names of Other Employees on Job: TOSH ALVEY -	JOE SCHLANK			
Address/Description of Work TAYLOR & BICKNE				
Job Planning (Scouting, etc.)N Work Area Protection (signs, flags, cones, etc.)/E_S - F_	Job Briefing N IRE AERT ON SCENE.			
Personal Protective Equipment (Gloves, hard hats, etc.)	PPE INCLUAING FR SHRTS			
Other Hazards in Area: BlowING GAS				
Equipmo	ent:			
Gas Equipment:	Safety Equipment:			
○ CGI's calibrated in last 30 days	First Aid Kit Current			
Gauges on Truck and in Good Condition	Fire extinguisher on truck/tagged			
Equipment Stored Properly Probes Accessible and in Good Working Order	GEOP Accessible on Truck			
Comments:				
Leak Invest	ization			
Demonstrated proper care, handling and calibration of				
Demonstrated turning on instrument and zeroed in ar				
Determined location of company facilities				
🕑 Installed bar holes to determine potential gas migration	on			
Tested cracks in pavement, sidewalks, exterior walls an	nd other locations that may indicate leakage			
Tested adjacent structures for migration of gas				
Established and monitored perimeter	,			
Demonstrated proper grading of leaks—CLASS	/			
Performed tasks consistent with procedures				
Prepared proper completion of leak documentation				
Comments:				
SEE ATTACHMENT -				
	OVER "			
Vehicle				
/ehicle Number: 4609 Vehicle Description: GAS				
Medical Card: V N Operator Name TOSH AL	Supv Name ERIC MILLER			
exterior Condition: 6000				
nterior Condition: FAIR				
Mechanical Issues: NO NE				
afety Equip: AU G∞∆				
ools/Other Equipment: ALL 6000				
re/Post Trip InspectionYN	Vehicle PacketN			
omments:				
Audit Sumr	mary:			
Overall Audit Rating 6'0000 C	Date/Time of Audit 10/23/12 - APPA ox. 11:00			
lame of Auditor <u>ERie</u> MI/EX ecommendations/Suggestions: <u>CRPW & TROUS</u> 308 w/RROKEN MI	Discussed w/Employee V N SCE TECH DONE OUTSTAND 19			

LG&E Gas Safety/Procedural Audit Form	
General Safely information:	
Contractor: Reporting Location: MABNOUF Passported?YN Name/Title Employee Working: CLINT WILLIAMS OBT. A Immediate Supv: Oxas AKIN	-
Names of Other Employees on Job: Address/Description of Work 4903 5. LAN TAKE. MAGNOLIA, Ky. 42759. TROUBLE TRUESTER LEAK OUTSIDE.	ATÉ
Job Planning (Scouting, etc.) X Y N Job Briefing Y X N Work Area Protection (signs, flags, cones, etc.) 45	
Personal Protective Equipment (Gloves, hard hats, etc.) <u>YE5</u>	
Other Hazards in Area: NONE	
Equipment	
Gas Equipment: Safety Equipment:	
© CGI's calibrated In last 30 days © Gauges on Truck and In Good Condition © Equipment Stored Properly © Probes Accessible and in Good Working Order Comments:	
Leak Investigation:	
Determined location of company facilities Sinstalled bar holes to determine potential gas migration Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage Tested adjacent structures for migration of gas Established and monitored perimeter Demonstrated proper grading of leaks Performed tasks consistent with procedures Prepared proper completion of leak documentation Comments:	
ACTION OF THE PROPERTY OF THE	
Vehicle Number: Vehicle Description: Operators License: Y N Medical Card: Y N Operator Name Supv Name Exterior Condition: Interior Condition: Mechanical Issues:	
Safety Equip:	
Tools/Other Equipment:	
Pre/Post Trip InspectionYN Vehicle PacketYN Comments:	
Audit Summary:	
	:15

Company ⇒E ▼ AuditNo: / 14	567 Contractor.	- and - color - a salarate to			▼ Specify Other:		
Company	—	Passported?:	-	Passpo	rt Shown on Request?:		
Of Car A Copoliting	▼ Lead Person #2:	SHELTON, G	ARY	· .	Immediate Supervisor.	Tony Heckel	
Lead Person #1: VINCEIVI, 1000	Lead Ferson #2.	G. 122101.12					
Employees under their supervision on this job:					T.		
	Click to add employee	''	_:_!		-		
Location and brief description of work:	Barbour Ln and Barb	our Place (Rep	airieak on vaive	-)	•		
(O) - (C) -	All Proper?	Describe:					
Job Planning (Scouting, etc.):	Work in Progress ▼						
	All Proper?	l Describe:	1		and the same of th	All the second s	
Job Briefing (Tailboard Conf., etc.):		nestitue.					
	Work in Progress ▼	<u>]</u>					
Work Area Protection (Signs, Flags):	All Proper?	Describe:	All signs can o	ones proj	perly placed		
	Yes	▼					
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:	All PPE worn				
•	Yes	_					***************************************
Cover-Up Equipment	All Proper?	Describe:					
	Not Applicable	-					
out To the stand Propodures	All Proper?	Describe:	Fire extinguish	ner prope	erly placed and ladded in	excavation	
Other Equipment and Procedures:	Yes	Ŧ	Parameter				
the second against hy crear				· · · · · · · · · · · · · · · · · · ·			
Hazards not being guarded against by crew:		. '					
		₹.					
Overall Safety Rating of Crew:	Good						
Recommendations or Suggestions:							
Are all safety devices in working order?	Yes 🔻	Describe:					
Audit results discussed with employee in cha	rge? Yes 🔻	Describe:					
	1 10 100 man (man)						
Date of Audit 18/29/2012 ▼	Time of Audit	1300		Em	ployee Performing Audit:	DODSON, LARRY	-
Entered Date/Time: 10/31/2012 8:18:03 P	Entered By:			Γ	Follow Up?		
11.00							
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tooroo.f., In	
LG&E Gas Safety/Procedural Audit Form	4
General Safety Information:	_
Contractor: L.G. & Reporting Location: EOC GAS Passported? Y N	
Name/Title Employee Working Toos VINCENTE CLEW LAND Homediate Supv: Tony Het KEL	
Names of Other Employees on Job: Tobuck ALLOV, CHAIS HALL, GARY SHERTON	-
Address/Description of Work Skin-sour Ed. 2 Driesour 72 Mission Carrier	- I
Job Planning (Scouting, etc.)	T
Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK	
SITE, -TRAFFIC CONTROL.	ፕ
Personal Protective Equipment (Gloves, hard hats, etc.) CREW WENGUIG ALL P.P.E.	1
Other Hazards in Area: Unit	Ţ
Equipment:]
Gas Equipment: Safety Equipment:	
○ TGI's callbrated in lost 30 days ○ First Aid Kit Current	
♂ Gauges on Truck and in Good Condition	
TEquipment Stored Properly O'GEOP Accessible on Truck	
Orrobes Accessible and In Good Working Order	1
Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.	_
	Ì
Leak Investigation:	
⊕ Demonstrated proper care, handling and calibration of leak instrument	1
🔾 Demonstrated turning on instrument and zeroed in ambient free air	
O-Determined location of company facilities	
Offistalled bar holes to determine potential gas migration	· / /
Tested cracks in pavement, sidewolks, exterior walls and other locations that may indicate leakage	1
Offested adjacent structures for migration of gas Offestablished and monitored perimeter	
(a) Established unta Monitorea perinteter (b) Bemonstrated proper grading of leaks	Á
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	Ko g €
omments: ON AMEINEL CLEW DUG UN 4"VALVE AND FOUND VALVE	
LOAKING, CROW CALLED FOR TRIFFIC CONTROL, CROW UNKELT TO	•
EFFAIR LONG OF VALUE. CADO CALLOS FOR WELDERS, WELDERS	- Lance REPUTCED VALVE
NSTALLED 2 - 4" MUELLES, MUELLE CREW TAPRO ESTOP MUELLES, WE	DES REFUERD MINE
Vehicle: Phicle Number: 4809 Vehicle Description: 1915-9471-0044 Operators License: Y_N	
edical Card: V N Operator Name Ronderd Access Supv Name Tony Heave	7.
terior Condition: Cos S	
terior Condition: Gos	
echanical issues: Nove	
fety Equip: Good Conspection	
ols/Other Equipment: Good Constition	
e/Post Trip InspectionYN Vehicle PacketYN	1
mments:	
erall Audit Rating Council Date/Time of Audit 22-pp //0-29-	<i>12</i> .
	·
me of Auditor Towy Herec L Discussed w/Employee N	
commendations/Suggestions: NovE	

General Safety Info	dural Audit Form
Contractor: L.G. E. Reporting Location: EOC G	1
Name/Title Employee Working: 15-11 Total - CLEW CERC	Passported? Y N
Names of Other Employees on Job: Kenny Handson,	Radge lower round a record Carte and
ddress/Description of Work 11300 ELECTRON DA	
The state of the s	The second second
ob Planning (Scouting, etc.) Y_N	Job Briefing •YN
Vork Area Protection (signs, flags, cones, etc.) ALL SIGNS	, FLAGS, CONES AROUND WORK
SITE. ALSO, TRAFFIC CONTROL	
ersonal Protective Equipment (Gloves, hard hats, etc.). CREL	is worked on ALL P.P.E.
ther Hazards in Areat Nur-AC	
Equipment:	
as Equipment:	Safety Equipment:
GCGI's collbrated in last 30 days	G First Ald Kit Current
Gauges on Truck and In Good Condition	☐ Fire extinguisher on truck/tagged
© Equipment Stored Properly © Probes Accessible and in Good Working Order	G-GEOP Accessible on Truck
	ORKING ORDER.
museriai Line Problikaria i 1. (2001) had	
Leak Investigati	ÓD!
Demonstrated proper care, handling and calibration of le	
Opponstrated turning on instrument and zeroed in ambie	
Determined location of company facilities	are ji da wii
O Installed bar holes to determine potential gas migration	
Tested cracks in povement, sidewalks, exterior walls and o	ther locations that may indicate leakage
Tested adjacent structures for migration of gas	
© Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	•
Prepared proper completion of leak documentation	
	MIC, BROLLE 2" plastic
ompany. Thomas TECH SET RESIDETER	AND MONTHANDS WHILE CREWS
OMPANY, TROUBLE TELL SET REMETER	AND MONTHANDS WHILE CREWS
COMPANY, TROMETERS SET ACCUMENCE US SENIES UP AT MAIN AND SOURCE	AND MONTHANDS WHILE CREWS
COMPANY, TROUBLE TECH SET REMETER. US SEMPLE UP AT MAIN AND SOUEZZE ACUSE REPORTES. Vehicle:	AND MONTTONDO VHITE CREWS TO
COMPANY, TROMIE TECH SET REMETER US SEMILE UP AT MAIN AND SOUDEZE ALLE REPAIRS, Vehicle: vicle Number: 4719 Vehicle Description: INTERNAT	AND MONTANDO WHITE CREWS TO DOFF SMILVICE. CLEWS TO LONG L. Operators License: Y
Company, TROUNE TECH SET ARMITER US SELVICE UP AT MAIN AND SOURCE AND TERPORATES, Vehicle: icle Number: 4719 Vehicle Description: INTERNAT dical Card: Y N Operator Name	AND MONTANDO WHITE CREWS TO DOFF SETEVICE. CLEWS TO LONG L. Operators License: Y
Company, Thouse TECH SET ARMITER US SERVICE UP AT MAIN AND SOURCE ACHE TEPARES, Vehicle: Vehicle Description: INTERNAT Operator Name Parlor Condition: Good	AND MONTANDO WHITE CREWS TO DOFF SMILVICE. CLEWS TO LONG L. Operators License: Y
Company, Thouse TECH SET REINCTER US SEMILE UP AT MAIN AND SOURCE Nicle Number: 4719 Vehicle Description: INTERNAT dical Card: Y N Operator Name erior Condition: GOOD vior Condition: GOOD	AND MONTANDO WHITE CREWS TO DOFF SETEVICE. CLEWS TO LONG L. Operators License: Y
Company. Thouse TECH SET REINCTER JG SELLE UP AT MAIN AND SOURCE Nelle: Vehicle: Vehicle Description: INTERNAT dical Card: Y N Operator Name exter Condition: Good chanical issues: NONE	AND MONTANDO WHITE CREWS TO DOFF SETEVICE. CLEWS TO LONG L. Operators License: Y
Company. Thouse TECH SET REMETER JE SELVICE UP AT MAIN AND SOURCE MALLE TERPILES. Vehicle: Vehicle Description: INTERNAT dical Card: Y N Operator Name erior Condition: Good chanical issues: None ety Equip: Good	AND MONTANDO WHITE CREWS TO DOFF SMILVICE. CLEWS TO LONG L. Operators License: Y
Company. Thouse TECH SET REINTER JE SELLES UP AT MAIN AND SOUEZE ALLE TEPAILS. Vehicle: Vehicle Description: INTERNAT dical Card: Y N Operator Name erior Condition: Good chanical Issues: MONE ety Equip: Good Is/Other Equipment: Good	AND MONTANDS WHITE CREWS OD OFF SETEVICE. CLEWS TO LONAL Operators License: Y Supv Name Tony Herne
Amphity. Thouse TECH SET ARIMITER UG SELVICE UP AT MAIN AND SOURCE Idente Repaires. Vehicle: icle Number: 4719 Vehicle Description: INTEXPAT dical Card: Y N Operator Name erior Condition: Good rior Condition: Good ihanical Issues: MONE ty Equip: Good sofother Equipment: Good Post Trip Inspection Y N	AND MONTANDO WHITE CREWS TO DOFF SMILVICE. CLEWS TO LONG L. Operators License: Y
Ampany, Thouse Tech set Asumitee UG selves up at main and source Idule Repairs, Vehicle: Icle Number: 4719 Vehicle Description: INTEXPAT Idical Card: V N Operator Name Prior Condition: Good inanical Issues: MONE ty Equip: Good s/Other Equipment: Good Post Trip Inspection Y N	AND MONTANDS WHITE CREWS OD OFF SETEVICE. CLEWS TO LONAL Operators License: Y Supv Name Tony Herne
Company, Thouse TECH SET REMETER ULF SENTES UP AT MAIN AND SOURCE NAME TEPPILES. Vehicle: icle Number: 4719 Vehicle Description: INTERNAT dical Card: V N Operator Name erior Condition: Good chanical issues: MONE ty Equip: GOOD Is/Other Equipment: GOOD Post Trip Inspection V N Imments:	AND MONTANDS WHITE CREWS OD OFF SETEVICE. CLEWS TO LONAL Operators License: Y Supv Name Tony Herne
Company, Thonix TECH SET ACCOMMICE AND SOURCE OF MAIN AND SOURCE OF MA	AND MONTANDS WHILE CREWS OD OFF SUTEVICE. CLEWS TO LONAL Operators License: Y Supv Name Towy HERKE Vehicle Packet Y N
Company. Thouse TECH SET REMETER JE SELVES UP AT MAIN AND SOURCE MALE TERRILS. Vehicle: Vehicle: Vehicle Description: INTERNAT dical Card: Y N Operator Name erior Condition: Good chanical issues: None ety Equip: Good Is/Other Equipment: Good Is/Other Equipment: Good Audit Summary: rall Audit Rating Good	OFF SETTINEE. CLEWS TO LONG L Operators License: Y N Supv Name Tony Herne Vehicle Packet Y N Date/Time of Audit 10-30-12/11.
Company. Thouse Tech set are main and source up art main and source and the technical up art main and source and the technical series. Vehicle: Vehicle Description: INTERNAT dical Card: Y N Operator Name erior Condition: Good prior Condition: Good prior Condition: Good erior Condition: Good phanical issues: Mone erity Equip: Good lis/Other Equipment: Good phanical issues: Mone erity Equip: Good lis/Other Equipment: Good lis/Othe	AND MONTANDS WHILE CREWS OD OFF SUTEVICE. CLEWS TO LONAL Operators License: Y Supv Name Towy HERKE Vehicle Packet Y N
Audit Summary: amphity. Thouse Tech set refuncted up at main and source up at main and source. Vehicle: icle Number: 4719 Vehicle Description: INTERNAT dical Card: Y N Operator Name enfor Condition: Good chanical issues: None ty Equip: Good is/Other Equipment: Good is	OFF SETTINEE. CLEWS TO LONAL Operators License: Y N Supv Name Tony Herre Vehicle Packet Y N Date/Time of Audit 10-30-12/11.

LG&E Gas Safety/Pro	cedural Audit Form
General Safely	information:
ntractor: Miller Pipeline Reporting Location: Can	al 5+, Passported?YN
me/Title Employee Working: Danny Lawson	Immediate Supy: Jim Linton
imes of Other Employees on Job: Neal Miller.	David Nowlin
Idress/Description of Work 400 Blk West Li	beaty St.
INVESTIGATING leak ON 18"CILP	gas main
b Planning (Scouting, etcl)YN	Job Briefing VYN
ork Area Protection (signs, flags, cones, etc.) <u>Areow bo</u>	and on lab site cones an signs
out an in place	/
ersonal Protective Equipment (Gloves, hard hats, etc.) PF	E being used by all.
ther Hazards In Area: None	
Equipn	nenti
as Equipment:	Safety Equipment:
	(Y) First Ald Kit Current
Gauges on Truck and In Good Condition	(*) Fire extinguisher on truck/tagged
(YEquipment Stored Properly	FOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments: Allin order.	
Leak Inve	stigation
Openionstrated proper care, handling and calibration	
Demonstrated turning on instrument and zeroed in	
Determined location of company facilities	
Installed bar holes to determine potential gas migra	ntion
Tested cracks in pavement, sidewalks, exterior walls	
Tested adjacent structures for migration of gas	and other locations that may majeute reakage
Established and monitored perimeter	
© Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
 Prepared tasks consistent with procedures Prepared proper completion of leak documentation 	
Comments: 10 bax holes in street an si	down IK Ponding to kan i in Il and
comments: 10 bax RBICS IN STREET ARSI	WEWALK REDAINES TAILEH IN ATT MANY
and in scener lid's no gas tound Deta to 4th St. Live Leak's on Y''nipple	ecked leak over 4"LP service gas servi
and a second least the least and it	
	270 GOS AT /CAL
	hiele), which is a second of the second of t
	Operators License: Y
Medical Card: ✓ Y N Operator Name Danny	Lawson Supr Name Jim Linter
Exterior Condition: Good /	
Interior Condition: Good	
Mechanical Issues: Hone	
Safety Equip: All good.	
lm 1 /m 1 = 1	
Tools/Other Equipment: Good	Vehlcle Packet 🗸 Y N
Pre/Post Trip InspectionYN	Actuate Lacket A 1
	velicie racket 7 1 14
Pre/Post Trip InspectionYN Comments:	
Pre/Post Trip InspectionYN Comments:Audit	Summalyi
Pre/Post Trip InspectionYN Comments:Audit Overall Audit RatingCood	Summary: Date/Time of Audit_11-14-12 1:36
Pre/Post Trip Inspection Y N Comments: Overall Audit Rating Good Name of Auditor M Muchy	Date/Time of Audit_11-14-12 1:30 Discussed w/Employee ✓ Y N
Pre/Post Trip InspectionYN Comments:Audit Overall Audit RatingCood	Date/Time of Audit_11-14-12 1:30 Discussed w/Employee ✓ Y N

LG&E Gas Safety/Pi	rocedural Audit Form
General Safe	ity Information:
ontractor: 464E Reporting Location: CE	Passported? Y N
ame/Title Employee Working: JUSTIN BURRIS	
	SETT & KEULI GOZZARD.
ddress/Description of Work, 180 MAIN 6T., C	FAITED WI RENAIDING LEAK ON
2" ALGUL-A PLASTIC MAIN.	Sad Text 1. To pitte in the
	tation to the Vivian N
ob Planning (Scouting, etc.) YN	Job Briefing X Y N
Vork Area Protection (signs, flags, cones, etc.) ALL S	RODER
ersonal Protective Equipment (Gloves, hard hats, etc.) <u>A</u>	IL PAE LIBER ARGAERLY
other Hazards In Area: LONE (HAS OTHE	ER UTILITIES LOCATED)
Equl	pment:
as Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	
Gauges on Truck and In Good Condition	Fire extinguisher on truck/tagged
Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and In Good Working Order	
omments:	
Leak Inv	vestigation:
🔀 Demonstrated proper care, handling and calibration	on of leak Instrument
Demonstrated turning on instrument and zeroed in	
Determined location of company facilities	in uniblent free dir
	eatlan
Installed bar holes to determine potential gas mig	
Tested cracks in pavement, sidewalks, exterior wall:	s and other locations that may indicate leakage
X Tested adjacent structures for migration of gas	
💢 Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
A Drangued proper convolution of look documentation	00'
comments: LEIAL WAS IN ALLEY, A	CODEVER NO BLACKTOP MINOCHES.
	URES MINDLYED, GAS PERIMETER
ABOUT A IN PANIES AUDIOUS	TEN FAIL EXACTLY.
TEDUS A TO REGILLS. PHAPPOINT	THE NOTICE CONTRACTOR
Ve	ehicle:
ehicle Number: Vehicle Description:	Operators License: Y N'
1edical Card: Y N Operator Nome	
xterior Condition:	•
nterior Condition:	
dechanical issues:	
afety Equip:	
ools/Other Equipment:	
re/Post Trip InspectionYN	Vehicle PacketYN
omments:	
	Summary:
Overall Audit Rating, 6000	Date/Time of Audit 1330 11-
Name of Auditor AONS AKIN.	Discussed w/Employee X Y N
Recommendations/Suggestions: WONE	· · · · · · · · · · · · · · · · · · ·
recommendations/ auggestions. Yes Over the	

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General Safety I	cedural Audit Form
Contractor: Reporting Location: Muldra Name/Title Employee Working: Joe Baker - Crew Leader	
Names of Other Employees on Job: Leroy Martin, Mike	
Address/Description of Work 401 South Wilson Road, Rado	
Disconnecting Main, Third Party Damage	Citif, KT 40100
lob Planning (Scouting, etc.) _XYN	Job Briefing Y x N
Work Area Protection (signs, flags, cones, etc.)Yes	JOB BITCHING 1 X 14
Personal Protective Equipment (Gloves, hard hats, etc.)X_	PPE worn
Other Hazards in Area: None	
Equipmo	
Gas Equipment:	Safety Equipment:
x CGI's calibrated in last 30 days	x First Aid Kit Current
x Gauges on Truck and in Good Condition	x Fire extinguisher on truck/tagged
x Equipment Stored Properly	x GEOP Accessible on Truck
x Probes Accessible and in Good Working Order	
Comments:	
Leak Invest	
NA Demonstrated proper care, handling and calibration	-
NA Demonstrated turning on instrument and zeroed in	ambient free air
x Determined location of company facilities	
NA Installed bar holes to determine potential gas migr	ation
NA Tested cracks in pavement, sidewalks, exterior walls	and other locations that may indicate leakage
NA Tested adjacent structures for migration of gas	
NA Established and monitored perimeter	
NA Demonstrated proper grading of leaks	
x Performed tasks consistent with procedures	
	1
x Prepared proper completion of leak documentation	
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble	
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble	
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble	tech. Crew was on site to disconnect main from valve
x Prepared proper completion of leak documentation Comment: This was a call originally responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description:	tech. Crew was on site to disconnect main from valve :le: Operators License: YN
x Prepared proper completion of leak documentation Comment: This was a call originally responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description:	tech. Crew was on site to disconnect main from valve :le: Operators License: YN
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name	tech. Crew was on site to disconnect main from valve Lle: Operators License: YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name	tech. Crew was on site to disconnect main from valve Lie: Operators License:YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name Exterior Condition: Interior Condition:	tech. Crew was on site to disconnect main from valve Lie: Operators License:YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name Exterior Condition: Interior Condition: Mechanical Issues:	tech. Crew was on site to disconnect main from valve Lle: Operators License: YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card:YN Operator Name Exterior Condition:	tech. Crew was on site to disconnect main from valve Lie: Operators License:YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originally responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name Exterior Condition: Interior Condition: Mechanical Issues: Safety Equip: Tools/Other Equipment:	tech. Crew was on site to disconnect main from valve Lie: Operators License:YN Supv Name
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name Exterior Condition: Interior Condition: Mechanical Issues: Safety Equip:	tech. Crew was on site to disconnect main from valve cle: Operators License:YN Supv Name Vehicle PacketYN
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N	tech. Crew was on site to disconnect main from valve cle: Operators License:YN Supv Name Vehicle PacketYN
x Prepared proper completion of leak documentation Comment: This was a call originallly responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N	tech. Crew was on site to disconnect main from valve Cle:
x Prepared proper completion of leak documentation Comment: This was a call originally responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N	tech. Crew was on site to disconnect main from valve cle: Operators License:YN Supv Name Vehicle PacketYN
x Prepared proper completion of leak documentation Comment: This was a call originally responed to by a trouble Trouble Tech had already turned gas off. Vehicle Tech had already turned gas off. Vehicle Number: 4610 Vehicle Description: Medical Card: Y N Operator Name Exterior Condition: Interior Condition: Mechanical Issues: Safety Equip: Tools/Other Equipment: Pre/Post Trip Inspection Y N Comments: Vehicle and equipment was not inspect Audit Sun Overall Audit Rating Good x	tech. Crew was on site to disconnect main from valve Cle:

	edural Audit Form
General Safety Inf	formation:
	gh Passported?YN Immediate Supv: Ed Walton
lames of Other Employees on Job:Charlie Roberts ddress/Description of Work2119 S. Dixie Hwy. Radcliff KY 4 nvestigating Leak (smell of gas)	.0160
ob Planning (Scouting, etc.)YN Vork Area Protection (signs, flags, cones, etc.)N	Job Briefing Y x N
ersonal Protective Equipment (Gloves, hard hats, etc.)	_ PPE worn
Other Hazards in Area:	
Equipmen	
Gas Equipment:	Safety Equipment:
x CGI's calibrated in last 30 days	x First Aid Kit Current
x Gauges on Truck and in Good Condition	x Fire extinguisher on truck/tagged
x Equipment Stored Properly	x GEOP Accessible on Truck
x Probes Accessible and in Good Working Order Comments:	
Leak Investig	
x Demonstrated proper care, handling and calibration Demonstrated turning on instrument and zeroed in a	
x Determined location of company facilities	
x Installed bar holes to determine potential gas migra	
Tested cracks in pavement, sidewalks, exterior walls a	ind other locations that may indicate leakage
Tested adjacent structures for migration of gas	
X Established and monitored perimeter	
 Demonstrated proper grading of leaks 	
x Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	
Comment: Employees identified sewer gas as odor customer sn	
House lines was tested and areas around meter loop was inspe	ected for gas leak
Vehicle Number: 6218 Vehicle Description:	
Medical Card: Y N Operator Name	
Exterior Condition:	
Interior Condition:	
Mechanical Issues:	
Safety Equip:	
Tools/Other Equipment:	
Pre/Post Trip InspectionYN	Vehicle PacketYN
Comments: Vehicle and equipment was not inspecte	
	marv.
Audit Sum	, , , , , , , , , , , , , , , , , , ,
Audit Sum Overall Audit Rating_ Good	Date/Time of Audit 11/15/2012-1100h
Overall Audit Rating_ Good	Date/Time of Audit 11/15/2012-1100h

General Safety	Information:
Contractor: Reporting Location: Muldra	nugh Passported?YN
Name/Title Employee Working: Wayne Darnall	Immediate Supv: Ed Walton
Names of Other Employees on Job:	
Address/Description of Work 330 Park Ave., Radcliff, Ky 40	160
ob Planning (Scouting, etc.)YN	Job BriefingYN
Vork Area Protection (signs, flags, cones, etc.) N/A Pa	arked in Driveway
Personal Protective Equipment (Gloves, hard hats, etc.)	Yes
Other Hazards in Area: None	
Equipm	ent:
Gas Equipment:	Safety Equipment:
x CGI's calibrated in last 30 days	x First Aid Kit Current
x Gauges on Truck and in Good Condition	x Fire extinguisher on truck/tagged
x Equipment Stored Properly	x GEOP Accessible on Truck
x Probes Accessible and in Good Working Order	
Comments:	
Leak Inves	
x Demonstrated proper care, handling and calibration	
x Demonstrated turning on instrument and zeroed in	n ambient free air
x Determined location of company facilities	
x Installed bar holes to determine potential gas mig	
x Installed bar holes to determine potential gas mig x Tested cracks in pavement,sidewalks,exterior wall	
x Installed bar holes to determine potential gas mig x Tested cracks in pavement,sidewalks,exterior wall x Tested adjacent structures for migration of gas	
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x Installed bar holes to determine potential gas mig x Tested cracks in pavement,sidewalks,exterior wall x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks	
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x Installed bar holes to determine potential gas mig x Tested cracks in pavement,sidewalks,exterior wall x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks	s and other locations that may indicate leakage
x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation	s and other locations that may indicate leakage n
x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation	s and other locations that may indicate leakage n
x Installed bar holes to determine potential gas mig x Tested cracks in pavement,sidewalks,exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentatio Comment: Call was origjnally for 330 Park. Leak was found of	s and other locations that may indicate leakage on on service at 319 Park Ave
x Installed bar holes to determine potential gas mig x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found of	s and other locations that may indicate leakage on on service at 319 Park Ave cle:
x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found of the comments of the c	s and other locations that may indicate leakage on service at 319 Park Ave cle: Operators License:x_Y
x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found a Vehicle Number: 6214 Vehicle Description: F350 Medical Card: x Y N Operator Name Wayn	on on service at 319 Park Ave cle: Operators License:x_Y se Darnall Supv Name_Ed Walton
x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found of the comments of the c	s and other locations that may indicate leakage on service at 319 Park Ave cle: Operators License:x Y se Darnall Supv Name_Ed Walton
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x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found of the	s and other locations that may indicate leakage on service at 319 Park Ave cle: Operators License:x_Y be Darnall Supv Name_Ed Walton Vehicle PacketYN
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x Installed bar holes to determine potential gas mig. x Tested cracks in pavement, sidewalks, exterior wall. x Tested adjacent structures for migration of gas x Established and monitored perimeter x Demonstrated proper grading of leaks x Performed tasks consistent with procedures x Prepared proper completion of leak documentation Comment: Call was originally for 330 Park. Leak was found of the comments of the c	s and other locations that may indicate leakage on service at 319 Park Ave cle: Operators License:x_Y_ se Darnall Supv Name_Ed Walton Vehicle PacketYN
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LG&E Gas Safety/Proces	
	Passported?YN
	Immediate Supv. Eric Netherton
mes of Other Employees on Job:	
idress/Description of Work 3628 Northwester	N PKWY.
Code linside house	
	Job Briefing VY_N
b Planning (Scouting, etc.) <u> </u>	und truck, Flashers on.
ersonal Protective Equipment (Gloves, hard hats, etc.) PPE	being used.
ther Hazards In Area: None	
Egulpment	
as Equipment:	Safety Equipment:
Gauges on Truck and In Good Condition New	✓ Fire extinguisher on truck/tagged
♂ Equipment Stored Properly	
✓ Probes Accessible and in Good Working Order	
Comments: All good	
	alloni
Demonstrated proper care, handling and calibration of l	
☑ Demonstrated turning on instrument and zeroed in amb	pient free air
∅ Determined location of company facilities	1
O Installed bar holes to determine potential gas migration	!
Tested cracks in pavement, sidewalks, exterior walls and	other locations that may indicate leakage
Tested adjacent structures for migration of gas	,
 Established and monitored perimeter 	į
✓ Demonstrated proper grading of leaks	
✓ Prepared proper completion of leak documentation	, , , , , , , , , , , , , , , , , , , ,
Comments: Called in as code linside	nouse, No leak on service line,
His test ok meter. No gas was o	leteched in house. Job Cleared.
Vehici	Asperture your course or a service of the service o
Vehicle Number: 6024 Vehicle Description: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	245 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Medical Card: Y ✓ N Operator Name \(\sigma_{\text{oe}} \ C_{\text{s}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Exterior Condition: Good	
Interior Condition: Good	
Mechanical Issues: None	1
Safety Equip: All good	
Tools/Other Equipment: God	
Pre/Post Trip InspectionYN_A	Vehicle Packet ✓ Y N
Comments: All looked Groot.	Actilicie Lacker
Comments: Att I soken Growt	
2 Audit Sum	MINAPPARA
Overall Audit Rating Good	Date/Time of Audit 1-26-12 11:30 Ark
Name of Auditor TM Muschy	Discussed w/Employee V Y N
	YONE at this time.
1373 100 8 25 4 40 4 1	The state of the s
	i

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LG&E Gas Safety/Pro	
	(nformation):
ontractor: Reporting Location: FO ame/Title Employee Working: Chais Hall ames of Other Employees on Job: Chais Booke	Passported?YN Immediate Supv: Tony Heckel
ddress/Description of Work 3321 TRinity Rd Leak at tapping tee on 2" plastic	
ob Planning (Scouting, etc.) <u>レッ</u> ソN Vork Area Protection (signs, flags, cones, etc.) <u>いぬに a e</u> s	ea had all cove's y signs out.
ersonal Protective Equipment (Gloves, hard hats, etc.) <u>All</u>	had PPE OH.
Other Hazards in Area: Nonc.	mentra de la companya
Gas Equipment:	Safety Equipment:
♂ CGI's callbrated In last 30 days	
' O Gauges on Truck and In Good Condition	♂ Fire extinguisher on truck/tagged
Sequipment Stored Properly	
→ Probes Accessible and in Good Working Order	
comments: Fine extinguisher out an	at dig site.
Leakiny	
Openonstrated proper care, handling and calibration	•
	amblent free air
ODetermined location of company facilities	
(Installed bar holes to determine potential gas migr	
	and other locations that may Indicate leakage
Tested adjacent structures for migration of gas	,
⊗ Established and monitored perimeter	
Demonstrated proper grading of leaks	
 Prepared proper completion of leak documentation 	n
comments: Several probe hole at mai	IN + service both long + short service
had probe holes down. 85% gas made on bad tuse on long service	over long service at Main. Repairs
	DIGINATION
Vehicle Number: 4721 Vehicle Description: Medical Card: Y N Operator Name Chais B Exterior Condition: Good	
Safety Equip: Good	
Tools/Other Equipment: Crood	White Bod is a fix
Pre/Post Trip InspectionYN Comments:	Vehicle PacketN
or the property of the propert	Control of the contro
	AUMMAYUWA
Overall Audit Rating Good	Date/Time of Audit 12-12-12 11:40 A
Name of Auditor The Musphy	Discussed w/EmployeeYN
Recommendations/Suggestions:	
None at this ti	me, All looked Good.

٠, ٠

C → AuditNo: 15	117 Contractor:	▼ Specify Other:
Company.	Passported?:	Passport Shown on Request?:
Crew Reporting Location: EOC - Gas		Immediate Supervisor.
Lead Fersuri #1.		
Employees under their supervision on this job:	Click to add employee to audit	
and the second	128 Ridgeway Ave. / broken 2in main	
Location and brief description of work:	128 Fdogeway Ave. 7 Glorical Edition	
Job Planning (Scouting, etc.):	All Proper? Describe:	
Job Flamming (Cooking)	Yes	
Job Briefing (Tailboard Conf., etc.):	All Proper? Describe:	
	Yes 🔻	
Work Area Protection (Signs, Flags):	All Proper? Describe:	
,	Yes	
PPE (Hardhat, Gloves Sleeves):	All Proper? Describe: all in	n use
	Yes	
Cover-Up Equipment	All Proper? Describe:	
	Not Applicable	
Other Equipment and Procedures:	All Proper? Describe: grou	unding of tools
Office Edules	Yes	
Hazards not being guarded against by crew:	none seen	
Overall Safety Rating of Crew.	Good	
Recommendations or Suggestions:		
Are all safety devices in working order?	Not inspected Describe:	
	1	
Audit results discussed with employee in cha	rge? No 🔻 Describe:	
	1	Employee Performing Audit: MCBRIDE, KEITH
Date of Audit 12/13/2012	Time of Audit 1700	Employee Performing Audit: MCBRIDE, KEITH Follow Up?
Entered Date/Time: 12/14/2012 8:11:41 A	Entered By:	1 LOURN Ab:

LG&E Gas Safety/Procedural Audit Form

General Safety Inform	ation:
Contractor:N/A_ Reporting Location:Muldraugh_	Passported?YN
Name/Title Employee Working:_Dale Doolin	Immediate Supv:_Ed Walton
Names of Other Employees on Job:N/A	
Address/Description of Work_501 Browns Lane, Radcliff, KY. Investigating I	eak call about gas smell from oven
Job Planning (Scouting, etc.)X_YN	Job Briefing_X_YN
Work Area Protection (signs, flags, cones, etc.)N/A	
	1
Personal Protective Equipment (Gloves, hard hats, etc.)_Employee wore saf	ety glasses and steel toed shoes_
Other Hazards in Area:_N/A	
Equipment:	
Gas Equipment:	Safety Equipment:
Yes CGI's calibrated in last 30 days - note employee used GT-40	Yes First Aid Kit Current
Yes Gauges on Truck and in Good Condition	Yes Fire extinguisher on truck/tagged
Yes Equipment Stored Properly	Yes GEOP Accessible on Truck
Yes Probes Accessible and in Good Working Order	*
Comments:	•
N/A	
1 - L L	
Leak Investigation	
Yes Demonstrated proper care, handling and calibration of leak instrur	
Yes Demonstrated turning on instrument and zeroed in ambient free a	
No Determined location of company facilities - Call was to investigate	oven, no report of outside leak and no maleadon at meter.
No Installed bar holes to determine potential gas migration -	st that was hadianta lankana
No Tested cracks in pavement, sidewalks, exterior walls and other local	tions that may indicate leakage
No Tested adjacent structures for migration of gas - No leak reported	outside, no smell present around meter.
No Established and monitored perimeter - Smell reported at oven. Em	
Yes Demonstrated proper grading of leaks - Employee red-tagged over	7.
Yes Performed tasks consistent with procedures	·
Yes Prepared proper completion of leak documentation Comments: _Employee determined through discussion with customer and leadings.	Investigation that the stove's control valve
	Investigation that the stove's control valve
was not working properly and red-tagged applicance Customers were not asked to evacuate, there was no immediate	danger
Customers were not asked to evaluate, there was no minicular	e danger.
Vehicle:	
Vehicle Number:6045 Vehicle Description:F-350	Operators License: _X_YN
Medical Card:X_YN Operator NameDale Doolin	Supv NameEd Walton
Exterior Condition: Excellent	
Interior Condition: Very good, well-organized	
Mechanical Issues:	•
Safety Equip:Safety equipment present	
Tools/Other Equipment:	**************************************
Pre/Post Trip InspectionX_YN	Vehicle Packet X_YN
Comments:	The state of the s
Audit Summary	
Overall Audit Rating Very Good	Date/Time of Audit_12/14/2012, 11:30
Name of AuditorTom Rieth	Discussed w/Employee_X_YN
Recommendations/Suggestions: No suggestions, employee w	
Recommendations/Suggestions	orking surciy

AuditNo: 15	136 Contractor.			2.5	Specify Other:	And the second to be a second to the second	
Company:		Passported?:	P	assport Show	on Request?:		
Olow Hobouring	Lead Person #2:			- Immedia	te Supervisor.		
Ledu Felson #1.	<u></u>	→ ??					
Employees under their supervision on this job:	Click to add employee t						
Location and brief description of work	Upper River Rd. / brok		vice				
Job Planning (Scouting, etc.):	All Proper?	Describe:					
· •	Yes						
Job Briefing (Failboard Conf., etc.):	All Proper?	Describe:					
	Yes						
Work Area Protection (Signs, Flags):	All Proper?	Describe:					
	Yes	<u> </u>					
PPE (Hardhat Gloves Sleeves):	All Proper?	Describe:	all in use				
	Yes	Describe:]				
Cover-Up Equipment	All Proper?						
	Not Applicable	<u>্</u>	J Jane				The state of the s
Other Equipment and Procedures:	All Proper?	Describe:	grounded tools				
	Yes	79-02	<u> </u>	•			
Hazards not being guarded against by crew:							
		,					
Overall Safety Rating of Crew.	Good						
Recommendations or Suggestions:	:						
		-					
Are all safety devices in working order?	Not inspected 👅	Describe:					
Audit results discussed with employee in cha	arge? No 🔼	Describe:				•	
	Time of Audit	1100		Employee	Performing Audit	MCBRIDE, KEITH	
Date of Audit 12/14/2012 -	Entered By:			Follow	Up?		
Entered Date/Time: 12/14/2012 12:39:50							

LG&E Gas Safety/Proce	dural Audit Form
General Safety Info	
Contractors Reporting Incation: HOC	Passnorted? V N
Name/Title Employee Working: KS/JN/Y PSAV/ ER	Immediate Supv: ERIC NETHERICA
Names of Other Employees on Job: Address/Description of Work 7009 SHA I OW JAK	E 0.1
Address/Description of Work 7009 SHAllow IAK	
Job Planning (Scouting, etc.)YN	Job BriefingYN
Work Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	
Other Hazards in Area:	
Equipment:	
	Safety Equipment:
♥ CG's colibrated in last 30 days	○ First Ald Kit Current
Gauges on Truck and in Good Condition	
★ Egyalpment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	j
Comments:	
FIRE EXTINOISHER NEEDS A	NEW 584/.
Leak Investigat	
O Demonstrated proper care, handling and callbration of is	
Demonstrated turning on Instrument and zeroed in ambi	
O Determined location of company facilities	
() Installed bar holes to determine potential gas migration	J
Tested cracks in pavement, sidewalks, exterior walls and c	other locations that may indicate leakage
Tested adjacent structures for migration of gas	
Established and monitored perimeter	
Demonstrated proper grading of leaks	
Definition treat proper grading of reads Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	:
	1
PARTY SAID SHE CICK'T SME (BA)	5 CN/Y CONCERNED WITH
AROUND THE METER 100P.	
Vehicle:	
ehicle Number: 6300 Vehicle Description: F350	
Medical Card: Y N Operator Name	Supv Name CCC TVF/TTACIST
xterlor Condition:	
nterior Condition:	
fechanical issues;	
afety Equip:	
ools/Other Equipment:	
re/Post Trip inspectionYN	Vehicle Packet_V_YN
omments:	
	· ·
Audit Summer	
verall Audit Rating Gools	Date/Time of Audit 08:00 / 12-19-1
ame of Auditor SRIC NETHELTEN	Discussed w/EmployeeYN
ecommendations/Suggestions:	

CGV calibrated in last 30 days Gauges on Truck and in Good Condition Gauges on Truck and in Good Condition GEOP Accessible on Truck Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in ambient free air Determined location of company facilities Installed bar holes to determine potential gas migration
Name/Title Employee Working: TEVE SUMMER Immediate Supv: ERIC MINER Names of Other Employees on Job: HNAREW WARKE Address/Description of Work MINI CREEK POWER PLANT Job Planning (Scouting, etc.) VY N Job Briefing VY N Work Area Protection (signs, flags, cones, etc.) WORK AREA CONES & TAREA. Personal Protective Equipment (Gloves, hard hats, etc.) YES AN PE WORN Other Hazards in Area: Blowing Sas Construction TRAFF. Equipment: Safety Equipment: Safety Equipment: Gayes on Truck and in Good Condition Five extinguisher on truck/tagged Five extinguisher on truck/tagged OF Equipment Stored Properly Probes Accessible and in Good Working Order Comments: Puck Organizes Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in ambient free air Office air
Address/Description of Work
Job Planning (Scouting, etc.)
Work Area Protection (signs, flags, cones, etc.) Week AREA Corves & TAPEA. Personal Protective Equipment (Gloves, hard hats, etc.) YES All PPE WORN Other Hazards in Area: Blowing GAS, Construction TRAFF. Equipment: Gas Equipment: Gas Equipment: Gayges on Truck and in Good Condition Gayges on Truck and in Good Condition Figure extinguisher on truck/tagged Office extinguisher on truck/tagged Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on truck/tagged Office extinguisher on Truck Office extinguisher on Truck Office extinguisher on truck/tagged Office extinguisher
Other Hazards in Area: Rowing GAS Construction TRAFF. Equipment: Gas Equipment: Gayges on Truck and in Good Condition Gayges on Truck and in Good Condition Gayges Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
Equipment: Gas Equipment: Safety Equipment: Gayges on Truck and in Good Condition Equipment Stored Properly Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
Gas Equipment: CGI's Calibrated in last 30 days Gauges on Truck and in Good Condition Equipment Stored Properly Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Determined location of company facilities Installed bar holes to determine potential gas migration
GGU's calibrated in last 30 days Gguges on Truck and in Good Condition Equipment Stored Properly Frobes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Determined location of company facilities Installed bar holes to determine potential gas migration
GCGVs calibrated in last 30 days Gguges on Truck and in Good Condition Fire extinguisher on truck/tagged Gequipment Stored Properly Frobes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
Equipment Stored Properly Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
Probes Accessible and in Good Working Order Comments: Fuck ORGANJIZES
Probes Accessible and in Good Working Order Comments: Puck ORGANIZE
Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
 Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
 Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
 Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on Instrument and zeroed in amblent free air Determined location of company facilities Installed bar holes to determine potential gas migration
Demonstrated turning on Instrument and zeroed in ambient free air Determined location of company facilities Installed bar holes to determine potential gas migration
Determined location of company facilities Installed bar holes to determine potential gas migration
☑ Installed bar holes to determine potential gas migration
Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage
Tested adjacent structures for migration of gas
★ Established and monitored perimeter
Demonstrated proper grading of leaks
Performed tasks consistent with procedures
Prepared proper completion of leak documentation
Comments: POWER PLANT HAD LEAKING UNDERGROUND HOUSE
LINE ESTABLISM PERIMETER, & STARTED EXCAVATION
Vehicle:
Vehicle Number: 4720 Vehicle Description: GAS (PEW TRUCK. Operators License: VY_N Medical Card: N Operator Name ANDREU WANDE Supv Name ERICMINER Exterior Condition: AIRTY
Interior Condition: FAIR'
Mechanical Issues: NonE
Safety Equip: Good
Tools/Other Equipment: GoING TO REORGANIZE A BIN ON TRUCK TO CLEAN US
Pre/Post Trip Inspection Y N Vehicle Packet Y N
Comments:
Audit Summary:
Overall Audit Rating 600 A Date/Time of Audit 12 124/12
Name of Auditor FTE MILER Discussed W/Employee N N Recommendations/Suggestions: ONE BIN ON TRUCK NEEDS GOING TO BE CLEANED UP. REST OF TRUCK GOOD SHAPE

LG&E Gas Safety/Procedural Audit Form
General Safety Information:
Contractor: LGE Reporting Location: ACC Passported? Y N
Name/Title Employee Working: CHAN COCHRAN Immediate Supv: ERIC MILER
Names of Other Employees on Job: MARK UJAUACE LESTER GOTZINGER
Address/Description of Work 9114 HOGARTH CT.
Job Planning (Scouting, etc.) Y N Job Briefing Y N
Work Area Protection (signs, flags, cones, etc.) NO SKNS NO FLAGS - YES CONES
\$STROBE LIGHTS. CLASS I LEAK HAD TO WORK FAST.
Personal Protective Equipment (Gloves, hard hats, etc.)
Other Hazards in Area: RIANING GAS
Equipment:
Gas Equipment: Safety Equipment:
CGI's calibrated in last 30 days First Ald Kit Current
Gauges on Truck and in Good Condition Fire-extinguisher on truck/tagged
© Equipment Stored Properly © GEOP Accessible on Truck
Probes Accessible and in Good Working Order
Comments:
Leak Investigation:
Demonstrated proper care, handling and callbration of leak instrument
Demonstrated turning on instrument and zeroed in ambient free air
Determined location of company facilities
Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage
Tested adjacent structures for migration of gas
Established and monitored perimeter
Demonstrated proper grading of leaks
Performed tasks consistent with procedures
Prepared proper completion of leak documentation
Comments: LESTER (TROUBLE MAN) CALLED FOR CREW. HOUSE FILLED WI
GAS, NO STOP BOX WHILE WAITING, FOR CREW LESTER STARTED NIGGING
BY HAND, CREW ARIVED (JUAN & MARK) SAW WREETICY & USED BACKHOE
TO SIG UP LEAK - DOING SO BROKE Z CATU LINES.
Vehicle:
Vehicle Number: 4808 Vehicle Description: GAS CEEW TRUCK Operators License: Y N
MARK WALLET
Interior Condition:
Mechanical issues: None
Safety Equip: HCC Good
Tools/Other Equipment: GODA
Pre/Post Trip Inspection N Vehicle Packet Y N
Comments: In Good of SEATING ORDER.
Audit Summary:
Overall Audit Rating Grood Date/Time of Audit NEC. 27, 2012
Name of Auditor EPIC MILES. Discussed w/Employee N
Recommendations/Suggestions: A DISASTER WAS PROBARLY PREVENTED
AUE TO THE PROPESSIONALISM OF JUAN MARK & LESTER
THEIR IMAK INVESTIGATION INAS RIGHT ON CUE- HOWERY OWN
WAS EVACUATED WHILE WORKING ON LEAK CREW CAILED FIRE AL
FOR ASSISTANCE W/ EVACUATING GAS FROM BUILDINGAFTER LE
WAS REPAIRED. THEY COULD NOT GET ALL GAS DUT OF BUILDING
\$ DIA NOT FEEL COMFORTABLE LEAVING HOUSE.

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LG&E Gas Safety/Pro	
ontractor: M. Nes Pipeline Reporting Location: Can ame/Title Employee Working: Danny Lawson	Immediate Supv: Tim Linton
ames of Other Employees on Job: David Nowling. ddress/Description of Work 419 Dest Liberty Probing to gas leak on 18"CI main	Neal Miller St.
ob Planning (Scouting, etc.) <u>Y</u> N Vork Area Protection (signs, flags, cones, etc.) <u>All</u> out a	Job Briefing VY_N
Personal Protective Equipment (Gloves, hard hats, etc.) Att	had PPE on,
Other Hazards in Area: Hone	The same specific was proved by the control of the
Equip	
Gas Equipment:	Safety Equipment:
	♥ First Ald Kit Current
Gauges on Truck and In Good Condition	⊗ Fire extinguisher on truck/tagged
✓ Equipment Stored Properly	○ GEOP Accessible on Truck
♥ Probes Accessible and in Good Working Order Comments: All cood.	
Comments: All Good.	
	PARTIES AND STATE OF THE STATE
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	er likation was a second
O Demonstrated proper care, handling and calibratio	-
Demonstrated turning on Instrument and zeroed in	amblent free air
Installed bar holes to determine potential gas migr	
	and other locations that may Indicate leakage
Tested adjacent structures for migration of gas	
⊗ Established and monitored perimeter	
O Demonstrated proper grading of leaks	
⊘ Performed tasks consistent with procedures	
O Prenaged proper completion of leak documentation	n
comments: Several probe holes in stra	ect an sidewalk. Reading taken over
18"CI main in street 80% cas. 1	lole being dug at this time to make
Repairs	
to the second of	DISPLACED AND AND AND AND AND AND AND AND AND AN
Vehicle Number: Vehicle Description: Dump	
Medical Card: У Y N Operator Name Down y	Lawson Supv Name Jim Linton
Exterior Condition: Goed	
Interior Condition: Gaad	
Mechanical issues: None	
Safety Equip: All good	
Tools/Other Equipment: <u>Good</u>	
Pre/Post Trip InspectionYN	Vehicle PacketN
Comments:	
The state of the s	SUMMANUS PROPERTY TERMINATED AND THE CONTROL OF THE
Overall Audit Rating Good	Date/Time of Audit_\2-27-\2 \\0\45
Name of Auditor TM Murchy	Discussed w/Employee / Y N
Recommendations/Suggestions: Hone at the	
I .	•

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LG&E Gas Safety/Proc	
General Safety (i ontractor: Reporting Location: AOC	
ame/Title Employee Working: Zeff Clunic	Immediate Supvi ERIC Miller
ames of Other Employees on Job: Mathan Jone	25
1	beaty St.
	nain!
ob Planning (Scouting, etc.) Y N	Job Briefing 🗸 YN
Jork Area Protection (signs, flags, cones, etc.) Signs an	d cones out an in place.
ersonal Protective Equipment (Gloves, hard hats, etc.) <u></u> ਂ ਮ	by all on job site.
ther Hazards In Area: None	
Equipm	
as Equipment:	Safety Equipment:
	First Ald Kit Current
⊘ Gauges on Truck and In Good Condition	∀ Fire extinguisher on truck/tagged
⊗ Equipment Stored Properly	GEOP Accessible on Truck
& Probes Accessible and in Good Working Order Comments: Fire extinguishes aut at hole	•
omments: Type CYTIHAUS NEE ANT ALL ROSE	
PAYOLA RANGE	NEANON AND AND AND AND AND AND AND AND AND AN
Opemonstrated proper care, handling and calibration	of leak instrument
Demonstrated turning on instrument and zeroed in a	amblent free air
⊘ Determined location of company facilities	·
💮 🧭 Installed bar holes to determine potential gas migrat	tion
Tested cracks in pavement, sidewalks, exterior walls a	and other locations that may indicate leakage
Tested adjacent structures for migration of gas	
Established and monitored perimeter	•
✓ Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
Prepared proper completion of leak documentation	
Comments: 6 % gas at 18 CI main	1 under concrete slab poured over
main. Jeff & FRIC + myself deter	emining how to handle repairs.
Miller pipeline on job to assets.	with replies.
the state of the s	MINANANAS PURS PROPERTINANTA DE LA CANTA POR A POR LA CANTA PORTA POR LA CANTA PORTA
	ICA MARIANTANA
Vehicle Number: 4814 Vehicle Description: Caew	
Medical Card:Y N	Supv Name <u>Eeic Miller</u>
Exterior Condition: Good	
Interior Condition: Good Mechanical Issues: None	
Mechanical Issues: None Safety Equip: Good	
Tools/Other Equipment: Good	,
Pre/Post Trip InspectionYN	Vehicle Packet ✓ Y N
Comments:	Acticle Lacker
AUDICA	DEMINISTRATION OF THE PROPERTY
Overall Audit Rating Good	Date/Time of Audit 12-28-12 12:53
Name of Auditor Tm musery	Discussed w/EmployeeYN
Recommendations/Suggestions:	

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	cedural Audit Form
General Safety I	
Contractor: Reporting Location: 40	
Name/Title Employee Working: JUAN COCHIAN Names of Other Employees on Job: MANK WALL	
Names of Other Employees on Job: <u>MARIK WALL</u> Address/Description of Work <u>1529 McKay</u> (CUST LUTE INSIDE
Address/Description of Work 13 247-127-149	USI CUITA TASTOE
ob Planning (Scouting, etc.) Y N	Job Briefing VN
Nork Area Protection (signs, flags, cones, etc.)	
Personal Protective Equipment (Gloves, hard hats, etc.)	EWE World
Other Hazards in Area:	
Equipme	ent:
Gas Equipment:	Safety Equipment:
CGI's calibrated in last 30 days	First Ald Kit Current
Gauges on Truck and In Good Condition	Fire extinguisher on truck/tagged
Equipment Stored Properly	GEOP Accessible on Truck
Probes Accessible and in Good Working Order	
Comments:	
	A1
Leak Invest	
Demonstrated proper care, handling and calibration	
Demonstrated turning on instrument and zeroed in a	ımblent free air
Determined location of company facilities	
(a) Installed bar holes to determine potential gas migrat	
Tested cracks in pavement, sidewalks, exterior walls a	ina otner locations that may indicate leakuge
Tested adjacent structures for migration of gas	
Established and monitored perimeter	
Demonstrated proper grading of leaks	
Performed tasks consistent with procedures	
O Prepared proper completion of leak documentation Comments: FROBEN AT RISEN	AND NEAR HOUSE
Commonter (# AAMEA) AT K 15NY	ZI X D /V EYLR /771/25
Commence.	· To A to Oran Con Article
PROBED CUT CUST SERI	V TO AND OVER COMPANY
PROBED CUT CUST SERV	TO AND OVER COMPANY
PROBED CUT CUST SERV	V TO AND OVER COMPANY
PROBED CUT CUST SERV SURVICE Vehlo	cle:
PROBED CUT CUST SERV SERVICE Vehle Vehlele Number: 4808 Vehlele Description: CREI	cle: Operators License: VY_N
PROBED CUT CUST SERV SERVICE Vehicle Number: 4808 Vehicle Description: CLE2 Medical Card: U N Operator Name	Cle: Operators License: V N Supv Name
PROBED CUT CUST SERV SEXUICE Vehicle Number: 4808 Vehicle Description: CRE2 Medical Card: W N Operator Name Exterior Condition: CODD	Cle: Operators License: VY N Supv Name
PROBED CUT CUST SERVICES SEVENCE Vehicle Number: 4808 Vehicle Description: CRE2 Medical Card: N Operator Name Exterior Condition: Gozza Interior Condition: Gozza	Cle:
Vehicle Number: 4808 Vehicle Description: CL=2 Medical Card: W N Operator Name Exterior Condition: Cozn Interior Condition: Cozn Mechanical Issues: None	Cle: Operators License: VY N Supv Name
Vehicle Number: 4808 Vehicle Description: CLE2 Medical Card: W N Operator Name Exterior Condition: Gozni Mechanical Issues: None Safety Equip:	Cle:
Vehicle Number: 4808 Vehicle Description: CLE2 Medical Card: W N Operator Name Exterior Condition: CODI Interior Condition: CODI Mechanical Issues: NONE Safety Equip: Tools/Other Equipment: NORDER	Cle:
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LG&E Gas Safety/Procedural Audit Form General Safety Information: Jontractor: LGE Reporting Location: Passported? V Name/Title Employee Working: JEFF CLUNIE Immediate Supv: Elic MI/ISE Names of Other Employees on Job: NATHAN JONES Address/Description of Work 431 W. UBERTY CT Job Briefing 1 Job Planning (Scouting, etc.) كى (Work Area Protection (signs, flags, cones, etc. Personal Protective Equipment (Gloves, hard hats, etc.)_ Other Hazards in Area: Equipment: Gas Equipment: Safety Equipment: OCGI's calibrated in last 30 days First Aid Kit Current Fire extinguisher on truck/tagged Gauges on Truck and In Good Condition GEOP Accessible on Truck (Egulpment Stored Properly Probes Accessible and in Good Working Order Comments: Leak Investigation: Demonstrated proper care, handling and calibration of leak instrument Demonstrated turning on instrument and zeroed in ambient free air Determined location of company facilities Installed bar holes to determine potential gas migration Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage Tested adjacent structures for migration of gas Established and monitored perimeter Demonstrated proper grading of leaks Performed tasks consistent with procedures O Prepared proper completion of Jeak documentation Comments: LEAK ON LIBORTY ST. TOUGH LEAK TO FIND Vehicle: Vehicle Description: GAS CEEW TRUCK Operator Name NATHAN -SONES Operators License: _____Y Vehicle Number: 48/5 Supv Name Exic MILES Medical Card: Y Exterior Condition: 600 Interior Condition: EXCELLENT Mechanical Issues: Puck UNDER WAPLANTY & NEEDS TO GO TO Safety Equip: 600 Wolling OF DER Tools/Other Equipment:_______ Vehicle Packet Comments: **Audit Summary:** Date/Time of Audit Name of Auditor Eric Miller Name of Auditor VERY OPGANIZED TPUCK Overall Audit Rating GREAT Discussed w/Employee

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Tests

- Operator Qualifications Preventing Accidental Ignitions/Recognizing Abnormal Operating Conditions: All Energy Delivery Gas Operations employees receive annual training on Recognizing and Reacting to Abnormal Conditions and Preventing Accidental Ignition as part of their Operator Qualification process. After receiving the training, all employees are qualified via written examinations. Affidavits of Employee's Operator Qualification Records are provided herein.
- Leak Investigation Training and Testing during February and August 2012, Gas Distribution employees responsible for responding to gas leaks were trained and tested on gas leak investigation procedures. Affidavits of Employee's Leak investigation training and testing are provided herein.

Affidavit

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Qualifier's Signature/Date: _

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

Affidavit Operator Qualification Employee Record Employee Number 🤚 Job Title Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Subsequent Qualification Categories: Transitional Initial 🖳 **Qualification Method** Written Work History Review Oral Examination Observation during: Vendor Certification Performance on the job On the job training Other Simulation **Pass** П Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: Lany Dodra I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Affidavit

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Empl	oyee	Numbe	er			Job	Title	Engineer
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Emplo	oyee N	Number			_ Job	Title	PiPelins	Inspector
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Individual's Signature/Date: Stat Bull 1/16/12

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						Job	Title	Gas Control Clerk
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Individual's Signature/Date: An 2-1-2015

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Operator Quantication Employee Re	:cora	
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Employee NumberJo	ob Title∠	pas Trouble TECH
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: An Angle 176-12

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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Law Dodn 5.8-n

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Employee	Number		_Job Title _	Much Enga	<u> </u>
Reporting	Location	ADC			
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Individual	's Signature/[Date: No	A P1	مینو هم چین	

Operator Qualification Employee Record											
Name David Bischat											
Employee NumberJob Title											
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Task number/Description OQ/M7											
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Individual's Signature/Date: Jan 1-9-12

Affidavit

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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Empl	oyee	Numbe	er		an transfer annian airmean airmean an an an): Job	Title	GAS TRO	uble Tech.
Repo	orting I	Locatio	n	E	5C		***************************************		
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Wallis Butzewater 1-24-12

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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Xarry Dodrum 1.2.3

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Army LBrack 1/23/12

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Empl	loyee l	Number		_ Job	Title _	CREW LEADER
Repo	orting l	ocation <u>Aod</u>	· · · · · · · · · · · · · · · · · · ·			
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Nam	e	Jackie	Bu	Nbo	1			
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Repo	rting I	_ocation	Mag	inole	<u></u>	*		
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: <u>Jany Bolow 1-23:17</u>

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Individual's Signature/Date: Frel A. Byun 1-23-12

Affidavit

Operator Qualification Employee Record											
Name Edwin R. Caven											
Employee Number Job Title Sr. OperaTor											
Reporting Location Magnolia											
Task number/Description OQ/M7											
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition											
Qualification Categories: Transitional Initial Subsequent											
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☐ Performance on the job ☐ On the job training ☐ Other ☐ Simulation											
Pass 🗆 Fail											
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.											
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.											
Individual's Signature/Date: Fyndall Onlen 5-8-1											

Affidavit

Operator Qualification Employee Record										
Name Brian C Clayle										
Employee NumberJol	Title	ran Leader								
Reporting Location Reporting Location										
Task number/Description	DQ/MI7									
Prevent Accidental Ignition/Recognizing &	Reacting to A	Abnormal Condition								
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I affirm that I am the person who has administered conducted this assessment with integrity. I also af										

the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: ____

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Individual's Signature/Dates

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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Lang Fodim 1-9-12

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Individual's Signature/Date:

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Qualifier's Signature/Date: \(\frac{\frac{\any Orden 1-26-n}{26-n}}{\}

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: James Crawford 1-26-12

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Affidavit Operator Qualification Employee Record Name Job Title Orrosian Employee Number Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Qualification Categories: Initial # Transitional Subsequent Qualification Date ___ / 24-1 2 **Qualification Method** Written П Oral Examination Work History Review Observation during: Vendor Certification Performance on the job On the job training Other П Simulation

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

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Qualifier's Signature/Date:

Pass

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Affidavit Operator Qualification Employee Record Job Title _ Employee Number Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Subsequent Qualification Categories: Transitional Initial D Qualification Date 6-12-12 **Qualification Method** Work History Review Written Oral Examination **Vendor Certification** Observation during: Performance on the job Other On the job training Simulation Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform. Individual's Signature/Date: N

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Affidavit

Operator Qualification Employee Record									
Name MARK DUYK	DIN -								
Employee NumberJob TitleSR10 Tech A									
Reporting LocationAOC									
Task number/DescriptionOQ/M7									
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition									
Qualification Categories: Transitional	□ Initial □ Subse	equent							
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Qualifier's Signature/Date: _(

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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Affidavit

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Individual's Signature/Date:

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Individual's Signature/Date: Mo I

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	ting Locat							
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Affidavit

Operator Qu	ralification Er	nployee	Rec	ord	•		
Name <u> </u>	Late Froge	jetrt				~.	
Employee Nu	umber		_Job	Title	Storage Transmi	ssion Distribution	Mechani
Reporting Lo	cation <u>Cev</u>			•			
Task numbe	r/Description _		<u>C</u>	Q/M7			
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Indiv	ridual's	s Sign	ature/l	Date: ˌ	<u> </u>		//		5-8-12

Affidavit **Operator Qualification Employee Record** Name Timmy D. Gary Job Title <u>Senior Storage</u> Operator Employee Number Reporting Location Magnetic Compressor Station Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Qualification Categories: Transitional Initial B Subsequent Qualification Date Qualification Method Written Oral Examination D Work History Review Vendor Certification Observation during: Performance on the job On the job training 0 Other Simulation Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using

appropriate equipment, procedures and tools for the task I perform.

Name William V Gilkey

Empl	oyee	Numb	er			Job	Title	DISPA	tcher
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Indivi	idual's	Sign	ature/[Date:	We	lhan	N	Gilbery	1-23-17

Affidavit Operator Qualification Employee Record Name Job Title PIPE LINE INSPORTION Employee Number E.S.C. Reporting Location OQ/M7 Task number/Description Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Initial Of Qualification Categories: Transitional D Qualification Date ____ **Qualification Method** Written Work History Review Oral Examination Observation during: **Vendor Certification** Performance on the job On the job training Other Simulation Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Affidavit Operator Qualification Employee Record Job Title TRouble Tech Employee Number Reporting Location OQ/M7 Task number/Description Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Subsequent Qualification Categories: Transitional D -16-12 **Qualification Date Qualification Method** Written **Oral Examination** Work History Review Vendor Certification Observation during: Performance on the job Other 0 On the job training Simulation Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: _(I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Affidavit Operator Qualification Employee Record ob Title C Employee Number Reporting Location_ OQ/M7 Task number/Description Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Subsequent Qualification Categories: [] Transitional **Qualification Date Qualification Method** Written Oral Examination Work History Review Vendor Certification Observation during: Performance on the job On the job training Other Simulation Ŕ Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Affidavit Operator Qualification Employee Record Name Job Title _____ Employee Number Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Initial Subsequent Transitional 2 Qualification Categories: Qualification Date **Qualification Method** Work History Review Written Oral Examination П Vendor Certification Observation during: Π Performance on the job Other On the job training Simulation Fail Pass I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: (I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform. 7-23-12 Individual's Signature/Date:

Affidavit Operator Qualification Employee Record Job Title Seniar C Employee Number Reporting Location Muldraua OQ/M7 Task number/Description Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Initial 🖽 Subsequent Qualification Categories: Transitional Qualification Date 6-12-12 **Qualification Method** Work History Review Written Oral Examination Vendor Certification Observation during: П Performance on the job Other On the job training Simulation Pass П Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal

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Affidavit Operator Qualification Employee Record Name Employee Number Job Title Reporting Location OQ/M7 Task number/Description Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Initial 3 Subsequent Qualification Categories: Qualification Date / /2 - 12 **Qualification Method** Written Work History Review Oral Examination Vendor Certification Observation during: Performance on the job On the job training Other Simulation Fail Pass I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform. Individual's Signature/Date:

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Affidavit Operator Qualification Employee Record Name Job Title Employee Number Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Subsequent Qualification Categories: Initial 19 Transitional Qualification Date Qualification Method Written Oral Examination | Work History Review Observation during: Vendor Certification Performance on the job On the job training Other Simulation Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Lanen Hodson 1-23-2012

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Affidavit

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Qualifier's Signature/Date: (

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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Affidavit

Ope	rator Q	ualificatio	n Em	ploye	e Rec	ord						
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Emp	Reporting Location Augurnaue Operations Center											
Repo	orting Lo	ocation	Aus	URND	ALE	OPE	RATTONS	Congr				
Task number/Description OQ/M7												
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Qualifier's Signature/Date: Lang Oudrow

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Affidavit

Оре	erator	Qualifica	tion En	nploy	ee Re	cord		
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Emp	oloyee	Number			Jo	b Title	B MEC	HANEC
Rep	orting	Location	AOC	-	*			***************************************
Tasl	k numi	ber/Descr	iption			OQ/M	7	
Prev	ent Ac	cidental Ig	nition/Re	cogni	zing &	React	ing to Abnor	mal Condition
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Qualifier's Signature/Date: Lang Oudin

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Name WD Jones										
Employee Number Job Title Welder / fitter										
Reporting Location MAG wo liA										
Task number/Description OQ/M7										
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition										
Qualification Categories: Transitional Initial Subsequent										
Qualification Date / 26-/2										
Qualification Method										
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		Perform On the Simulat	ob tra		e job _.		<u>.</u>	Other		
		Pass				Fail				
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.										
Qualifier's Signature/Date: Lang Oodru 1.26-12										
I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.										

Individual's Signature/Date: WDJw 1-26/12

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Emp	loyee	Number			Job	Title	Gas Syst	tems Plan	ining	
Employee Number Job Title Gas Systems Planning Analyst Reporting Location EOC										
Task number/Description OQ/M7										
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Individual's Signature/Date: Mulrey (ndan 1/24/2012

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Task	numb	er/Desc	ription _		<u>O</u>	Q/M7				
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Qualif	ication	Catego	ries: □	Trans	sitional		Initial d	Subsequent		
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Task	numb	er/Des	scripti	on		<u>C</u>	Q/M7	•		
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Individual's Signature/Date: T. E. Keys 2-1-2012

Individual's Signature/Date:

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Individual's Signature/Date: Brain Bungary 1-16-12

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Empl	oyee N	lumber			Job	Title	MECH 1	4			
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Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition											
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Individual's Signature/Date: Chk Lenbah 1/24/12

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Repo	orting Loca	ation	Ac) C		
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Ope	rator	Qualificati	on Em	ployee Rec	cord		
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Emp	oloyee	Number _		Jok	Title	Corro	sion Technician
Rep	orting	Location _	A. 6.	urndele	•		
Tasł	k numb	per/Descrip	tion	(OQ/M7	7	······
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: 1-30-12

Oper	rator (Quali	ficatio	on Em	ploye	e Rec	ord				
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Repo	orting I	Locat	ion	40C							
Task number/Description OQ/M7											
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date.

Affidavit

Opei	ator (Qualif	icatio	n Em	ploye	e Rec	ord		
Nam	e <u> </u>	char	1	<i>/</i> . / ,) av 1'5	5			N,
Empl	loyee	Numb	er			Job	Title	Crew	<u>leader</u>
Repc	rting l	Locati	on	8	-00		-		
Task	numb	er/De	scripti	on			Q/M7	•	
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Qualifier's Signature/Date: /

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:/

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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Harry Dudron 1-9-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: <u>/</u>

Nam	e <i></i>	Cro	1 B	M	ort:	n			~.		
Empl	loyee l	Numb	er			_ Job	Title _	Crew	Leader		
Repo	Reporting Location <u>Muldraugh</u>										
Task number/Description OQ/M7											
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Lary Oedrew 13312

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Levery B. Markin 1-23-12

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Qualifier's Signature/Date: Lany Oedro 6-12-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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Qualifier's Signature/Date:

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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Individual's Signature/Date: Elwas Dyng 1-30-12

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Individual's Signature/Date:

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Empl	oyee Numl	ber 🚄	Jo	b Title	TeamLe	ader					
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Task	numb	er/De	scripti	on		C	Q/M7						
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Rep	orting Lo	ocation _	AOC				
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date:

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Frie W. Thera 1-24-17

Individual's Signature/Date: 5/8/12

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Empl	oyee	Number			Job	Title	Storage 1	Jor A	
Repo	orting I	Location <u></u>	Virgy	nolia		·			
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.										
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: _

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Nam	e <u> </u>	1- Mai	n /	Vor	ton	J	<u>r.</u>				
Empl	oyee l	Vumber			Job	Title	Mechan	ical Engineer			
Repo	Reporting Location AOC Warehouse 2nd Floor										
Task number/Description OQ/M7											
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition											
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Xary Wodm 143-14

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

1/23/12

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Employee Number	Job Title	Dist Mechani	<u>c</u> A						
Reporting LocationFOC	· · · · · · · · · · · · · · · · · · ·		_						
Task number/Description	Q/M7								
Recognize and React to Ab	nomral O	perating Conditions	<u>}</u>						
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□ Written □ Oral Examinat	tion 🛘	Work History Review							
☐ Observation during:☐ Performance on the job		Vendor Certification							
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Qualifier's Signature/Date:	y lod	ra 1-17-11							
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Individual's Signature/Date:		Q 1-17-11							

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Emp	loyee Number	Job Title	Pileline	Inspector
Repo	orting LocationAuBurn	dale		
Task	c number/Description	OQ/M7	7	
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Indiv	vidual's Signature/Date:	m Peau	30n	1-24-12

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Nam	Name Robert J. PENDLETON										
Emp	loyee Nu	ımber			Jok	Title	CREW	PEADER			
Repo	orting Lo	cation	Eoc								
Task	number	/Descrip	tion			OQ/M7	7				
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Robert | Sendh to 1-9-12

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Qualifier's Signature/Date:										
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Oper	operator Quantication Employee Record										
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Empl	loyee l	Numb	er 🧘			_ Job	Title _.	CRRW	Leader		
Reporting Location <u>FOC</u>											
Task number/Description OQ/M7											
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition											
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date/

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

1-16-12

Nam	e <i>.J</i>	ONATA	IAN F	RICE					4
Emp	loyee	Numl	oer			Job	Title	IME TE	
Repi	orting I	Locat	ion <u>/</u>	1AGNO	. (A				
Task	k numb	er/De	escript	tion			Q/M7	7	
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Individual's Signature/Date: _

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Nam	e D	ENN)IS	PRO	BU	S			:
Emp	loyee	Numl	ber 🚄		······································	Job	Title	TEAM	LEADER
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Operator Qualification Employee Record

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	oyee N	Numb	er 🕳			Job	Title	CREW LEA	rdez
Reporting LocationAo.c.									
Task number/Description OQ/M7									
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Nam	е	J.hn R.	gland					ra			
Empl	loyee i	Number _			_Job	Title _	Gas Troub	ole Tech.			
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Nam	e Tracy Rankin		
Emp	loyee Number Jo	b Title	Clerk
Repo	orting Location <u>Auburndal</u>	<u>e </u>	
Task	number/Description	OQ/M7	7
Preve	ent Accidental Ignition/Recognizing &	Reacti	ng to Abnormal Condition
Quali	ification Categories: □ Transitional		Initial Subsequent
Qualif	fication Date / /2-12		
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Qual	lifier's Signature/Date: Aung	Do	dra 1.12-12
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Indiv	idual's Signature/Date: <u>Sau</u>	ZRa	n Rei 1/12/12

Affidavit Operator Qualification Employee Record bb Title Employee Number Reporting Location Task number/Description OQ/M7 Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition Qualification Categories: Transitional
Initial Subsequent Qualification Date **Qualification Method** Written Oral Examination Work History Review Observation during: **Vendor Certification** Performance on the job On the job training Other \Box Simulation Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date:

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Charles K. Kayn - 1-23-12

operator education Employee Necolu											
Nan	Name Cupt Richey										
Emp	Employee Number Job Title St. Operator A										
Rep	Reporting Location Mulcl. Station										
Task number/Description OQ/M7											
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Individual's Signature/Date: _____

Operati	or Quai	incation Em	ipioyee	Kec	ora				
Name _	10	u C.R	ieth		· · ·		***		
Employee Number Job Title Mag, Gas Storage									
Reporting Location									
Task number/Description OQ/M7									
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Qualifie	r's Signa	ature/Date: ¿	Lan	41	Derc	bru 10	3-20-1		
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Emp	loyee	Numb	er	Super Service	3	_ Job	Title	GAS EM OPERATI	ergency ons coord
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<u>Preve</u>	ent Acc	identa	l Ignit	ion/Red	ognizi	ng & F	Reactir	ng to Abnor	mal Condition
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Indiv	vidual':	s Sign	ature,	/Date:			Zu-	01-0	23-12

Name	e (CLARENC	્ડ્	E. Rigg	<u>S</u>	5R.		182		
							SR A-01	PERATOR		
Repo	Reporting Location <u>MA 9 NoLiA</u> StA.									
Task number/Description OQ/M7										
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition										
Qualif	ication	Categories:		Transitio	nal		Initial 🖳	Subsequent		
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Indiv	idual's	Signature <i>i</i>	/Date:	Clam	ue (E Ry	ply s	38-12		

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					,			/7			
Empl	loyee	Numb	er		被	J ob	Title	C Re	W LEAden		
Repo	Employee Number Job Title <u>Pew Leader</u> Reporting Location Mull Raysh Comp. Sta.										
Task number/Description OQ/M7											
Preve	ent Acc	<u>identa</u>	ıl Igniti	on/Re	cogniz	ing & l	Reactiı	ng to Abnor	mal Condition		
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		Pass				Fail					

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Xam Judren 1-9-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Thules 10/16 3/26 1-9-1

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Qualifier's Signature/Date: <

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Loura Ritchie 2/1/2018 Individual's Signature/Date:

Operator Quannication Employee Rec	coru
Name Elizabeth C.	Robinson
Employee Number Job	b Title Records Gordinator A
Reporting Location Magnolia	
Task number/Description	<u>OQ/M7</u>
Prevent Accidental Ignition/Recognizing &	Reacting to Abnormal Condition
Qualification Categories: Transitional	I □ Initial 🖭 Subsequent
Qualification Date	•
Qualification Method	
☑ Written ☐ Oral Examination	□ Work History Review
☐ Observation during:	□ Vendor Certification
Performance on the jobOn the job trainingSimulation	□ Other
Pass 🗆 Fail	
I affirm that I am the person who has administered conducted this assessment with integrity. I also af the person assessed and that the above named p	ffirm that the above named employee is

Qualifier's Signature/Date: Lang Dodn 3872

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

the indicated level.

Emp	oloyee	Num	ber			Job	Title	Records	Co-oridinate
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Individual's Signature/Date: Rule Proce 1-16-12

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Emp	loyee N	umber			Job	Title	Trouble	Tech
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Affidavit

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Qualifier's Signature/Date: _

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date;

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Name	P	aul 5+	vetu.	qv^				24		
	Employee Number Job Title Group Leader									
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Task number/Description OQ/M7										
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Qualifier's Signature/Date:

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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Empl	loyee I	Numbe	r			Job	Title	A Wheel	<i>.</i>	
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Xauy Dodra 1.23-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Leman Stanson 1-23-12

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Emp	Employee Number Job Title Group Leader									
Rep	orting	Location	1_A	<u>oc</u>						
Task	numk	per/Desc	cription			OQ/M	7			
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: 1/12/12







	Use Only: Course Code OQ/M1	<u>S</u> ession #	
Date 2 29-12 Instruc	ctor's Name / ID# Larry Doc	sor / ERIC DE	then ton
	Leakage and Patrolling Surveys (Leak	Investigation)	The second secon
Location Ecr Sponsored	by Line of Business	<u>Tr</u> aining Hours	1
Training Reasons: (check only one) () Compliance () Computer 7 () Industry Kn () Leadership	Technology () Safety owledge () Developmental		
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2. Bloir, A. Keith	1.11.780	LGE	•
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BROCK TL	12 Bury	, .	
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Date 2 18-12 Instruc	ctor's Name / ID# LARRY DEDSIL	ERIC Nethant	
	eakage and Patrolling Surveys (Leak	Investigation)	
Location EOC Sponsored	by Line of Business	Training Hours	1
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For Office	Use Only: Course Code OQ/M1	<u>S</u> ession #	
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	eakage and Patrolling Surveys (Leak	Investigation)	
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10. Roberts, Charles	Charles Mobiles	E.G. 4.	
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	Use Only: Course Code OQ/M1									
Date 2.22-12 Instructor's Name / ID# 13 rry DODSON / ERIC NETHER TOL										
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Last Name/First Name (please print in ink or type)	Signature /	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #							
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Individual's Signature/Date: Byjoin

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Empl	oyee N	lumb	er <u></u>			Jok	Title	Pipeli	ne Insp	ector
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Task	numbe	er/De	scrip	tion			OQ/M	7		
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Individual's Signature/Date:

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Rep	orting l	_ocation	AUB		***************************************						
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the indicated level.

Qualifier's Signature/Date: Larry Dodru 130-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Jan 77-21, Son 1-30-12

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Empl	oyee l	Number			Job	Title _	SRO_	A		
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Emp	loyee Num	ber T			Job	Title	Storagetran	smission/Distribut
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Clint William 1- 36-12

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Individual's Signature/Date: Buen a Velkin 6-12-12

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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: <u>Oavrol D. White 5-8-</u>12

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Nam	ie	ORRY	F.L	hear	le	4		**		
Emp	loyee l	Number _			lob	, Title _	In Spec	chos		
Repo	orting l	ocation _	Debras	dola						
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Qualifier's Signature/Date: Lang Dorlan 1-9-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Tony Fluhett

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Name	e <u></u>	ulie We	lih	2			
Empl	oyee l	Number			_ Job	Title	Cleric
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Task	numb	er/Description	on		0	Q/M7	
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Qual	lifier's	Signature/D	ate: _	(/)(ry	De	odru 1-12-12
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Individual's Signature/Date: July 1012-12

Operator Quantication Employee Record
Name Kay West
Employee Number Job Title Records Coordinate
Reporting Location
Task number/Description OQ/M7
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition
Qualification Categories: Transitional Initial Subsequent
Qualification Date 1-9-17
Qualification Method
□ Written
Observation during: Description: Under Vendor Certification Description:
☐ Performance on the job ☐ On the job training ☐ Other ☐ Simulation
Pass 🗆 Fail
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.
Quainfier's Signature/Date: Lany Dodran 1-9-17
I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Kayus est 1-9-12

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Emp	loyee	Numb	per_			_ Job	o Title	AN	lech	
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Quali	fication	Date_		1.9	-12					
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Xary Dodraw 1-9-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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		☐ On the job training						Other		
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Indiv	idual's	Sign	ature/	Date:	Ru	h /	Jour		1-16-2017	<u>></u>

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Emp	loyee	Numbe	r E			_Jok	Title	Team	1 EPPOER
Repid	orting l	Locatio	n	Mak	dresen	ch	Corry	ORGSSUR	J. EPPOER Station
Task	numb	er/Des	criptic	on	,		OQ/M7	,	
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Nam	e MARK WALLACE		-							
Emp	loyee Number Job	Title	R-MECH							
Repo	orting Location <u>A</u> -C		***************************************							
Task number/Description OQ/M7										
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition										
Quali	fication Categories: Transitional		Initial 🗆 Subsequent							
Qualif	fication Date 1.24-12		•							
Qua	lification Method									
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	Observation during: □ Performance on the job		Vendor Certification							
	☐ On the job training ☐ Simulation		Other							
	Pass D Fail									
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Indivi	dual's Signature/Date:		1-24-12							

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Emp	loyee	Numk	per _	Opposite Carl		_ Job	Title	B- C	CAS M	1 ECHANIC
Repo	orting	Locat	ion	Ao C						
Task	c numb	oer/De	escript	tion		<u>oc</u>	<u>2/M7</u>	·		
	Rec	ogniz	e and	React	to Ab	norma	ıl Ope	rating	Cond	itions
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l al !-	.: -1 V -	· C:	_4	/D-t	111	V.1	M			

Name	e Zach	Thou	nas				. .
	oyee Num			Jol	o Title	Enginee	er II
Repo	orting Loca	tion <u>M</u>	rg nolia				
Task	number/D	escriptio	n		<u>OQ/M7</u>	•	
Preve	nt Accident	al Ignitio	n/Recog	nizing &	Reacti	ng to Abno	rmal Condition
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Qualif	ication Date		26-	12			
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E.	Written		Oral Exan	nination		Work Histo	ory Review
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	Pass	3		Fail			
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Indiv	idual's Sig	nature/D	ate: _/	John Sh	Meg/	1261	2

Operator Qualification Employee Record										
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Empl	loyee N	Numb	er 👤			_ Job	Title	Opera to	7/2	
Repid	orting L	.ocatio	on <u>//</u>	Page	voli4	<u> </u>	•		<u></u>	
Task	numb	er/De	scriptio	on		<u>C</u>	Q/M7			
Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition										
Qualification Categories: Transitional Initial Subsequent										
Qualification Date <u>6-12-12</u>										
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	Obser		during: mance	on the	ioh			Vendor Ce	rtification	
			e job tra		; JOD		·	Other		
	Ø	Pass				Fail				
condu	I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.									
Qual	Qualifier's Signature/Date: <u>Aary Oedru 6:12-12</u>									

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Name	<u>_S</u>	EVE	Si	PENC	ER						
Empl	Employee Number Job Title CORROSION TECH A										
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Task	numb	er/Des	scripti	on		0	Q/M7				
<u>Preve</u>	nt Acc	<u>identa</u> l	l Igniti	on/Rec	ognizi	ng & F	Reactii	ng to Abnori	mal Condition		
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b	Writte	n		Oral E	Examina	ation		Work Histor	y Review		
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		On the	e job tr	e on the aining	; JOD			Other			
		Pass				Fail		1 .1: - 4 d 4b-e			

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Steven A Ssencer 1-24-12

Operator Qualification Employee Re	cora
Name Killie Springston	
Employee NumberJo	b Title Trauble
Reporting Location BARHOUN	
Task number/Description	OQ/M7
Prevent Accidental Ignition/Recognizing &	Reacting to Abnormal Condition
Qualification Categories: Transitional	I □ Initial 🗗 Subsequent
Qualification Date/ 24-/ Z	
Qualification Method	
☐ Written ☐ Oral Examination	□ Work History Review
☐ Observation during:☐ Performance on the job	□ Vendor Certification
☐ On the job training☐ Simulation	□ Other
□ Pass □ Fail	
I affirm that I am the person who has administered conducted this assessment with integrity. I also af the person assessed and that the above named p the indicated level.	firm that the above named employee is
Qualifier's Signature/Date:	y Codra 1.24-12
I acknowledge the performance of this task is sole qualification. I acknowledge that I am responsible conditions in my work place and must exercise ca appropriate equipment, procedures and tools for t	ely for the purpose of operator for recognizing hazards and abnormal re and good judgement; always using
Individual's Signature/Date: R Source	

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Emp	oloyee	Numbe	r	and an articles.	*	Job	Title	Trouble Tech
Rep	orting	Location	n	15C			*	
Task	k numb	er/Des	cripti	on		C	Q/M7	
Preve	ent Acc	idental	Igniti	on/Red	cogniz	ing & I	Reacti	ng to Abnormal Condition
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Quali	fication	Date		0-12	-12			<i>:</i>
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the indicated level.

Qualifier's Signature/Date:

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Affidavit

Operator Qualification Employee Rec	cord	
Name JOHN W. SKA	166S	***
Employee Number Jol	b Title ₋	MANAGER GAS STORAGE
Reporting Location MAGNO	LIA_	
Task number/Description	<u>0Q/M7</u>	
Prevent Accidental Ignition/Recognizing &	<u>Reactiı</u>	ng to Abnormal Condition
Qualification Categories: Transitional	I D	Initial Subsequent
Qualification Date5-8-1		
Qualification Method		
		Work History Review
Observation during:		Vendor Certification
☐ Performance on the job☐ On the job training☐ Simulation		Other
☐ Pass ☐ Fail		
I affirm that I am the person who has administered conducted this assessment with integrity. I also af the person assessed and that the above named p the indicated level.	ffirm that	the above named employee is
Qualifier's Signature/Date: Aug.	Ded	m 5.8-1L

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Affidavit

Operate	or Quali	iticatio	on Employe	e Rec	cord							
Name _	Name JAMES WAINSCOTT.											
Employ	Employee Number Job Title Mcch A											
Reporting Location $Focus = F$												
Task nu	Task number/Description OQ/M7											
Prevent .	<u>Accident</u>	tal Ignit	tion/Recogniz	zing &	Reacti	ng to Abnorr	nal Condition					
Qualifica	Qualification Categories: Transitional Initial Subsequent											
Qualificat	tion Date		30-12			·						
Qualifi	cation	Meth	od									
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the indicated level.

Qualifier's Signature/Date:

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Task	numb	er/De	escript	ion		<u>c</u>	Q/M7	· -		
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Individual's Signature/Date // /////////////////////////////////	l ackr qualif condi appro	nowledgo ication. tions in a opriate e	e the pe I acknov my work quipme	erforma wledge < place nt, proc	nce of th that I an and mus edures	nis task n respo st exer	c is solel onsible f cise car	y for the or recog e and g	e purpose of gnizing hazaı ood judgeme	operator rds and abi	normal

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Operator Qualification En	nployee Red	cord		
Name WAYNE VANT	IPER		·	
Employee Number	Jok	o Title	A CHERK	TOR
Reporting Location	SUDLIA	•	Many for Processor Name and Advanced Advanced Advanced Advanced Advanced Advanced Advanced Advanced Advanced A	
Task number/Description _		OQ/M7	7	
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Qualifier's Signature/Date:	Lany 1	Oed	n- 6'i	12-12
acknowledge the performance of t	this task is solel	y for the	purpose of op	erator

qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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		er/Descri	•			Q/M7		
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Empl	oyee N	Number _			Job	Title 5	Pipe Line	INSPESTOR
Repo	rting L	ocation	E. S	S. C				·
Task	numb	er/Descripti	on		C	Q/M7		
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Individual's Signature/Date: Wil Tomper 1-23-12

appropriate equipment, procedures and tools for the task I perform.

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Repo	orting Lo	cation _	EOC				
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Jany Dodrow 1-9-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Operator Qualification Employee Ro	ecord							
Name Cony Tapp								
Employee Number	ob Title	Silzo						
Reporting Location <u>Aoc</u>	•							
Task number/Description OQ/M7								
Prevent Accidental Ignition/Recognizing	& Reacti	ng to Abnormal Condition						
Qualification Categories: Transition	al 🗆	Initial Subsequent						
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Qualifier's Signature/Date:	1 <i>18</i>	An 1.30 72						

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Affidavit

Operator Qualification Employee Record								
Name	Pharles	M. 1	(+ b)	ents				
Employee i	- Autor			Rew Leaden				
Reporting Location Mo D. Comp. 51A.								
Task number/Description OQ/M1								
Per	form Leakage aı	nd Patrollir	ng Su	rveys				
Qualification	n Categories: □	Transitional		Initial Subsequent				
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I acknowledge	the performance of t	his task is sole	ly for th	e purpose of operator				

Individual's Signature/Date: Thuly Roles 2-28-12

qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using

appropriate equipment, procedures and tools for the task I perform.

opolator addinioation Employee Rec	JOI G						
Name John Rogland							
Employee Number Job	Title .	Gas Trable Tech					
Reporting Location							
Task number/Description OQ/M1							
Perform Leakage and Patrollin	ng Sur	veys					
Qualification Categories: ☐ Transitional Qualification Date		Initial 🖟 Subsequent					
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□ Written ☑ Oral Examination		Work History Review					
Observation during:		Vendor Certification					
☐ Performance on the job . ☐ On the job training ☐ Simulation		Other					
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,	-	Number <u>i</u>		Jok	Title	CREU	Leader
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Indi	vidual's	s Signature	/Date:	Mile	Del)	1 3-	1-12

Operator Qualification Employee Record							
Name David Poteet							
Employee Number Job T	itle CREW LEADER						
Reporting Location <i>Eoc</i>	•						
Task number/DescriptionOQ/M1							
Perform Leakage and Patrolling	Surveys						
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□ Pass □ Fail							
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.							
Qualifier's Signature/Date: Law Je	dn 2-21-12						
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Emp	loyee Number Job	Title	Gas Trouble Tec
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Yang Abdu 2/24/12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: 3 run Coff 2/22/12

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Qualifier's Signature/Date: <u>Xany Dodon 3.2-17</u>

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Lew Perry 3-0-12

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Name <u>Kenneth Paguler</u>							
Employee Number Job	Title	GAS TRouble Tech					
Reporting Location							
Task number/Description OQ/M1							
Perform Leakage and Patrolling Surveys							
Qualification Categories: Transitional		Initial Subsequent					
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Perform Leakage and Pat	rolling Surveys
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: _____

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Individual's Signature/Date:

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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

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opolator Quantication Employee Rea	
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Affidavit Operator Qualification Employee Record Job Title 12 Employee Number Reporting Location Task number/Description OQ/M1 Perform Leakage and Patrolling Surveys Initial D Qualification Categories: Transitional D Subsequent Qualification Date 2 · 28 · / 2-**Qualification Method** Written **Oral Examination** Work History Review Observation during: Vendor Certification Performance on the job On the job training Other Simulation Pass Fail I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform. Individual's Signature/Date:

Opera	ator Qu	ıalificatio	on Emp	oloye	e Rec	ord			
Name	e_ <i></i>	nis F	rith						
Empl	oyee N	umber			_ Job	Title	Clew le	ockr	
Repo	rting Lo	cation	Eoc						
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Affidavit

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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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Empl	oyee	Number			Job	Title	TROUBL	man
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Indiv	idual's	s Signatur	e/Date:	1	Sam	7	Soc 11	NKCH - 7:9015

Nam	e <u>]</u>). R.	Di	ller	1			
Emp	loyee Nun	nber			_ Job	Title	Crew	leader
Repo	orting Loca	ation			A00	<u> </u>		
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Indiv	vidual's Si	gnature	/Date:		Q. K	2 /	alley	2-27-12

Individual's Signature/Date:

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Repo	rting l	Location	<u> </u>	<u>C</u>	·			
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Operator Qualification Employee Rec	COIU
Name <u>Wayne Darnsll</u>	
	b Title Dist. Mich.
Reporting Location	ugh
Task number/Description	Q <u>/M1</u>
Perform Leakage and Patrolli	ing Surveys
Qualification Categories: Transitional Qualification Date	
Qualification Method	
☐ Written ☐ Oral Examination	□ Work History Review
Observation during:	□ Vendor Certification
☐ Performance on the job ☐ On the job training ☐ Simulation	□ Other
Pass 🗆 Fail	
I affirm that I am the person who has administered conducted this assessment with integrity. I also afthe person assessed and that the above named pathe indicated level.	affirm that the above named employee is
Qualifier's Signature/Date: Jany	Dedraw 3.8.12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Mayne Darnall 3-9-12

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Emplo	oyee l	Number _			_ Job	Title	GAS TRO	ublE	TGCH
Repo	rting l	_ocation		AC	00				-
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l affirm	that I a	am the perso s assessmen	n who ha t with inte	s admin egrity. I a	also affi	irm that	ecklist and that the above nar	ned emplo	yee is

the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Jany Dodron 32-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

Oper	ator Qua	alificatio	n Em	ploye	ee Rec	ord			•
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		Descript					•		
	Perfo	rm Leak	age a	nd Pa	<u>atrollir</u>	ng Su	ırveys		
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Qualifier's Signature/Date: Lang John 3-1-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Leve Crass 3-1-12

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					<u></u>	Job	Title	Crew L	eadgr	
Repo	orting	Locat	ion	A01		·	:			
Task number/Description OQ/M1										
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Individual's Signature/Date: _

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Employee Number	Job T	itle <u>C</u>	new i	Leader						
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Perform Leakage and Patrolling Surveys										
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.										
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Empl	Employee Number Job Title _ Crew leader									
Reporting Location Magnolia										
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Perform Leakage and Patrolling Surveys										
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Qualification Date 3-8-12										
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Individual's Signature/Date: Jug Man 3-8-12

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Qualification	Date	28-12		*							
Qualification Method											
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I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.											
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Individual's Signature/Date: ___//

Affidavit

Operator Qualification E	mployee Red	cord	
Name フィミナル	BURA'S		
	•	Title	CREWIERDER
Reporting Location	CENTRIC		
Task number/Description	00	<u>2/M1</u>	
Perform Leakage	and Patrollin	ng Sui	rveys
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Qualification Date3	9-12,		
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Qualifier's Signature/Date	: Lam	1 Q	edn

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: _

Operator Quamiculion Employee Record									
Name RODNEY E BRUNER									
Employee Number Job									
Reporting Location A.C.C.									
Task number/Description OQ/M1									
Perform Leakage and Patrolling Surveys									
Qualification Categories: Transitional		Initial Subsequent							
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conditions in my work place and must exercise care and good judgement; always using

Individual's Signature/Date: Kindney & Brune 3-1-12

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Individual's Signature/Date: Thomas ZBmz

Name Hollis D. BRIDGEWATER									
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Repo	rting L	_ocati	on	E.	<u>50</u>				
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Individual's Signature/Date: Holli U. Bridger to 2-22-12

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Empl	loyee N	lumber _			Job	Title	Dist.	Mech. A
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appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Chip Boone 2-27-12

Affidavit

Ope	rator (Qualificatio	on Em	ploye	e Rec	ord	
Nam	ie	A. K.	ath	8	ail		
Emp	loyee I	Number <u>I</u>			Job	Title	STD mechanic
Repo	orting L	ocation _	M	i agno	/:a		
Task	numb	er/Descript	ion	· · · · · · · · · · · · · · · · · · ·	00	2/M1	A
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Qual	ifier's	Signature/D	oate: _	otin I	aru	, Qe	drew 2.29-17

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

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	rting Loca		80			The state of the s	
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Individual's Signature/Date: 14 Band

Name <u>Cliff Bell</u>	·	
Employee Number Job	Title _	WELDER FITTED
Reporting Location <u>Muldraus</u>	6	·
Task number/Description	Q/M1	
Perform Leakage and Patrollin	ng Surv	veys
Qualification Categories: Transitional		Initial B Subsequent
Qualification Date 2 '29-17		•
Qualification Method		
□ Written		Work History Review
Observation during:		Vendor Certification
□ Performance on the job□ On the job training☑ Simulation		Other
Pass		
I affirm that I am the person who has administered conducted this assessment with integrity. I also aff the person assessed and that the above named pethe indicated level.	irm that terson per	he above named employee is formed the initialed task at
Qualifier's Signature/Date:	5 U	dru 2.29-12
I acknowledge the performance of this task is solel qualification. I acknowledge that I am responsible t conditions in my work place and must exercise car appropriate equipment, procedures and tools for th	for recog e and go	nizing hazards and abnormal od judgement; always using
Individual's Signature/Date:	X	Sell 2-29-12

Affidavit Operator Qualification Employee Record Job Title 6AS MECH A Employee Number Reporting Location MVL ARAUGH Task number/Description OQ/M1 Perform Leakage and Patrolling Surveys Subsequent Initial 1 Qualification Categories: Transitional Qualification Date 3-1-12 **Qualification Method** Oral Examination Work History Review Written Observation during: Vendor Certification Performance on the job On the job training Other П Simulation Fail Pass I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level. Qualifier's Signature/Date: I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: fresh C Barnes 3-1-2012

Operator Quannication Employee Rec	ora	
Name Stephen Belland		
Employee Number Job	Title	Crew leader
Reporting Location Bandstown		
Task number/Description0	2/M1	
Perform Leakage and Patrollin	1g Sui	rveys
Qualification Categories: Transitional		Initial Subsequent
Qualification Date 2-27-17		
Qualification Method		•
□ Written ☑ Oral Examination		Work History Review
Observation during: Performance on the job		Vendor Certification
On the job training Simulation		Other
☐ Pass ☐ Fail		
I affirm that I am the person who has administered conducted this assessment with integrity. I also af	I this che firm that	ecklist and that I have the above named employee i

the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Jamy

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

Operator additionation Employee IX	COIU	•
Name Dem Book		
Employee Number Jo	b Title	M-A
Reporting Location		
Task number/Description	Q/M1	i
Perform Leakage and Patroll	ing Su	rveys
Qualification Categories: Transitiona	ıl 🗆	Initial Subsequent
Qualification Date 3-2-12		
Qualification Method		·
☐ Written		Work History Review
Observation during: Performance on the job		Vendor Certification
☐ On the job training ☐ Simulation		Other
Pass 🗆 Fail		
I affirm that I am the person who has administere conducted this assessment with integrity. I also at the person assessed and that the above named puthe indicated level.	ffirm that	the above named employee is
Qualifier's Signature/Date: Lawy	Ood	Iren 3-2-12
I acknowledge the performance of this task is sole qualification. I acknowledge that I am responsible conditions in my work place and must exercise ca appropriate equipment, procedures and tools for the	for reco	gnizing hazards and abnormal ood judgement; always using
Individual's Signature/Date:	n.	Bok 3-2-12

operator Saaimoation Employ	CC 110001	•	
Name J.E. Bake			
Employee Number	Job T	itle <u>Cre w</u>	Leader
Reporting Location Muld			
Task number/Description		<i>/</i> 11	
Perform Leakage and P	atrolling	Surveys	Popularities (Proposition of the Control of the Con
Qualification Categories: Trai	nsitional 🛛	Initial 🖭	Subsequent
Qualification Date $2^{\prime}29$ -12		• *	
Qualification Method		•	
□ Written	ination 🏻	Work Histo	ry Review
Observation during:		Vendor Cer	tification
☐ Performance on the job☐ On the job training☐ Simulation		Other	
□ Pass □	Fail		
I affirm that I am the person who has adn conducted this assessment with integrity the person assessed and that the above the indicated level.	I also affirm	i that the above na	amed employee is
Qualifier's Signature/Date:	Lany	Iedru	2.29-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: J. & Baker 2-29-12

Ope	rator	Qualificatio	n Em	ploye	e Rec	cord	
Nan	ne K	Coderic	R_	Al	len)	•
Emp	oloyee	Number			Job	Title	Mech A
Rep	orting	Location	Ao	<u></u>	-		
Tas	k numl	er/Descript	ion	·	00	<u>Q/M1</u>	
	Pe	rform Leak	age a	nd Pa	trollir	ng Su	rveys
		n Categories:			itional		Initial Subsequent
Qual	ification	Date	5-1-1				
Qua	alifica	tion Me th	od				•
	Writte	en 🖭	Oral E	Examin	ation		Work History Review
0/	Obse	rvation during Performance		e iob			Vendor Certification
		On the job tr Simulation		,,			Other
	6	Pass			Fail		
cond the p	ucted thi	s assessment v sessed and tha	vith inte	grity. I	also affi	irm that	ecklist and that I have the above named employee is erformed the initialed task at

Qualifier's Signature/Date: Lang Blodew 3-1-12

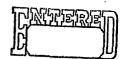
I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Kodenik M 3/1/12

Name/	Jordo	1 H	LLE	al					
Employee	• Numk	per		Jo	b Title	= 1R0	xple_	Tech	1
Reporting	Locat	ion	E.O.					<u></u>	Name of the last o
Task num	nber/De	escripti	on)Q/M1	 			
P	<u>erform</u>	Leaka	age an	d Patroll	ing Sı	urvey	S		
Qualificati	on Cate	gories:		Transition	al 🗆	Initia	al 🗆	Subse	quent
Qualification	n Date		2.21	1-12					
Qualific	ation	Meth	od			٠	****		
□ Writ	ten		Oral E	xamination		Wo	rk Histor	y Revie\	N
_	ervation	_		ioh		Ver	ndor Cerl	tification	
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	Pass			□ Fai	<i>-</i> •				
conducted the person the indicate	this asset assessed d level.	ssment v d and tha	vith integ at the ab	administero grity. I also ove named	affirm the person	at the a perform	above nar ned the in	ned emp iitialed ta	lloyee is sk at
Qualifier'	s Signa	ature/D	ate _	Jany	1)0	dru		2.	21-12
qualification conditions	n. I ackno	wledge i k place	that I an and mus	iis task is so n responsibl st exercise c and tools fo	e for rec are and	cognizir I good j	ng hazard udgemen	ls and ab	onormal s using
Individua	ıl's Sigr	nature/	<i>ث</i> ِ :Date	marden	a a	Qe=	M	2-	21-12

Affidavit

Operator Qualification Employee Rec	ecord
Name Allen , James H-	
Employee Number Job	ob Title Has Trouble Tech
Reporting Location A-8C	
Task number/Description	Q/M1
Perform Leakage and Patrollin	ing Surveys
Qualification Categories: Transitional	al 🗆 Initial 🖭 Subsequent
Qualification Date <u>2.21-17</u> Qualification Method	
□ Written □ Oral Examination	☐ Work History Review
Observation during: □ Performance on the job	☐ Vendor Certification
☐ On the job training ☐ Simulation	□ Other
Pass D Fail	
I affirm that I am the person who has administered conducted this assessment with integrity. I also aff the person assessed and that the above named per the indicated level.	affirm that the above named employee is
Qualifier's Signature/Date: Any	Dodu 2-21-12
I acknowledge the performance of this task is sele qualification. I acknowledge that I am responsible conditions in my work place and must exercise can appropriate equipment, procedures and tools for the	e for recognizing hazards and abnormal are and good judgement; always using
Individual's Signature/Date:	2 H. allan Jeb 21,12





SIGN-IN SHEET (Please Print Legibly)

For Office	Use Only: Course Code OQ/M1	Session #	
Date 3- 9-12 Instruc	ctor's Name / ID#	1050	-
Subject Presented OQ/M1 Perform L	eakage and Patrolling Surveys (Leak	Investigation)	
Location Eoc Sponsored	by Line of Business	Training Hours	1
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
1. HogAN GONE 2. BURGIS, JUSTIN	Dane Hoera	L G &	8.
2. Bullis, Justil	A Buns	16E	
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SIGN-IN SHEET (Please Print Legibly)

•	_	Session #	
Date 3-8-12 Instruc	ctor's Name / ID#	Dodson	
Subject Presented OQ/M1 Perform I	eakage and Patrolling Surveys (Leak	Investigation)	-
Location & Sponsored	l by Line of Business	Training Hours	1
Training Reasons: (check only one) () Compliance () Computer T () Industry Kne () Leadership	echnology () Safety owledge () Developmental	-	
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
Darnall, Wayne Nanover, Eric	Hayne Darnall	LGE	
2. Vanguer, Eric	Lie Wayor	LGE	
Jowes WD	wofon	168	
4. Butler Larry 5.	hyl Buc	L 62E	
5. Brith, Franklin 6.	Franklin Sill	1CE	
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For Office	Use Only: Course Code OQ/M1	Session #	
Date 32-12 Instruc	ctor's Name / ID# Narry Doors	m/ epre Ne	ther de
Subject Presented OQ/M1 Perform I	eakage and Patrolling Surveys (Leak	Investigation)	
Location <u>Eve</u> <u>Sponsored</u>	by Line of Business	<u>Tr</u> aining Hours	1
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety owledge () Developmental		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. CSLANK JOSEPH J.	Joseph blank	LGYE	
BAKEY DEVILY	Den Bok	LGE	
Perry Lec	Lee Perry	168E	
Martin Leroy B.	Lucy B. Morten	L. 24C	
5. DOGLM DALE	Jon Jon	F@+ 2	
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SIGN-IN SHEET (Please Print Legibly)

	e use only: Cours	e Code <u>OG/WY</u>	Session #	
Date 3-1-17 Instru	ctor's Name / ID #	Larry Do	DSW / ERIC NO	Etherton
Subject Presented OQ/M1 Perform	Leakage and Patro	olling Surveys (Leak	Investigation)	
Location <u>Eoc</u> Sponsore	d by Line of Busin	ess	Training Hours	1
Training Reasons: (check only one) () Compliance () Computer () Industry Kn () Leadership	Technology (nowledge (X) Operator Qualificat) Safety) Developmental) Technical/Job Spec	-	
Last Name/First Name (please print in ink or type)	Signature		Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
1. Hodson Darren 2. Regland, Ichar 3.	Danien	Hodon	LGHE	
2. Realand, John	ALK		LG+E LGE	
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SIGN-IN SHEET (Please Print Legibly)

For Office	<i>Use Only:</i> Course Cod <u>e OQ/M1</u>	<u>S</u> ession#	
Date 3-/-12 Instruc	ctor's Name / ID# Larry Doos	od/ERIC NE	thekton
W	Leakage and Patrolling Surveys (Leak	Investigation)	
Location EdC Sponsored	by Line of Business	Training Hours	1
() Industry Kn	Гесhnology () Safety	_	
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. Peauler Kenneth 2.	Kennet of Rower	TB & E	
2. (NAIMSLOT) JAMCS 3.	Jan Want	LGE	
Mills M Kevia	Kerrie M. Mills	L.G+E	į
Mills M Kevia 4. BRUNER RODNEY	Rodrey & Burner	1.6+E.	
5. Allew Ruderick	Lode DL	LG+E	
Qual Mike	MatoQil	l (
7. Stinson Herman	Heman Stinson	1616	
7. Stinson Herman 8. NEWten Christophen 9.	Chris Wonter	16tE	
Williams Clint	Clint La Olasso	LGK	
10. Gene Staples	Gene Stopen	LGOE	
Aris Barnes	Chris Barnes	LG & E	
12. 62057 GR 13/14/6.	GR Cross	LOTE	
13. Ay C. () ?	A. Hara	LCAF	

Name Brian Russell		·						
Employee Number	o Title	Mech B						
Reporting Location <u>FOC</u>								
Task number/Description OQ/M1								
Perform Leakage and Patrolling Surveys								
Qualification Categories: Transitional		Initial Subsequent						
Qualification Date 2 · 21-12								
Qualification Method		•						
□ Written		Work History Review						
Observation during:		Vendor Certification						
☐ Performance on the job ☐ On the job training ☐ Simulation		Other						
□ Pass □ Fail								
I affirm that I am the person who has administered conducted this assessment with integrity. I also aff the person assessed and that the above named per the indicated level.	irm that	the above named employee is						
Qualifier's Signature/Date: Mry	1	dn 2-21-12						
I acknowledge the performance of this task is solel qualification. I acknowledge that I am responsible to conditions in my work place and must exercise car appropriate equipment, procedures and tools for the	or recoge e and g	gnizing hazards and abnormal ood judgement; always using						
Individual's Signature/Date:	Jusso	1 2-21-12						

-		•						
Name	e <u>Jo</u>	nathan	Sarl	es			•	
Empl	oyee	Number			_ Job	Title	Trouble	Tech
Repo	rting I	_ocation	AOC					
Task	numb	er/Desci	ription _		00	<u> 2/M1</u>		
	Pei	<u>form Le</u>	akage a	ınd Pa	trollir	ng Su	rveys	
Qualit	ficatio	n Categor	ies: □	Trans	itional		Initial 🛚	Subsequent
Qualif	ication	Date	29-	12				
Qua	lifica	tion Me	ethod				•	
	Writte	n 🗗	Oral	Examin	ation		Work Histor	ry Review
		rvation du	•				Vendor Cer	tification
			ance on the b training on	-			Other	
	9	Pass			Fail			
condu the pe the ind	cted thi rson as dicated	s assessm sessed and level.	ent with int d that the a	tegrity. I above na	also aff amed po	irm tha erson p	erformed the i	med employee i nitialed task at
Oual	ifior's	Signatur	o/Date:	$\mathcal{Z}_{\mathcal{C}}$	my	017	lsu	2.29-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Jonath D. Janh 2-29-12

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Nam	e(50	ry_	Shel	ton				
Empl	loyee I	Numl	per 🛂			Job	Title _	Main; Sen	ina Mechanic 1
Repo	orting I	_ocat	ion	FOC		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Task	numb	er/De	escript	ion		OC	<u>/M1</u>		
	Per	form	Leak	age ar	nd Pa	trollin	a Sur	vevs	- *
Quali								Initial D	Subsequent
				2-28					
	lifica			_				•	·
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	Writte	n	D/	Oral E	xamin	ation		Work Histor	y Review
0			during		. i a la			Vendor Cert	ification
		On ti	ormanc ne job ti ilation	e on the raining	e job			Other	
	Q/	Pass	;			Fail			
condu	icted thi	s asse	ssment	with inte	grity. I	also aff	irm that	ecklist and that the above nare erformed the in	med employee is
Qua	lifier's	Sign	ature/[Date: <i>(</i>	Za	my	0	odrw	2:28.12
qualifi condi	ication. tions in	l ackno my wo	owledge rk place	that I ar and mu	n respi ist exer	onsible f cise car	or reco e and g	e purpose of o gnizing hazard good judgemer I perform.	perator Is and abnormal nt; always using
Indiv	/idual's	s Sig	nature	/Date:	Jo	y//	Mul	Kö	2.28-12

Name Flanklin Snigh		
Employee Number Job	Title _	Trouble Tech
Reporting Location <u>A5C</u>		
Task number/Description OC	<u>2/M1</u>	
Perform Leakage and Patrollin	ig Sur	veys
Qualification Categories: Transitional		Initial Subsequent
Qualification Date 3-8-12		•
Qualification Method		•
□ Written		Work History Review
Observation during:		Vendor Certification
☐ Performance on the job ☐ On the job training ☐ Simulation		Other
Pass Fail		
I affirm that I am the person who has administered conducted this assessment with integrity. I also aff the person assessed and that the above named per the indicated level.	irm that	the above named employee is
Qualifier's Signature/Date:	Jod	ru 3-8-12
I acknowledge the performance of this task is solel qualification. I acknowledge that I am responsible tonditions in my work place and must exercise car appropriate equipment, procedures and tools for the	or recog	gnizing hazards and abnormal bood judgement; always using
Individual's Signature/Date: Frankli	i	Jeh 3-8-12

	-				
Name <u>fictive</u>	princeton				
Employee Numb		Job	Title _	GAS From	ble
Reporting Location	on <u>BArdsta</u>	hwr)	-		
Task number/De	scription	00	Q/M1		-
Perform	Leakage an	d Patrollin	g Sur	veys	
Qualification Categ		Transitional		Initial 🖳	Subsequent
Qualification Date _	2.22.	-12			
Qualification I	Viethod				
□ Written	Oral Ex	camination		Work History	/ Review
Observation of Parform	•	I.		Vendor Cert	ification
	mance on the j e job training ation	Job		Other	
D Pass	[∃ Fail			
I affirm that I am the p conducted this assess the person assessed t the indicated level.	ment with integ	rity. I also affii	rm that t	the above nan	ned employee is
Qualifier's Signat	ure/Date:	Lary x	ledu	w 2.2	2-12
acknowledge the per qualification. I acknow conditions in my work appropriate equipmen	formance of this ledge that I am place and must	s task is solely responsible fo exercise care	for the or recog and go	purpose of op nizing hazard ood judgement	perator s and abnormal
Individual's Signa	ıture/Date: ⊈	26 Minor	Lon.		02-22-12

Nam	e _ <i>(</i>	ren	e S	Lap	Je5		ì	·		
			per_				Title	1),57	Mec	h
Repo	orting	Locat	ion	M	agno	lia	· · · · · · · · · · · · · · · · · · ·			
Task	numk	er/De	escripti	on		00	Q/M1			
	Per	rform	Leak	age a	nd Pa	atrollin	ıg Sur	veys		
Quali	ficatio	n Cate	gories:		Trans	sitional		Initial	ď	Subsequent
Qualif	fication	Date _	2	1-1	2					
Qua	lifica	tion	Meth	od				•		
	Writte	en		Oral I	Examir	nation		Work F	History	Review
0	Obser	Perfo On th	during: rmance le job tra	on the	e job			Vendor Other	r Certif	ication
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condu the pe	cted this	s asses sessed		ith inte	egrity. I	also affi	rm that	the abov	e name	have ed employee is ialed task at
Qual	ifier's	Signa	ture/D	ate: _	0	Lan	4 D	odra	·w	3-1-12
l ackn qualifi condit	owledge cation. I ions in r	e the pe acknowny my work	erforman wledge t	ce of the hat I are	his task m respo st exer	is solely onsible fo cise care	y for the or recog e and go	purpose nizing hood judg	e of ope azards ement;	
							√ 2 .			

Individual's Signature/Date: Tene Saples 3-1-12

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Emp	loyee	Numbe	er			Jol	Title	A Me	hanie
Rep	orting	Locatio	on		AC				
Tasł	c numb	er/Des	script	ion		0	Q/M1		
	Pe	rform I	_eak	age aı	nd Pa	trolli	ng Sui	rveys	
Qual	ificatio	n Categ	ories:		Trans	itional		Initial 13	Subsequent
Quali	ification	Date	3	-1-	12				
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	1	Pass				Fail			
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Qualifier's Signature/Date: Xany Ovdin 3-1-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: Journal Standard 3-1-12

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Emp	loyee l	Number			Job	Title (Clen	lesder
Repo	orting I	_ocation	<u> 4 o</u>	_				
Task	numb	er/Desc	ription		OC	<u>/M1</u>		
	<u>Per</u>	form Le	akage a	nd Patro	ollin	g Sur	veys	
Quali	ficatio	n Categor	ies: □	Transitio	nal		Initial 🔟	Subsequent
Quali	fication	Date	. 27-	-12	_			
Qua	lifica	tion Me	ethod					
	Writte	n ⊡∕	Oral I	Examinatio	on		Work Hist	ory Review
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			ince on the b training on	e job			Other	
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Qual	ifier's	Signatur	e/Date: (Lam	, — J \$	Dod	m,	2:27-12
l acknowled qualific condit	owledge cation. I ions in r	the perfor acknowled ny work pla	mance of t dge that I a ace and mu	his task is : m responsi	solely ible for e care	/ for the or recog e and go	purpose o Inizing haza Ood judgem	f operator ards and abnormal aent; always using
Indiv	idual's	s Signatu	re/Date:	87	Si	un	~~_	2/27/12

Name <u>Bo</u> 7	6-		·
Employee Numbe		b Title	6AS Pog
Reporting Locatio	n EOC		
Task number/Des	scription <u>C</u>	Q/M1	
Perform I	_eakage and Patrolli	ng Su	rveys
	ories: □ Transitiona		· ·
Qualification N			,
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Observation of	_		Vendor Certification
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I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

Qualifier's Signature/Date:

2-28-12

Operator Qualification Employee Re	cord	
Name Sie RV auren		
Employee Number Jo	b Title	Distribution Mech
Reporting Location Muldungs		
Task number/Description O	Q/M1	
Perform Leakage and Patrolli	ng Su	rveys
Qualification Categories: Transitiona		Initial Subsequent
Qualification Date 3 8-12		
Qualification Method		
□ Written □ Oral Examination		Work History Review
Observation during: Performance on the job		Vendor Certification
☐ On the job training ☐ Simulation		Other
Pass - Fail		
I affirm that I am the person who has administered conducted this assessment with integrity. I also at the person assessed and that the above named p the indicated level.	firm that	the above named employee is
Qualifier's Signature/Date:	(Developer 1 2-8-17
Qualifier's digitature/Date.	}	SOURCE ST.
I acknowledge the performance of this task is sole qualification. I acknowledge that I am responsible conditions in my work place and must exercise ca appropriate equipment, procedures and tools for t	for recog re and g	gnizing hazards and abnormal ood judgement; always using
Individual's Signature/Date:	RVa	Quar 3-9-12

Individual's Signature/Date:

Name RIA. VAUGHO	
Employee Number Jo	b Title our mech
Reporting Location	
Task number/Description	Q/M1
Perform Leakage and Patrolli	ng Surveys
Qualification Categories: Transitiona	I 🗆 Initial 🖟 Subsequent
Qualification Date 2-27-12	
Qualification Method	•
□ Written ☑ Oral Examination	□ Work History Review
Observation during:	□ Vendor Certification
□ Performance on the job□ On the job training□ Simulation	□ Other
Pass 🗆 Fail	
I affirm that I am the person who has administered conducted this assessment with integrity. I also at the person assessed and that the above named puthe indicated level.	ffirm that the above named employee is
Qualifier's Signature/Date: Jany	Dodin 2:27.12
I acknowledge the performance of this task is sole qualification. I acknowledge that I am responsible conditions in my work place and must exercise ca appropriate equipment, procedures and tools for t	for recognizing hazards and abnormal are and good judgement; always using

Name TODD VINCENT			
Employee Number	Job Title	CREW	LEADER
·	700 1100		ann agus guide 70° gu ann an 1977 agus le dhùnn a dh'ann an 1977 ann an 1977 ann an 1977 ann an 1977 ann an 19
Reporting Location EoC			
Task number/Description	OQ/M1		
Perform Leakage and Patro	lling Su	rveys	
Qualification Categories: Transition	nal 🗆	Initial D	Subsequent
Qualification Date 2. 28-17-			
Qualification Method	_		
•			
□ Written	n 🗆	Work History	Review
Observation during:		Vendor Certi	fication
☐ Performance on the job☐ On the job training☐ Simulation		Other	
D Pass D Fa	ail		-
I affirm that I am the person who has administed conducted this assessment with integrity. I also the person assessed and that the above named the indicated level.	affirm that	t the above nam	ed employee is
\mathcal{L}	\bigcirc	n A	. 12 % - 12
Qualifier's Signature/Date: January) Vec	er 2	2016
I acknowledge the performance of this task is s qualification. I acknowledge that I am responsible conditions in my work place and must exercise appropriate equipment, procedures and tools for	olely for th ble for reco care and g	e purpose of op gnizing hazards good jydgement	erator and abnormal
Individual's Signature/Date: Touch	ra [] u	nul	2/28

Name Andrew Waddle								
Empl	Employee Number Job Title _ <i>DiSt mech.</i>							
Repo	Reporting LocationAoC							
Task	Task number/DescriptionOQ/M1							
	Per	form Leak	age a	nd Pa	trollin	ıg Sur	veys	,
Qualif	ficatio	n Categories	: 🗆	Trans	sitional		Initial 🗓	Subsequent
Qualifi	ication	Date	2:27	-17	1			
Quai	lifica	tion Meth	od					
	Writte	n 🛚	Oral E	xamin	ation		Work History	Review
B		vation during					Vendor Certif	ication
		Performance On the job to Simulation		e Job			Other	
		Pass			Fail			
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.								
Quali	fier's \$	Signature/D	0ate: ∈	La	ry (Dord	Irev 2	27-R
l ackno qualific conditio	wledge ation. I	the performa acknowledge	nce of th that I an and mus	nis task n respo st exerc	is solely Insible fo Cise care	/ for the or recog e and go	e purpose of ope gnizing hazards bood judgement;	erator and abnormal

Individual's Signature/Date: Indust work

Affidavit

Ope	Operator Qualification Employee Record								
Nam	e	JF	7 M	ES		NA	1115	101	
Empl	loyee	Numl	oer 🌉			Job	Title	MECh	A
Repo	rting	Locat	ion	E	00				
Task	Task number/Description OQ/M1								
	Perform Leakage and Patrolling Surveys								
Quali	ficatio	n Cate	egories:	: 🗆	Trans	sitional		Initial 🗹	Subsequent
Qualif	ication	Date	3	-/-/	<u></u>	Paris, San (1977)			
Qua	lifica	tion	Meth	od					
	Writte	en	9	Oral E	Examir	ation		Work History	/ Review
9			during		- !-l-			Vendor Cert	ification
		On th	rmance ne job tr lation		e job			Other	
		Pass				Fail			
condu	cted thi	s asses	ssment	with inte	egrity. I	also affi	irm that	ecklist and that the above namerformed the ini	ned employee is
Quali	ifier's	Signa	ature/D)ate: _(Za	my.	Ove	bru 3	B-1-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date:

Nam	e <u>Mark</u>	WALLA	C(-		·			
Empl	oyee Nu	ımber 🔚		The second second	_ Job	Title _	B- CAS	DIST MECH
Repo	orting Lo	cation _ <i>_</i> /	10C					
Task	number	:/Descripti	on		OC	Q/M1		
Perform Leakage and Patrolling Surveys								
Quali	fication (Categories:		Transi	tional		Initial Ø	Subsequent
Qualif	ication Da	ate	-9-16	2				
Qualification Method								
	Written	9	Oral E	Examina	ation		Work Histo	ory Review
		tion during:					Vendor Ce	ertification
	<pre>0</pre>	erformance n the job tra imulation					Other	
	P	ass			Fail		,	
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.								
	, 6:	, , ,		\mathcal{L}_{α}	(A	.0.	1	1 4.0-17
Qual	ifier's Si	gnature/D	ate: _	Xu	ny	190	ann	7712
qualific conditi	Qualifier's Signature/Date: Any October 4-9-12 I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.							
Indiv	idual's S	Signature/I	Date:	M		(1)		4-9-12

Operator Qualification Employee Record						
Name Brent Weather	rfore					
Employee NumberJ	ob Title A Mach					
Reporting LocationAOC						
Task number/Description	DQ/M1					
Perform Leakage and Patrol	ling Surveys					
Qualification Categories: Transition	al □ Initial ☑ Subsequent					
Qualification Date 2.22-12						
Qualification Method	•					
□ Written B Oral Examination	n □ Work History Review					
Observation during:	□ Vendor Certification					
☐ Performance on the job ☐ On the job training ☐ Simulation	☐ Other					
□ Pass □ Fai	1					
I affirm that I am the person who has administer	ed this checklist and that I have					

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.

Qualifier's Signature/Date: Lang Dedun 2:28-12

I acknowledge the performance of this task is solely for the purpose of operator qualification. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgement; always using appropriate equipment, procedures and tools for the task I perform.

Individual's Signature/Date: But Westiff 2-28-12

Name Clint Williams									
Empl	Employee Number Job Title Storage Transmission, + Distribution								
Repo	Reporting Location Magnolia								
Task	Task number/Description OQ/M1								
	Per	<u>form</u>	Leak	age ar	nd Pa	atrollir	ıg Sur	rveys	
						sitional		Initial Subsequent	
Qualif	fication	Date _	3	- /-	12	-			
Qua	lifica	tion	Meth	od				•	
	Writte	n		Oral E	xamiı	nation		Work History Review	
			during		iah			Vendor Certification	
			rmance e job tr ation		e Job			Other	
		Pass				Fail			
I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed task at the indicated level.									
Qual	lifier's	Signa	ture/D	ate:(X	any	K	Jodnu 3-1-12	-
qualifi condit	Qualifier's Signature/Date: () () () () () () () () () (

Individual's Signature/Date: Clint Williams 3-1-12

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TRAINING AUGUST, 2012

ATTENDANCE SIGN-IN SHEETS
INDIVIDUAL COMPLETION REPORTS





SIGN-IN SHEET (Please Print Legibly)

	e Use Only: Course Code G/LI	Session#					
Date 8.6-12 Instructor's Name / ID# LARRY TOOSOW ERIC Netherton							
Subject Presented Leak Investigation	n						
Location Eoc Sponsored	by Line of Business	Training Hours					
Training Reasons: (check only one) () Compliance () Computer Technology () Safety () Industry Knowledge () Leadership Development () Computer Technology () Safety () Developmental (X) Technical/Job Specific							
Last Name/First Name (please print in ink or type)	Signature /	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #				
1. Hollis BRIDGEWATER	Holli Burtiewatis	LBIE					
1. Hollis BRIDGEWAFER 2. CSLANK, JOSEPH	Joseph Flant	LGTE					
Peyton Bruce	Bana Post	L6+2					
4. Allen James H.	SH allen	LGSE					
5. USW tox Chris	This North	LOCK					
6. DENELIZE ROA	Ton Back	11 11					
7. Payre Mike	hu the the	(1 / 1					
8.							
9.							
10.							
11.							
12.							
13.							



SIGN-IN SHEET (Please Print Legibly)

For Oni	ce Use Only: Course Code G/LI	Session#	
Date 8 -7-12 Instru	ctor's Name / ID# <u>G. Nethenton</u>	, T. Heckel, L	,DODSOL
Subject Presented <u>Leak Investigation</u>	on		
Location Est Sponsored	d by Line of Business	<u>Training</u> Hours	
Training Reasons: (check only one) () Compliance () Computer () Industry Kn () Leadership	Technology () Safety		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
DEARING, DON	D. Deary	1G02.	
2. Heath. Tony	1. Heath	16 €	
3. Balland Stephen	5. Both	LGSE LGSE	
4. PUTTERMAY DANIEL	Sanidhutterman	LG+6	
5. Regland, John	All-M	LGSE	
6.	7 11 8		
7.			and the second
8.			
9.	·		•
10.	-		
11.			
12.			
13.			





SIGN-IN SHEET (Please Print Legibly)

	te use only. Course code Gill						
Date 8-13-12 Instructor's Name / ID# LADRY DODGOW EDIC Wetherstor							
Subject Presented Leak Investigation	n						
Location <u>ECC</u> Sponsored by Line of Business <u>Training Hours</u>							
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety						
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #				
1. Peavler Kennath	Kennet & Pearle	T.CaE.	A Company of the Comp				
2.	nowten alle III	L. H.Z.					
Vanover, Eric	fire Waver	LCE					
4. England BRIAN	B. Sland	16E					
Franklin Sm. 74	Int. Liter	LOE					
6.							
7.							
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12.		•	•				
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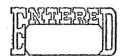
For Offi	ice Use Only: Course Code G/LI	<u>8e</u> ssion #	,
Date 8-15-12 Instru	ector's Name / ID# LARRY DEDSA	ÉPIO PETHOLOGIA,	you secke!
Subject Presented <u>Leak Investigati</u>	on		
Location <u>lov</u> <u>Sponsore</u>	d by Line of Business	Training Hours	
Training Reasons: (check only one) () Compliance () Computer () Industry Ki () Leadership	Technology () Safety		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. ORIZ Renny Goetzinger L.P.	KL	(CE 16E 1GE	
Goetzinger L.P.	IP Martin	16E	
Poteet David	DAR	LGE	
4. Socraston, Richie	R Francolan	<u> </u>	
5.			A SENSIA
6.			
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SIGN-IN SHEET (Please Print Legibly)

For Office	ce Use Only: Course Code. Gill		1. (.
Date \$.26-12 Instruc	ctor's Name / ID# <u>(Allay novery, El</u>	ME KUTHUROV, ELIC	Buller, Tury Hed &
Subject Presented Leak Investigation	·		
Location <u>EoC</u> <u>Sponsored</u>	l by Line of Business	<u>Tr</u> aining Hours	1
Training Reasons: (check only one) () Compliance () Computer 7 () Industry Kn () Leadership	Technology () Safety owledge () Developmental		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl.#
1. Pendleton R.J. 2.	P. Ventton	LG+E	
2. Harrison Kenny	18m /d - ?	16+5	
thru Chais	El Hall	16t	
4. Shelton Gary	Jan Muts	LGE	#
5. Waddle Andrew	andrew Waddle	LGTE	1.3
6. Weatherford But	But Newther	LOF	
7. Sacles Jonathan	South Sant	LGE	
8. Sumuer St	SC Summer	LGE	
9. WALLACE MARK	Max Wall	LG E	1
10. Perry Lee	Les Perme	16F	
11. Hankles Charl	1 Julla	LG+E	·
12. HUETTIG ORSGOD	A Strill	16=E	
13.	A & Q and	11	





SIGN-IN SHEET (Please Print Legibly)

For Offi	ce Use Only: Course Code G/LI	Session #	
Date 821-1-2 Instru	ctor's Name / ID# <u>& P& D365-</u> , <u>& n</u>	veince by Thick	el & Millen
Subject Presented <u>Leak Investigation</u>	on		
Location Sponsore	d by Line of Business	Training Hours	1
() Industry Kn	Гесhnology () Safety	•	
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. Lauis Richard L.	Buchard & Suits	1615	
2. Russell Brian 3.1, NCENT, TODD	Brian Track 1	169E	
3/INCENT, TODD	Toda / ment	16E	
TAYLOR BO	Bo Taylor	2GE	
5. CLUMIN JEFF	IL Chine	CGE	
6. JONES, NATHAN		-66E	
7. Stinson Heisman	Elman Hinn	2645	
8. BRUNGR RODNEY	Redney E. Brune	1.6+6	
9. Allen Rederich	Roderick Sh	LG+E	
10. Gull, Mike	Mile Dill	11	
9. Allen Rederich 10. Golf, Mike 11. Darnall, Mayne 12. Darnall, Mayne	Wayne Darnall	/1	
15 Jaton MITA	mNB	11	
13.			

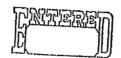


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SIGN-IN SHEET (Please Print Legibly)

For Office	e Use Only: Course Code G/LI	<u>Ses</u> sion#	enic
Date 8 29-12 Instruc	tor's Name / ID# Eric Nethorthy, 1	ARRY DODSery Tony	Holor Miller
Subject Presented <u>Leak Investigation</u>	n		
Location Eu Sponsored	by Line of Business	Training Hours	1
Training Reasons: (check only one) () Compliance () Computer T () Industry Kno () Leadership	echnology () Safety owledge () Developmental		
Last Name/First Name (please print in ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. FAITH Chris	(hiù foith	CG:E	Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
2. Boone Chris	Chis Bone	LOE	
Hoden Darren	Danier Hodson	LGTE	
4. WAINSCOTT TAMES 5.	Jan Worsell	LGE	
Mills M KANIN	Herrin M mills	2.G+F	
6. King rey Brian	Brien Kungh	160E	
MATTINGY DAVID	Dail Mater	L6 2 E	
8. BAKEL Desin	Da Rx	LGE	
9. Cochran, Juan	Than Elepian	/'	4
10. POSS GR.	6K Crass	l l	
Barnes Chris 12.	Chris Barnes	LGE	
12.		•	
13.			





SIGN-IN SHEET (Please Print Legibly)

For Office Use Only: Course Code G/LI Session #

Date 9-25-12 Instructor's Name / ID# Larry DODSON ERIC NETHERTON			
Subject Presented Leak Investigation			
Location & Sponsore	d by Line of Business	Training Hours	
Training Reasons: (check only one) () Compliance () Operator Qualification – Gas Only () Safety () Industry Knowledge () Leadership Development () Operator Qualification – Gas Only () Safety () Developmental (X) Technical/Job Specific			
Last Name/First Name (please print in Ink or type)	Signature	Business Division (LPI, LEM, LG&E, KU, LEC, etc.)	Dept./ Empl. #
1. Hall Chais	Ch Hall	16E	
HAYDEN DARYL	Dan L Hafren	LGE	
3. Dilley Dana	Dance Willer	LGFE	
LA VAUGHAS RA	Be	LGAE	
5. Burkis Justa	JB Luna	LBAE	
6. Butler Larry	Jay to Pour	LCdE	
JONES WD	a Djan	L6E	
8. Gene Staples	Gene Steples	16E	
Seronov Huette	& Thell	160E	
10. Payne, Mike	Thomas Muchael Porgne	LGE	
<u> </u>			
12.		'	
13.	•		

Evaluator's Name Evaluator's Name Evaluator's Name Employee's name and emp # Aug. h//2 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter
	 Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Established Co.	heck to main also Catch basins,

Evaluator's Name Evaluator's Name Evaluator's Name Employee's name and emp	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: DEN ESTABLISH and bar h	

The employee is qualified to perform Leak Investiga	ation	:
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	·
Evaluator's Name Evaluator's Name Evaluator's Name Evaluator's Name Evaluator's Name Employee's name and emp # 8/21/12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Follower prohe to loca establish peri	te, procedure using barholy te, proposet, classify and mete, very thorough

Perform Leakage on Gas Piping Facilities

Yes /	No			
\square	/	orm leakage surveys	of gas distribution	on piping
Lany Auch Evaluators Initials	Perfor The p	mance Guide: berson being evaluated for Demonstrated proper of instrument.	•	libration of leal
	•	Demonstrated turning instrument in ambient a		t and, zeroed
Evaluator's Initials	•	Determined location of Tested cracks in paver	ment or sidewalks, ex	terior walls and
JE Bake	7	any other location that r Tested adjacent structu Established and monito	res for migration of ga	S.
18-19 13	•	Demonstrated proper gi Prepared proper complete	•	cumentation.
Date				
Comments:	ery systema	ATÉ STANICO , CSTABLISICO	Ar House,	Chuked
houses en	sch sioc	CSTABLISHED	DERIMETER	
Class, Fred	properto	1		
•				
	The state of the s			

Yes	No	
		Perform leakage surveys of gas distribution piping
Eiec W.	Artheren	Performance Guide: The person being evaluated for qualification:
Evaluator's Name	4	Demonstrated proper care, handling and calibration of leak instrument.
Exic Mo	llac	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name		Determined location of company facilities.
Dung J	Solly	stalled bar holes to determine migration of leak ested cracks in pavement or sidewalks, exterior walls and
Employee's name and	emp#	any other location that may indicate leakage.
Gi ara in	<i>j</i>	 Tested adjacent structures for migration of gas.
8-27-12		Established and monitored perimeter
Date		 Demonstrated proper grading of leaks.
		 Prepared proper completion of leak documentation.
Comments: A	TPPY 1	one THE SAME AS JUAN. DONE A
GREAT 30	B COC	ATING LEAK BUT FORGOT TO MAKE
GAS INSU	DE A	Princity Derry is FULLY CATABLE
of Asia	n 1-11	A SA A SA A SA A SA A SA A SA A SA A S

,	and personal mount in social grand in
Yes No	Perform leakage surveys of gas distribution piping
Toward. Oak	The person being evaluated for qualification:
Evaluator's Name	Demonstrated proper care, handling and calibration of leak instrument.
Ericw Hilling	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
Strober Relland	 Installed bar holes to determine migration of leak
Employee's name and emp #	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8/7/12	 Tested adjacent structures for migration of gas. Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
	·
Comments: 5/EVE U	filized the bellows & REGULAR
probe to &	HABISH THE TEAK MIGRATION
& CLASSICICOU	tion.

The officiency to demine	
1 × 0 -1 M/F	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Evaluator's Name Sept Barries Employee's name and emp# 8-27-2012 Date	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: CHRIS ES & ADSQUOTS DON CLASSIFIED PROPE	stablished perimeter w/CGI rholing. Leak was

Yes No Yes No W Lany Decum Evaluator's Name Evaluator's Name Pon Beneo'ct- Employee's name and emp# 8-6-17 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: EstA houses sued And classifi	blished perimeter, checked avoiced probably to man, foundall leaks, ed properly

Perform Leakage on Gas Piping Facilities

Yes	No	
		Perform leakage surveys of gas distribution piping
0		Performance Guide:
Law Do	(مما	The person being evaluated for qualification:
Evaluator's Initials		 Demonstrated proper care, handling and calibration of leak instrument.
		 Demonstrated turning on leak instrument and, zeroed instrument in ambient air.
		 Determined location of company facilities.
Evaluator's Initials	1	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Maha Ka	0.0	 Tested adjacent structures for migration of gas.
GOLLIN HOW	441	Established and monitored perimeter.
Employee's Initials	3/	Demonstrated proper grading of leaks.
10 - 9-	12	 Prepared proper completion of leak survey documentation.
20.0		
Comments:	locored	leak properly, established perimeter
Checked	SERVIC	es on both SIDES, CGI Propery
- 1 1 A		
<u>Calibrat</u>	<i>ty</i>	
•		

The d	employ	yee is	qualified	to	perform	Leak	Investigation:
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No

	Perform leakage surveys of gas distribution piping
Evaluator's Name	— Performance Guide: The person being evaluated for qualification:
Evaluator Name	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities.
Chris Boone Employee's name and emp#	 Installed bar holes to determine migration of leak Fested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8-27-17 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Very the PROCEDURES	prough AND Systemie, followed all, classified properly, established

Evaluator's Name Evaluator's Name Employee's name and emp# 8-6-12 Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: 2158 De Thought there switched to p	was water in ground and there

V 4	
Yes No	Perform leakage surveys of gas distribution piping
Eric W. Hethar	Performance Guide: The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Tony Wesles	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	Determined location of company facilities.
- Rower of Greek	Installed bar holes to determine migration of leak
Employee's name and emp#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8-20-12	 Tested adjacent structures for migration of gas. Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	Prepared proper completion of leak documentation.
Comments: Jon US	EN the bellow Drobs & walked
out the 4 ser	vices & main. Proceded with
the bachole	probe to pin the leaks of
Establish the	leak migration.

Yes, No	
☑ □	Perform leakage surveys of gas distribution piping
	Performance Guide:
(any its dry	The person being evaluated for qualification:
Evaluators Name Allery	 Demonstrated proper care, handling and calibration of leak instrument.
Ericw. Hotherto	Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
R	• Installed bar holes to determine migration of leak
FODNEY SRUNER Employee's name and emp#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
61 21 13	 Tested adjacent structures for migration of gas.
8-21-12	 Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
Comments: Utilized	bellows probe to locare leak, to lloved
up with bark	bellows probe to locate proposet and , ob well done
Classify leak	, ob well done
,	

Yes No	
	Perform leakage surveys of gas distribution piping
9	Performance Guide:
Xan Dodn	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Exic W. Teth	Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
Tustw Bures Employee's name and emp# 9-25-12 Date	 Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Locar	ed AND properly classified reaked
ESTABlished	perimeter
And the second of the second o	
Party secure security and the security	

The employee is	qualified to perform Leak investigation.	
Yes	No	

Yes No D D Evaluator's Name	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed
Evaluator's Name Miko Sunto; Employee's name and emp# 8.21-12 Date	 Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.

Comments	Very =	sytemati	e, and	thor	ough		
		use And					
using	bar hole	probe 1	located,	class	sifud.	DINPOINTE	ار.
		d perime					

	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Locared established peen	and properly classified teat

The employee is qualified to perform Leak Investigation:

No

Yes

,		Perform leakage surveys of gas distribution piping
•		Performance Guide:
• (Danie Dodana	The person being evaluated for qualification:
`	Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
e Alar	Eric W. Telhera	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
les.	Evaluator's Name	 Determined location of company facilities.
·.	Empjoyee's name and emp #	Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
	8-21-12 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter
	Date	Demonstrated proper grading of leaks.
		 Prepared proper completion of leak documentation.
	Comments: Meated	and alossified lead using barhone
	Drabe Established	perimeter, checked insinc buildings
		2 1 1 m har and
	Ochy Thorough	TEOREM AT WILL PICTURY
	'	

The employee is qualified to perform Leak Investigation:

Yes	No ☐ Perfe	orm leakage surveys of gas distribution piping
1: 10	7. ///	mance Guide:
EUCW. 1	The p	erson being evaluated for qualification:
Evaluator's Name	.0	Demonstrated proper care, handling and calibration of leak instrument.
Epic Me	ller°	Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Lu ne	0	Determined location of company facilities.
dulk. 🛮	0	Installed bar holes to determine migration of leak
Employee's name and er	mp#	Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
0.77 17	9	Tested adjacent structures for migration of gas.
8-27-12		Established and monitored perimeter
Date	o	Demonstrated proper grading of leaks.
	•	Prepared proper completion of leak documentation.

COMMENTS: JUAN LONE A GREAT JOB LOCATING &

CHASCIFFUS THE CARKS. HAD TO REMIND HIM THAT

CHECKING GAS TINSIDE ONCE GAS WAS FOUND @ FOUNDATION,

WAS A PRIORITY REFORE ACTUALL LIANS LEAK.

HAVE COMPLETE CONFIDENCE IN SUAN THAT HE WONT

FORGET THE GAS IN HOUSE AGAIN.

Perform Leakage on Gas Piping Facilities

Yes No	
Saug Dodru Evaluator's Initials	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and
Employee's Initials Date	 any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments: Cheched	AT House first, then checked
edgacent hours	es found area of heat
explished pe	pineter

Perform Leakage on Gas Piping Facilities

	Yes No	•
	U	Perform leakage surveys of gas distribution piping
	L	Performance Guide:
	Mary Dendans	The person being evaluated for qualification:
•	Evaluator's Initials	 Demonstrated proper care, handling and calibration of leaf- instrument.
		 Demonstrated turning on leak instrument and, zeroed instrument in ambient air.
		 Determined location of company facilities.
	Evaluator's Initials	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
		Tested adjacent structures for migration of gas.
/	Sound combient	Established and monitored perimeter.
	Employee's Initials	Demonstrated proper grading of leaks.
	10-16-12 Date	 Prepared proper completion of leak survey documentation.
	Comments: Chucked	at house first there checked ses, found area of heak
	adjacent hou	ses, found area of heak
	Established Dek	umeter

The employee is qualified to perform Leak investigation:				
Yes	lo .			
	Perform leakage surveys of gas distribution piping			
Evaluator's Name	Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed			
Evaluator's Name	instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak			
Employee's name and emp#	9. Tested cracks in payement or sidewalks, exterior walls and			
8-27-/1_ Date	 Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation. 			
Comments: 68	E Established PERIMETER USING			
bar hole	& CGI. CLASSIFIED BAK			
DROPERY				

Perform Leakage on Gas Piping Facilities

Yes No Sary Dodso Evaluator's Initials	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Evaluator's Initials	 Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Employee's Initials 10 -9-12 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments: Lacated	leak property, established
perimeter, ch	coped Services ON both SIDES
CEI property	y Calibrates

Yes, No	
	Perform leakage surveys of gas distribution piping
Evaluator Name Evaluator's Name Evaluator's Name Augusta Lala Employee's name and emp # 1. 6-12 Date	Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Check	eldings
adjacent be	eildings

me employee is qualifie	eu to perform Leak investigation.
Yes No Sau Dods Evaluator's Name	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed
Evaluator's Name	instrument in ambient free air Determined location of company facilities
Mune Donald Employee's name and emp# S:21-17 Date	 Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Very 5	Votematic and Thorough STARTED worked way back using barholu
at house and	worked way bade using barbolu
probe locate	1, classified pinpointed
	hed perimeter

Perform Leakage on Gas Piping Facilities

Yes	No	
		Perform leakage surveys of gas distribution piping
Dam Dog Evaluator s Initials	dser-	Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities.
Evaluator's Initials		 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
BRIAN DAVIS Employee's Initials 10-9-12	<u>.</u>	 Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Date	. 0	
Comments: C	Tocalia	I leak property established
Dérimeté	u ch	uched services en both sides
GGI 4	noner	1, Calibrated
. — — — — — — — — — — — — — — — — — — —		J

Yes No	Perform leakage surveys of gas distribution piping Performance Guide:
Evaluator's Name Exic W. Mallowsky	 Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Employee's name and emp#	 Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: DON NO ESTABLISHMEN	AS VERY methodical in his t of the migration Perionster.

The e	employe	e is	qualified	to	perform	Leak	Invest	igation:
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Evaluator's Name Any Docher Evaluator's Name D. R. D. Hey Employee's name and emp # 9-25-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: DANA E	stablished the preimeter the leak correctly.

Perform Leakage on Gas Piping Facilities

Determined location of company facilities Tested cracks in pavement or sidewalk any other location that may indicate leak Tested adjacent structures for migration Established and monitored perimeter.	
Tested adjacent structures for migration Established and monitored parimeters	s, exterior walls ar
Demonstrated proper grading of leaks.	•
Prepared proper completion of leak surv	y documentation.

The employee is qualified	ed to perform Leak investigation:
Yes No Aarry Dodson Evaluator's Name	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: • Demonstrated proper care, handling and calibration of leak instrument. • Demonstrated turning on leak instrument and zeroed
Evaluator's Name Mark July Employee's name and emp# 10-4-12 Date	 Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Followed Checked bouses Calibrated And	All procedures, established perimeter; both sipes of leat, CGI property well taxer care of

Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation. Comments: Jallawed all Amadlus in Jallawed Alassipping			en-
Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.	Yes	No	•
The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.			- · · · · · · · · · · · · · · · · · · ·
	Evaluator's Name El Durul Employee's name and		 The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks.
	Comments: ___\	Follow Rex * ar	

***	-	
Yes	No	
P		Perform leakage surveys of gas distribution piping
	,	Performance Guide:
Lang Joo	lien	The person being evaluated for qualification:
Evaluator's Name	4 1	 Demonstrated proper care, handling and calibration of leak instrument.
Eric W. 7	Fetherla	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	C	 Determined location of company facilities.
0 /	<i>j</i>	Installed bar holes to determine migration of leak
Blins Engli	az	 Tested cracks in pavement or sidewalks, exterior walls and
Employee's name an	d emp#	any other location that may indicate leakage.
47		 Tested adjacent structures for migration of gas.
8-13-12		Established and monitored perimeter
Date		Demonstrated proper grading of leaks.
		Prepared proper completion of leak documentation.
		, topological transfer and
	•	
Comments:	Vers the	peration of ABI, equipments in
	7	and the same of th
UN PORST	100 B	peration of also equipment in

Yes _ℓ N	0
v c	Perform leakage surveys of gas distribution piping
J	Performance Guide:
Day Dalyn	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Tony Lulu	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
hris FASH	Installed bar holes to determine migration of leak
Employee's name and emp#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8-27-12	 Tested adjacent structures for migration of gas. Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
. /	
Comments: Very	Systematic Classified property
Established	proper perimeter
****\	

Yes No Aday Andre Evaluator's Name Nate Fronget- Employee's name and emp #	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Date Comments: Proper	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
	, , , , , , , , , , , , , , , , , , ,

i ne employee is qualifie	a to perform Leak Investigation:
Yes No	Perform leakage surveys of gas distribution piping
. 1	Performance Guide:
Sary Dodne	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Enicw. Tillate	 Demonstrated turning on leak instrument and zeroed instrument in amblent free air
Evaluator's Name	 Determined location of company facilities.
LESTER P. GRELITHES Employee's name and emp#	Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
08 15 12 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks.
	Prepared proper completion of leak documentation.

Comments: STARTED USING bellow grobe to yet into MENNTY.

He also continued to use bellow probe over started probing Continued

Historic. Corrected on size to use probe. Tolorand individual

If ground is sarapated with which bellow probe was to be used. He classied all leaks property

	•	
Yes	No	Perform leakage surveys of gas distribution piping
Evaluator's Name Aic W.	Culif Adhat	Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name Salviel Cit Employee's name ar 8-7-1		Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter
Comments: 3	sad W	 Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
maly i	with !	pellow probe of pinpointed

The employee is quantica to perform	Loan Invoorigation
Performance Guil The person bein Evaluator's Name Demoninstrum Evaluator's Name Evaluator's Name Evaluator's Name Determ Installed Employee's name and emp# Tested any oth Tested	ag evaluated for qualification: strated proper care, handling and calibration of leak ent. strated turning on leak instrument and. zeroed ent in ambient free air ined location of company facilities. d bar holes to determine migration of leak cracks in pavement or sidewalks, exterior walls and er location that may indicate leakage. adjacent structures for migration of gas.
Establis	hed and monitored perimeter strated proper grading of leaks.
	d proper completion of leak documentation.
Comments: INSTRUCTED CHIRS	he weeds to par hole to
establish perimeter AND D	regretia, Re-INSTRUCTED
employee on barholing ,1	E-INSTRUCTED ON bar holing

Yes No	
o o	Perform leakage surveys of gas distribution piping
_	Performance Guide:
Janus Andria	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Tong Certal	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator Name	 Determined location of company facilities.
	Installed bar holes to determine migration of leak
1 Hall	 Tested cracks in pavement or sidewalks, exterior walls and
Employee's name and emp#	any other location that may indicate leakage.
	Tested adjacent structures for migration of gas.
9-25-12	•
Date	Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
•	 Prepared proper completion of leak documentation.
Comments: Very TH	HOLOUGH, ESTABLISHES PERIMETER AND
- 4	
PINFOINTED LEAL	

The employee is qualified to perform Leak Investigation:		
1-1614	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.	
procedures, Line	ericarion very thorough (great sob). Do House line testing all accorping to Locating weeks help on in Ductive	

Yes No	
	Perform leakage surveys of gas distribution piping
Xany Lodsu Evaluator's Name	The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Tony Gerhel Evaluator's Name	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Employee's name and emp#	 Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
9.25=12 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
Comments: Vary THO	with, ESTABLISHED PERMETER AND PINPOINTED
LEXIL	
	•

The employee is qualified to perform Leak Investigation:	
Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.	
comments: Tony did the initial WAIK. around with a bellows probe to find the odor of gas then	

The employee is qualified to perform Leak Investigation:

Evaluator's Name	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Evaluator's Name Darren Hodson Employee's name and emp# 3-27-12 Date	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: zz-ABL13	

FROM HOUSE TO STREET. CLASSIFIED LEAK PROPERLY.

Perform Leakage on Gas Piping Facilities

Yes All And Decorations of the second secon	Pe	erform leakage surveys of gas distribution piping erformance Guide: ne person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed
Evaluator's Initials Result Tho Employee's Initials Date	gan -	 Definition to the proper completion of leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments:	bocated	leak our lestablished perimeter,

Yes No Any Do-dry Evaluator's Name Evaluator's Name Abors by Employee's name and emp# 10/4/2 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Followed Perimeter, Ca OGI property of	hech houses on both sives, y Calibrated and well taken care

Evaluator's Name Form Green Mame Comp Green Mame Employee's name and Society Mame Society Mame And Society Mame Date	No Daniel Colored Colo	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
		properly, Journal all leaker proper Mand Not bashole establishing per, muter sunt class, fleater to use bar hole probe

Yes No	
	Perform leakage surveys of gas distribution piping
9	Performance Guide:
Lang this and	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Eric W. J thinks	Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name (Determined location of company facilities.
G. Hurtig Employee's name and emp#	Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and
Employee's hame and emp #	any other location that may indicate leakage.
9-15-11	Tested adjacent structures for migration of gas.
1 20-11)	Established and monitored perimeter
Date	Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
Comments: CRE9	ESTABlishEd preimeter through
Comments.	
barholing & C	lassifies the leak proporty.

Yes No I Dodu Evaluator's Name Iber H Evaluator's Name NATHAN JONES Employee's name and emp# Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Drobe, establish	And classified leak using babole inside thorough and systematic

Yes No Day Docker Evaluator's Name Evaluator's Name Docker	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: <u>Establish</u> And fin pointed	d peermetor , properly Class. fied

The employee is qualifie	d to perform Leak Investigation:
Yes No D Eveluator's Name	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Evaluator's Name **Replaced Single S	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter
Comments: Denor PERINETER 1 CLASSIFIED 18	• Demonstrated proper grading of leaks. • Prepared proper completion of leak documentation. STRATED ability to Establish USING CGT & bar holing. AK PROPERLY.

Perform Leakage on Gas Piping Facilities

Yes,	No	
U		Perform leakage surveys of gas distribution piping
Evaluator's Initials Evaluator's Initials CHUCK LEMI Employee's Initials 10/9/12 Date	BACH	 Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments:	Very s r pro	perly, checked houses on

The employee is quain	ied to perionii Leak investigation.
Yes No D	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: • Demonstrated proper care, handling and calibration of leak instrument.
Tory Weller Evaluator Name	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities.
Ridia nd L. Lawi's Employee's name and emp #	Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8-21-12 Date	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Ufilzed AND BARNELS DO	bellow probe to establish languard of leak
Las mes ten	

instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Date Demonstrated proper grading of leaks.	The person being evaluated for qualification:
Demonstrated proper care, handling and calibration of leaf instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks.	
instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Date Demonstrated proper grading of leaks.	• • • • •
Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Date Demonstrated proper grading of leaks.	
Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Date Demonstrated proper grading of leaks.	 Determined location of company facilities.
Tested cracks in pavement or sidewarks, exterior wans and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Date Demonstrated proper grading of leaks.	Installed bar holes to determine migration of leak
• Established and monitored perimeter • Demonstrated proper grading of leaks.	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Date • Demonstrated proper grading of leaks.	 Tested adjacent structures for migration of gas.
Definitions traced proper grading of reaks.	 Established and monitored perimeter
	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
	USHED PERMETER VERLY THOROUGH

	<u> </u>
Evaluator's Name Long Laborator's Name Evaluator's Name Kavin M Mills Employee's name and emp# 8-27-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Demo	onstrated ability to berimeter using CGI & OREA. Classifical leak Properly.

Perform Leakage on Gas Piping Facilities

Yes No	
	Perform leakage surveys of gas distribution piping
J -	Performance Guide:
Karus Strakser	The person being evaluated for qualification:
Evaluator's Initials	 Demonstrated proper care, handling and calibration of leak instrument.
	 Demonstrated turning on leak instrument and, zeroed instrument in ambient air.
	 Determined location of company facilities.
Evaluator's Initials	 Tested cracks in pavement or sidewalks, exterior walls and
1 11	any other location that may indicate leakage.
1-10-	 Tested adjacent structures for migration of gas.
Employee's Initials	 Established and monitored perimeter.
. , 0	 Demonstrated proper grading of leaks.
10/9/12	 Prepared proper completion of leak survey documentation.
Date /	
Comments: Located	Lead and established presenter
property ohe	ched services on both sides
CGI property	Oak beated
• • /	•
-	

Perform Leakage on Gas Piping Facilities

Yes Evaluator's Initials Evaluator's Initials Evaluator's Initials Lipable Manuer Complete Solution of the	No D dw	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments: Commen	heched house hed	at house first the chiched so, found area of lest

i ne employee is	s qualified to perform Leak investigation.
Yes Evaluator's Name Evaluator's Name Evaluator's Name Employee's name and end Date	instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and
Comments: Stra	established perimeter

Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.	
Comments: KENDY ESTABISHED THE LEAK MIGRATION DERINETER Utilizing the OBMI unit in Consumctions with PROPER barholing!	

The employee is qualified to perform Leak Investigation:

No

		Perform leakage surveys of gas distribution piping
	4:19/19/1	_Performance Guide:
	CAUCO . / HUSTONE	The person being evaluated for qualification:
	Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
\subset	Law, Dodson	Demonstrated turning on leak instrument and zeroed instrument in ambient free air
	Evaluator's Name	Determined location of company facilities.
	Mike Payn	 Installed bar holes to determine migration of leak
	Employee's name and emp#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
	8-6-12	 Tested adjacent structures for migration of gas.
	00/2	 Established and monitored perimeter
	Date	 Demonstrated proper grading of leaks.
		 Prepared proper completion of leak documentation.
	Comments: USED B	
	have proper pro	be for taking reading in barholy
	Corrected ONS.	ite established perimeter and
	alass End poon	, , , , , , , , , , , , , , , , , , , ,

. ,	,
Evaluator's Name Mike Payre Employee's name and emp # 9.25-17 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Mike W	tilized his CGI & bacholing
tectorione w	Establishing the perimeter
A	
\$ PROPERTY C	lassifying the leak o
	, ,

The employee is qualified to perform Leak Investigation:			
Yes	No		
W	☐ F	Perform leakage surveys of gas distribution piping	
1000	F	Performance Guide:	
Onen Open	Osur	he person being evaluated for qualification:	
Evaluator's Name		 Demonstrated proper care, handling and calibration of leak instrument. 	
Einew Ho	Mark	Demonstrated turning on leak instrument and zeroed instrument in ambient free air	
Evaluator's Name	•	 Determined location of company facilities. 	
W 1 SP N		Installed bar holes to determine migration of leak	
Employee's name and em	p.#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. 	
0 12 15		 Tested adjacent structures for migration of gas. 	

Date

Established and monitored perimeter

Demonstrated proper grading of leaks.

Prepared proper completion of leak documentation.

Yes	No	
		Perform leakage surveys of gas distribution piping
a. 1 1	MI	Performance Guide:
CAUC (U. Th	Morter	The person being evaluated for qualification:
Evaluator's Name	A	 Demonstrated proper care, handling and calibration of leak instrument.
Tony you	<u>hD</u>	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air
Evaluator's Name		 Determined location of company facilities.
RJ. Pendle		Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and
Employee's name and	emp#	any other location that may indicate leakage.
		 Tested adjacent structures for migration of gas.
8-20-12		Established and monitored perimeter
Date		 Demonstrated proper grading of leaks.
	•	 Prepared proper completion of leak documentation.
	<i>/</i>	
Comments: 1	lery sy	istem MATIC, Established Depimeter
bar holed	prope	estem MATIC, established perimeter
		∇
Approximate positive and the second contract of the second contract	***************************************	

The employee is quained to perform Leak investigation.		
Evaluator's Name Aury Dodn Evaluator's Name Lee Perry Employee's name and emp# 8. 26 - 7 2 Date	 Perform leakage surveys of gas distribution piping Perfomance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation. 	
Comments: lacare	1 and classified all leaks property	

Yes	No	
V		Perform leakage surveys of gas distribution piping
Evaluator's Name Evaluator's Name Summe Employee's name	tethento	 Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Date Comments:	very ti	 Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.

The employee is qualified to	perform Leak	Investigation:
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Yes, No No Yary Outron Evaluator's Name David R Pote et Employee's name and emp # 8-16-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Mitoe obser	vation of 30% LEL at door would not
and classified p	Very My Modical found all bake

The person being evaluated for qualification:

Perform leakage surveys of gas distribution piping

Demonstrated proper care, handling and calibration of leak

The employee is qualified to perform Leak Investigation:

Performance Guide:

instrument.

Yes

Evaluator's Name

Evaluator's Name Mike Quil - Employee's name and emp# Date	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Follow d fo locate ping perimek, ven	all procedures using barhole probe

Yes No Carry Octobro Evaluator's Name Evaluator's Name Lha lagland Employee's name and emp # 8-7-1 Z Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks.
	• Prepared proper completion of leak documentation. I hodical established perimeter ying leak, CGI calibrated and

Yes No	
	Perform leakage surveys of gas distribution piping Performance Guide:
Lary Dodru Evaluator's Name	The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Evaluator's Name Light State Employee's name and emp# Di-4-12	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Followid Ohehed house Calchided and	all procedures, established generally on both sides Clat properly a well taken care of

Perform Leakage on Gas Piping Facilities

\mathscr{O} \wedge P^{e}	 erform leakage surveys of gas distribution piping of formance Guide: le person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments: Aponted Sidn Cal Mantaned	Side proper and stallance chal service on both Chapely Calificates am

Yes No Yang Avaluation Name Evaluators Name Brings Risse // Employee's name and emp# 8-21-12 Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Utilized both bellow Awo backets probe to establish the leak Migration Awa property classify leakes Very systematic	
Very systematic	

The employee is qualif	ied to perform Leak Investigation:
Evaluator's Name Tonathan Sortes Employee's name and emp# B. 20-12 Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Very DID Excellen ealibrated perimeter	system matie, found all leakes, + Joh , leak instrument in good compition; established
** *** ***	

Yes / No	
	Perform leakage surveys of gas distribution piping
a light	Performance Guide:
CUCW- TIMUSON	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Tony Kile	 Demonstrated turning on leak instrument and, zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
Gan Shell	Installed bar holes to determine migration of leak
Employee's name and emp#	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
0.70-17	 Tested adjacent structures for migration of gas.
8-20-12	 Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	Prepared proper completion of leak documentation.
- -	
Comments: Very 4.	horough and systemmaric found all
leakes and clas	whed proposely DID great 100
,	
	,

ine employee is qualific	cu to perform Leak investigation.
Yes No	Perform leakage surveys of gas distribution piping Performance Guide:
Maria Orelan	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Eric W. Hotherton	 Demonstrated turning on leak instrument and, zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
$f \sim 1$	 Installed bar holes to determine migration of leak
Employee's name and emp #	 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
dillio	 Tested adjacent structures for migration of gas.
8-13-12	 Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
Comments: Very	nutholical on Approah if leak
indestration,	locared And property classified
Jeafe explaine	ed reasoning, equerpaint in good
Alpodine apri	

Yes No. Land Legan Evaluator's Name Aichie Spareston Employee's name and emp# 8-15-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Richie Chi	established the perimeter NI unit & bor holing.

Yes No Sauy Bodso Evaluator's Name Evaluator's Name Employee's name and emp # 9.25-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Very	systematic followed ail procedures perineter then pin pointed
Upi-vill size	The same of the sa

Cler Wel		Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
	Comments: Welfed - Penpointel ale	bellow put to locate leap. Assified and established perimeter prope were + horough

Evaluator's Name Evaluator's Name SLSUMARE Employee's name and emp #	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Very 54 CGT Califipated, Sollowed all Gui	stematic, CSTABLISITED PERIMETER, Classified beaks proping, established perimeter pelines, excellent dob

Perform Leakage on Gas Piping Facilities

Yes	No	
0		Perform leakage surveys of gas distribution piping
		Performance Guide:
Lung	مر مر مراهد بر	The person being evaluated for qualification:
Evaluator's hitials	<u>OW</u>	 Demonstrated proper care, handling and calibration of lear instrument.
		 Demonstrated turning on leak instrument and, zeroed instrument in ambient air.
		 Determined location of company facilities.
Evaluator's Initials		 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
11		Tested adjacent structures for migration of gas.
Employee's Initials	PP-	 Established and monitored perimeter.
Employee's initials		 Demonstrated proper grading of leaks.
10/9/12		 Prepared proper completion of leak survey documentation.
Date	**************************************	
		•
Comments:	Located	leap property, established
Deremel	ie, es	leak property, established heched services on both sides Collecated
667 y	Diopuls	Colebratio
/	' 0	
And the second s		

The employee is qualified to perform Leak Investigation:		
Performance Guide: The person being evaluate Evaluator's Name Demonstrated projection instrument. Demonstrated tur	per care, handling and calibration of leak	
Installed bar holes Employee's name and emp# 8-21-17 Date Installed bar holes Tested cracks in part any other location to the second seco	on of company facilities. to determine migration of leak bavement or sidewalks, exterior walls and that may indicate leakage. cructures for migration of gas.	
Comments: Followed all procedures of leat, used bellows probe of followed up with bas hold establish perimeter	as far as classification to locate leak and probe to classify and	

Yes/ No V	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Establish Leak, Equipme	ed perimeter, properly classified

Yes No	Perform leakage surveys of gas distribution piping
Eric W. Hetherh	The person being evaluated for qualification: • Demonstrated proper care, handling and calibration of leak
Evaluator's Name	instrument.
Jan Dollin	 Demonstrated turning on leak instrument and. zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities. Installed bar holes to determine migration of leak
Employee's name and emp#	Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
9/25/12	 Tested adjacent structures for migration of gas. Established and monitored perimeter
Date	 Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Bob &	Pectively established
the primete	2 & Classified the leak
,	·

The employee is qualified to perform Leak Investigation:

classified property

and compared to the	
Yes No	Devices leakage everyons of any distribution nining
	Perform leakage surveys of gas distribution piping
Evaluator's Name	Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument.
Janystoden	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	Determined location of company facilities.
Finder ment	 Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
8.21-12	Tested adjacent structures for migration of gas.Established and monitored perimeter
Date	 Demonstrated proper grading of leaks.
	 Prepared proper completion of leak documentation.
Comments: [] + fili	zed bellows probe to legare presuity
of leak, pro	set bellows probe to lease vicinity obe I and classified lease wint brahole 4 systematic established perimetr
Araba Wes	y systematic established perimety

Evaluator's Name Evaluator's Name Evaluator's Name Employee's name and emp # 8-26-12 Date	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: 1913520	leake on one building, to fast in
WIALKING WITH	bellow proby, LINE locaring Neeps help
EN INDUCTIVE	Regulator suo lockup test all accorpina to
Procepures. H.	Legulator swo lockup test all according to
the her next	tones

The employee is qualified to perform Leak Investigation:	
Evaluator's Name Evaluator's Name Employee's name and emp #	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: PROPER ESTABLISH Leak Correctly	technique was utilized to perineter. Leak Classified

Yes No	
	Perform leakage surveys of gas distribution piping
	Performance Guide:
Eria W. Hotherlan	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
Lany Dodne	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
TAMES WAINS COTT Employee's name and emp# 8-27-12 Date	 Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
USE OF G.M.T.	FROBED PROPERLY FROM HOUSE TO STREET GAIL. CLASSIFIED LEAR PROPERLY.
	'

Exica Miller Evaluator's Name MARK WAUGE Employee's name and emp#? 8-20-12 Date	 Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: Establista	d perimeter and classified leaks
Very systematic	100ked at Dic Picture
VID excellent	Jon

Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and. zeroed instrument in ambient free air Determined location of company facilities. Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.	
Comments: MISSED LEAR ON ONE house, Re-INSTRUCTED INDIVIDUAL ON Checking from main to merch, Le-INSTRUCTED ON looking AT the DIG PICTURE	
INDIVIDURE ON checking from man to merch,	_
RE-INSTRUCTED ON looking AT the DIG DICTURE	
	_
	_

Yes / No	
	Perform leakage surveys of gas distribution piping
	_Performance Guide:
Esic 10) Tillhorlan	The person being evaluated for qualification:
Evaluator's Name	 Demonstrated proper care, handling and calibration of leak instrument.
	 Demonstrated turning on leak instrument and zeroed instrument in ambient free air
Evaluator's Name	 Determined location of company facilities.
BRENT WEATHERFOR) Employee's name and emp#	 Installed bar holes to determine migration of leak Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter Demonstrated proper grading of leaks. Prepared proper completion of leak documentation.
Comments: ESTABLE	helleak migration with
	l V
Enchalma /	Establishing permeter
CLASSIFISK TRO	& cosestly.
111000	

Perform Leakage on Gas Piping Facilities

Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Employee's Initials Demonstrated proper grading of leaks. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation. Comments: Very Horough, Jacaka Jeas and Lach since Cach since Cach since Chacked Bauses Cach since	Yes	No	
instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.	Law Da	□ Dand	Performance Guide:
instrument in ambient air. Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation. Comments: Value Harry Appendix Appen	Evaluator Initials	<u>woo</u>	instrument.
Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation. Comments: Apple 4 - App			
Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation. Comments: Apply the pared proper deposite the proper completion of leak survey documentation.	Evaluator's Initials		 Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage.
Comments: 1/2011 The part lead lead and		ipliens	Established and monitored perimeter.Demonstrated proper grading of leaks.
Comments: Very thorough, located leap and Established perimeter, checked Bouses Lach sinc	10-9-12 Date		Prepared proper completion of leak survey documentation.
Cach since	Comments:	Very 4	horough, located leap and
Cach side	Establishe	d Dek	rimeter, chicked houses
	tach sio	<u> </u>	

Perform Leakage on Gas Piping Facilities

Yes/ No Declure Evaluators/initials	Perform leakage surveys of gas distribution piping Performance Guide: The person being evaluated for qualification: Demonstrated proper care, handling and calibration of leak instrument. Demonstrated turning on leak instrument and, zeroed instrument in ambient air.
Evaluator's Initials Staff William Employee's Initials 10 - 9 - 12 Date	 Determined location of company facilities. Tested cracks in pavement or sidewalks, exterior walls and any other location that may indicate leakage. Tested adjacent structures for migration of gas. Established and monitored perimeter. Demonstrated proper grading of leaks. Prepared proper completion of leak survey documentation.
Comments: Located PERIME to Get CEI proper	Lecked services on both sides