



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**

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,

A handwritten signature in black ink that reads "Allyson K. Sturgeon". The signature is written in a cursive, flowing style.

Allyson K. Sturgeon  
Senior Corporate Attorney

Enclosures (Confidential)

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

**COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION**

**In the Matter of:**

<b>LOUISVILLE GAS AND ELECTRIC</b>	)	
<b>COMPANY</b>	)	
_____	)	<b>CASE NO. 2012-00239</b>
	)	
<b>ALLEGED FAILURE TO COMPLY</b>	)	
<b>WITH KRS 278.495</b>	)	

**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.

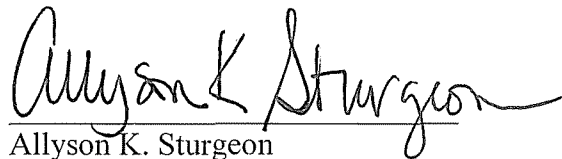
Utility Regulatory Commission v. Kentucky Water Service Company, Inc., Ky. App., 642 S.W.2d 591, 592-94 (1982).

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

**Table of Contents**

Summary – Procedural Changes  
Gas Emergency Operating Procedure (GEOP) – Section 1  
GEOP – Section 2  
GEOP – Section 3  
GEOP – Section 4  
GEOP – Section 9  
Summary – Training Changes  
LG&E Training Yard  
Distribution of GEOP  
Mock Drill and Safety Audit Schedule  
Abnormal Operating Conditions  
All Hands Meeting 3/14/2012  
All Hands Meeting 6/5/2012  
All Hands Meeting 9/19/2012  
Mock Field Drill 12/2012  
Line of Progression Enhancements  
Safety Audits 1/2012  
Safety Audits 2/2012  
Safety Audits 3/2012  
Safety Audits 4/2012  
Safety Audits 5/2012  
Safety Audits 6/2012  
Safety Audits 7/2012  
Safety Audits 8/2012  
Safety Audits 9/2012  
Safety Audits 10/2012  
Safety Audits 11/2012  
Safety Audits 12/2012  
Operator Qualification Employee Records  
Leak Investigation Training 2/2012  
Leak Investigation Training 8/2012



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

February 5, 2013 Order  
Ordering Paragraph No. 5, Third Sub-Bullet

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**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.
  - iii) Revises Incident Commander responsibilities, emphasizing responsibility for



**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

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Paragraph No. 5, Third Sub-Bullet**

- (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.”

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Paragraph No. 5, Third Sub-Bullet**

- 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.”*

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Paragraph No. 5, Third Sub-Bullet**


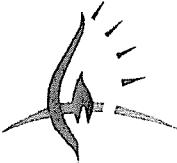
- (e) Under (8): “A “*Grade 1*” leak is discovered in sanitary or storm sewers. This situation also requires notification to the sewer operator by Gas Emergency Dispatch.”
  - (3) Revised part (h) – formerly part (g): “Call and request Gas Emergency Dispatch”...
  - (4) Revised part (i) – formerly part (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**

	<h1 style="margin: 0;">GEOP</h1> <p style="margin: 0;">GAS EMERGENCY OPERATING PROCEDURES</p>	 <b>Energy Delivery</b>
<b>Section: 1</b> <b>GENERAL INFORMATION AND DEVELOPMENTAL GUIDELINES</b>		
<b>Revision:</b> <b>6</b>	<b>Effective Date:</b> <b>12/21/12</b>	

## 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 following:

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:
    - 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;
- (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.
2. **Command:** The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.
3. **Foreign Crew Guide:** Personnel responsible for overseeing contractor and/or mutual aid utility gas crews.
4. **Group Supervisor:** The individual responsible for the on-site management of the incident operations.
5. **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.
6. **Incident Commander (IC):** The individual responsible for the management of all incident operations.
7. **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.
10. **Leader:** The ICS title for an individual responsible for a Task Force, Strike Team, or functional unit.
11. **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.
16. **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:**


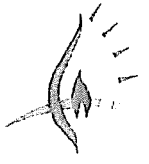
LOUISVILLE GAS & ELECTRIC, GEOP, SECTION 1.0, REVISION 6, EFFECTIVE 12/21/12

- (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**

	<h1 style="margin: 0;">GEOP</h1> <p style="margin: 0;">GAS EMERGENCY OPERATING PROCEDURES</p>	 <p style="margin: 0;"><b>Energy Delivery</b></p>
<p style="margin: 0;"><b>Section: 1</b></p> <p style="margin: 0;"><b>GENERAL INFORMATION AND DEVELOPMENTAL GUIDELINES</b></p>		
<p style="margin: 0;"><b>Revision:</b></p> <p style="margin: 0;"><b>5</b></p>	<p style="margin: 0;"><b>Effective Date:</b></p> <p style="margin: 0;"><b>10/08/07</b></p>	

**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**

1. 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.
- (l) 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**

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.

### **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:
  - 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;
- (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). 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);
- (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;
- (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.
2. **Command:** The act of directing and/or controlling resources by virtue of explicit legal, agency, or delegated authority.
3. **Foreign Crew Guide:** Personnel responsible for overseeing contractor and/or mutual aid utility gas crews.
4. **Group Supervisor:** The individual responsible for the on-site management of the incident operations.
5. **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.
6. **Incident Commander (IC):** The individual responsible for the management of all incident operations.
7. **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.
10. **Leader:** The ICS title for an individual responsible for a Task Force, Strike Team, or functional unit.
11. **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.
16. **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)

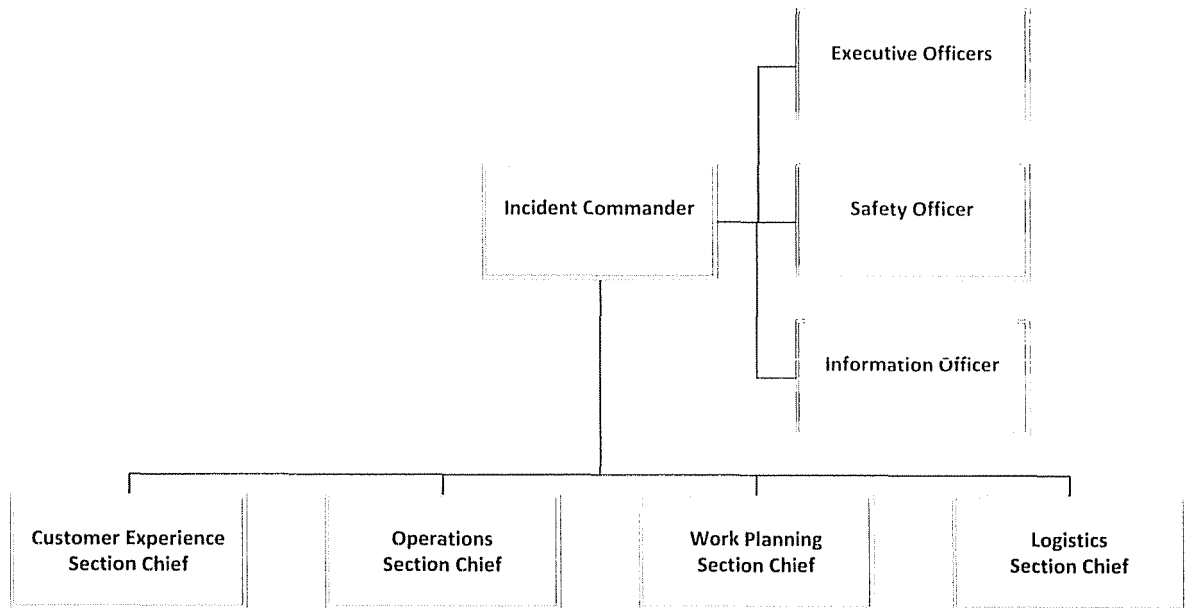
## Section 2 – Incident Command System

### **Current Version**

	<p style="text-align: center;"><b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES</p>	 <b>Energy Delivery</b>
<b>Section: 2 INCIDENT COMMAND SYSTEM</b>		
<b>Revision:</b> 7	<b>Effective Date:</b> 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.

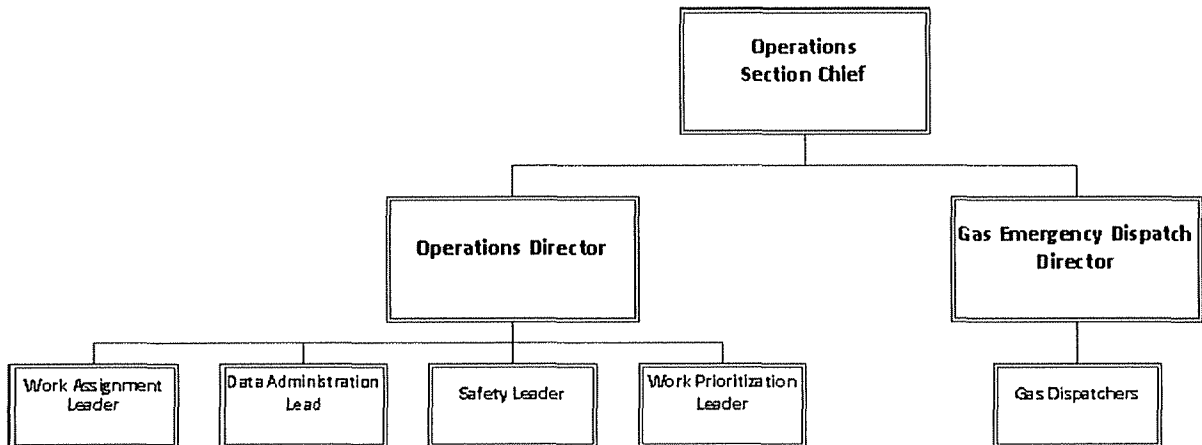


Figure 2. Operations Section of Incident Command System



**I. Operations Section Chief**

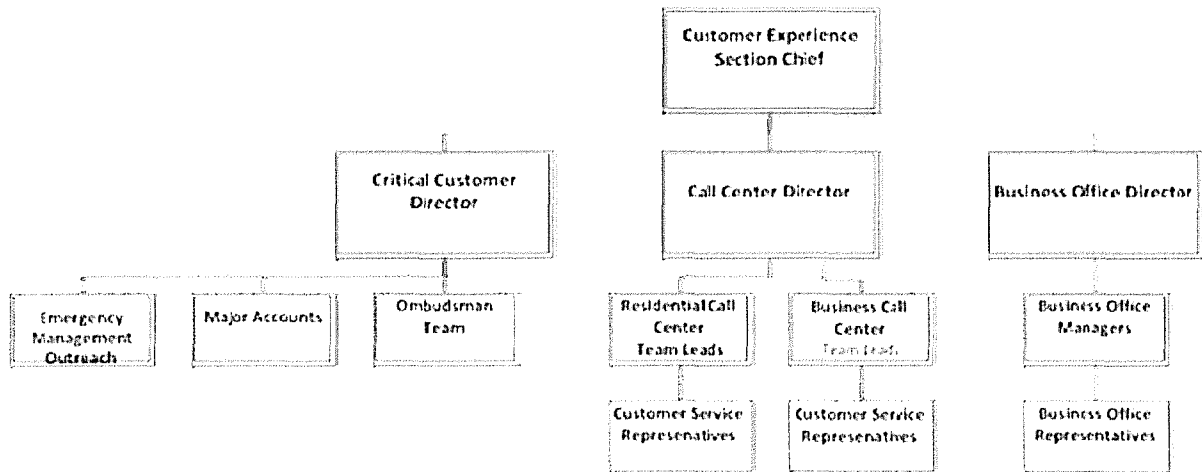
The Operations Chief has responsibility for overseeing and coordinating restoration responses; assuring effective and efficient utilization of available resources; identifying resource needs and restoration projections based on those needs; and overseeing the following:

- 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.
      - 2. 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:
      - 1. 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.
      - 2. 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.
      - 2. 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.
      - 2. 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) **Critical Customer Director** – 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) Major Accounts Managers – 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) Critical Customer Coordinator - 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) **Business Office Director** – 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) ERT Leader – 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.

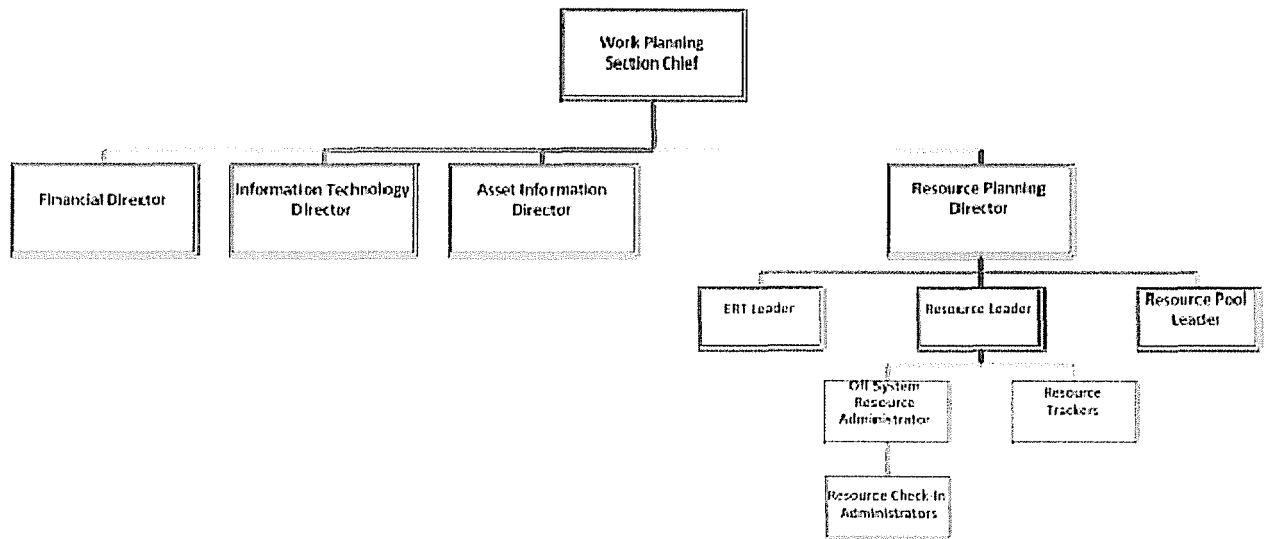


Figure 4. Work Planning Section of Incident Command System

- (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) Asset Information (AI) Director - 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) Financial Director - 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.

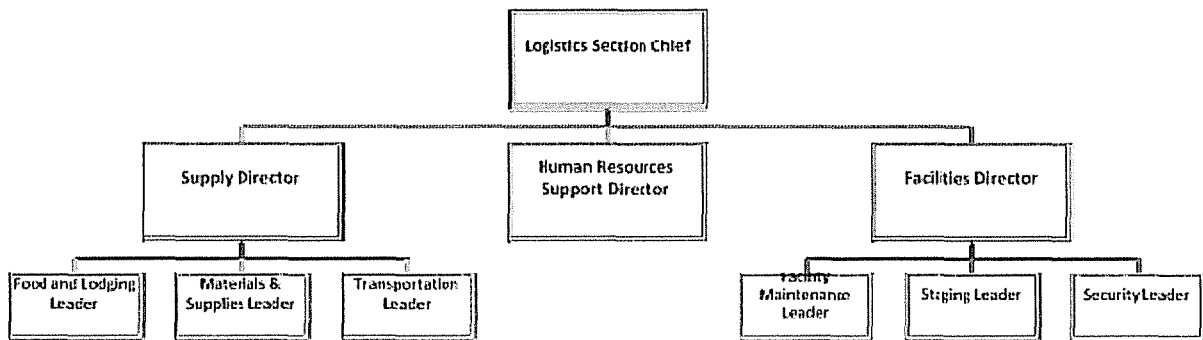


Figure 5. Logistics Section of Incident Command System

- i) Supply Director – 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) Materials/Supplies Leader - 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 single 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) Transportation Leader – 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) Facilities Director – 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) Staging Leader - or their designee, shall have overall responsibility for working with the Work Planning Section to identify staging needs, including parking, check-in, pass-porting 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) Security Leader - 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) Continuity Leader -- or their designee, shall have responsibility for ensuring established business continuity plans are executed for impacted areas throughout responses to emergencies.
- iii) Human Resources Director – 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 diagrammed 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 center 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**



**Inner Perimeter  
Emergency  
Scene**

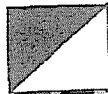
**Media  
LG&E PIR**



**Medical  
Triage**

**Police  
Staging**

**Entry  
Check-Point**



**Fire Service  
Staging**

**LG&E  
Operations  
Staging**

**EMS  
Staging**



**Rescue  
Staging**

**Parking  
Non-Essential  
Vehicles**

# Gas Emergency Operating Procedures (GEOP)

## Section 2 – Incident Command System

**Prior Version**

	<p style="text-align: center;"><b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES</p>	 <b>Energy Delivery</b>
<p style="text-align: center;"><b>Section: 2</b> <b>INCIDENT COMMAND SYSTEM</b></p>		
<p style="text-align: center;"><b>Revision:</b> 6</p>	<p style="text-align: center;"><b>Effective Date:</b> 08/25/08</p>	

## 2.1 INCIDENT COMMAND SYSTEM

1. 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

1. 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.
2. 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

LOUISVILLE GAS & ELECTRIC. GEOP. SECTION 2.0, REVISION 6, EFFECTIVE 08/25/08

5. The IC will be responsible for designating the Group Supervisor.
6. 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)**

1. 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.
2. 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)
3. 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.
  - (i) Managing or supervising work groups or employees consistent with normal job functions and to the extent practical.
4. 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.
5. The Group Supervisor / Incident Commander will be responsible for implementing the Personnel Accountability System.

**2.4 SAFETY OFFICER**

1. 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**

1. The Public Information Representative (PIR) position will generally be filled by a representative from E.ON | U.S. Corporate Communications Department.
2. 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**

1. 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.
2. 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.
3. 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).
3. 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**

1. 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**

1. The Operations Leader (OL) is responsible for supervising the organizational elements in accordance with the action plan approved.
2. 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**

1. 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.
2. 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**

1. 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.
2. 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**

1. 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.

LOUISVILLE GAS & ELECTRIC. GEOP. SECTION 2.0. REVISION 6. EFFECTIVE 08/25/08

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.ON|U.S. GAS OPERATIONS MANAGEMENT DEPARTMENT COMMAND CENTER**

1. 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.
2. 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**

- (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.

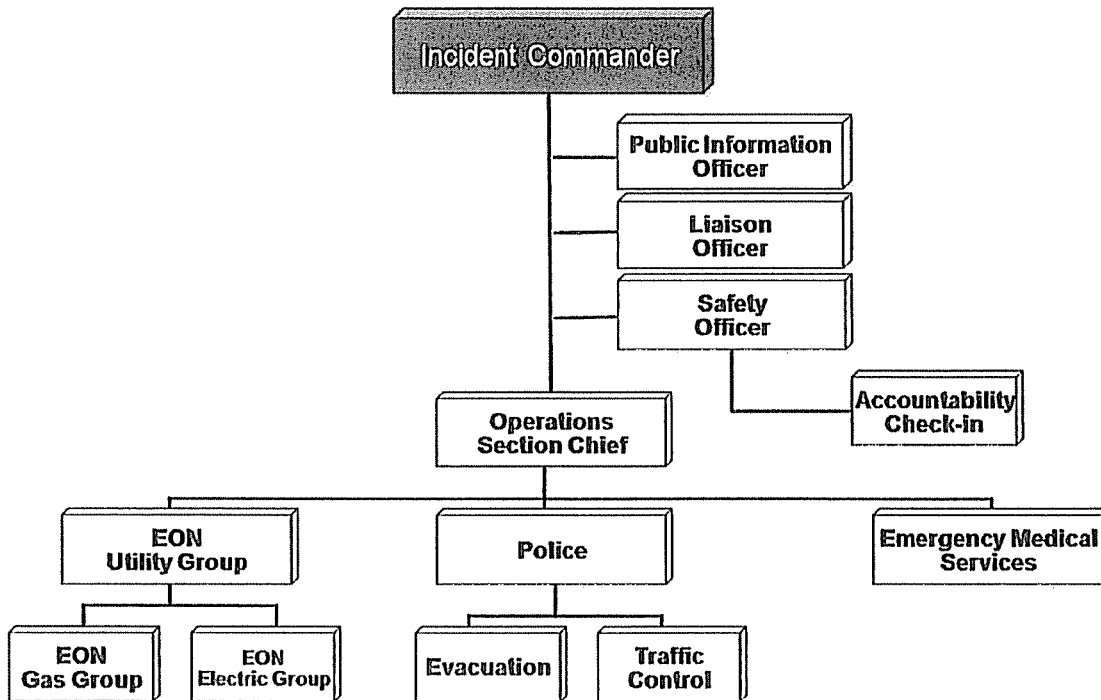
**Revision 6**

- (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.

**2.17 EXHIBITS**

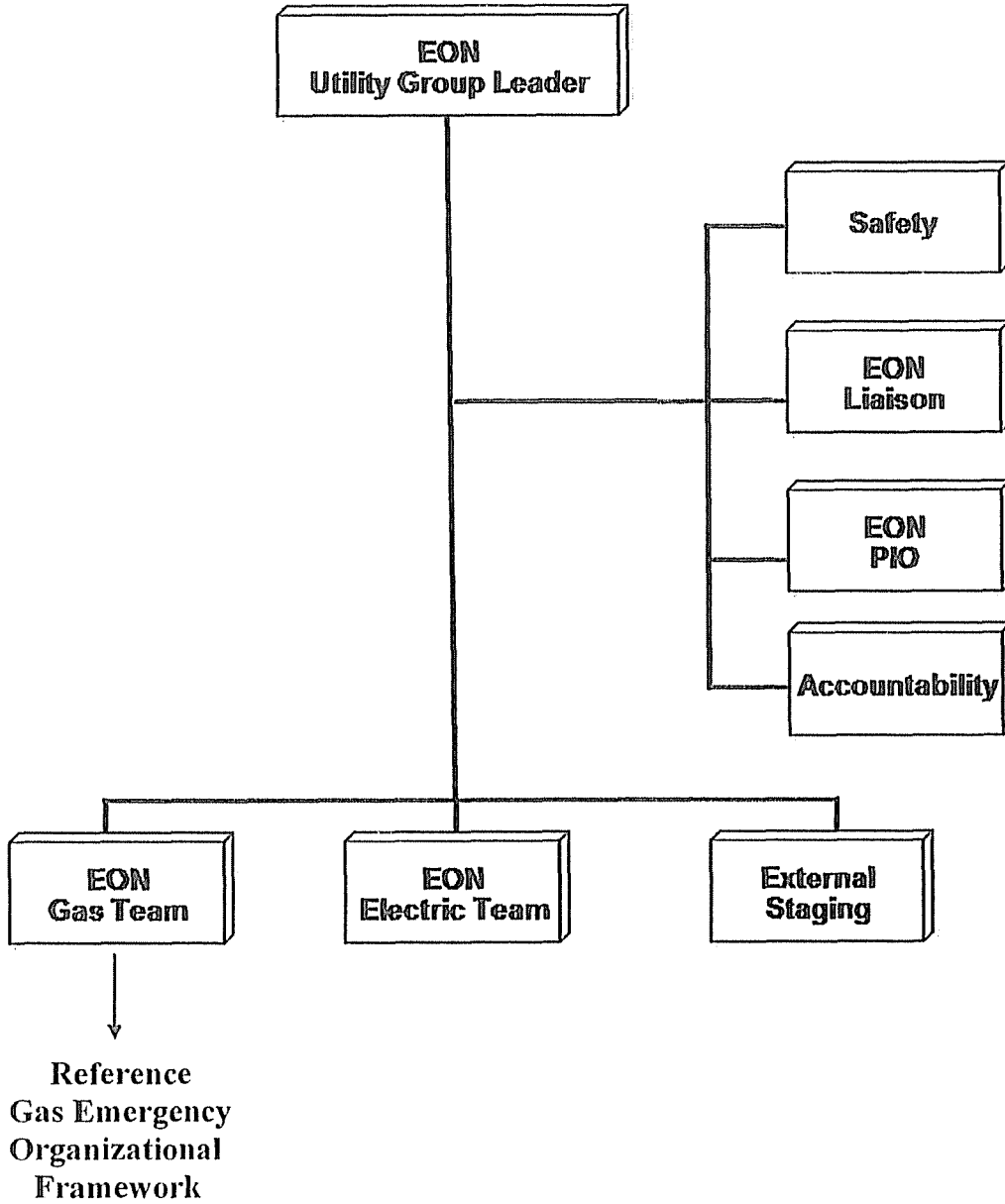
1. E.ON | U.S. Incident Command Structure within the Unified Command Structure.
2. E.ON | U.S. Incident Command Structure
3. Gas emergency organizational framework.
4. Emergency response scene perimeters.

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



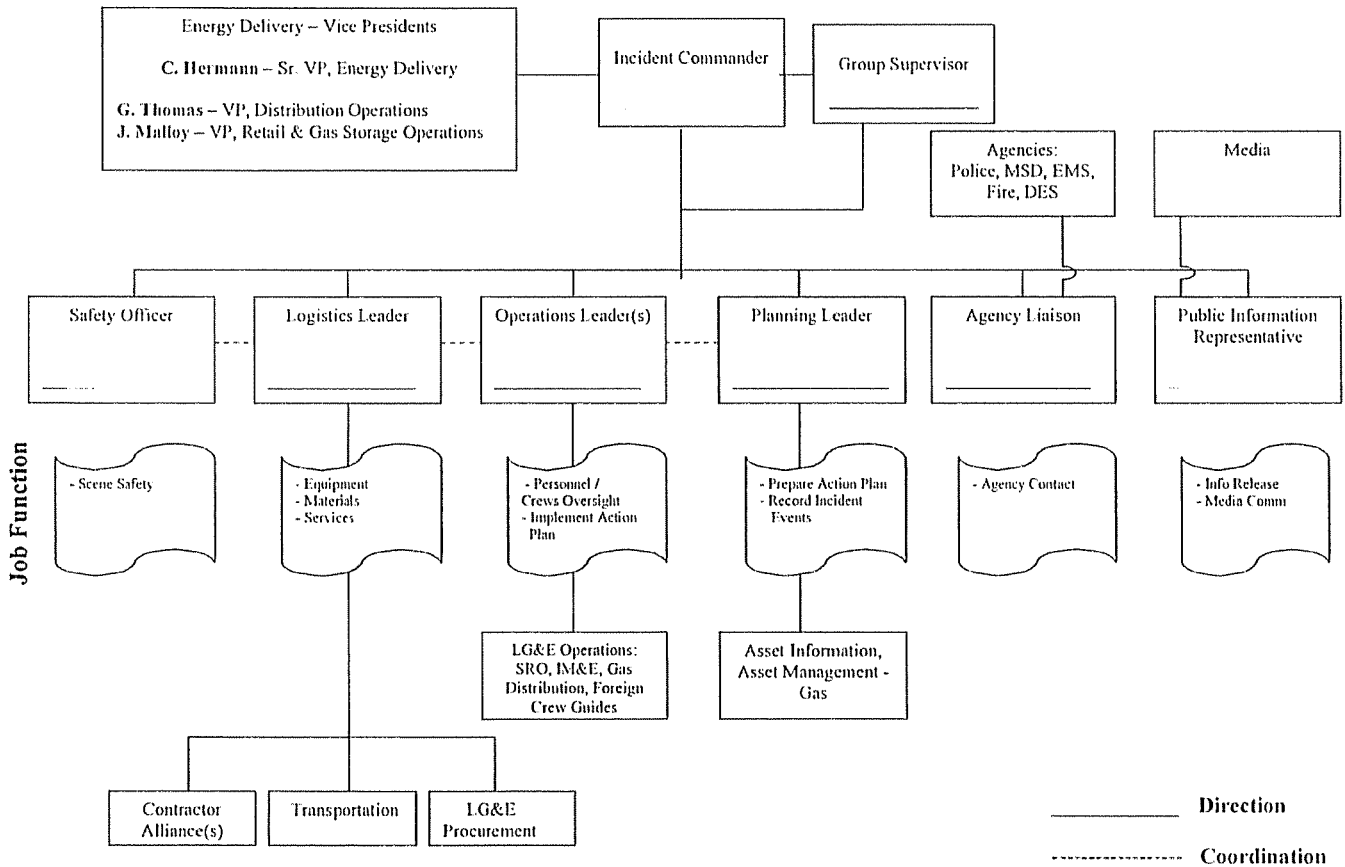


## E.ON | U.S. Incident Command Structure



LOUISVILLE GAS & ELECTRIC, GEOP. SECTION 2.0. REVISION 6. EFFECTIVE 08/25/08

## GAS EMERGENCY ORGANIZATIONAL FRAMEWORK



LOUISVILLE GAS & ELECTRIC, GEOP, SECTION 2.0, REVISION 6, EFFECTIVE 08/25/08

# Emergency Response Scene Perimeters

EON U.S.  
External  
Staging Area

Outer Perimeter


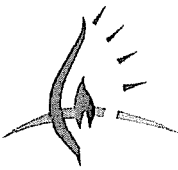
Inner Perimeter  
Emergency



# Gas Emergency Operating Procedures (GEOP)

## Section 3 – Receiving Notice

### **Current Version**

	<b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES	 <b>Energy Delivery</b>
<b>Section: 3</b> <b>RECEIVING NOTICE</b>		
<b>Revision:</b> 6	<b>Effective Date:</b> 12/21/12	

### 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 *Gas Emergency Notification Checklist and Incident Prioritization Guide* 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.



<b>Effects of Exposure to CO*</b>	
<b>Concentration (parts per million)</b>	<b>Symptoms</b>
50	Threshold limit value for no adverse effects even with 6 - 8 hours exposure.
200	Possible mild headache after 2 -3 hours.
400	Headache and nausea after 1 - 2 hours.
800	Headache, nausea, and dizziness after 45 minutes; collapse and possible unconsciousness after 2 hours; uncsciousness and danger of death after 3 hours.
1,000	Loss of consciousness after 1 hour
1,600	Headache, nausea, and dizziness after 20 minutes; uncsciousness and danger of death after 1 hour.
3,200	Headache and nausea after 5 - 10 minutes; uncsciousness and danger of death after 30 minutes.
6,400	Headache and dizziness after 1 - 2 minutes; uncsciousness 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, 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**

	<b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES	 <b>Energy Delivery</b>
<b>Section: 3</b> <b>RECEIVING NOTICE</b>		
<b>Revision:</b> 5	<b>Effective Date:</b> 10/08/07	

### 3.1 RECEIVING NOTICE

1. 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

1. 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

1. 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?  
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?

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**

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
  - (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.

Effects of Exposure to CO*	
Concentration (parts per million)	Symptoms
50	Threshold limit value for no adverse effects even with 6 - 8 hours exposure.
200	Possible mild headache after 2 -3 hours.
400	Headache and nausea after 1 - 2 hours.
800	Headache, nausea, and dizziness after 45 minutes; collapse and possible unconsciousness after 2 hours; uncsciousness and danger of death after 3 hours.
1,000	Loss of consciousness after 1 hour
1,600	Headache, nausea, and dizziness after 20 minutes; uncsciousness and danger of death after 1 hour.
3,200	Headache and nausea after 5 - 10 minutes; uncsciousness and danger of death after 30 minutes.
6,400	Headache and dizziness after 1 - 2 minutes; uncsciousness 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, 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.





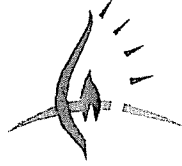
# Gas Emergency Operating Procedures (GEOP)

## Section 4 – Response to Emergency

### **Current Version**

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



	 GAS EMERGENCY OPERATING PROCEDURES	 Energy Delivery
Section: 4 RESPONSE TO EMERGENCY		
Revision: 8	Effective Date: 12/31/12	

#### 4.1 FIRE OR EXPLOSION INVOLVING OR POTENTIALLY INVOLVING GAS

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.

 <b>NOTIFY COMPANY OFFICIALS!</b>
--

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.
      - b. 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.
      - ii. 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:
- a. 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.

- c. 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.
2. 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).

**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.

**☎ 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.

**☎ IF 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.
  - (2) 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

1. 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 *accident* 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 *accident*, LG&E will **drug test** each employee whose performance either contributed to the *accident* or cannot be completely discounted as a contributing factor to the *accident*. 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 have contributed to the *accident* or that, because of the time between that performance and the *accident*, 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 *accident*, LG&E will **test** each covered employee **for alcohol** if that employee's performance either contributed to the *accident* or cannot be completely discounted as a contributing factor to the *accident*. 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 have contributed to the *accident*.

#### **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**

	<p style="text-align: center;"><b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES</p>	 <p style="text-align: center;"><b>Energy Delivery</b></p>
<p style="text-align: center;"><b>Section: 4 RESPONSE TO EMERGENCY</b></p>		
<p style="text-align: center;"><b>Revision: 6</b></p>	<p style="text-align: center;"><b>Effective Date: 08/25/08</b></p>	

#### 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 COMPANY OFFICIALS!**

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



- (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.

**☎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 hazard 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.

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

**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.

**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.

**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.

**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.

**IF 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.

**IF IN DOUBT MAKE THE CALL!**

#### 4.6 DRUG AND ALCOHOL TESTING

1. 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 *accident* 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 *accident*, LG&E will **drug test** each employee whose performance either contributed to the *accident* or cannot be completely discounted as a contributing factor to the *accident*. 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

have contributed to the accident or that, because of the time between that performance and the accident, 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 accident, LG&E will test each covered employee **for alcohol** if that employee's performance either contributed to the accident or cannot be completely discounted as a contributing factor to the accident. 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 have contributed to the accident.

#### **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.


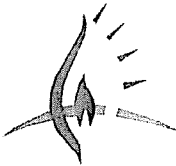


# Gas Emergency Operating Procedures (GEOP)

## Section 9 – Training

### **Current Version**

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

	<p style="text-align: center;"><b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES</p>	
<b>Section: 9 TRAINING</b>		
<b>Revision: 5</b>	<b>Effective Date: 12/30/12</b>	<b>Energy Delivery</b>

### 9.1 EMPLOYEES TO BE TRAINED

1. 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

1. 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**



	<b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES	 <b>Energy Delivery</b>
<b>Section: 9 TRAINING</b>		
<b>Revision:</b> 4	<b>Effective Date:</b> 10/08/07	

**9.1 EMPLOYEES TO BE TRAINED**

1. 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**

1. 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.
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.

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



Summary of Training Enhancements or Changes  
Implemented During 2012

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

**Case No. 2012-00239**  
**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
- 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

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Ordering Paragraph No. 8, Second Bullet**

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

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Ordering Paragraph No. 8, Second Bullet**

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.

**Case No. 2012-00239**  
**February 5, 2013 Order**  
**Ordering Paragraph No. 8, Second Bullet**

- 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**



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:


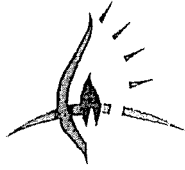
LG&E's Gas Regulatory Services department is responsible for administering and controlling procedure reviews, revisions, and distributions. Appendix D of LG&E's GEOP provides specifications for distribution of the GEOP.

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).

	<p style="text-align: center;"><b>GEOP</b> GAS EMERGENCY OPERATING PROCEDURES</p>	  <b>Energy Delivery</b>
<b>APPENDIX - D DISTRIBUTION LIST</b>		
<b>Revision: 14</b>	<b>Effective Date: 12/21/12</b>	

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.

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

<b>GEOP Distribution List Louisville Operations</b>		
<b>GEOP #</b>	<b>NAME:</b>	<b>TRUCK:</b>
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	Hayden/Hodson	4354
LOU - 7/7A	Pendleton/Mattingly	4713
LOU - 8/8A	Poteet/Harrison	4719
LOU - 9	Goetzinger	6233
LOU - 10/10A	Wainscott	6262
LOU - 11/11A	Sumner/Waddle	4720
LOU - 12/12A	Dilley/Vaughn	4714
LOU - 13/13A	Perry/Wallace	4608
LOU - 14/14A	Mills/Kingrey	4811
LOU - 15/15A	Clunie/Jones	4814
LOU - 16/16A	Bruner/Stinson	4722
LOU - 17/-17A	Cochran/Baker	4808
LOU - 18/18A	Quill/Allen	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	Sprinston	6547
LOU - 31	Peyton	5997
LOU - 32	Allen	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	Dearing	6234
LOU - 40	Peavler	6028
LOU - 41	Orr	6027
LOU - 42	Netherton	6079
LOU - 43	Thompson	6061
LOU - 44	Nall	6064
LOU - 45	Ginn	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	Fields	6063
LOU - 53	Wyatt	6058
LOU - 54	Wheatley	6292
LOU - 55	Durbin	6227
LOU - 56	Hunt	6141
LOU - 57	Cheatham	rental
LOU - 58	Murphy	5168
LOU - 59	Jackson	5306
LOU - 60	Stratman	6140

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

<b>GEOP Distribution List Muldraugh Operations</b>		
<b>GEOP #</b>	<b>NAME:</b>	<b>TRUCK:</b>
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

<b>GEOP Distribution List Magnolia Operations</b>		
<b>GEOP #</b>	<b>NAME:</b>	<b>TRUCK:</b>
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

<b>GEOP Distribution List Gas Control Operations</b>		
<b>GEOP #</b>	<b>NAME:</b>	<b>TRUCK:</b>
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...

- 2<sup>nd</sup> Quarter - Week of [REDACTED]
- 3<sup>rd</sup> Quarter - Week of [REDACTED]
- 4<sup>th</sup> Quarter - Week of [REDACTED]

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.

- 2<sup>nd</sup> Quarter - Week of [REDACTED]
- 3<sup>rd</sup> Quarter - Week of [REDACTED]
- 4<sup>th</sup> Quarter - Week of [REDACTED]

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

# Conditions, Causes and Hazards

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?

# Conditions, Causes and Hazards

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?

# Conditions, Causes and Hazards

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



Recognizing and Reacting  
to  
Abnormal Operating Conditions

2012

# Conditions, Causes and Hazards

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?

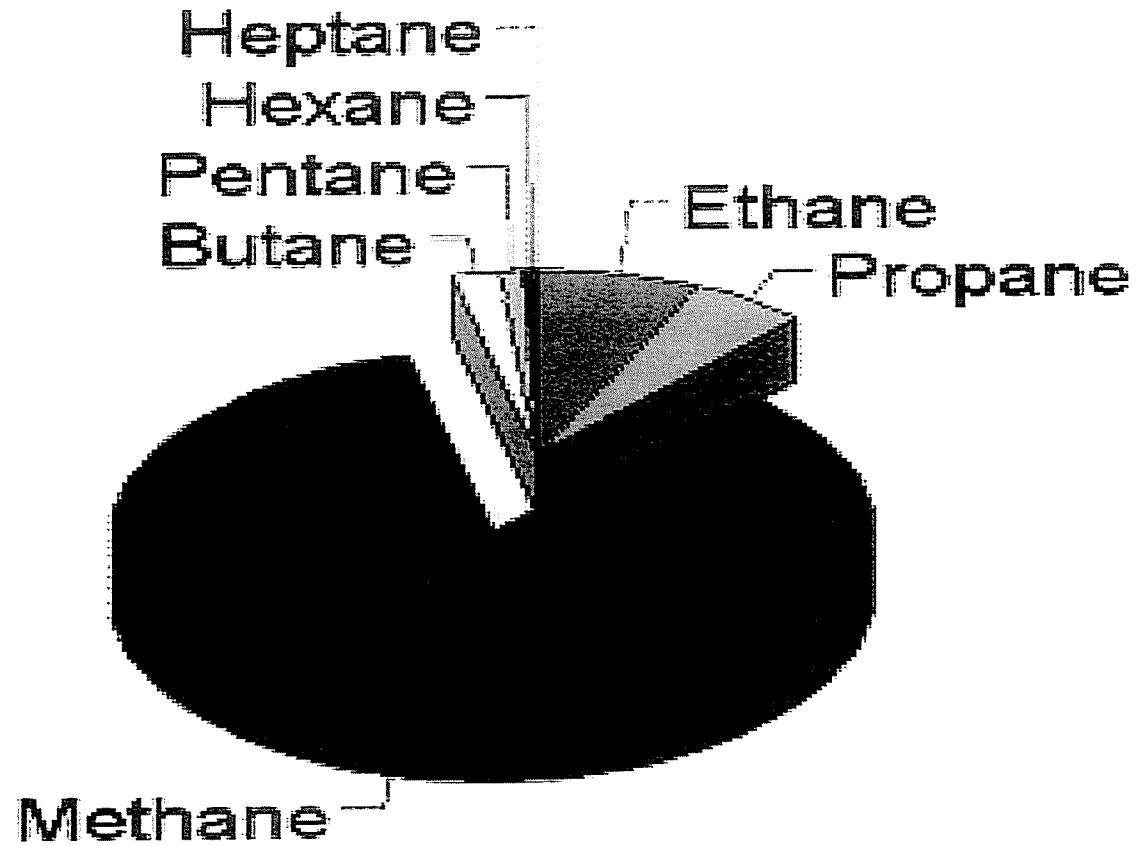
# Conditions, Causes and Hazards

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?

# Conditions, Causes and Hazards

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

# Natural Gas Make-Up



# Odor

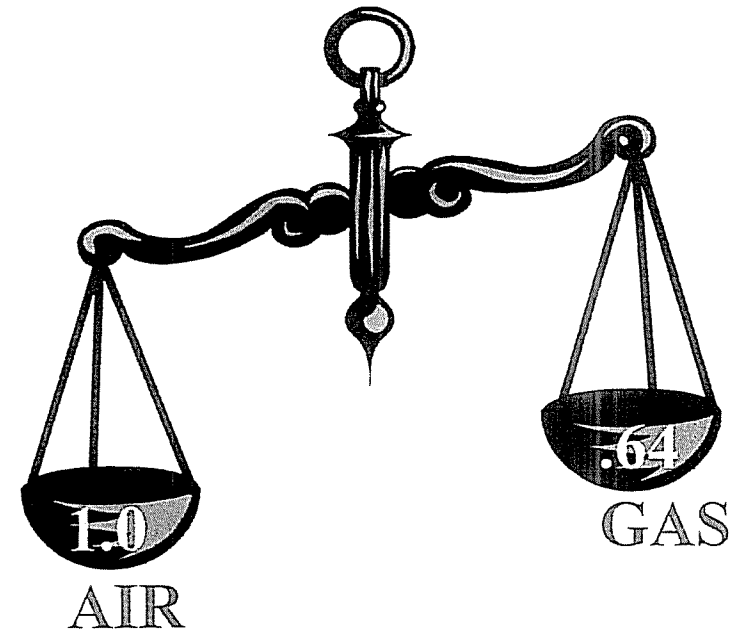
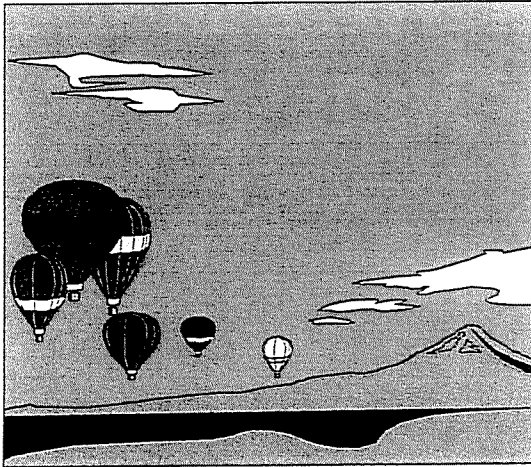


**has no odor  
to aid in the  
detection of gas leaks**

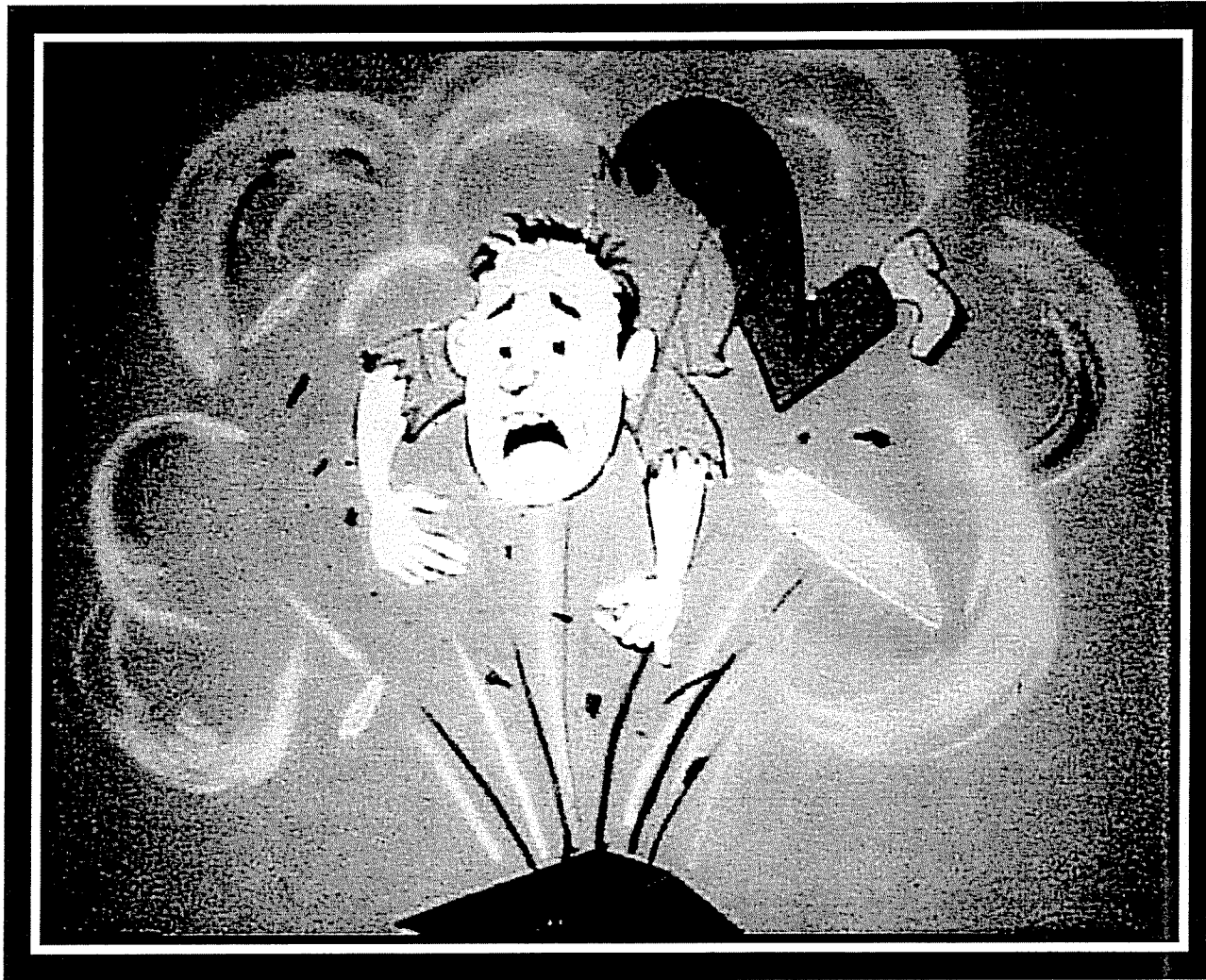
**“ODORANTS” are added  
They have little or no  
effect on the  
combustion of gas**

# Specific Gravity

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

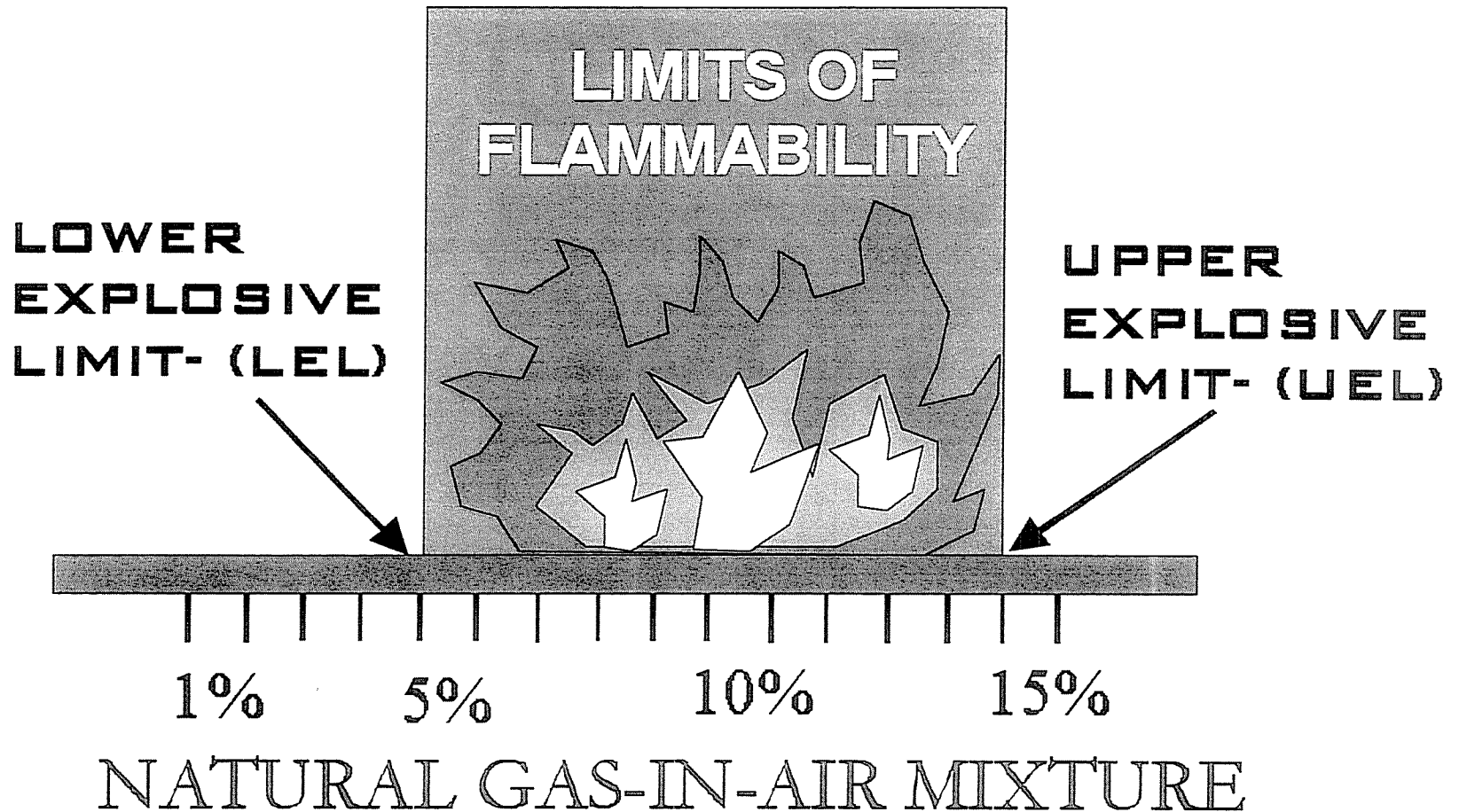


# Natural Gas is Explosive





# Flammability Limits



A black and white photograph of a lone tree in a field under a cloudy sky. The text is overlaid on the image. The word "Air" is at the top center. "Nitrogen 79%" is on the left side, and "Oxygen 21%" is on the right side.

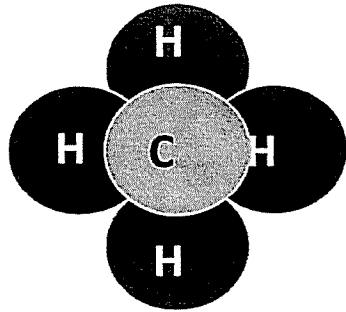
# Air

Oxygen 21%

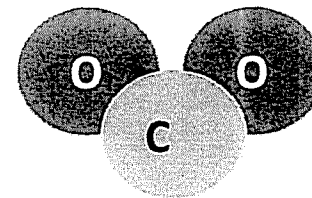
Nitrogen 79%

# Combustion of Natural Gas

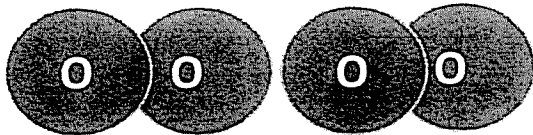
Methane



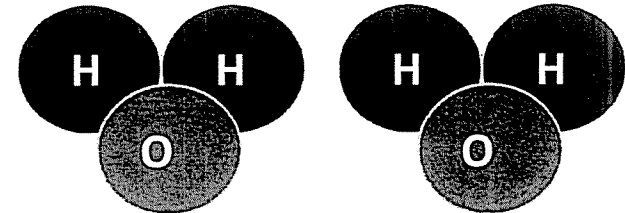
Carbon Dioxide



Oxygen



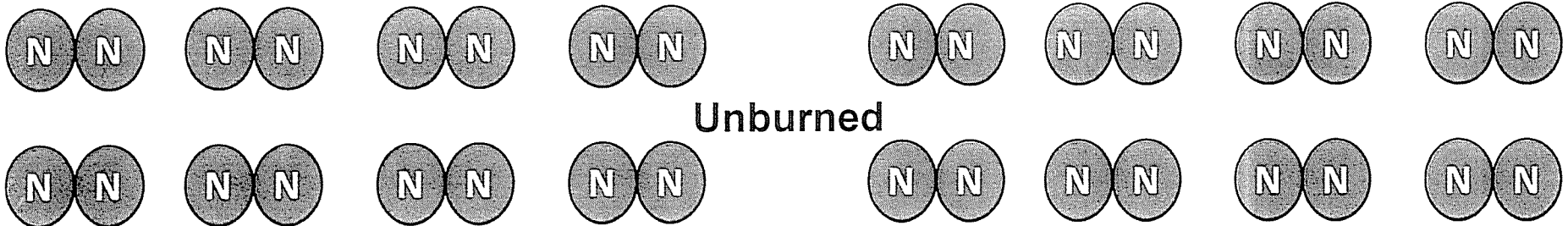
Water Vapor



Combustion

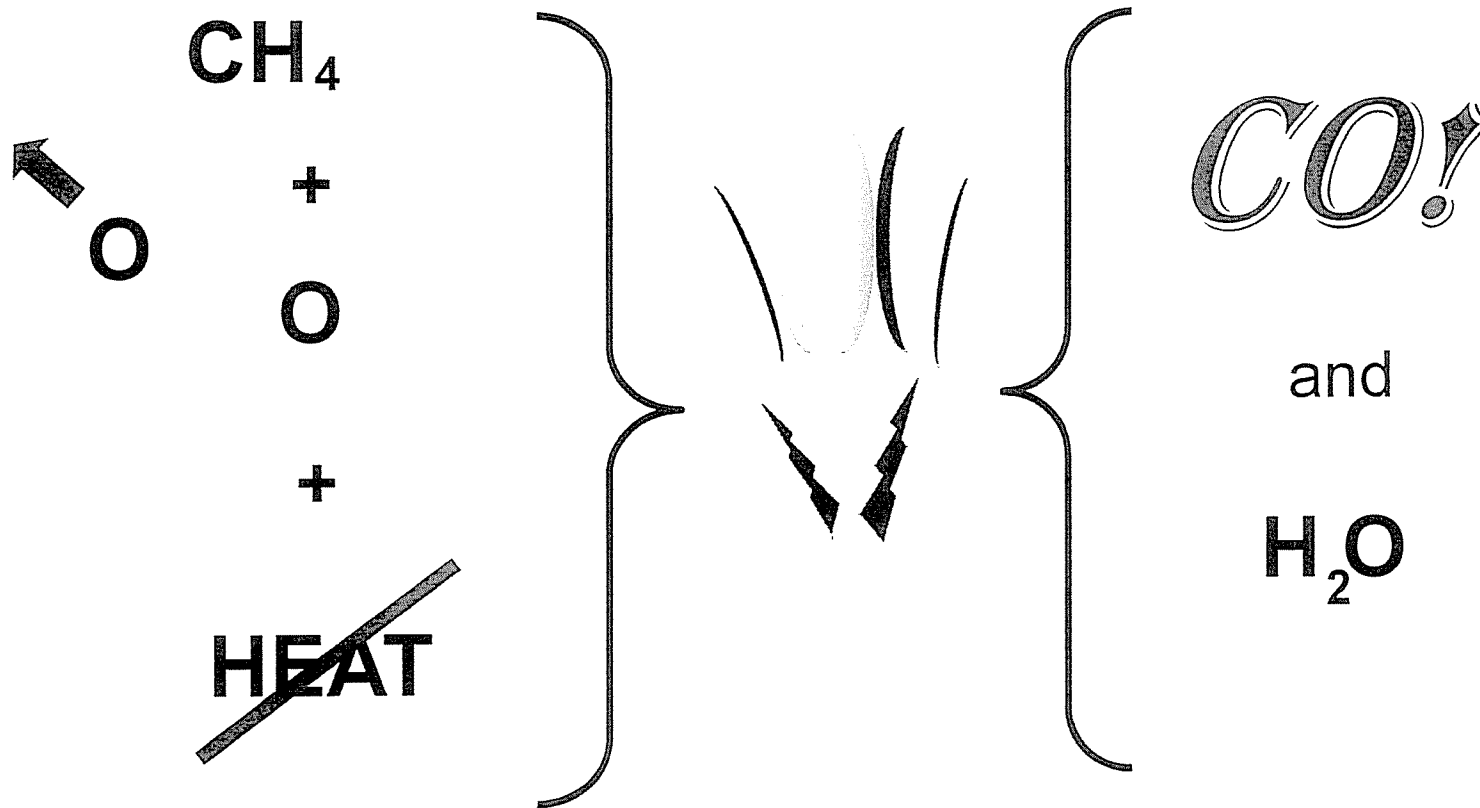
Nitrogen

Nitrogen



Air =21% Oxygen and 79% Nitrogen

# Carbon Monoxide



**INCOMPLETE COMBUSTION**

# Ignition Temperature

## TYPE OF GASES

## IGNITION TEMPERATURE

ACETYLENE

580° F

AMMONIA

1200° F

GASOLINE

800° F

NATURAL GAS

1100° F

PROPANE

900° F

# British Thermal Units

BTU = BRITISH THERMAL UNIT

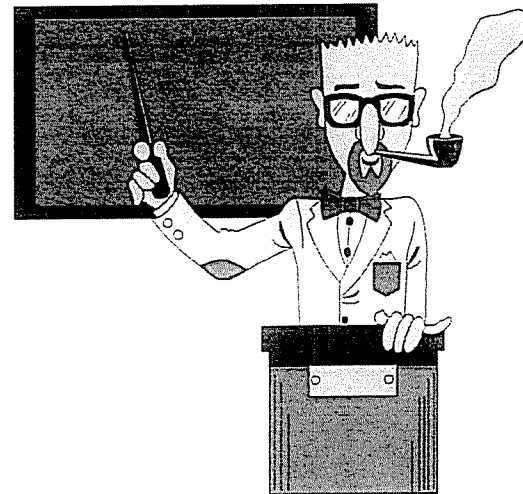
ONE BTU = THE AMOUNT OF HEAT REQUIRED TO  
RAISE THE TEMPERATURE OF ONE POUND  
(1 PINT) OF WATER 1° F

NATURAL GAS = 1,000 BTU PER CUBIC FOOT

PROPANE = 2,500 BTU PER CUBIC FOOT

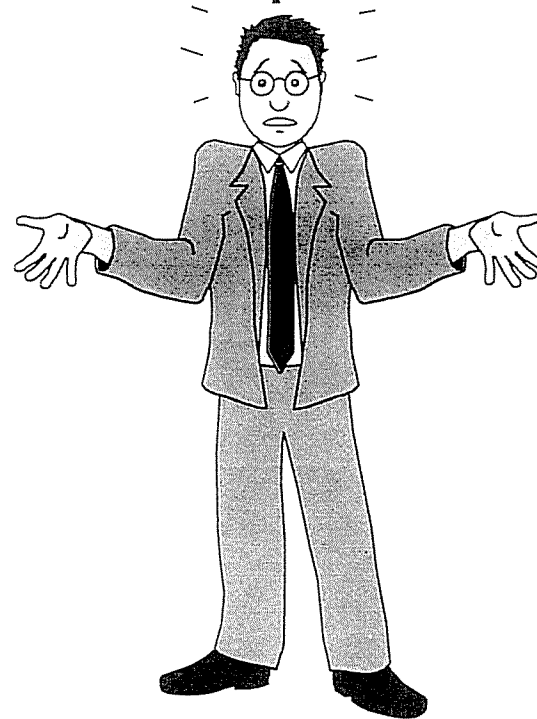
# Emergency Leak Response

- 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

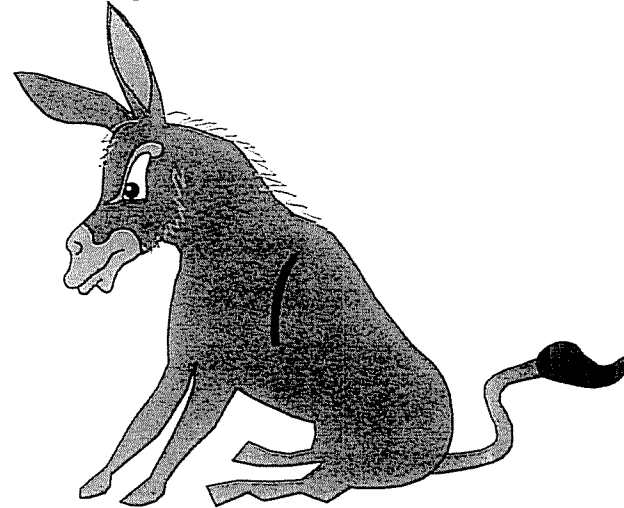




# Emergency Leak Response

## **Don't assume there is only one problem**

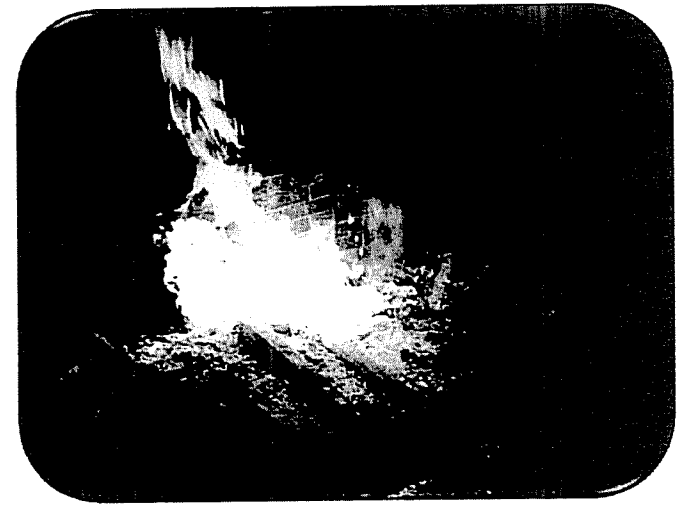
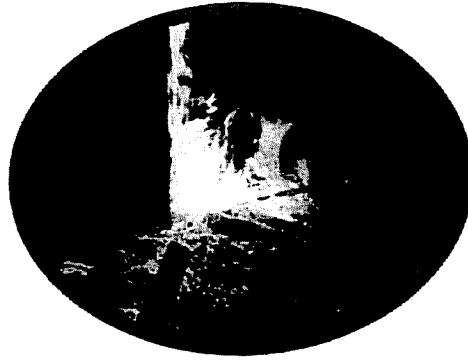
- Common trap
- Most of the time there is only one problem
- Multiple leaks are the exception to the rule, so are gas explosions



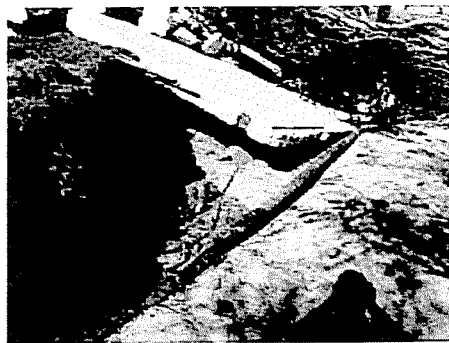
# Causes of Emergency Situations

- 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

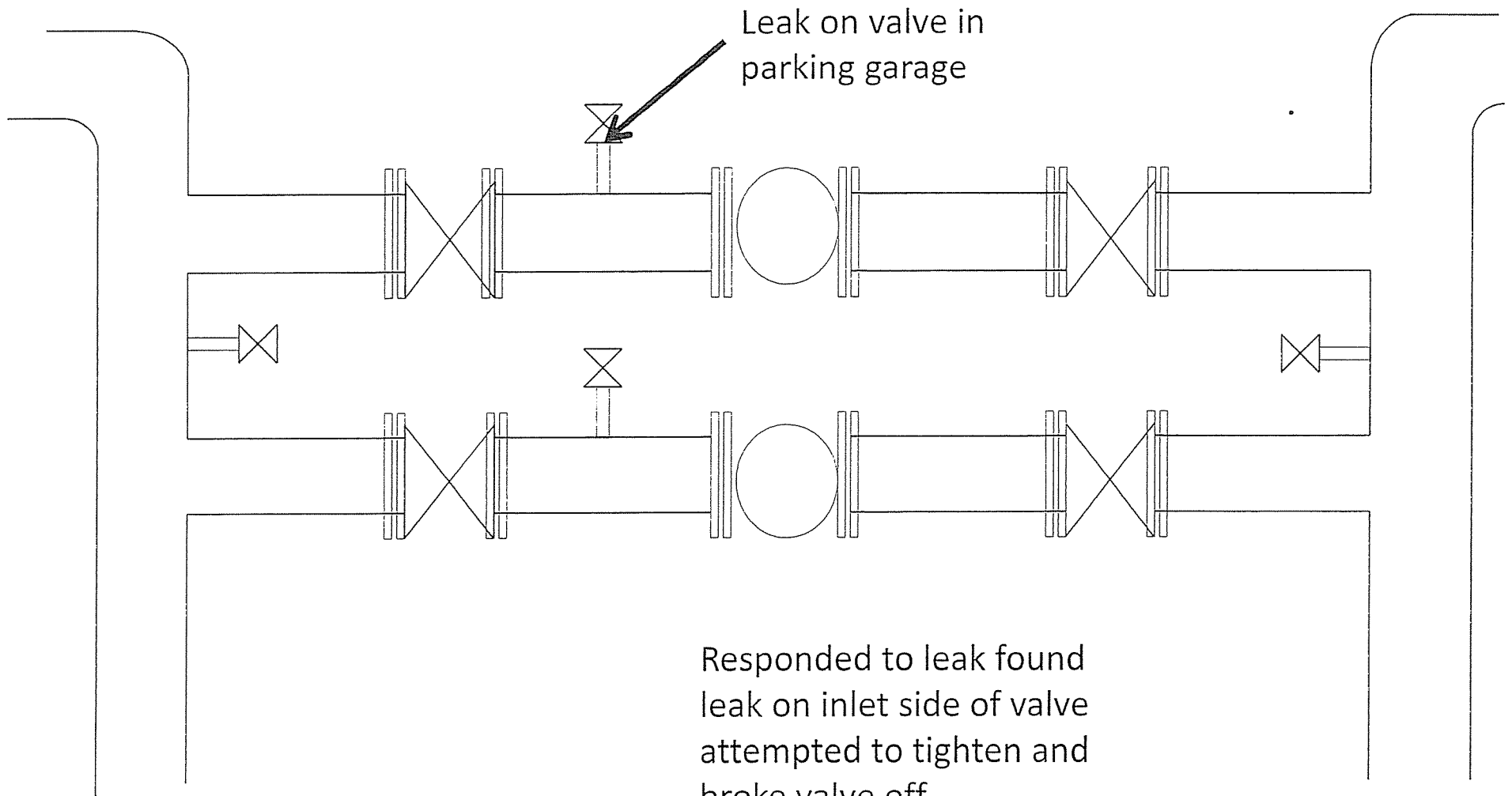
# Causes of Emergency Situations



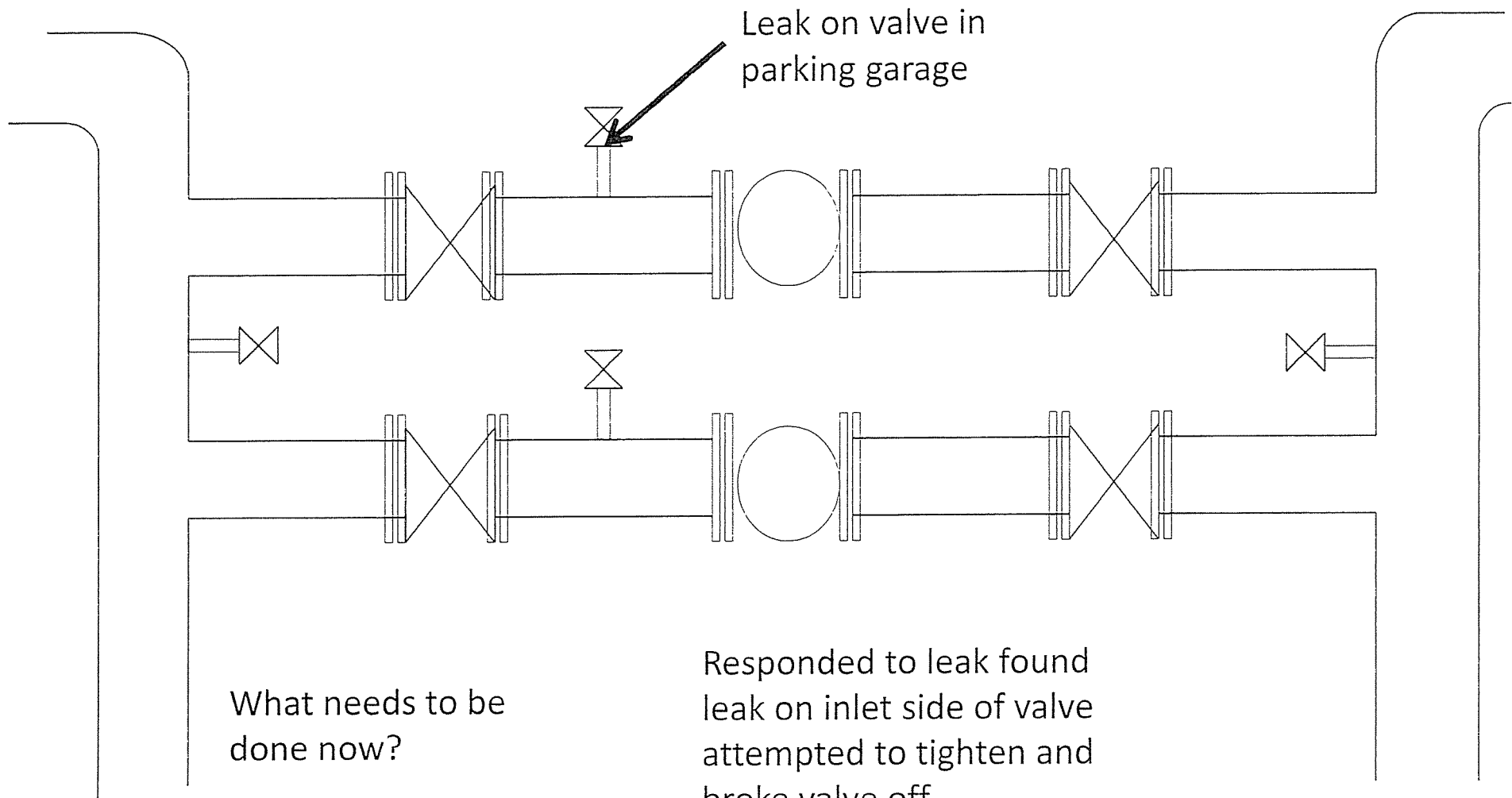
# Causes of Emergency Situations



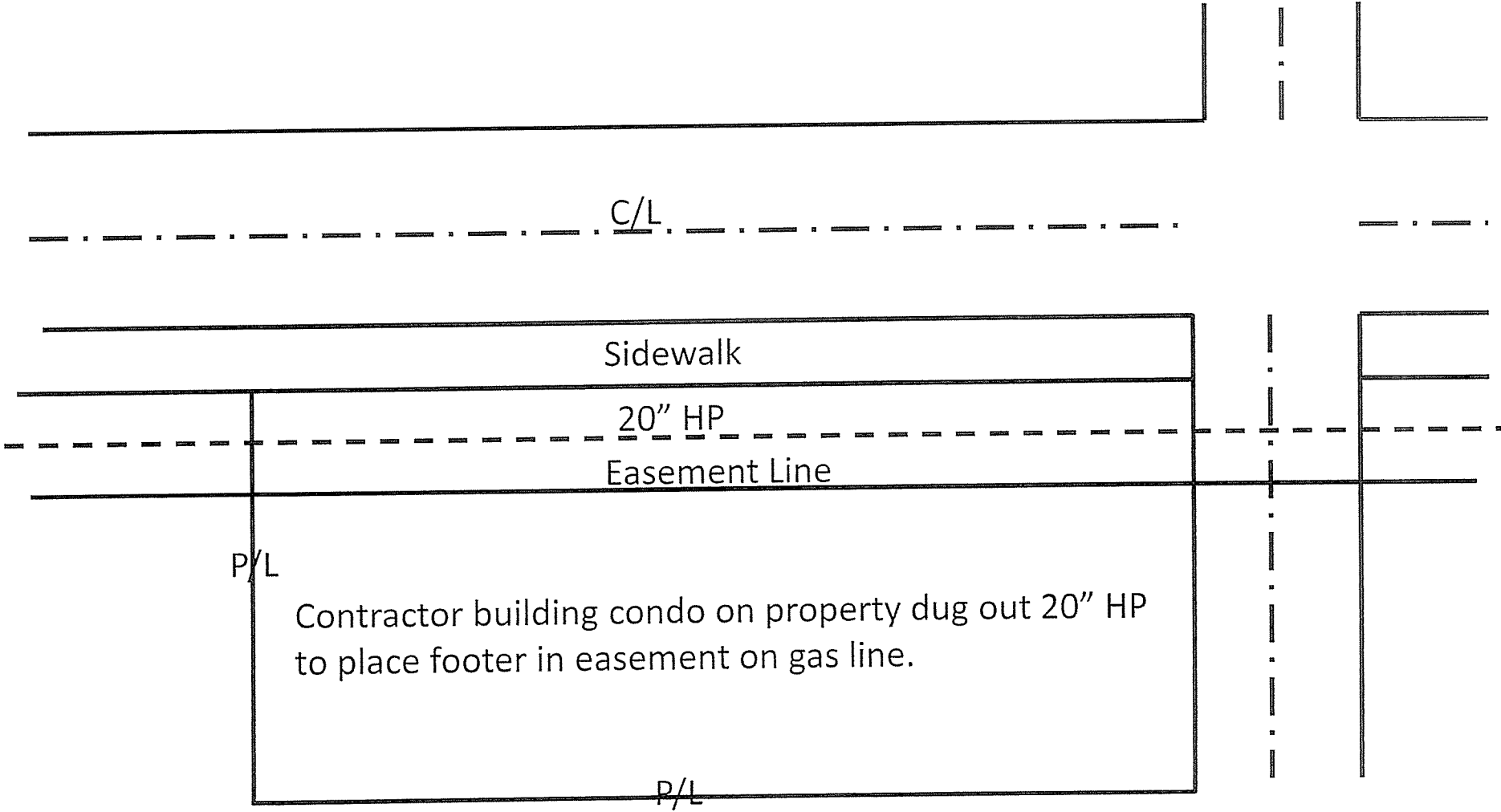
# Abnormal Condition



# Abnormal Condition



# Abnormal Condition



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

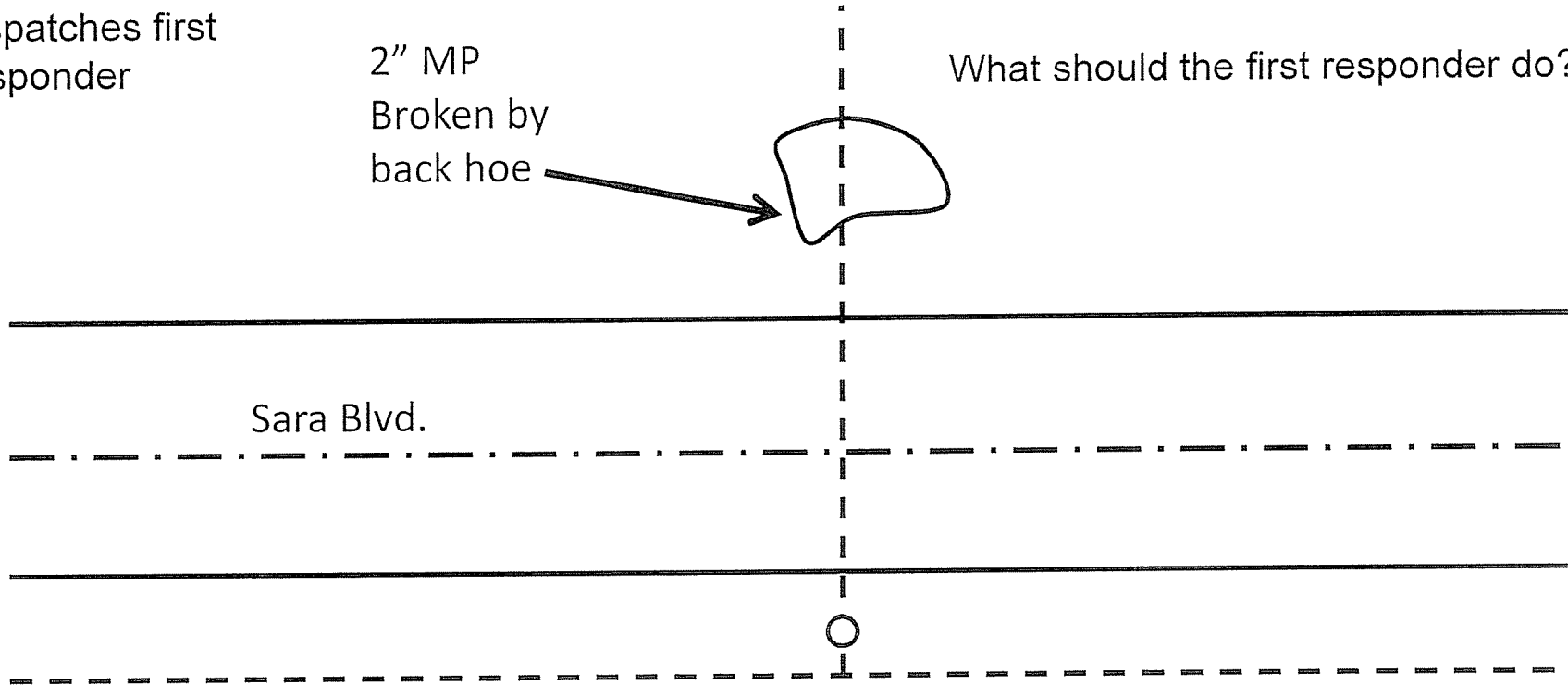
# Abnormal Condition



2" MP  
Broken by  
back hoe



What should the first responder do?



Bakery	Grocery	Drug Store	Cleaners
--------	---------	------------	----------



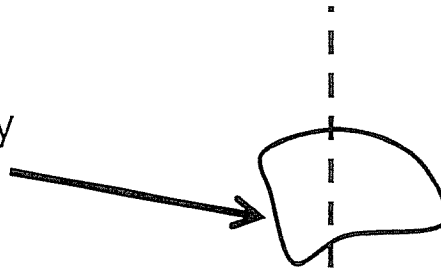
Call to customer service comes in on a broken 2" main 1:45 PM

# Abnormal Condition



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

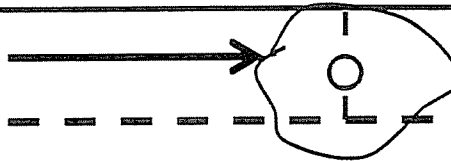
2" MP Broken by back hoe



What should the first responder and crew do?

Sara Blvd.

Found gas blowing at 2:30 PM



Asphalt parking lot

Bakery	Grocery	Drug Store	Cleaners
--------	---------	------------	----------

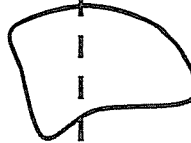
Call to customer service comes in on a broken 2" main 1:45 PM

# Abnormal Condition



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

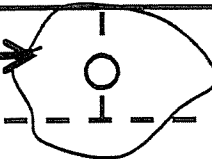
2" MP Broken by back hoe



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
--------	---------	------------	----------

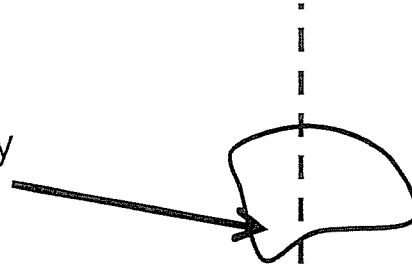
Call to customer service comes in on a broken 2" main 1:45 PM

# Abnormal Condition



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

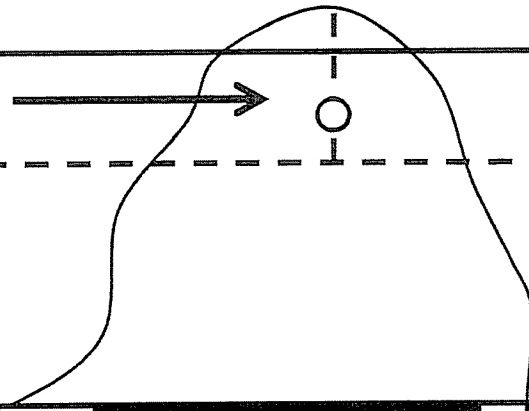
2" MP Broken by back hoe



3:00 PM grocery explodes

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



# Abnormal Condition

- 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 pre-construction 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.

# Abnormal Condition

- 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.

# Abnormal Condition

- **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 “make-safe” 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.

# Abnormal Condition

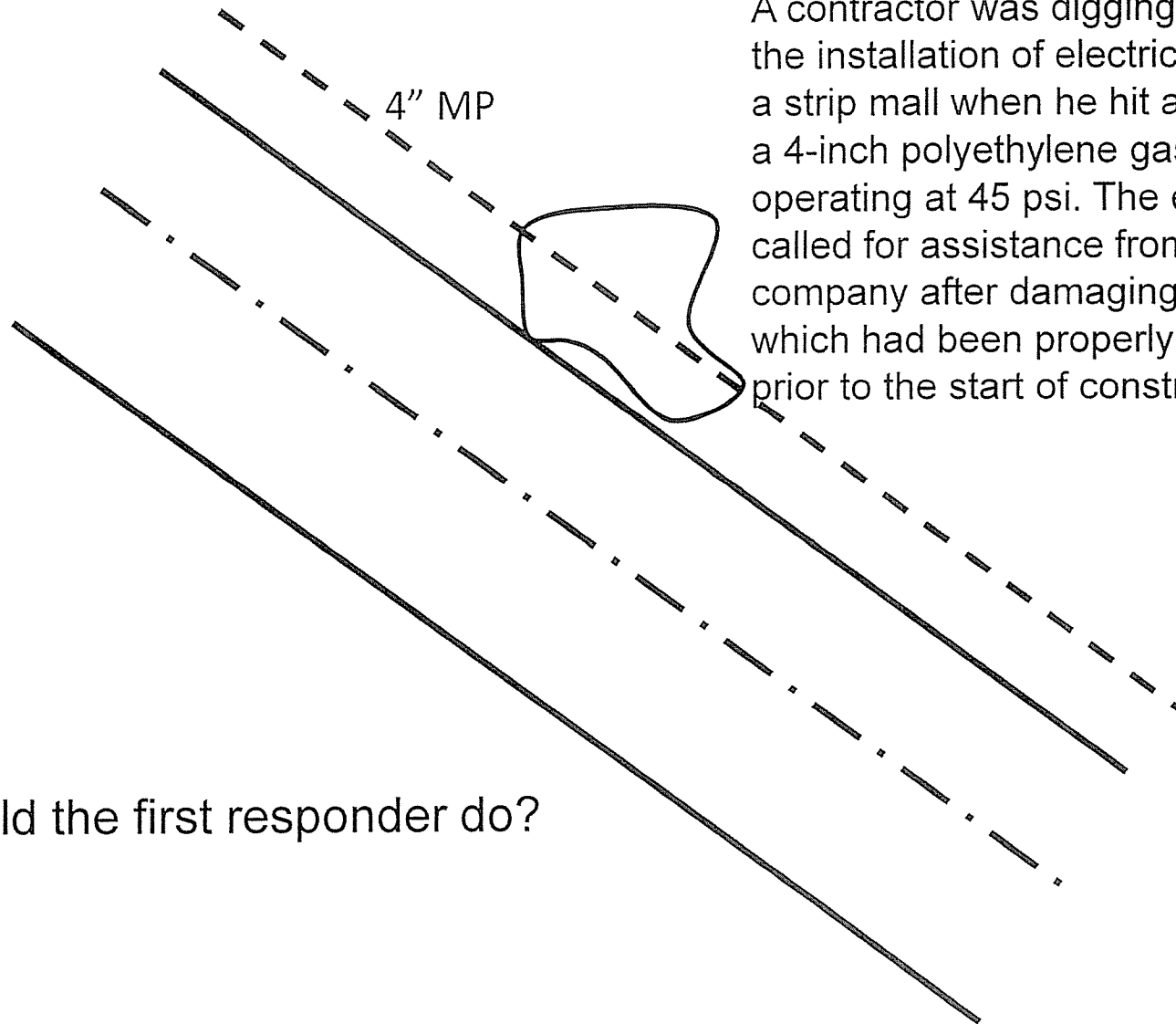
- **Damage to gas facilities is not always obvious**
  - Excavation damage frequently causes multiple leaks, some of which aren't obvious. Underground joints can be disturbed, and if leaks result, they may present additional hazards.
- **Check surrounding area with leak detector equipment for possible 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



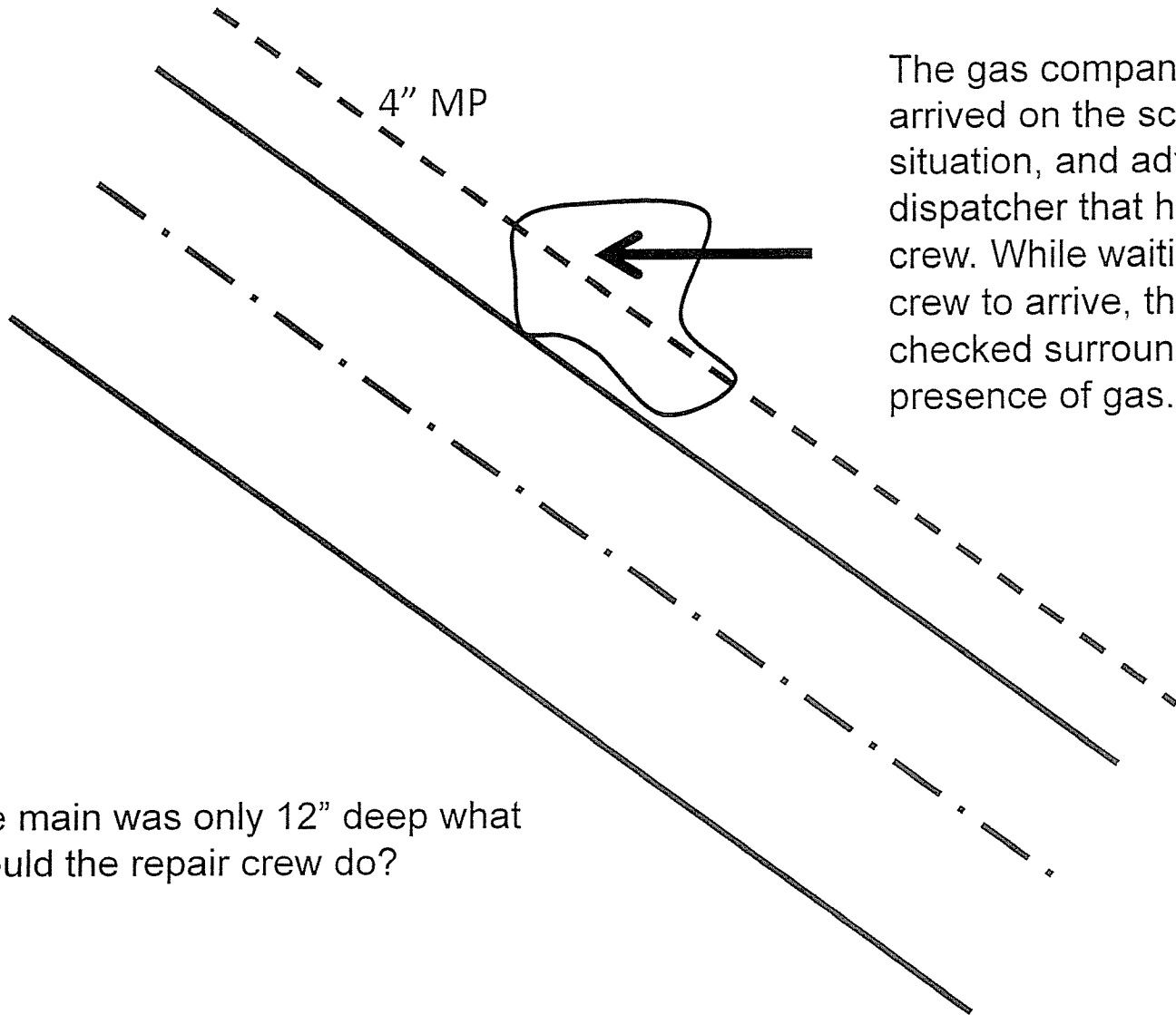
# Abnormal Condition



A contractor was digging a trench for the installation of electric lines to a strip mall when he hit and damaged a 4-inch polyethylene gas main operating at 45 psi. The excavator called for assistance from the gas company after damaging the main, which had been properly "marked out" prior to the start of construction.

What should the first responder do?

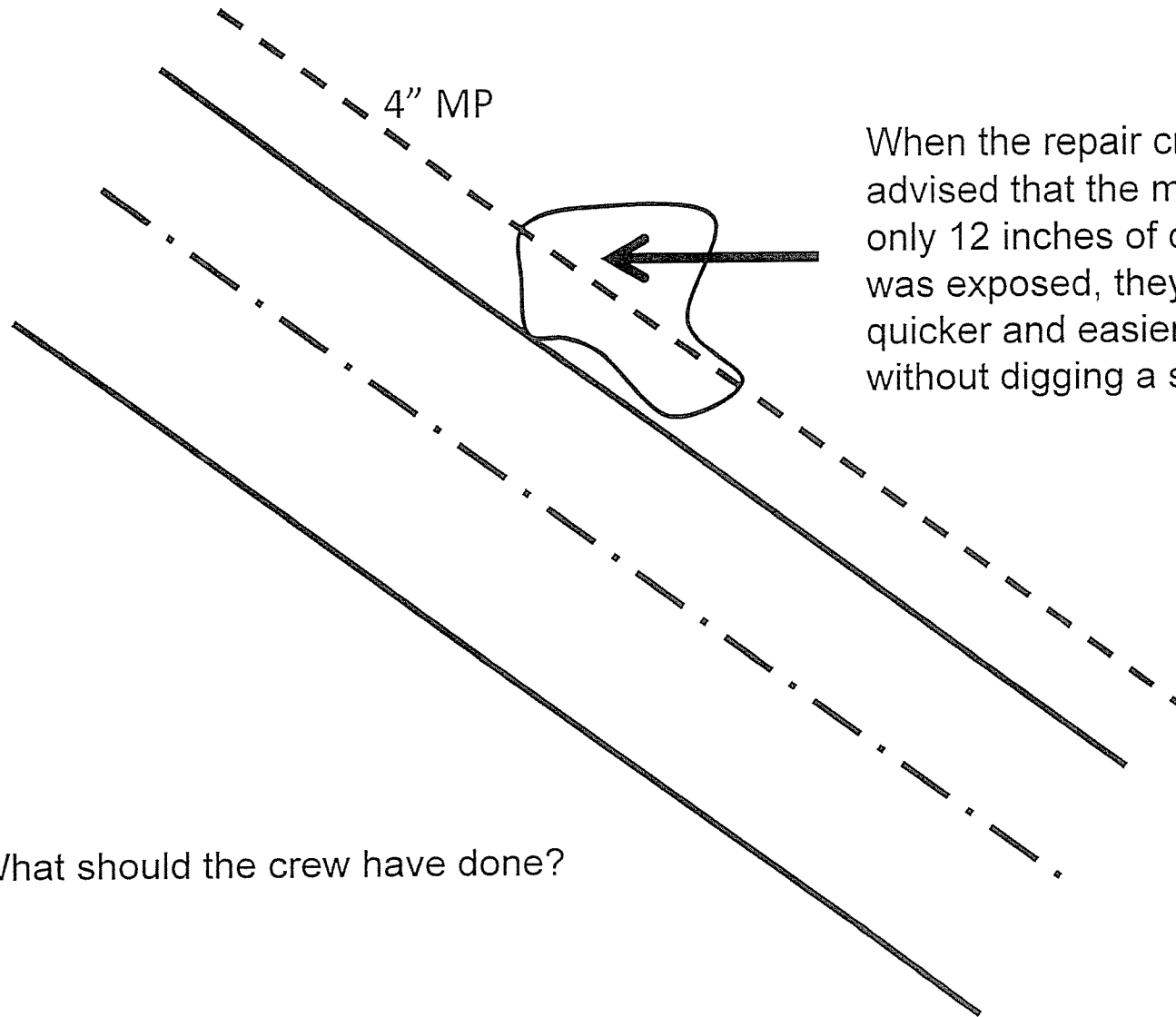
# Abnormal Condition



The gas company's first responder arrived on the scene, assessed the situation, and advised the company's dispatcher that he needed a repair crew. While waiting for the repair crew to arrive, the first responder checked surrounding buildings for the presence of gas.

The main was only 12" deep what should the repair crew do?

# Abnormal Conditions

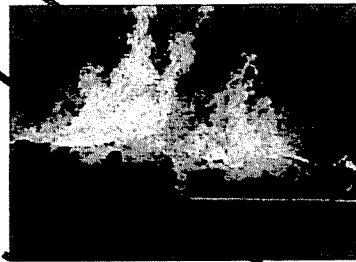


When the repair crew arrived, they were advised that the main was installed with only 12 inches of cover. Since the main was exposed, they decided it would be quicker and easier to squeeze it off without digging a separate hole.

What should the crew have done?

# Abnormal Condition

4" MP



While he began putting on his PPE, the crew leader instructed his helper to start clearing away the dirt from the main so he could apply the "squeeze-off" tool. The helper asked whether the static kit should be used and was told it was not necessary

As he was clearing away the dirt, a static discharge ignited the blowing gas, fatally injuring the helper.

# Abnormal Conditions

- **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**

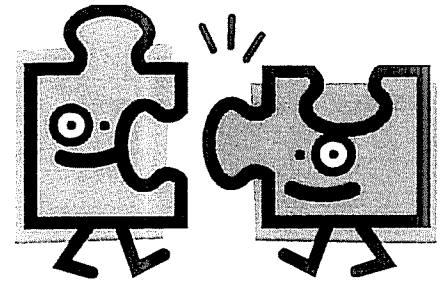
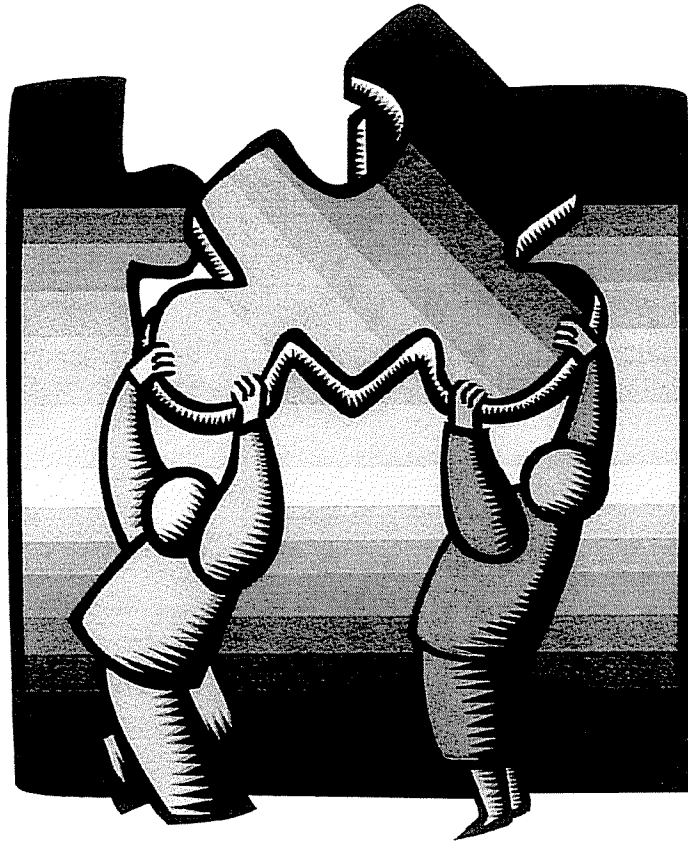
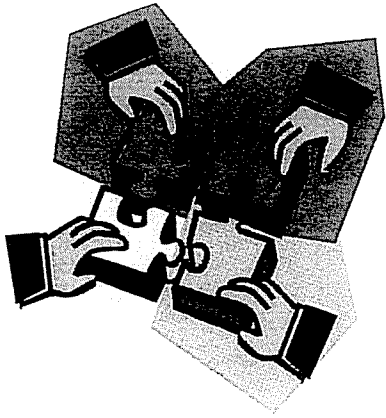
The basic tenet of emergency response is for trained personnel to identify the hazard and take appropriate actions to protect life and property. Recognizing the existence and extent of hazards is critical to initiating appropriate "make-safe" actions. If company personnel had not ignored the requirement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

# Abnormal Conditions

- **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.

HIDDEN DANGERS

# Evaluating The Leak



**Where is the gas?**



# Evaluating The Leak

- **W**here is the gas?
- **H**ow much is there?
- **E**xtent of the hazard (migration)
- **R**elation to other structures
- **E**valuate/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 an 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**

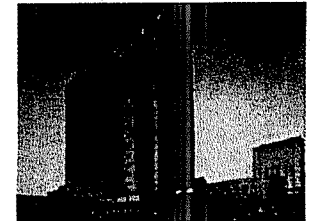
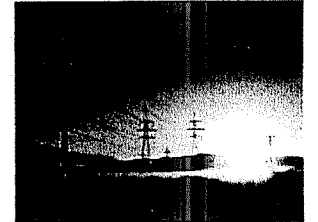
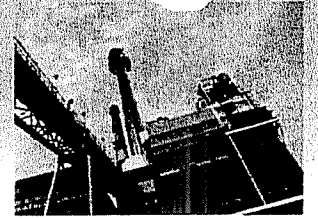




PPL companies

# 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, 2012 the following leak investigation topics were covered as re-enforcement:

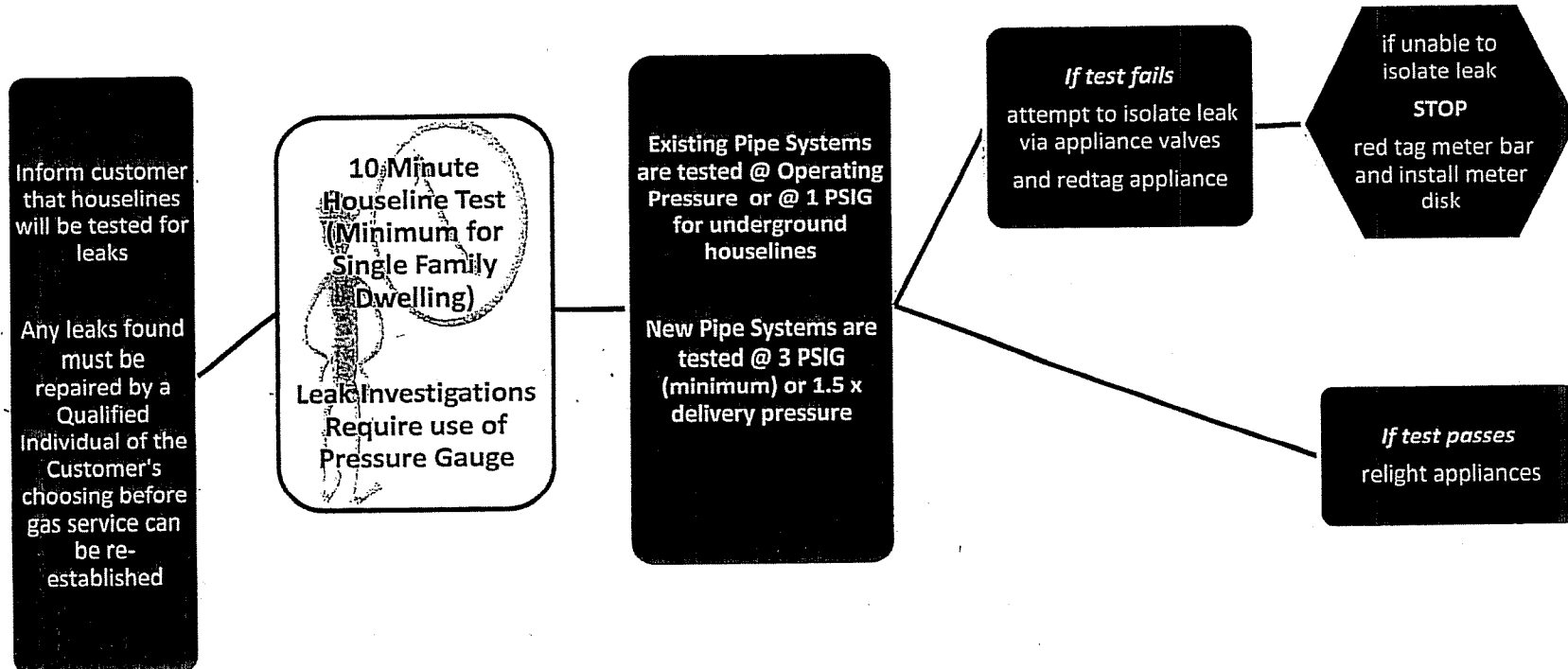
- The only way to establish a perimeter is by barholing
- Establishing and monitoring a 360 degree perimeter takes priority of finding the leak
- Always check at the houses at the address and on each side
- Make sure the CGI is properly working and calibrated
- Be aware of other utilities when barholing
- 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



JUNE 4, 2012 .EV9  
To: Gas Department Personnel  
From: Kevin Murphy /Paul Stratman



## Houeline Leak Investigation/Testing Guidelines



# Houeline Leak Investigation/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 houeline (all piping downstream of the meter) prior to establishing service. If the houeline 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 houeline 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.

## 3. Pressure Test Guidelines

- a. Houelines 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 houeline 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 houelines, 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 houelines during an indoor leak investigation, use a gauge at Operating Pressure unless the building contains underground houeline.
  - i. If the building contains underground houelines, 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 houeline.
    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.

Mode	GT-40		First Responder		
	Leak Detection	Sniffer Mode	LEL (default)	CO	PPM
Inside Leak Investigation	X		X		
Outside Below Ground Leak			X		
Outside surface survey, with bellow			X		X
CO investigation	X		X	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:

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

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

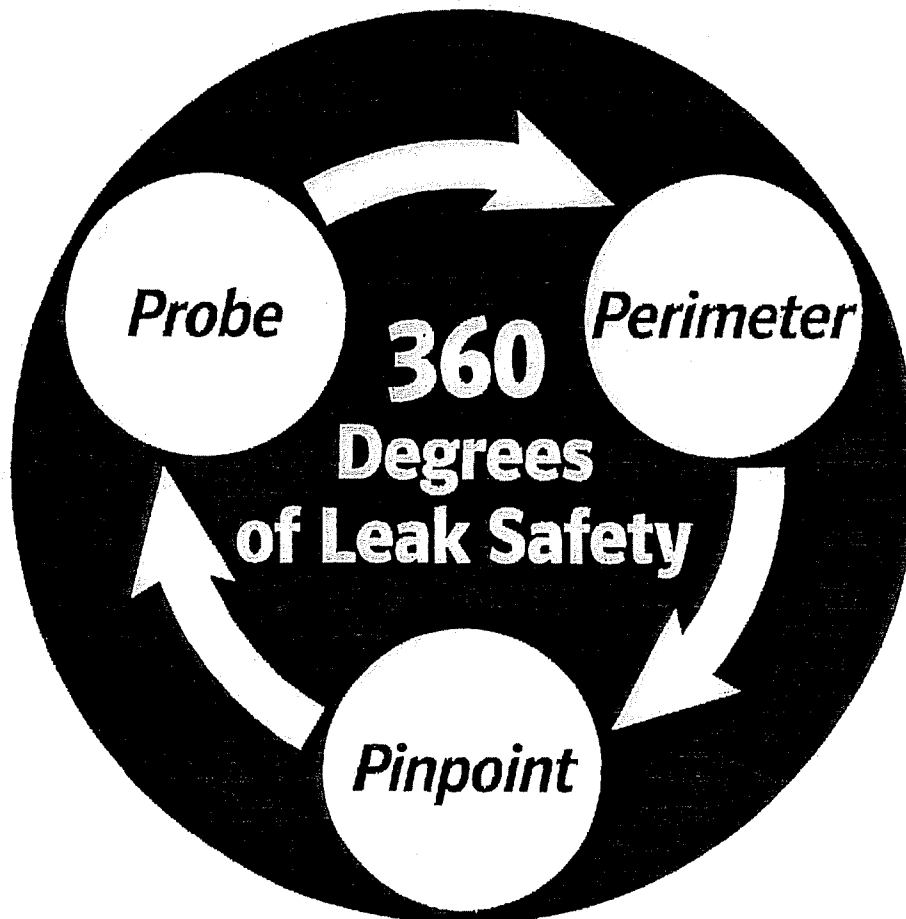
Do not take reading directly in the flue or draft hood.

### Leaks:

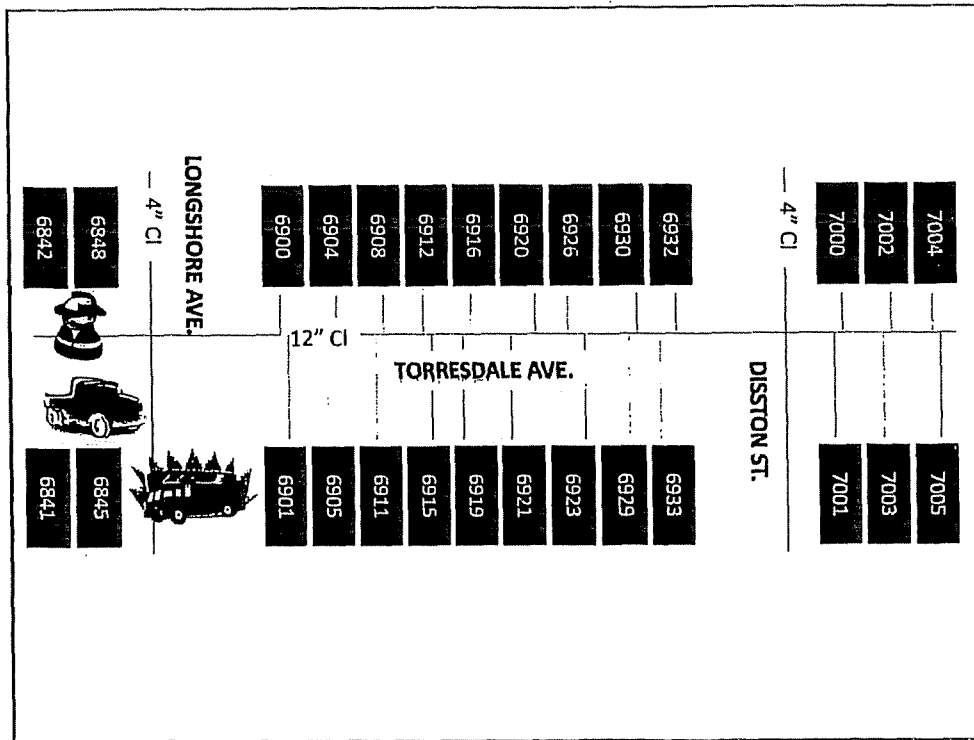
Get a meter reading on all leak jobs.

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

Outside Leak investigation - In order to properly establish a perimeter on a gas leak investigation 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?

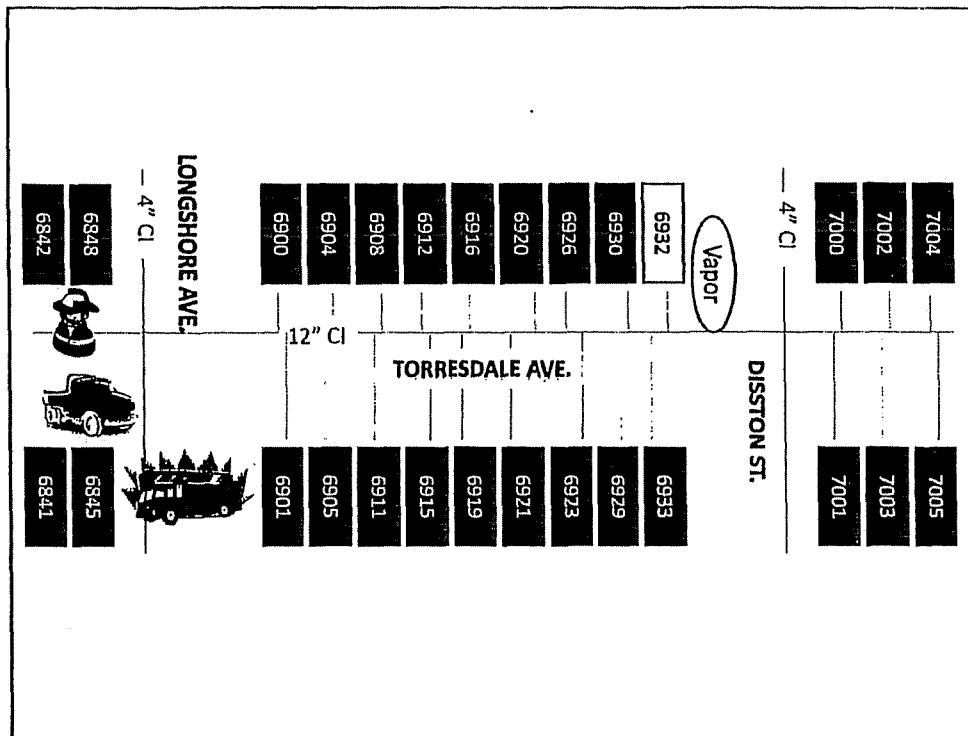
1. Make contact with Fire Department to get their assessment of situation.

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.**

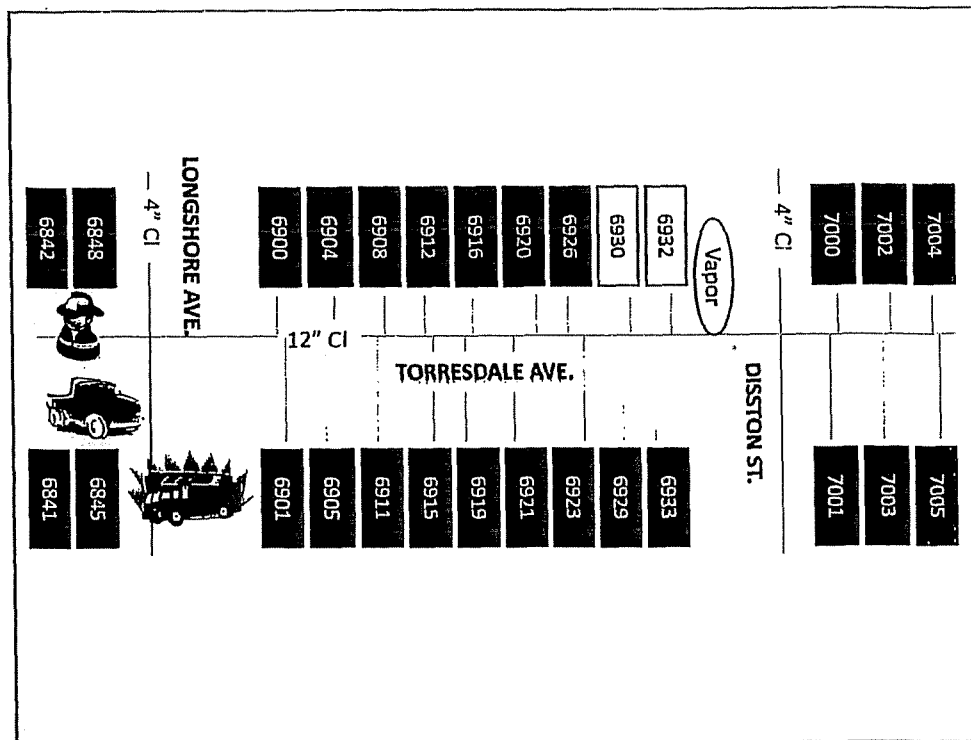
2. Zero out equipment in gas-free environment, begin to take readings at ground level, starting at Longshore, working east.



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

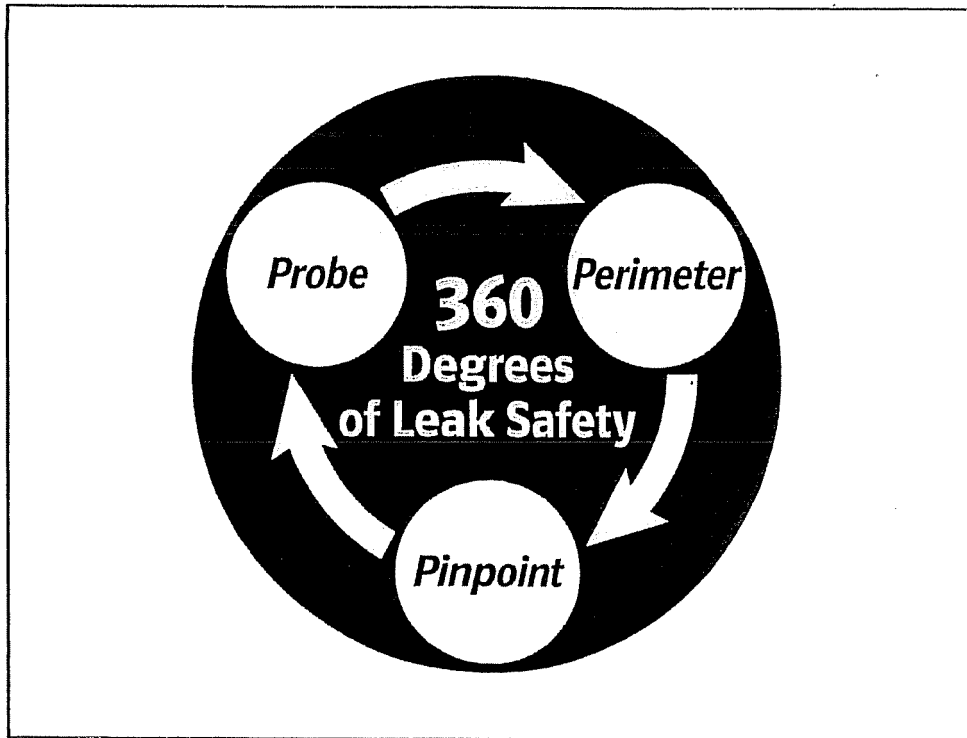


40% LEL in 6930 – repeat as 6932 (turn off at street, ventilate)

Next steps:

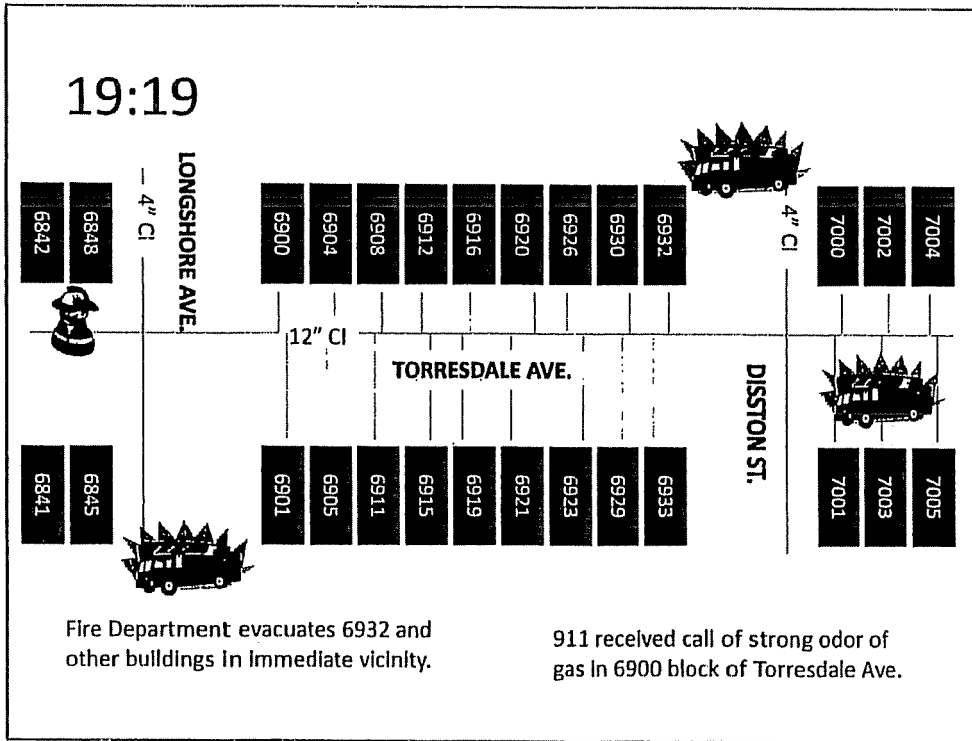
1. Continue to establish perimeter.
  1. Check all available openings (sewers, manholes, water vaults, curb boxes, etc).
  2. Probe where possible
2. No gas on east or south side of intersection
3. Continue to monitor the perimeter until assistance arrives. Stay in constant contact with Fire Department 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





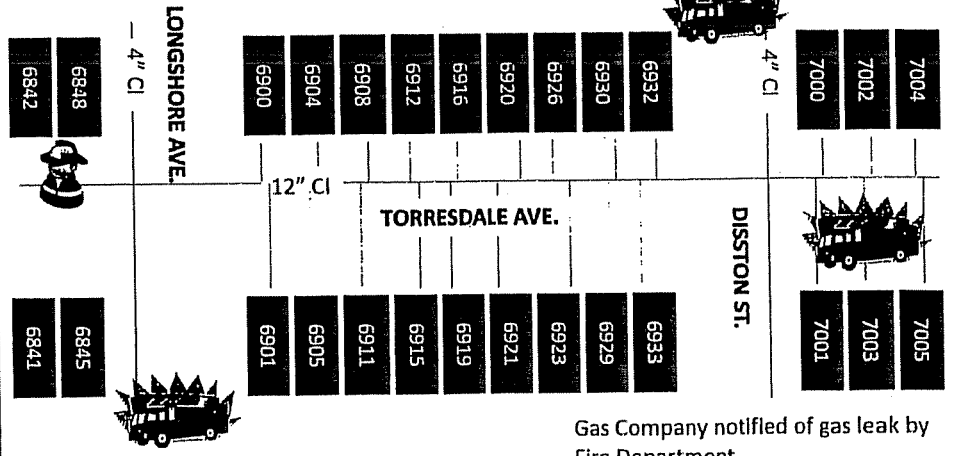
**What Really Happened  
January 18, 2011  
Philadelphia, PA**

**June 5, 2012**



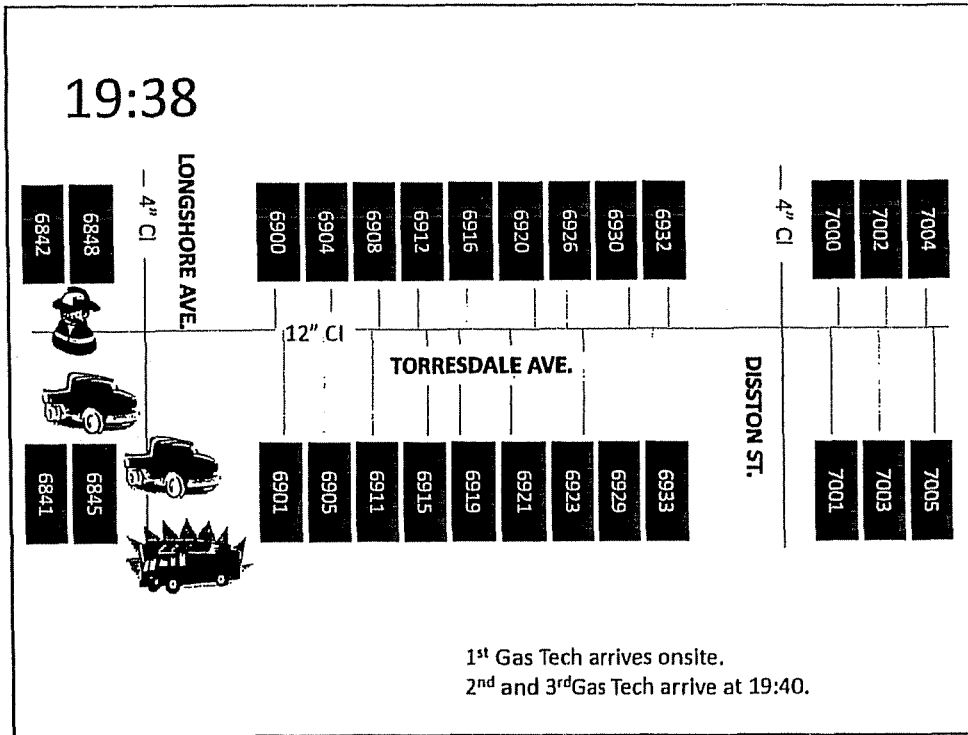
Fire Dept. Rec'd 911 call of gas in 6900 block of Torresdale Ave.

19:24



Gas Company notified of gas leak by Fire Department.

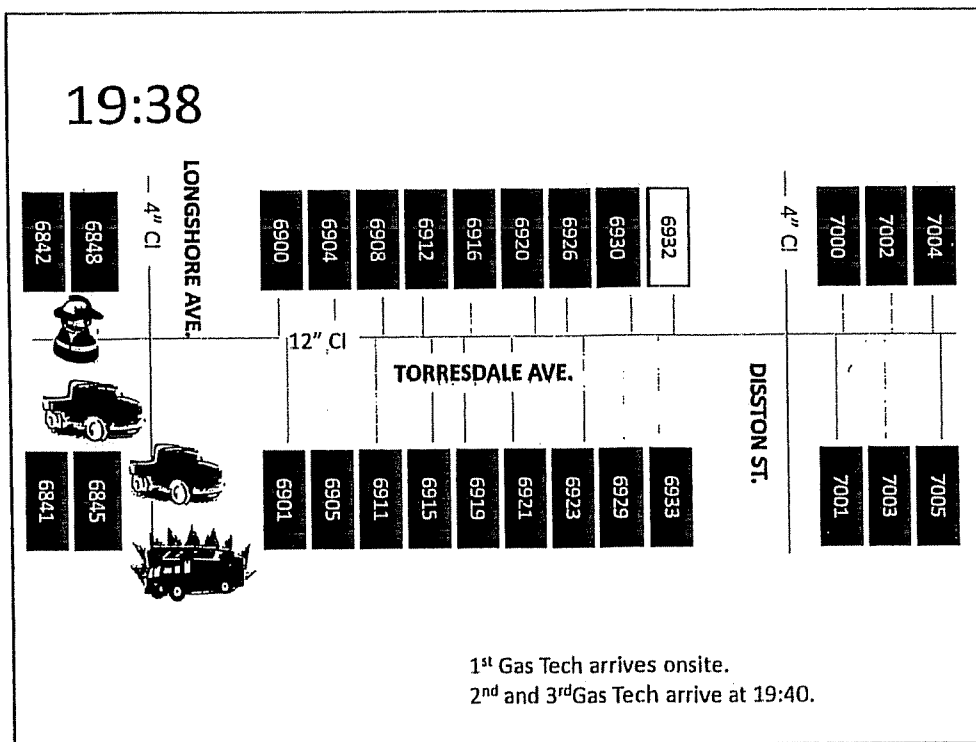
2 Techs, 1 Crew and 2 Supervisors dispatched to scene.



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.

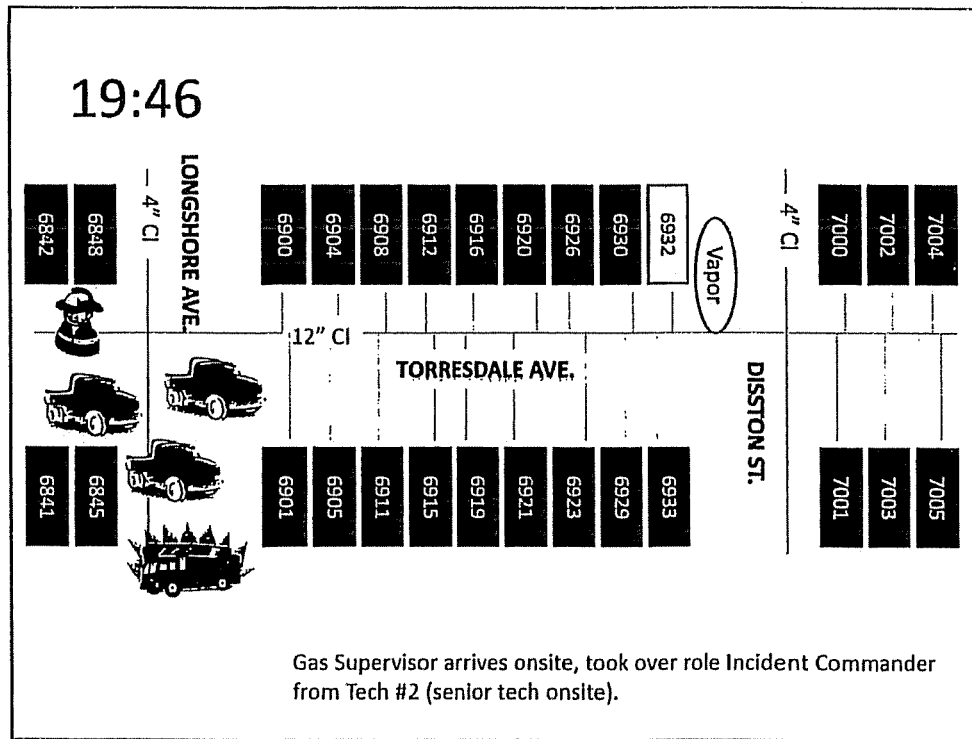


19:38

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 – 1<sup>st</sup> 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 6/11HT

Session # \_\_\_\_\_

Date 3/14/12 Instructor's Name / ID # Paul Stratman/ Eric Netherton/Larry Dodson

Subject Presented Leak Investigation /Houseline Testing Guidelines

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 5

- Training Reasons:** ( ) Compliance (OSHA or DOT required) ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Personal Development  
 ( ) Leadership Development (X) Technical/Job Specific

Last Name/First Name (please print)	Signature	Company (Servco, LG&E, KU)	Employee Number
Netherton, Eric	<i>Eric W. Netherton</i>	LG&E	[REDACTED]
Stratman, Paul	<i>Paul Stratman</i>	LG&E	[REDACTED]
Mike Payne	<i>Mike Payne</i>	LG&E	[REDACTED]
Hinkle Chris	<i>Chris Hinkle</i>	LG&E	[REDACTED]
Ryland, John	<i>John Ryland</i>	LG&E	[REDACTED]
Smith, Franklin	<i>Franklin Smith</i>	PPL	[REDACTED]
CSLANK JOSEPH J.	<i>Joseph J. Slank</i>	LG&E	[REDACTED]
Goetzinger LA	<i>Joe Goetzinger</i>		[REDACTED]
Puevis, H. G.	<i>H. G. Puevis</i>	LG&E	[REDACTED]
GUTTERMAN, JAMIEZ	<i>Jamiez Gutterman</i>	LG&E	[REDACTED]
Allen, James	<i>James H. Allen</i>	LG&E	[REDACTED]
BRIDGEWATER, Hollis	<i>Hollis Bridgewater</i>	LG&E	[REDACTED]
ORR Kenny	<i>Kenny Orr</i>	LG&E	[REDACTED]
WHELAN, NORTON	<i>N. Whelan</i>	L. H. & E	[REDACTED]
DEARING, DON	<i>D. Dearing</i>		[REDACTED]



**SIGN-IN SHEET**  
(Please Print Legibly)

Course Code C/H/H/T

Session # \_\_\_\_\_

Date 3/14/12 Instructor's Name / ID # Paul Stratman/ Eric Netherton/ Larry Dodson

Subject Presented Leak Investigation /Houseline Testing Guidelines

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 5

- Training Reasons:** ( ) Compliance (OSHA or DOT required) ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Personal Development  
 ( ) Leadership Development (X) Technical/Job Specific

Last Name/First Name (please print)	Signature	Company (Servco, LG&E, KU)	Employee Number
Benedict Ron	<i>[Signature]</i>	LG&E	[REDACTED]
Newton Christopher	<i>[Signature]</i>	LG&E	[REDACTED]
Springston, Rickie	<i>[Signature]</i>	LG&E	[REDACTED]
Ballard Stepha	<i>[Signature]</i>	CG&E	[REDACTED]
Heath Tony	<i>[Signature]</i>	LG&E	[REDACTED]
Peyton Bruce	<i>[Signature]</i>	LG&E	[REDACTED]
Peavler Kenneth	<i>[Signature]</i>	LG&E	[REDACTED]
DODSON, LERR	<i>[Signature]</i>	SERVCO	[REDACTED]

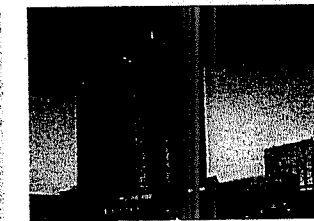
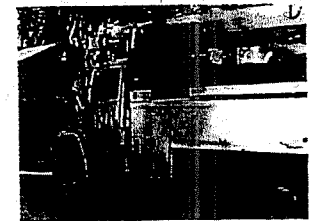
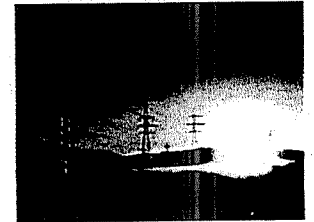
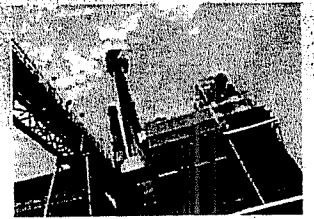




PPL companies

# Gas Construction All Hands Meeting

*June 5, 2012*



# All Hands - June 5, 2012

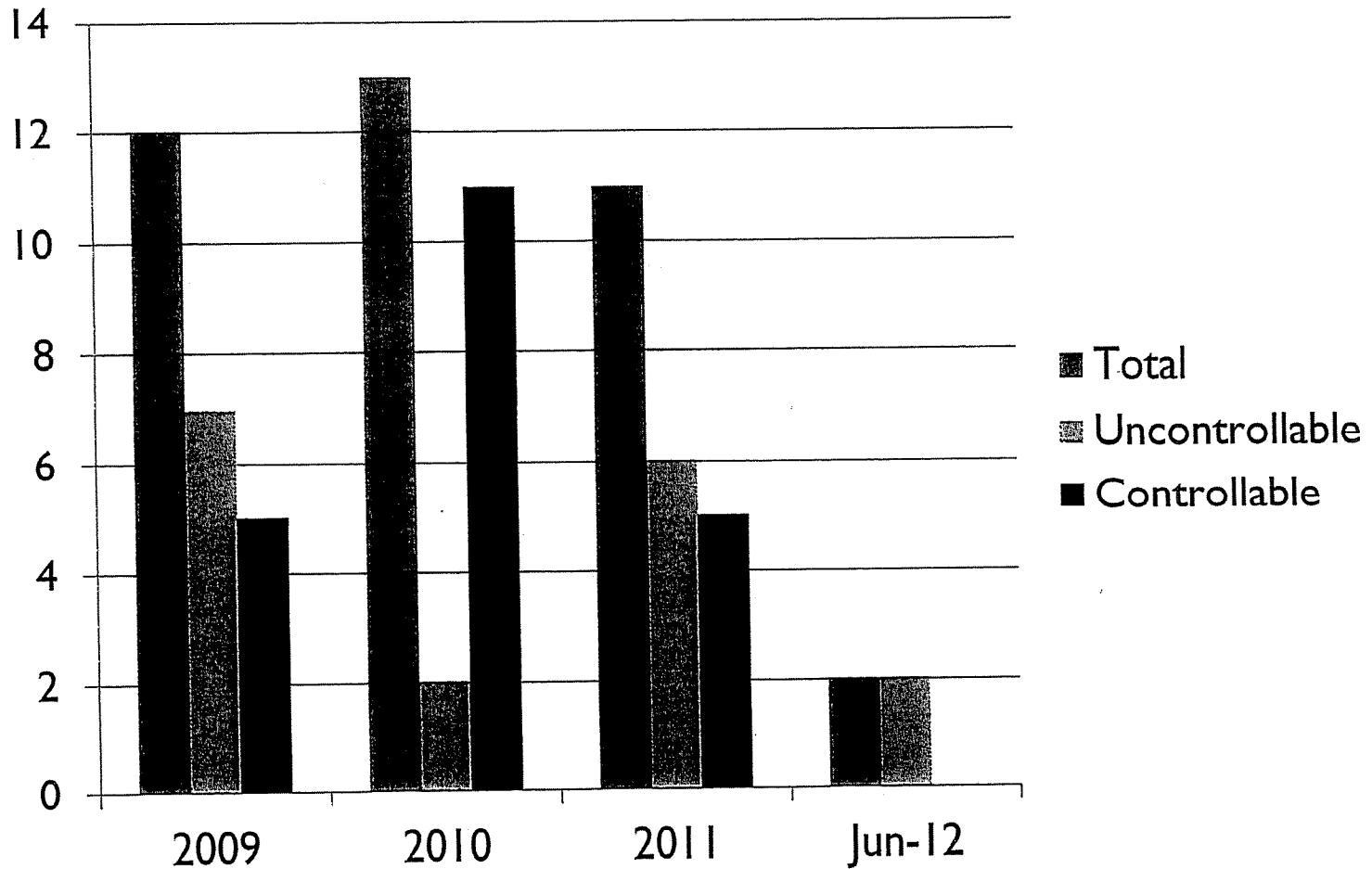
Wednesday, May 23, 2012

8:08 AM

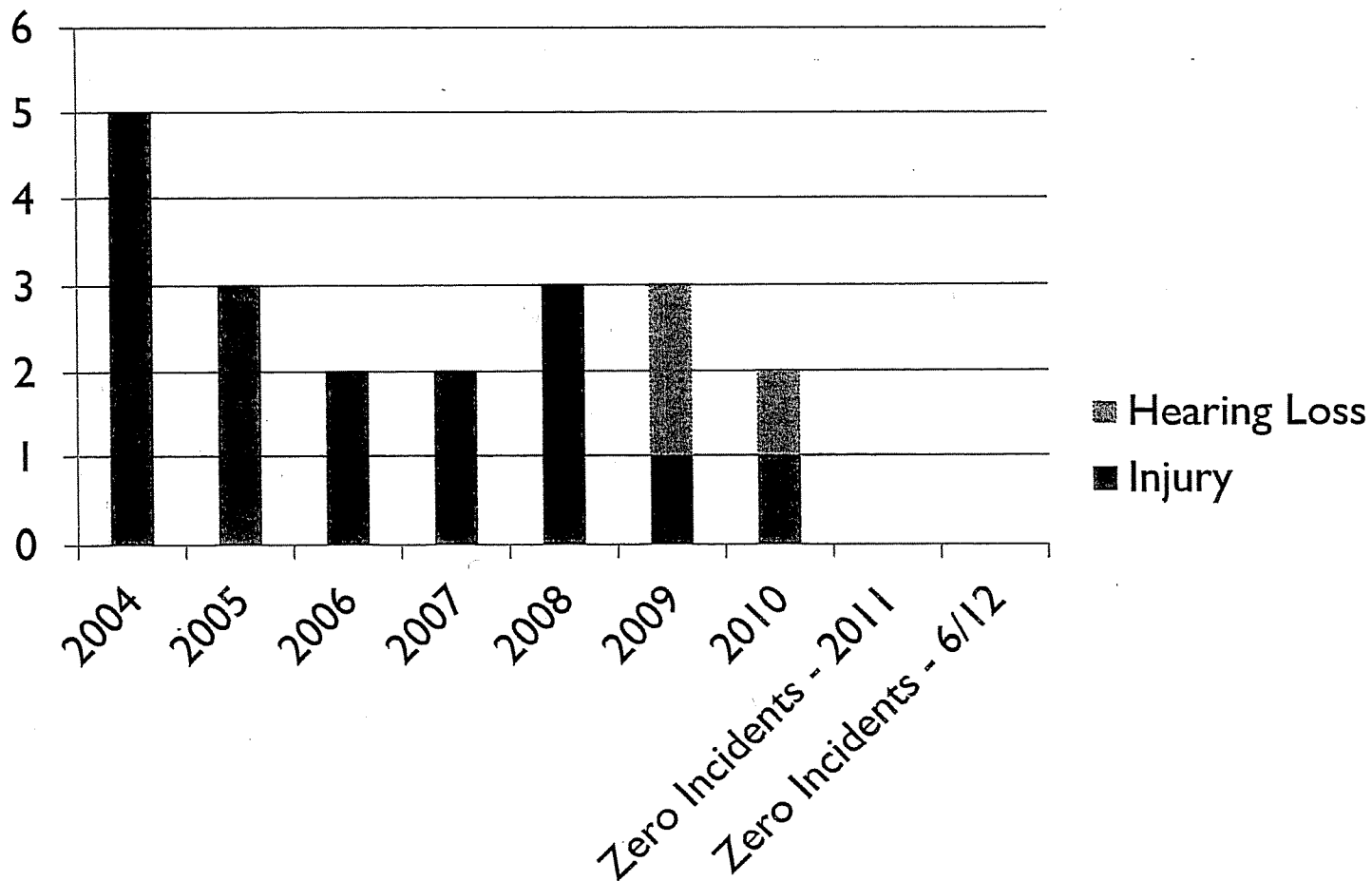
## Agenda

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



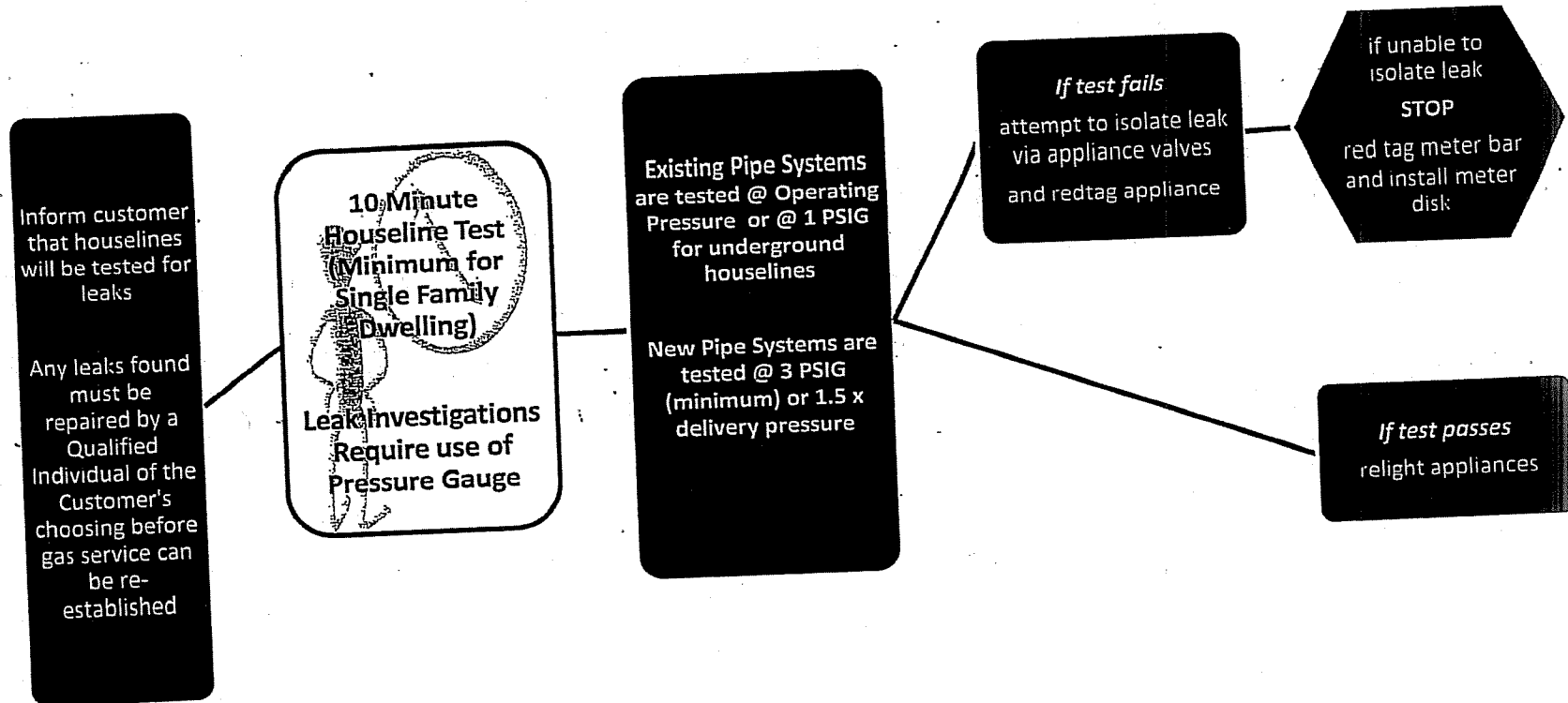
# Recordable Incidents



JUNE 4, 2019  
To: Gas Department Personnel  
From: Kevin Murphy /Paul Stratman



## Houseline Leak Investigation/Testing Guidelines



# Houeline Leak Investigation/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 houeline (all piping downstream of the meter) prior to establishing service. If the houeline 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 houeline 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.

## 3. Pressure Test Guidelines

- a. Houelines 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 houeline 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 houelines, 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 houelines during an indoor leak investigation, use a gauge at Operating Pressure unless the building contains underground houeline.
  - i. If the building contains underground houelines, 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 houeline.
    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.



# 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>

Mode	GT-40		First Responder		
	Leak Detection	Sniffer Mode	LEL (default)	CO	PPM
Inside Leak Investigation	X		X		
Outside Below Ground Leak			X		
Outside surface survey, with bellow			X		X
CO investigation	X		X	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:

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

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

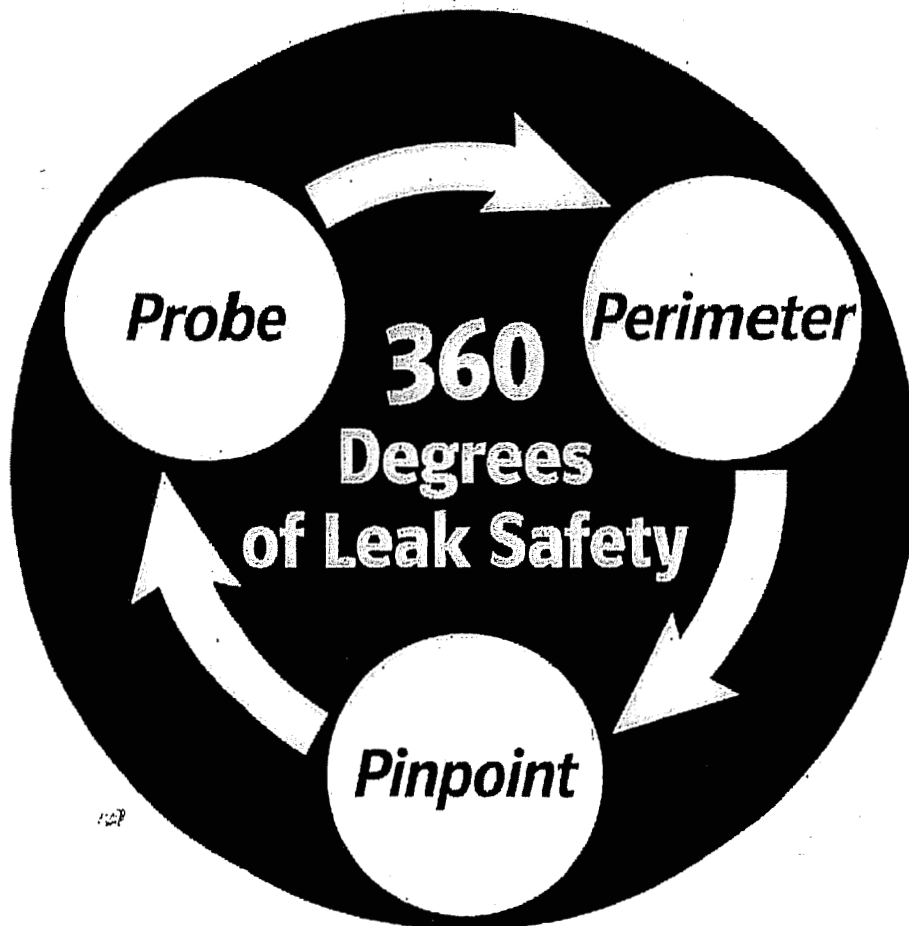
Do not take reading directly in the flue or draft hood.

### Leaks:

Get a meter reading on all leak jobs.

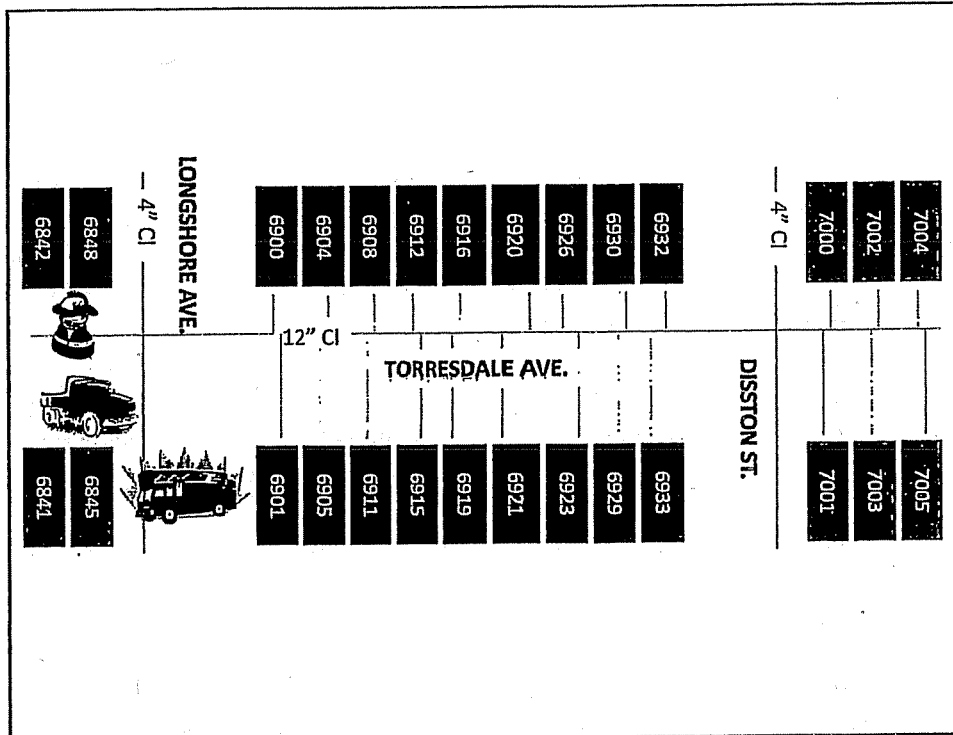
Code 1 Inside or Outside – probe over service to within 5-feet of the building.

Outside Leak Investigation - In order to properly establish a perimeter on a gas leak investigation 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?

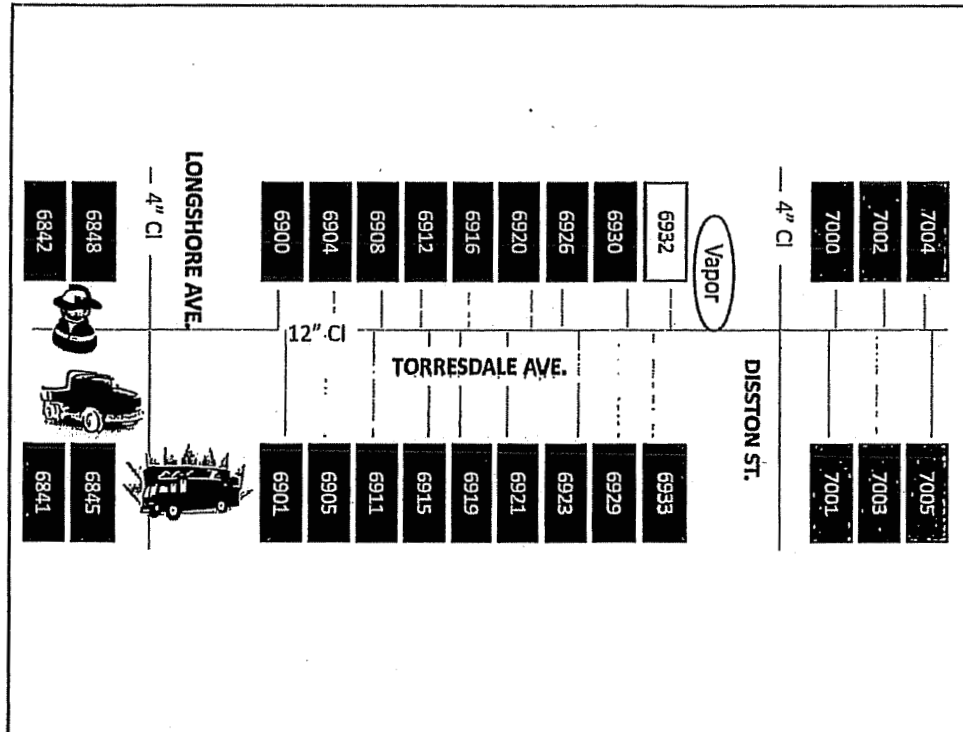
1. Make contact with Fire Department to get their assessment of situation.

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

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

**The First Responder IS the Incident Commander.**

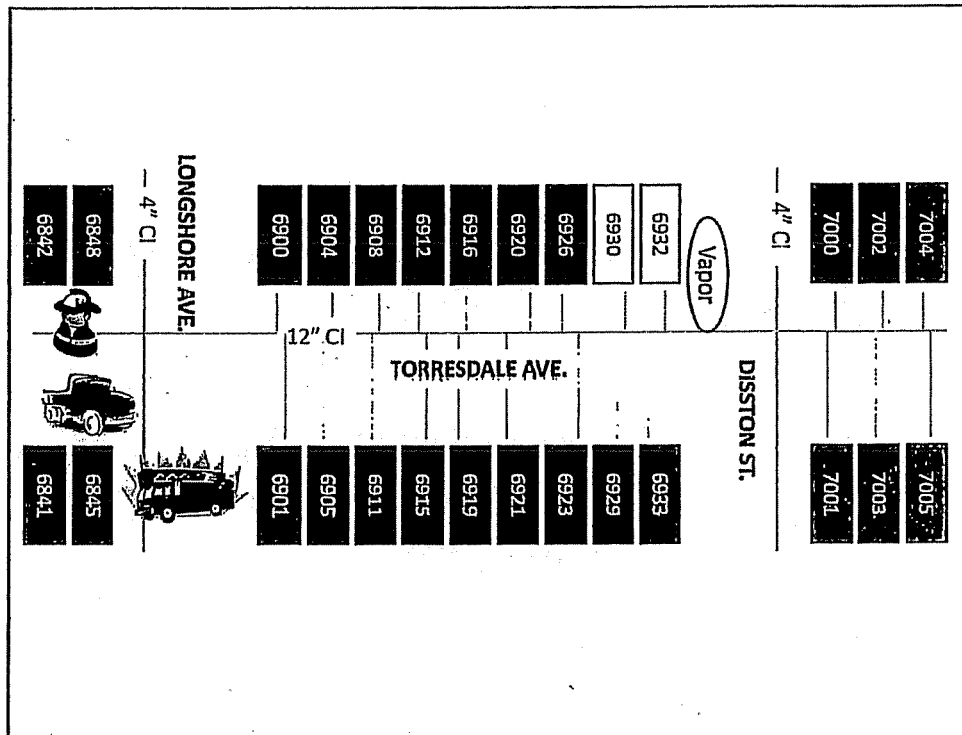
2. Zero out equipment in gas-free environment, begin to take readings at ground level, starting at Longshore, working east.



70% LEL in basement of 6932 Torresdale.

Next steps:

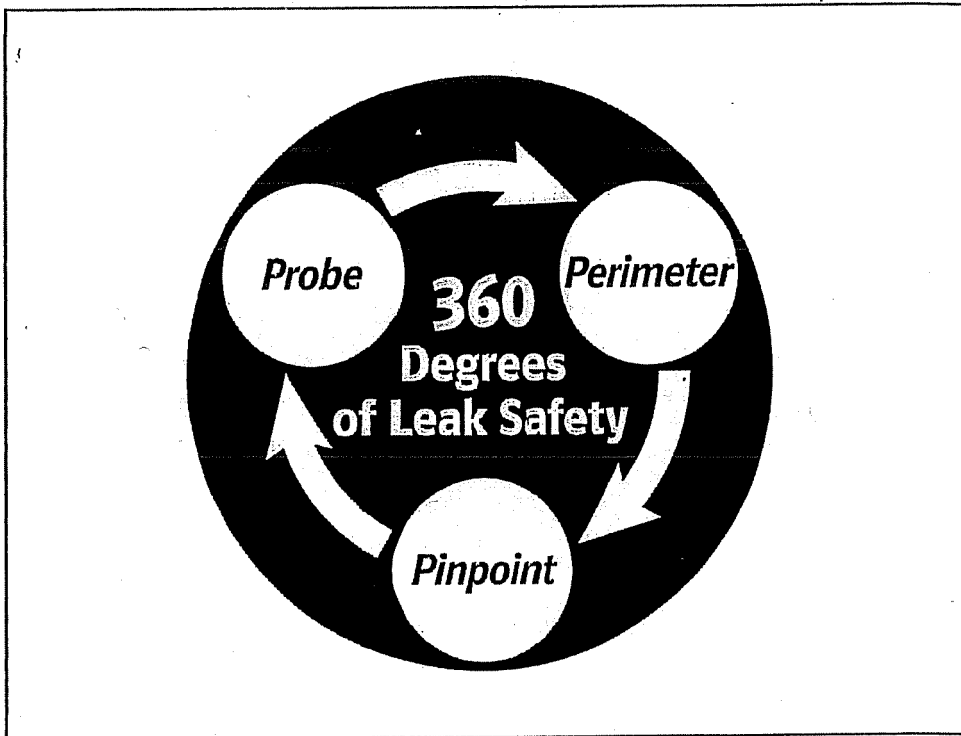
1. Ventilate 6932 (if possible).
2. Turn off at street (of possible) and meter (if possible) – 6932
3. Begin probing where ground allows at intersection
  1. Continue until no gas readings present (establish perimeter)
4. Call supervisor/dispatch for additional help
  1. Need construction crew
  2. Electric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

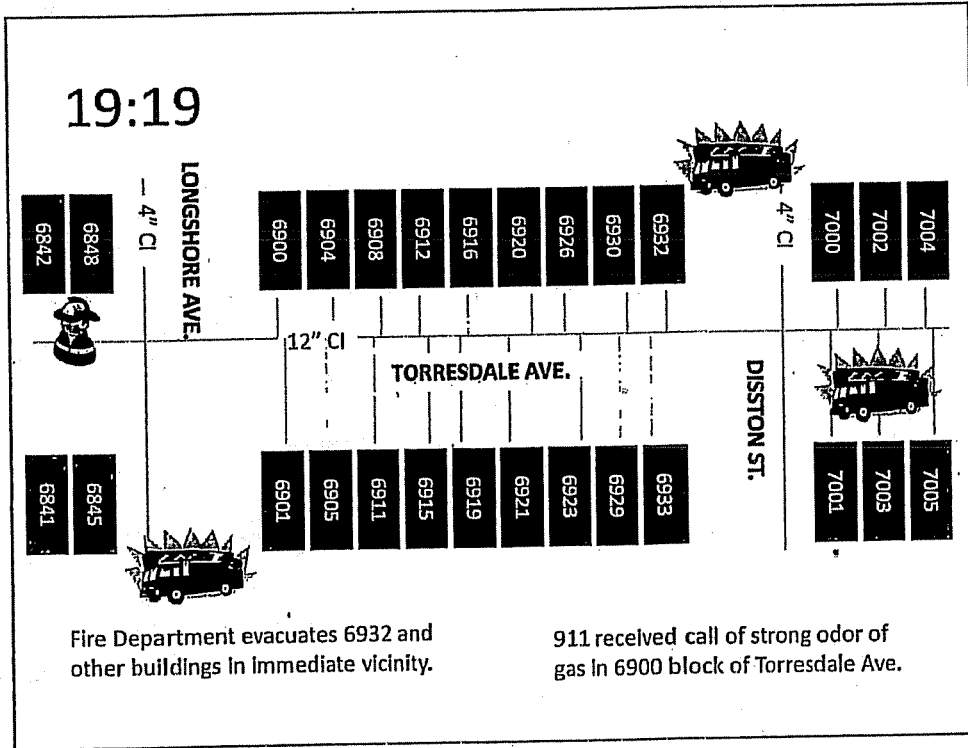




**What Really Happened  
January 18, 2011  
Philadelphia, PA**

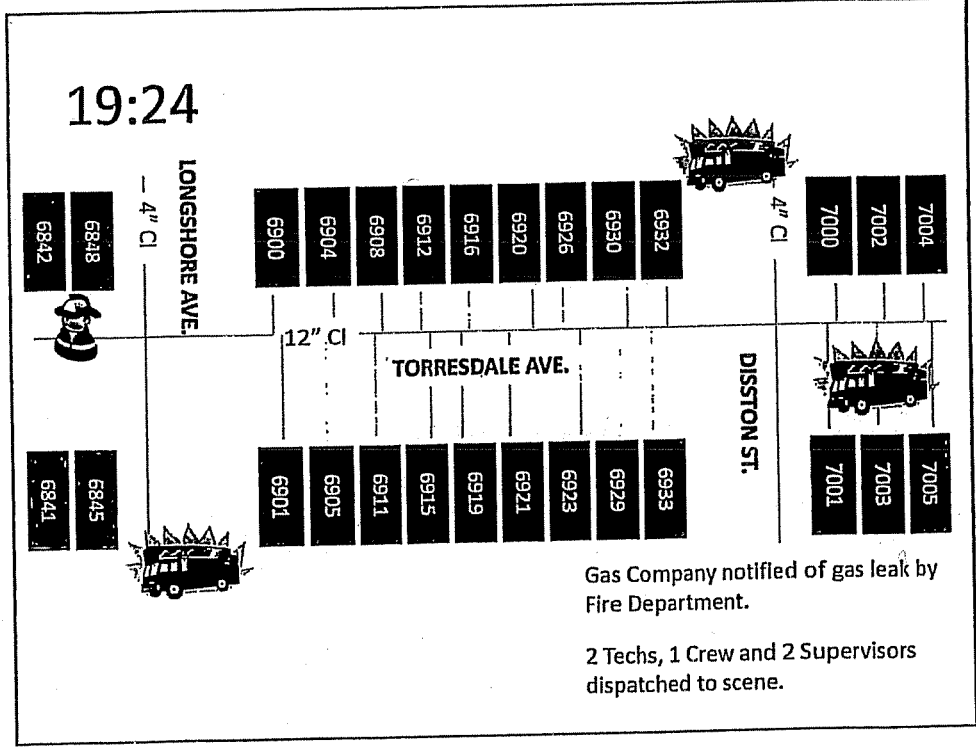
**June 5, 2012**

19:19



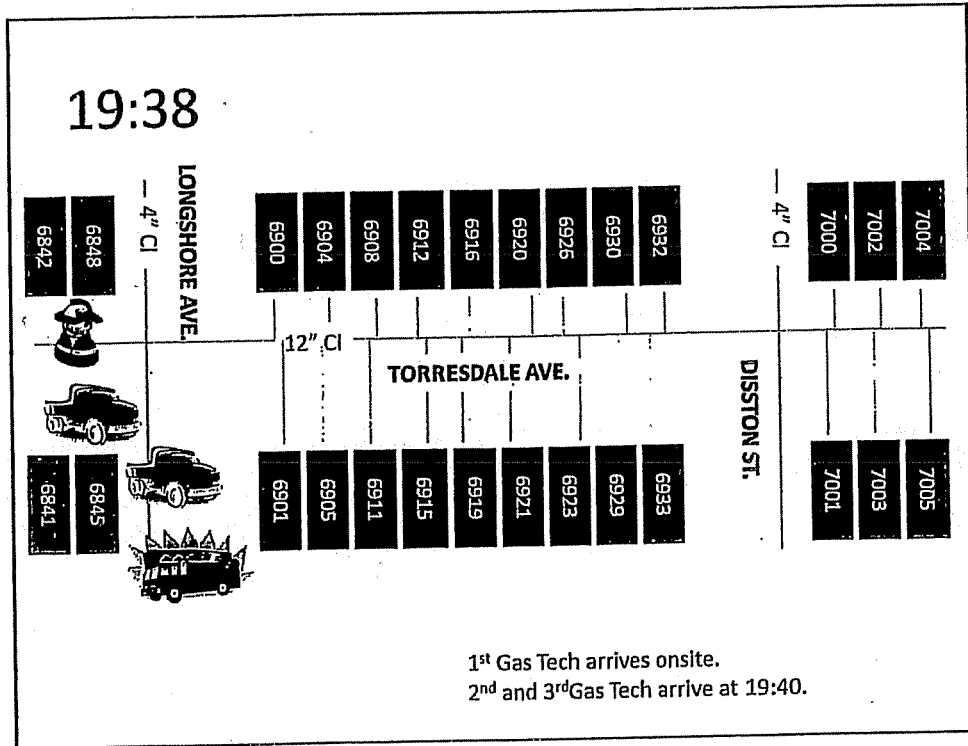
Fire Dept. Rec'd 911 call of gas in 6900 block of Torresdale Ave.

19:24



Gas Company notified of gas leak by Fire Department.

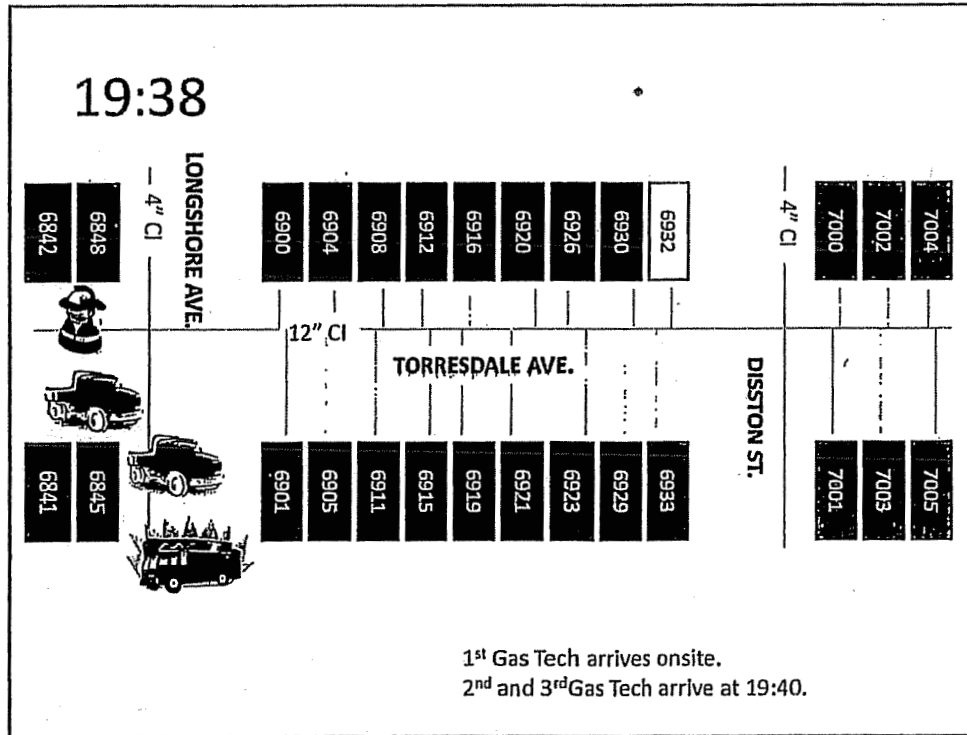
2 Techs, 1 Crew and 2 Supervisors dispatched to scene.



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.

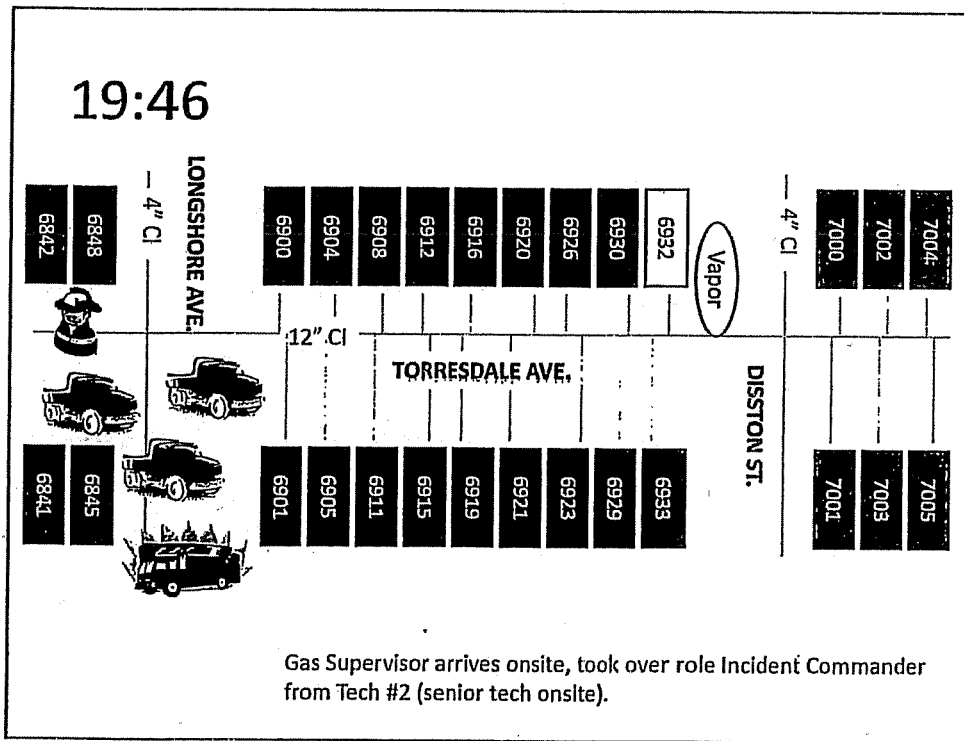


19:38

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.



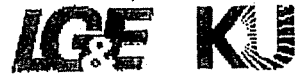
19:46 – 1<sup>st</sup> Supervisor arrives

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.



ent 44



SIGN-IN SHEET  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_

Date 6-5-12 Instructor's Name / ID # Mike Koby

Subject Presented BMI MODEL 526 GAS DETECTOR

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. Faith Chris	<i>Chris Faith</i>	LGE	[REDACTED]
2. Allen Roderick	<i>Roderick Allen</i>	LGE	[REDACTED]
Perry Lee	<i>Lee Perry</i>	LG&E	[REDACTED]
4. Springston, Michelle	<i>M Springston</i>	LGE	[REDACTED]
5. Ballard Stephanie	<i>S. Ballard</i>	LG+E	[REDACTED]
6. Dilley Dana	<i>Dana Dilley</i>	LG&E	[REDACTED]
7. Vaughn Rob	<i>[Signature]</i>	LG&E	[REDACTED]
8. BAKER Derry	<i>Derry Baker</i>	LGE	[REDACTED]
9. Kingrey Brian	<i>Brian Kingrey</i>	LGE	[REDACTED]
10. Stratman, Paul	<i>Paul Stratman</i>	LGE	[REDACTED]
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code EMI 526 Session # \_\_\_\_\_

Date 6-5-12 Instructor's Name / ID # Mike Raby

Subject Presented EMI MODEL 526 GAS DETECTOR

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. <u>Sarles Jonathan</u>	<u>Jonathan Sarles</u>	<u>LGE</u>	
2. <u>Summer SL</u>	<u>SL Summer</u>	<u>LGE</u>	
<u>Waddle Andrew</u>	<u>Andrew Waddle</u>	<u>LGE</u>	
4. <u>BRUNER RODNEY</u>	<u>Rodney E Bruner</u>	<u>LGE</u>	
5. <u>STINSON HERMAN</u>	<u>Herman Stinson</u>	<u>LGE</u>	
6. <u>Boone Chris</u>	<u>Chris Boone</u>	<u>LGE</u>	
7. <u>HAYDEN DR.</u>	<u>DR Hayden</u>	<u>LGE</u>	
8. <u>Pendleton R.J.</u>	<u>R.J. Pendleton</u>	<u>"</u>	
9. <u>Weatherford Brent</u>	<u>Brent Weatherford</u>	<u>LGE</u>	
10. <u>HULTZ GREGORY</u>	<u>Gregory Hultz</u>	<u>LGE</u>	
11. <u>BRUNER</u>	<u>[Signature]</u>	<u>"</u>	
12. <u>DEARING DON</u>	<u>Don Dearing</u>	<u>"</u>	
13. <u>Weatherford, Eric</u>	<u>Eric W. Weatherford</u>	<u>LGE</u>	





**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_

Date 6-5-12 Instructor's Name / ID # MIKE NUBY

Subject Presented CMT MODEL 526 GAS DETECTOR

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. JACKSON MIKE	<i>Mike Jackson</i>	CGE	[REDACTED]
2. HECKER TONY	<i>Tony Hecker</i>	LG&E	[REDACTED]
<i>Patton Bone</i>	<i>P Bone</i>	CGE	[REDACTED]
4. MILLS MR KERVIN	<i>Kervin Mr. Mills</i>	LG&R	[REDACTED]
5. WALLACE MARK	<i>Mark Wall</i>	LG&E	[REDACTED]
6. JONES NATHAN	<i>Nathan Jones</i>	LG&E	[REDACTED]
7. PATEET DAVID	<i>David Pateet</i>	LG&E	[REDACTED]
8. HARRISON KY	<i>Ky Harrison</i>	LG&E	[REDACTED]
9.			
10.			
11.			
12.			
13.			



SIGN-IN SHEET  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_

Date 6-5-12 Instructor's Name / ID # Mike Koby

Subject Presented BMI Model 526 Gas Detector

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. Quill, Mike	<i>Mike Quill</i>	LG&E	[REDACTED]
2. Lewis Richard L.	<i>Richard L Lewis</i>	LG&E	[REDACTED]
3. [REDACTED]	<i>[REDACTED]</i>		[REDACTED]
4. Hodson, Darren	<i>Darren Hodson</i>	LG&E	[REDACTED]
5. Russell, Brian	<i>Brian Russell</i>	LG&E	[REDACTED]
6. WAINSCOTT, JAMES	<i>James Waincott</i>	LG&E	[REDACTED]
7. MATTINGLY DW	<i>DW Mattingly</i>	LG&E	[REDACTED]
8. Shelton Gary	<i>Gary Shelton</i>	LG&E	[REDACTED]
9. CLUNIE Jeff	<i>Jeff Clunie</i>	LG&E	[REDACTED]
10.			
11.			
12.			
13.			



SIGN-IN SHEET  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_

Date 6-5-12 Instructor's Name / ID # Mike Koby

Subject Presented GME MODEL 526 GAS DETECTOR

Location AOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. <u>Boyer B</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	<u>[Redacted]</u>
2. <u>Vicent Todd</u>	<u>[Signature]</u>	<u>Miller</u>	<u>[Redacted]</u>
<u>Cochran, Susan</u>	<u>[Signature]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>
4. <u>Hall, Chris</u>	<u>[Signature]</u>	<u>[Redacted]</u>	<u>[Redacted]</u>
5. <u>Sumner SC</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	<u>[Redacted]</u>
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



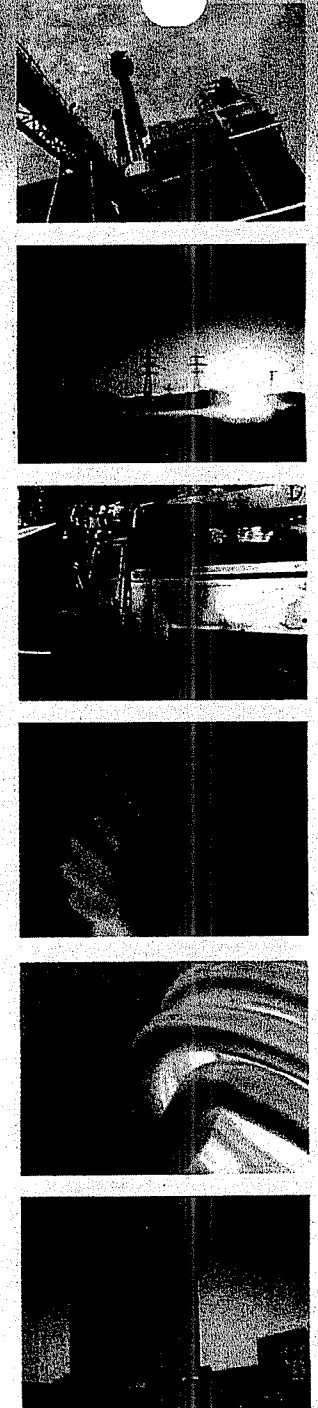


PPL companies

# Gas Distribution Trouble Tech Meeting

*September 19, 2012*

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*  
*Questions/Discussion*



PPL companies

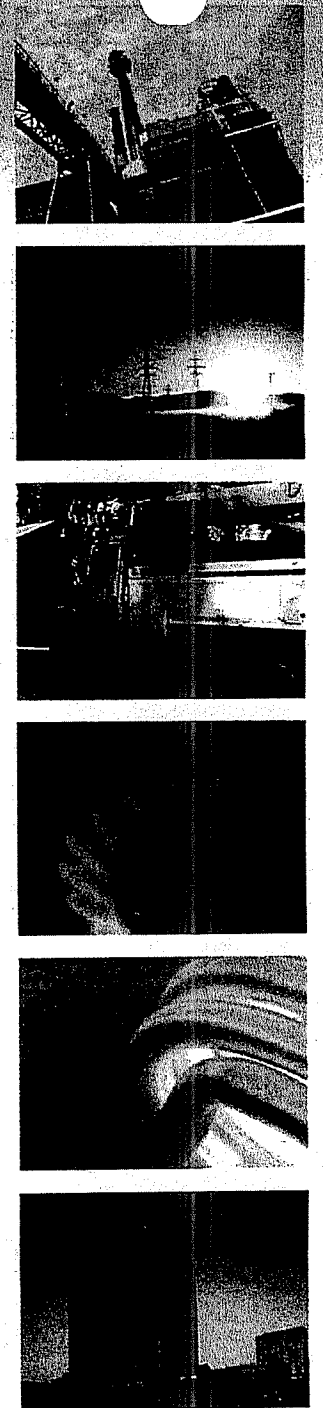


**PPL companies**

# *High Blood Pressure Management*

*Roll up your sleeves and get to work . . .*

August, 2012



# Major Health Issues

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

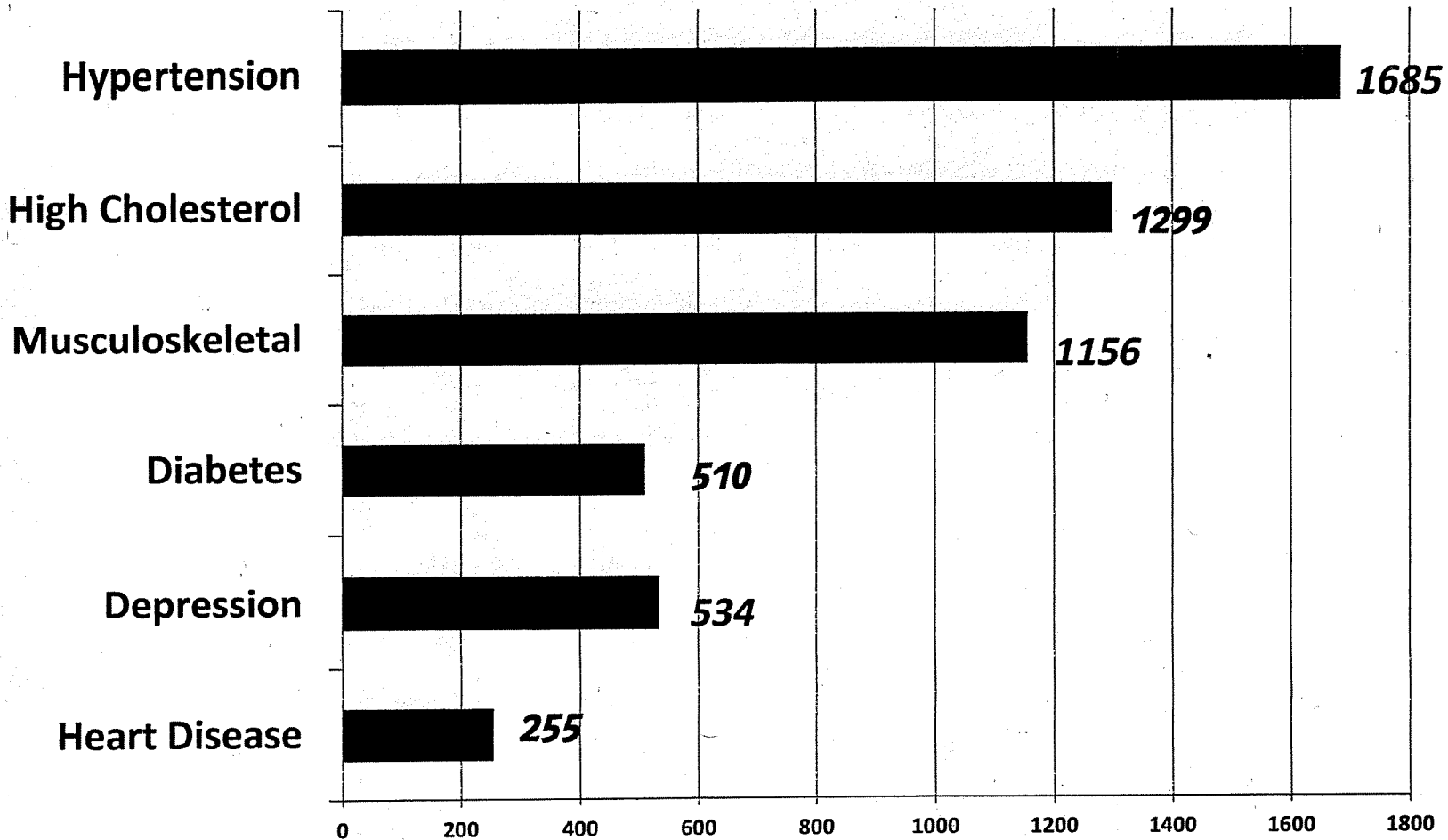
## ***And yet . . .***

- *Many employees not being treated or are under-treated*



# Top Conditions by Prevalence

*(employees and dependents)*



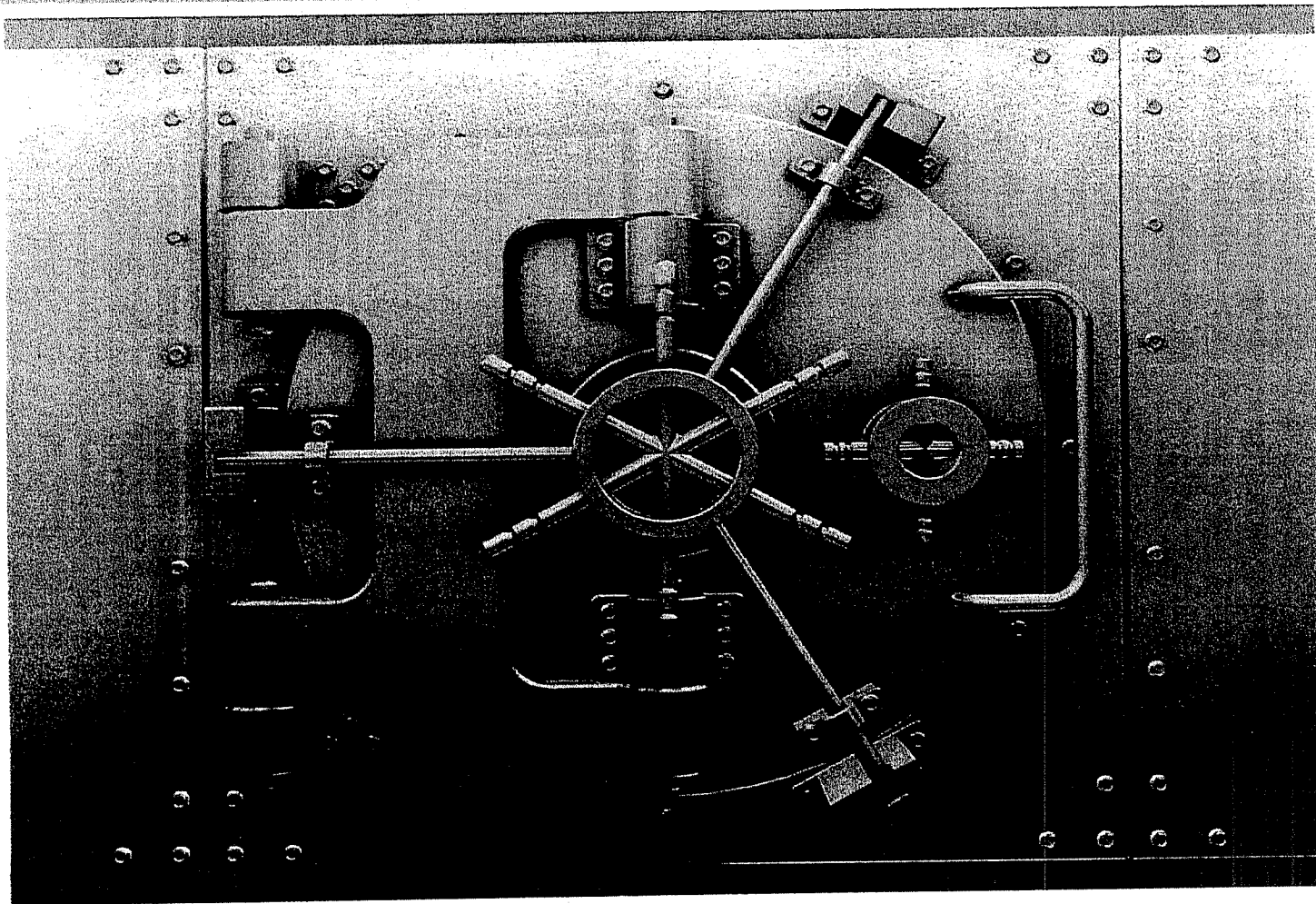
Prevalence (n) = the total number of episodes of care in a given population

# 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

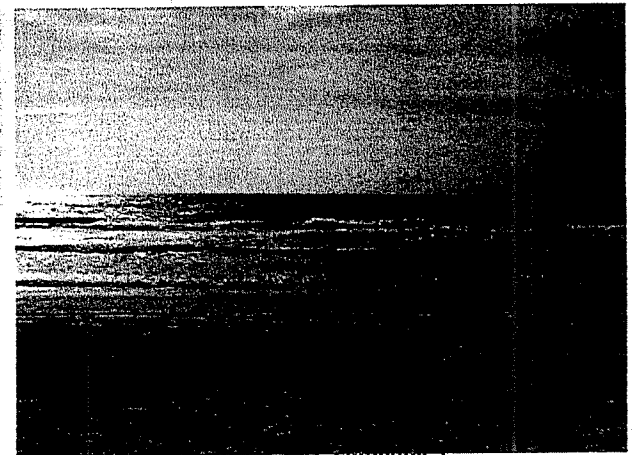
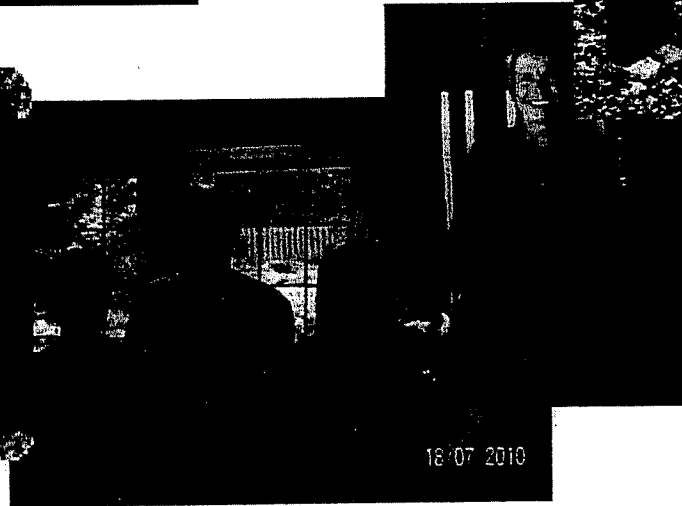
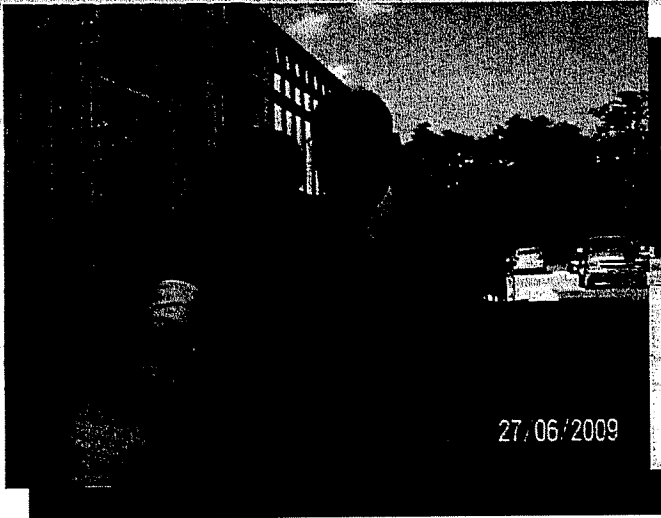
## Participant Cost:

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

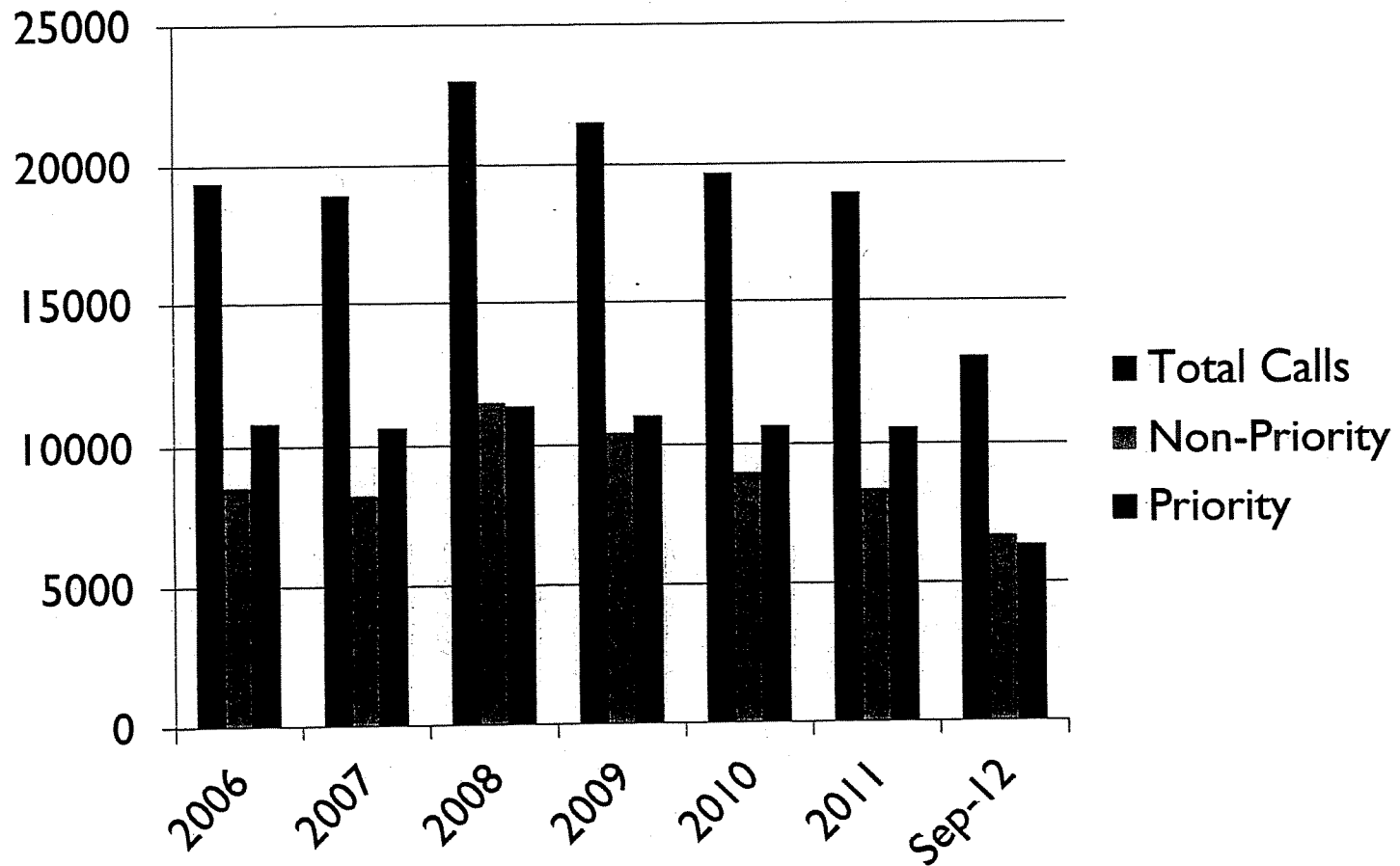
## Incentives:

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

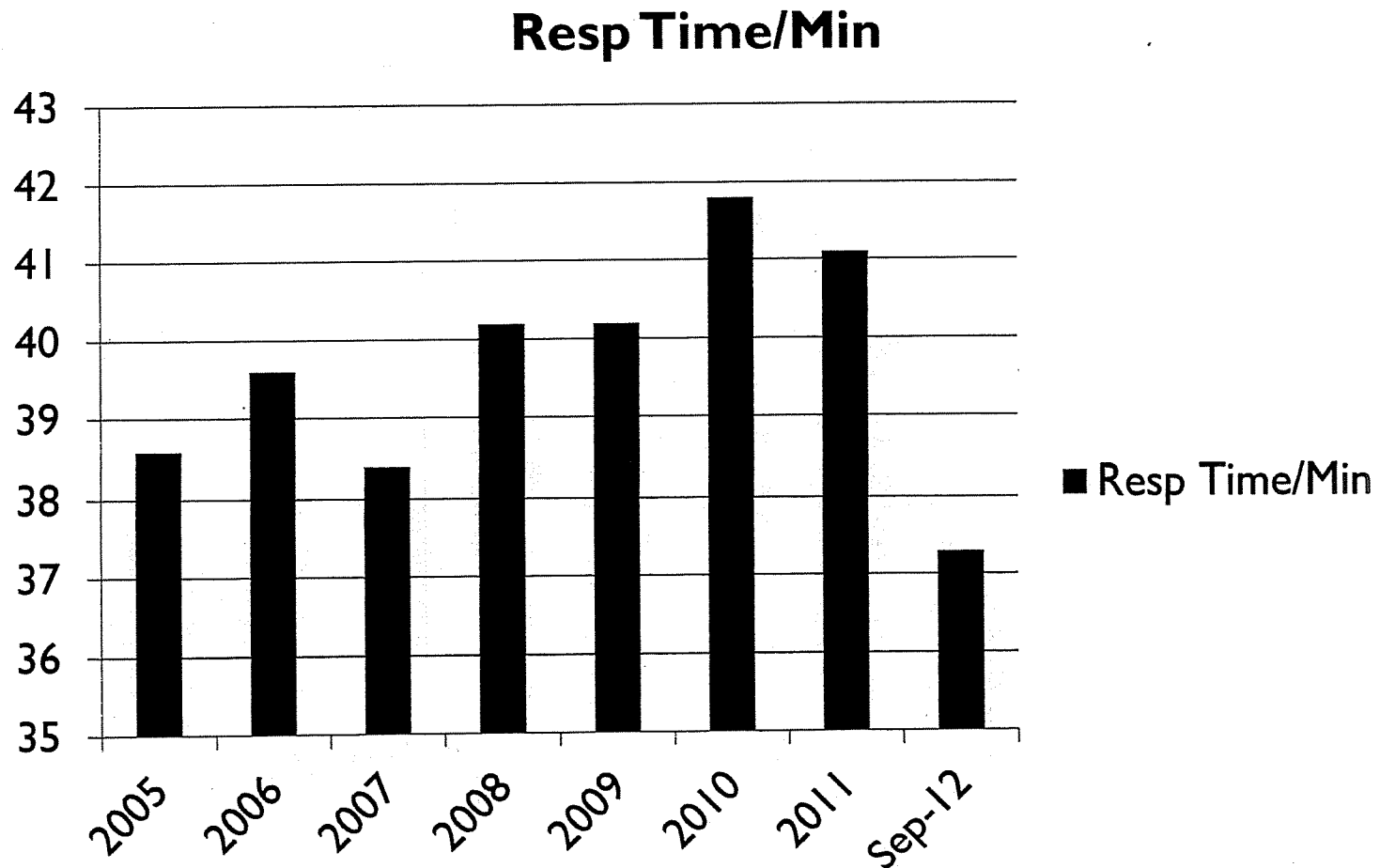
# Why should I sign up?



# Trouble Call Volumes Louisville Operations

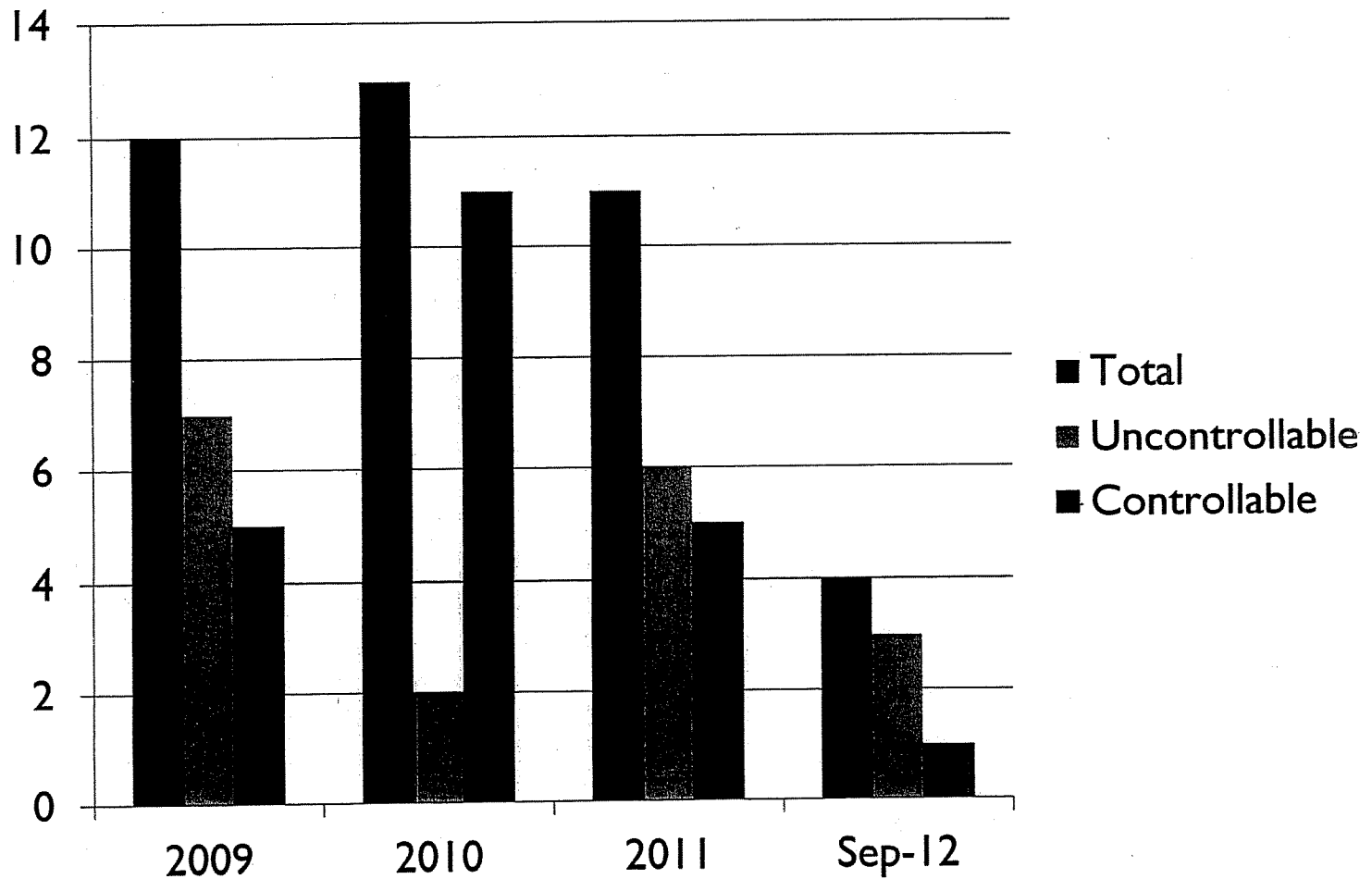


# Trouble Response Time TIA Measure

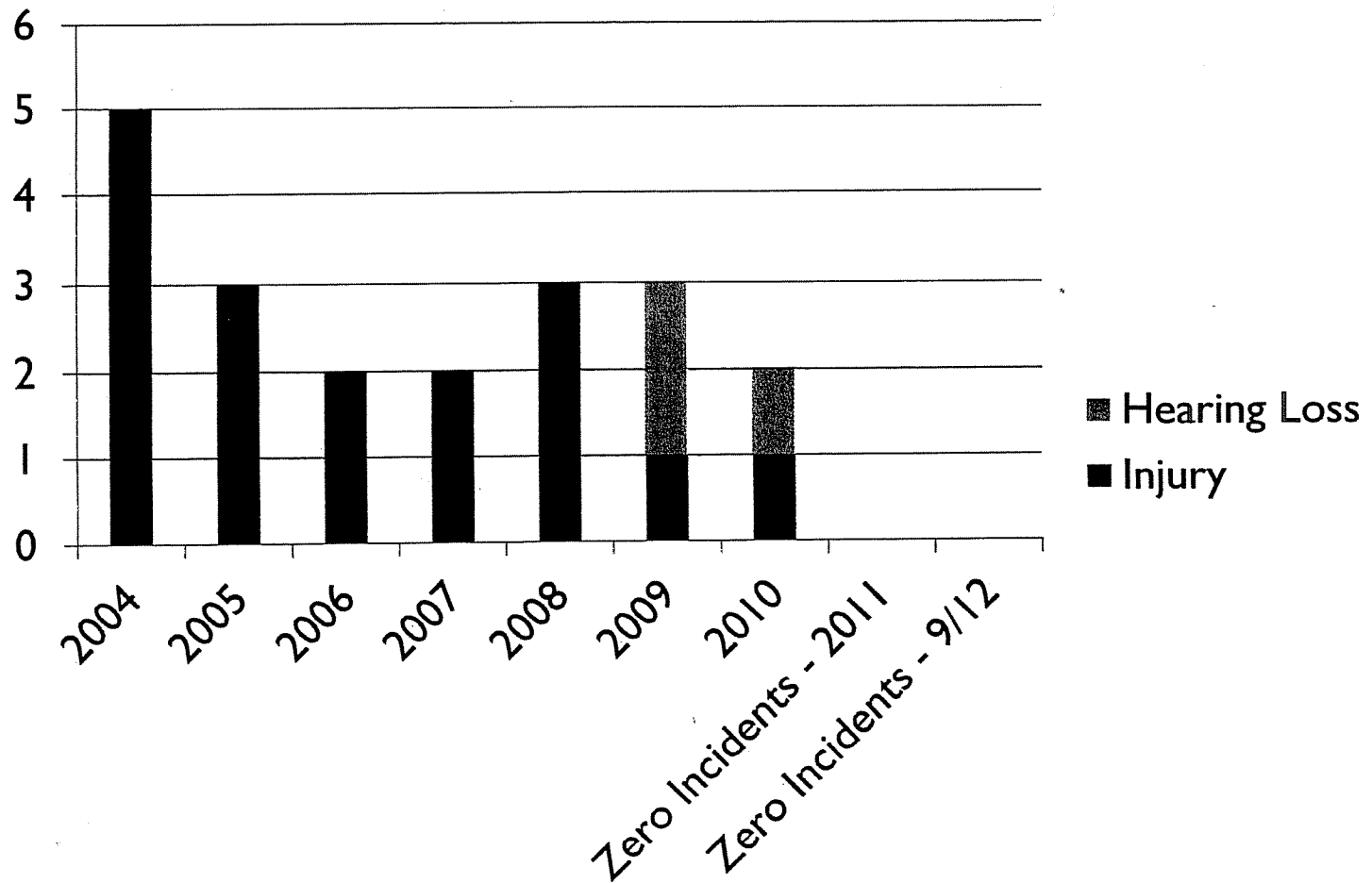




# Safety Performance Vehicle Incidents



# Recordable Incidents



# Table Top Discussions

18

20

24

28

Trap Door

Strong odor of gas called in by a jogger while jogging past 28 Ash St. It is a vacant house. You are able to test at a vent to the crawl space and get a 2% gas (40% LEL) reading in the crawl space, under the house. The meter on 24 is outside and off with a disc. The meter on 28 is inside and house is boarded up.

What would you do?

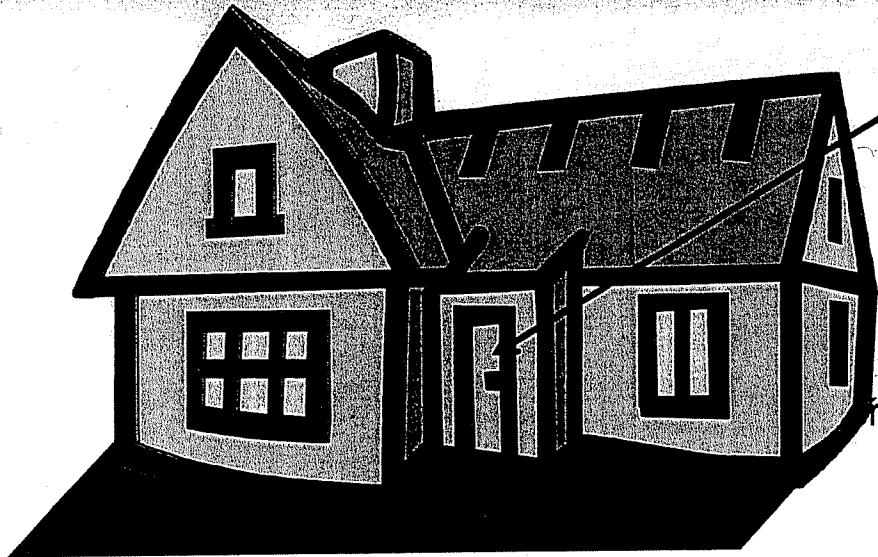
Vent in crawl space

**Ash Street**

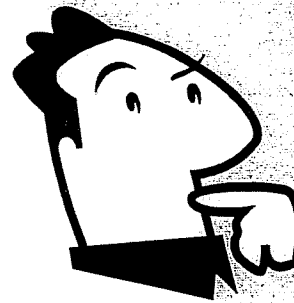
# Questions to Answer

---

- 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**

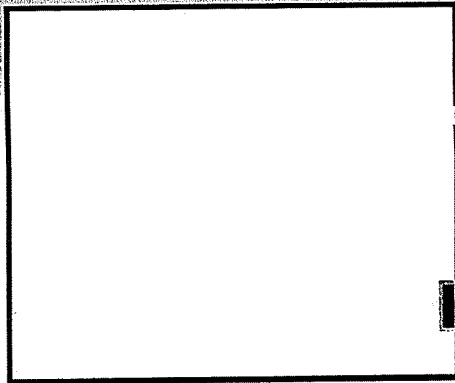


**You arrive and get  
a 20% LEL (1%  
Gas/Air reading) in  
the atmosphere,  
just as you enter  
the front door.**

**What would you  
do?**

**LGE & KU**

PPL companies



**Gas  
Meter**

**10% Gas at basement  
window**

**Odor complaint called in by a passerby at 2:00 am. You arrive and as soon as you get out of your truck you smell a strong odor of gas. The house is a two story with basement and it is dark. You walk up to the house and notice that the basement window is open slightly. You sample the atmosphere inside the basement and get a 10% reading.**

**What would you do??????????**

**4" Bare Steel 45 PSI**

**Oak Street**

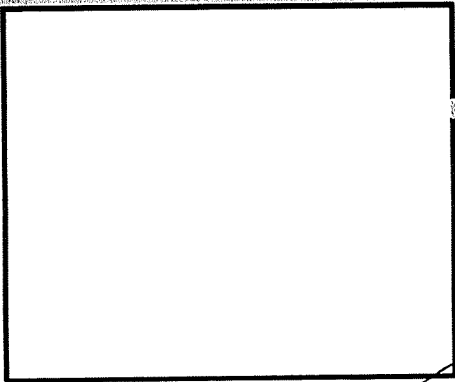


**PPL companies**

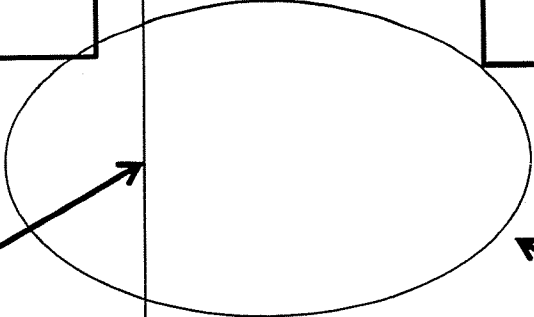
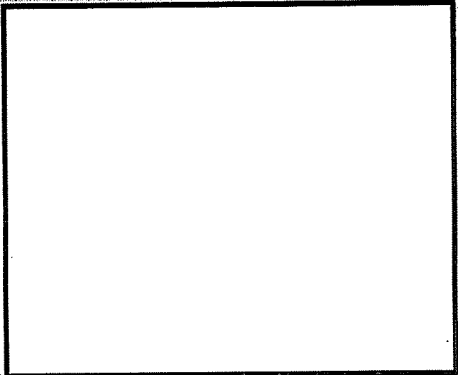
# Establishing Perimeter

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





**Gas  
Meter**



**Odor of Gas**

**Perimeter**

**4" Bare Steel 45 PSI**

**Oak Street**



PPL companies

**H**azard

**E**xtent

**L**ife

**P**roperty

Page 23



PPL companies

**Our main job is**  
**Public Safety**



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_  
 Date 9-19-12 Instructor's Name / ID # ERIC W. NETHERTON / [REDACTED]  
 Subject Presented JOB POSTING INSTRUCTIONS / ALL HANDS MTG.  
 Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 4

**Training Reasons:** ( ) Compliance ( ) Operator Qualification - Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. NETHERTON, ERIC	<i>Eric W. Netherton</i>	LG&E	[REDACTED]
2. <i>Benedict, Stephen</i>	<i>S. Benedict</i>	LG&E	[REDACTED]
3. Heath Tony	<i>T. Heath</i>	LG&E	[REDACTED]
4. Goetzinger L.P.	<i>Leo P. Goetzinger</i>		[REDACTED]
5. Hinkle Chris	<i>C. Hinkle</i>	LG&E	[REDACTED]
6. <i>Rayland, John</i>	<i>John Rayland</i>	LG&E	[REDACTED]
7. Allen, James H.	<i>James H. Allen</i>	LG&E	[REDACTED]
8. BRIDGEWATER, Hollie D.	<i>Hollie D. Bridgewater</i>	LG&E	[REDACTED]
9. ALLEN, NORTON	<i>Norton Allen</i>	L.A. & E	[REDACTED]
10. BENEDICT Ron	<i>Ron Benedict</i>	" "	[REDACTED]
11. Springston Rickie	<i>R. Springston</i>	LG&E	[REDACTED]
12. Newton Chris	<i>Chris Newton</i>	LG&E	[REDACTED]
13. Peyton Bruce	<i>Bruce Peyton</i>	LG&E	[REDACTED]

## SIGN-IN SHEET (Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ Session # \_\_\_\_\_

Date \_\_\_\_\_ Instructor's Name / ID # \_\_\_\_\_

Subject Presented \_\_\_\_\_

Location \_\_\_\_\_ Sponsored by Line of Business \_\_\_\_\_ Training Hours \_\_\_\_\_

- Training Reasons:** (check only one)
- Compliance
  - Operator Qualification – Gas Only
  - Computer Technology
  - Safety
  - Industry Knowledge
  - Developmental
  - Leadership Development
  - 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. ORR Kenny	<i>[Signature]</i>	LG&E	[REDACTED]
2. PEAVLER Kenneth	<i>[Signature]</i>	LG&E	[REDACTED]
3. GUTTERMAN, DANIEL	<i>[Signature]</i>	LG&E	[REDACTED]
4. Payne, Mike	<i>[Signature]</i>	LG&E	[REDACTED]
5. Smith, Franklin	<i>[Signature]</i>		
6. DEARING, DON	<i>[Signature]</i>	"	[REDACTED]
7.			
8.			
9.			
10.			
11.			
12.			
13.			

\* 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
- Gas Piping Line Locating
- Houeline Pressure Test
- Regulator Lock-up Test
- Relighting of Appliances

**Vehicles/Equipment:**

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

**Q & A Session:**

- Operator Qualification Material
- 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
- Houeline 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
  - Kubota/Backhoe

- Trencher/Plow

**Q & A Session:**

- 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

\*\*\* 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.



Company:  AuditNo: 10094 Contractor:  Specify Other:   
 Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1: LEWIS, RICHARD  Lead Person #2:  Immediate Supervisor: Heckel  
 Employees under their supervision on this job:

Location and brief description of work: 6512 Mount Batten leak on customer

Job Planning (Scouting, etc.):	All Proper?	Describe:
	Yes <input type="text"/>	
Job Briefing (Tailboard Conf., etc.):	All Proper?	Describe:
	Yes <input type="text"/>	
Work Area Protection (Signs, Flags):	All Proper?	Describe:
	Yes <input type="text"/>	
PPE (Hardhat, Gloves Sleeves):	All Proper?	Describe:
	Yes <input type="text"/>	
Cover-Up Equipment	All Proper?	Describe:
	Not Applicable <input type="text"/>	
Other Equipment and Procedures:	All Proper?	Describe:
	Yes <input type="text"/>	
Hazards not being guarded against by crew:		
	Good <input type="text"/>	
Overall Safety Rating of Crew:		
Recommendations or Suggestions:		
Are all safety devices in working order?	Yes <input type="text"/>	Describe:
Audit results discussed with employee in charge?	Yes <input type="text"/>	Describe:

Date of Audit: 1/23/2012  Time of Audit: 1100  
 Entered Date/Time: 2/2/2012 6:21:53 AM Entered By:  Employee Performing Audit: HECKEL, ANTHONY   
 Follow Up?

Company  E  AuditNo: 9981 Contractor: Specify Other:

Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:

Lead Person #1: HALL, CHRIS Lead Person #2: Immediate Supervisor: Tony Heckel

Employees under their supervision on this job: Click to add employee to audit

Location and brief description of work: Winding View Trail and Running Brook ( leak on main)

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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: Yes

Cover-Up Equipment All Proper? Describe: Yes

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 charge? Yes Describe:

Date of Audit: 1/27/2012 Time of Audit: 0900 Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 1/27/2012 11:19:07 A Entered By: Follow Up?

Company:  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

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:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?



Company:  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

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:

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:

Other Equipment and Procedures:  
 All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  
 Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:

Entered Date/Time:  Entered By:   Follow Up?



# Energy Delivery Work Safety Audit

(10:05 - 11:00)  
# 12381

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: JOE CSLANK
3. Names of employees under his supervision on this job: N/A
- 
4. Name of Immediate supervisor of employee directly in charge: ERIC W. NETHARTON
5. Location and brief description of work: 4023 GLOUCESTER RD.  
CODE 1 outside (COMMENTS ON BACK)
6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe:
7. Job Briefing (Tallboard Conf., etc.): All Proper YES  NO      Describe:
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: TRUCK WAS COVERED OUT.
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: N/A
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
16. Audit results discussed with employee in charge: YES  NO

2-16-12 1000  
Date of Audit

ERIC W. NETHARTON  
Employee Performing Audit

\* JOE, found leak on regulator  
nipple & made repairs. Tested  
H/L'S & relit appliances.

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 10024

Location: 4023 Gloucester Rd.

Date: 2-16-12

Veh. Make: F-350

Veh. Type: TROUBLE TRUCK

Operator: JOE CSLANK

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

Inspected By: ERIC W. NETHERTON

Energy Delivery  
Work Safety Audit

# 12368

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: RODNEY BEUNER

3. Names of employees under his supervision on this job: HERMAN STINSON

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 3950 Dixie Hwy.  
CLASS 1 LEAK, BROKEN MAIN

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: PERIMETER

ALREADY ESTABLISHED BY FIRE DEPT. CONSULTED W/ TROUBLE MAN @

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

WHAT HE HAD DONE & DISCUSSED PLAN OF ATTACK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: ONLY CONES WERE NEEDED AND WERE IN USE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_

Describe: ALL PPE WORN.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES  NO \_\_\_\_\_

Describe: FR EQUIPMENT WORN.

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

ALL EQUIPMENT WORKING.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

02/16/12  
Date of Audit

10:15

ERIC MILLER  
Employee Performing Audit

# Distribution Operations Motor Vehicle Safety Audit

vehicle #: 4722

Location: 3950 Dixie Hwy

Date: 02/16/20

Veh. Make: '

Veh. Type: \_\_\_\_\_

Operator: ROANEY BRUNER

GAS CREW TRUCK

Items Checked	Acceptable		Comments
	Yes	No	
<b>EXTERIOR CONDITION</b>			
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	✓		
<b>INTERIOR CONDITION</b>			
Interior Housekeeping	✓		
Seats	✓		
Seat Belts	✓		
Horn	✓		
Mechanical Condition (Steering, Brakes, etc.)	✓		
<b>MISCELLANEOUS</b>			
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	✓		
Oil Containers & Cans Properly Labeled	✓		
DOT Daily Inspection	✓		

Inspected By: Eric Miller

RODNEY BRUNER

3950 Dixie Hwy 02/16/20

CLASS 1 LEAK BROKEN MAIN.

— 4" AL GAS MAIN BROKEN BY CONSTRUCTION CO. INSTALLING SANITARY SEWERS. TROUBLE TECH WAS FIRST RESPONDER. UPON HIS ARRIVAL, FIRE DEPT HAD SECTION OF Dixie Hwy CLOSED & TRAFFIC ROUTED AROUND. RODNEY ARRIVED ON SCENE & DISCUSSED WITH TROUBLE TECH WHAT HE HAS ALREADY DONE. IT WAS LEARNED THE TROUBLE TECH HAS BEEN MONITORING INSIDE BUILDINGS DOWNWIND OF BROKEN MAIN. ALL GAS ESCAPING FROM MAIN WAS BEING RELEASED IN THE AIR & NO DANGER OF GAS MIGRATING UNDERGROUND WAS POSSIBLE. NO READINGS OF GAS WERE DETECTED INSIDE BUILDINGS. ONCE RODNEY DETERMINED THAT LIVES & PROPERTY WERE NOT IN IMMEDIATE DANGER, A PLAN 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 CHIEF TO EXECUTE PLAN. THE MAIN WAS SHUT DOWN AND REPAIRED W/OUT INCIDENT.



# 12358

Work Safety Audit - 2.0.0.23 - [Work Safety Audit Form]  
Work Safety Audit - 2.0.0.23 - [Work Safety Audit Form]

Add New Search Reports Window Help

Save Print Delete E-1st

Company:  Auditing:  Contractor: LGE crew  Specify Other:

Crew Reporting Location: AOC  Passported?:  Passport Shown on Request?:

Lead Person: M. Quill  Lead Person #2:  Immediate Supervisor: E. Miller

Employees under their supervision on this job: R Allen

[Click to add employee to audit](#)

Location and brief description of work: 8800 Preston Hwy LEAK REPAIR

Job Planning (Scouting, etc.): All Proper? Yes  Describe:

Job Briefing (Tailboard Conf., etc.): All Proper? Yes  Describe:

Work Area Protection (Barns, Flags): All Proper? Yes  Describe: Signs & cones properly placed

PPE (Hardhat, Gloves, Sleeves): All Proper? Yes  Describe: All PPE observed being worn

Cover-Up Equipment: All Proper? N/A  Describe:

Other Equipment and Procedures: All Proper? Yes  Describe:

Hazards not being guarded against by crew: None

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 charge? Yes  Describe: DISCUSSED w/ crew leader on site

Date of Audit: 2/20/2012  Time of Audit: 1:42 PM Employee Performing Audit: 3608

Entered Date/Time:  Entered By:   Follow Up? HUNT

Ready

Energy Delivery  
Work Safety Audit

# 12366

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: DANA DILLEY / CREW LEADER

3. Names of employees under his supervision on this job: BOBBY VAUGHN

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 4717 PRESTON HWY  
ROUTINE LEAK INVESTIGATION

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: HIGH TRAFFIC AREA. CONSULTED w/ TRAFFIC CONTROL & PLACEMENT OF CONES.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: DISCUSSED INITIAL APPROACH TO FINDING LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: TRAFFIC COP, ARROW BOARD, SQN & CONES WERE PROPERLY PLACED.

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL PPE WORN.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES  NO \_\_\_\_\_ Describe: FR CLOTHING WORN

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: GOOD WORKING ORDER

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

02/20/12 0915  
Date of Audit

Eric Miller  
Employee Performing Audit

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 4714

Location: 4717 PRESTON Hwy

Date: 02/20/12

Veh. Make: GAS Crew Truck

Veh. Type: \_\_\_\_\_

Operator: DANA DILLEY

Items Checked	Acceptable		Comments
	Yes	No	
<b>EXTERIOR CONDITION</b>			
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	✓		
Tires (Tread & Air Pressure)	✓		
Exterior Housekeeping	✓		
<b>INTERIOR CONDITION</b>			
Interior Housekeeping	✓		
Seats	✓		
Seat Belts	✓		
Horn	✓		
Mechanical Condition (Steering, Brakes, etc.)	✓		
<b>MISCELLANEOUS</b>			
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	✓		
Fluid Containers & Cans Properly Labeled	✓		
DOT Daily Inspection	✓		

Inspected By: Eric Miller

DANA LILLEY

02/20/12

ROUTINE LEAK INVESTIGATION - 4717 PRESTON HWY.  
- HIGH TRAFFIC AREA. DANA MET WITH ME & DISCUSSED  
TRAFFIC DIVERSION. 12" GAS MAIN LAYS IN SOUTHBOUND  
DRIVING LN OF PRESTON HWY @ ENTRANCE & EXIT  
RAMPS FOR I-65.

BROAD RANGE OF SAFETY CONCERNS W/ TRAFFIC DEPENDIN  
ON WHERE LEAK IS. WE DISCUSSED & CAME TO AN  
AGREEMENT. A TRAFFIC COP, ARROW BOARDS AND  
60 CONES WERE USED TO MAKE WORK AREA SAFE.  
MANY BAR HOLES HAVE BEEN DRILLED AND  
THEN PROCESS OF ELIMINATION LEAK WAS FOUND &  
REPAIRED.

# 10347

# Energy Delivery Work Safety Audit

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: CHRIS HALL

3. Names of employees under his supervision on this job: GARY SHELTON

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: ZBIS LEXINGTON RA. - MAIN LEAK REPAIR.

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATED & PERMIT

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW DISCUSSED HOW TO LOCATE LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: TRAFFIC CONTROL, SIGNS & CONES

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL WEARING 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 LEAKS; BAR HOLESING & PROBING HOLES WITH C.G.I. TO LOCATE 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 \_\_\_\_\_

2-20-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

# 10348

# Energy Delivery Work Safety Audit

Crew:      KU:      LGE:  Contractor: EDC 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: DARYL HAYDEN

3. Names of employees under his supervision on this job: DARREN HODSON

4. Name of immediate supervisor of employee directly in charge: TONY HEICEL

5. Location and brief description of work: LEXINGTON RD. @ ALTA GATE - LEAK REPAIR  
TO - 12" BARE STEEL MAIN

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATES  
COMPLETE, PERMITS

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: CREW  
DISCUSSED WHAT STEPS TO TAKE TO FIND LEAK

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: SIGNS, CONES, ARROWBOARDS IN PLACE.

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL EMPLOYEES WEARING PPE

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 DRILLING  
FOR LEAK WITH ROCK DRILL. BAR HOILING & PROBING HOLES WITH C.G.I. TO  
LOCATE 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     

2-20-12  
Date of Audit

Tony Heichel  
Employee Performing Audit

#10350

### Energy Delivery Work Safety Audit

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: TODD VINCENT

3. Names of employees under his supervision on this job: BO TAYLOR, CHRIS FAITH, CHRIS BOONE

4. Name of Immediate supervisor of employee directly in charge: Tony Heckel

5. Location and brief description of work: 630 MARQUETTE DR. - LEAK ON SERVICE TEE

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATES COMPLETE

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: discussed HAZARDS ON JOB

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: SIGNS & CONES AROUND WORK SITE

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL EMPLOYEES WEARING PPE

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 WEARING RESPIRATOR EQUIPMENT TO CHANGE OUT LEAKING SERVICE TEE, CREW HAD TO CUT OFF

12. Apparent hazards not being guarded against by crew: SERVICE TEE & CLAMP MAIN  
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     

2-21-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

#10349

# Energy Delivery Work Safety Audit

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: CHRIS FAITH
3. Names of employees under his supervision on this job: BOTAYLOR, BOBBY PENDLETON, DAVE MAFINOLY,  
TODD VINCENT, CHRIS BOONE
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: RELLAH CHURCH & FEGENBUSH - MAIN LEAK
6. Job Planning (Scouting, etc.): All Proper YES  NO            Describe: MILLER  
PIPELINE ON JOB. CALLED FOR CREW
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO            Describe: TEAM LEADER  
ALONG WITH CREWS, DISCUSSED HOW TO SHUT DOWN INTERSECTION
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO             
Describe: SIGNS, CONES, ARROW BOARDS & TRAFFIC CONTROL OFFICERS
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO             
Describe: ALL EMPLOYEES WEARING PPE
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: CREWS DRILLED  
WITH ROCK DRILL TO LOCATE LEAK. CREWS LOCATED LEAK BY BAR-HOLEING. CREWS  
PINPOINTED WITH C.G.I
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair:            Poor:
14. Recommendations or Suggestions: CREWS WERE VERY THOROUGH PINPOINTING ON LEAK.
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

Tony Heckel  
Employee Performing Audit



Energy Delivery  
Work Safety Audit

# 12365

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 / CREW LEADER

3. Names of employees under his supervision on this job: ANDREW WADALE

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 2ND & MARKET ST.  
INVESTIGATING CLASS 1 LEAK.

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: JOB BRIEFING

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: SIGN & CONES WERE PROPERLY PLACED.

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_

Describe: BOTH HAD APE ON.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES  NO \_\_\_\_\_

Describe: FR CLOTHING ON

11. Other Equipment and Procedures: All Proper YES \_\_\_\_\_ NO  Describe: HAD PROBLEM

W/AIR HOSE REEL TRUCK.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

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 \_\_\_\_\_

02/22/12 0830  
Date of Audit

Eric Miller  
Employee Performing Audit

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 4720

Location: 2<sup>nd</sup> & MARKET

Date: 02/21/12

Veh. Make: GAC OPEN TRACK Veh. Type: \_\_\_\_\_

Operator: STEVE SUMNER

Items Checked	Acceptable		Comments
	Yes	No	
<b>EXTERIOR CONDITION</b>			
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	✓		
Tires (Tread & Air Pressure)	✓		
Exterior Housekeeping	✓		
<b>INTERIOR CONDITION</b>			
Interior Housekeeping	✓		
Seats	✓		
Seat Belts	✓		
Horn	✓		
Mechanical Condition (Steering, Brakes, etc.)	✓		
<b>MISCELLANEOUS</b>			
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	✓		
Oil Containers & Cans Properly Labeled	✓		
DOT Daily Inspection	✓		

Inspected By: Eric Wilford

STEVE SUMNER

ZNA & MARKET ~~02/21/12~~

CLASS 1 LEAK INVESTIGATION

- TROUBLE MAN WAS FIRST ON SCENE & DETERMINE THE LEAK NEEDS IMMEDIATE ATTENTION. STEVE WAS FIRST RESPONDING CREW. IN THE SOUTH EAST CORNER A PERIMETER WAS SET W/ CREW TRUCK, TROUBLE TRUCK & CONES. TROUBLE TECH BRIEFED STEVE W/ READINGS OF GAS @ LOCATIONS OF GAS. STEVE DETERMINED THAT 1<sup>ST</sup> PRIORITY WAS TO MAKE SURE GAS WAS NOT MIGRATING INTO BUILDINGS. THEY WERE CHECKED INSIDE & ONCE CLEARED OF GAS THE FOCUS WAS THEN TURNED TO THE GAS OUTSIDE. SEVERAL BAR HOLES WERE DRILLED NEAR BUILDINGS THEN EVENTUALLY OVER MAINS & SERVICES. NO GAS WAS DETECTED IN BAR HOLES NEAR BUILDING. 50% TO 90% GAS WAS DETECTED @ A COUPLE LOCATIONS OVER MAIN. NONE OVER SERVICES. GAS WAS ASPIRATED FROM ONE BAR HOLE FOR @ 30 min. TRUE READINGS TURNED OUT TO BE @ 10% GAS ONLY IN ONE SPOT OVER MAIN. STEVE DETERMINED THAT A VERY SMALL LEAK OVER TIME CONCENTRATED IN A COUPLE AREAS CAUSING HIGH READINGS. STEVE & I AGREED TO HAVE SOME CAST IRON JOINTS SEALED TO STOP THE LEAK.

# 10647

# Energy Delivery Work Safety Audit

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: CHRIS FAITH CREW LEADER

3. Names of employees under his supervision on this job: CHRIS BOONE, JIMMY WAINSCOTT

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 4914 DE PRIEST CT.

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATED  
COMPLETED

7. Job Briefing (Tailboard Conf., etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_ Describe: CREW DISCUSSED  
HOW TO CHECK FOR LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL SIGNS, FLAGS, CONES AROUND WORK SITE.

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_ Describe: ALL EMPLOYEES WEARING PPE

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 DEMOED  
BAR HOLES TO LOCATE LEAK WITH C.G.I.

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 \_\_\_\_\_

3-13-12

Date of Audit

Tony Heckel  
Employee Performing Audit

10217

# Energy Delivery Work Safety Audit

1. Crew: KU:      LGE:  Contractor: Eve  
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: Daryl Hayden

3. Names of employees under their supervision on this job: Brian Kenney

4. Name of Immediate supervisor of employee directly in charge: Tony Heckel

5. Location and brief description of work: 502 Harder Ave repair leak on main

6. Job Planning (Scouting, etc.): All Proper YES      NO      Describe: work on program

7. Job Briefing (Tailboard Conf., etc.): All Proper YES      NO      Describe: work on program

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: cones and signs out police directing traffic

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: Signaler source removed, fire extinguisher up wind perimeter established.

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  NO     

2-10-12  
Date of Audit

10:45  
Time of Audit

Larry Dodson  
Employee Performing Audit

10214

### Energy Delivery Work Safety Audit

1. Crew: KU:  LGE:  Contractor: EOU  
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: DAVID POTTEET (Crew leader)

3. Names of employees under their supervision on this job: Kenny Harrison

4. Name of immediate supervisor of employee directly in charge: Tom Habel

5. Location and brief description of work: 37 Chamberlay Circle (Leak area)

6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: WORK IN PROGRESS

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: WORK IN PROGRESS

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: All ignition sources was removed from area, crew was doing backholing

12. Apparent hazards ~~not being guarded against by crew:~~ to establish perimeter AND PINPOINT Leak

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

2-10-12  
Date of Audit

1000  
Time of Audit

LARRY DODSON  
Employee Performing Audit

10215

### Energy Delivery Work Safety Audit

1. Crew: KU:      LGE:  Contractor:      ECC  
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: Dou Deering

3. Names of employees under their supervision on this job:     

4. Name of immediate supervisor of employee directly in charge: Brian Claypool

5. Location and brief description of work: 41 Chambers Ave locate leads

6. Job Planning (Scouting, etc.): All Proper YES      NO      Describe: work in progress

7. Job Briefing (Tailboard Conf., etc.): All Proper YES      NO      Describe: work in progress

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: not applicable

11. Other Equipment and Procedures: All Proper YES  NO      Describe: Area properly marked and perimeter established

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  NO     

2-16-12  
Date of Audit

1000  
Time of Audit

Gary Dodson  
Employee Performing Audit

10216

### Energy Delivery Work Safety Audit

1. Crew: KU:      LGE:  Contractor:      EOC  
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: Chris Hall (Crew leader)

3. Names of employees under their supervision on this job:     

4. Name of immediate supervisor of employee directly in charge: Tony Hiedel

5. Location and brief description of work: 542 GARDEN (Repair leak on man)

6. Job Planning (Scouting, etc.): All Proper YES      NO      Describe: WORK IN PROGRESS

7. Job Briefing (Tailboard Conf., etc.): All Proper YES      NO      Describe: WORK IN PROGRESS

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: SIGNS AND CONES properly placed

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: All ignition sources eliminated, fire extinguisher reprimed, and perimeter established

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  NO     

2-10-12  
Date of Audit

10:45  
Time of Audit

LARRY DODSON  
Employee Performing Audit



13:00

#10260

# Energy Delivery Work Safety Audit

1. Crew: KU:      LGE:  Contractor: EDG 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: CHRIS FAITH CREW LEADER

3. Names of employees under his supervision on this job: CHRIS BOONIE, BOBBY PONDLETON

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: POPE ST. & ARLINGTON AVE

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATES

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 AROUND TRUCK & WORK SITE.

Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO     

Describe: ALL 3 EMPLOYEES WEARING PPE

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:     

C.G.I. & OTHER TOOLS IN GOOD WORKING CONDITION.

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 GREAT JOB FINDING LEAK. CREW

DRILLED OUT LEAK & BAR HOLED TO PINPOINT LEAK.

15. Are all safety devices in working order? YES  NO     

16. Audit results discussed with employee in charge: YES  NO     

2-15-12

Date of Audit

Tony Heckel 3712  
Employee Performing Audit

08:30 - 11:30

# Energy Delivery Work Safety Audit

# 10252

Crew: KU:      LGE:  Contractor: AOC Lester Goetzinger  
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 Goetzinger

3. Names of employees under his supervision on this job: NA

4. Name of immediate supervisor of employee directly in charge: ERIC W. NETHERTON

5. Location and brief description of work: INVESTIGATING CODE 2 @ THE INTERSECTION OF MANGO & JESSAMINE

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: (ON BACK)  
LESTER GAVE DETAILED DESCRIPTION OF LEAK 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 & FLASHERS 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       
Describe: N/A

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:     

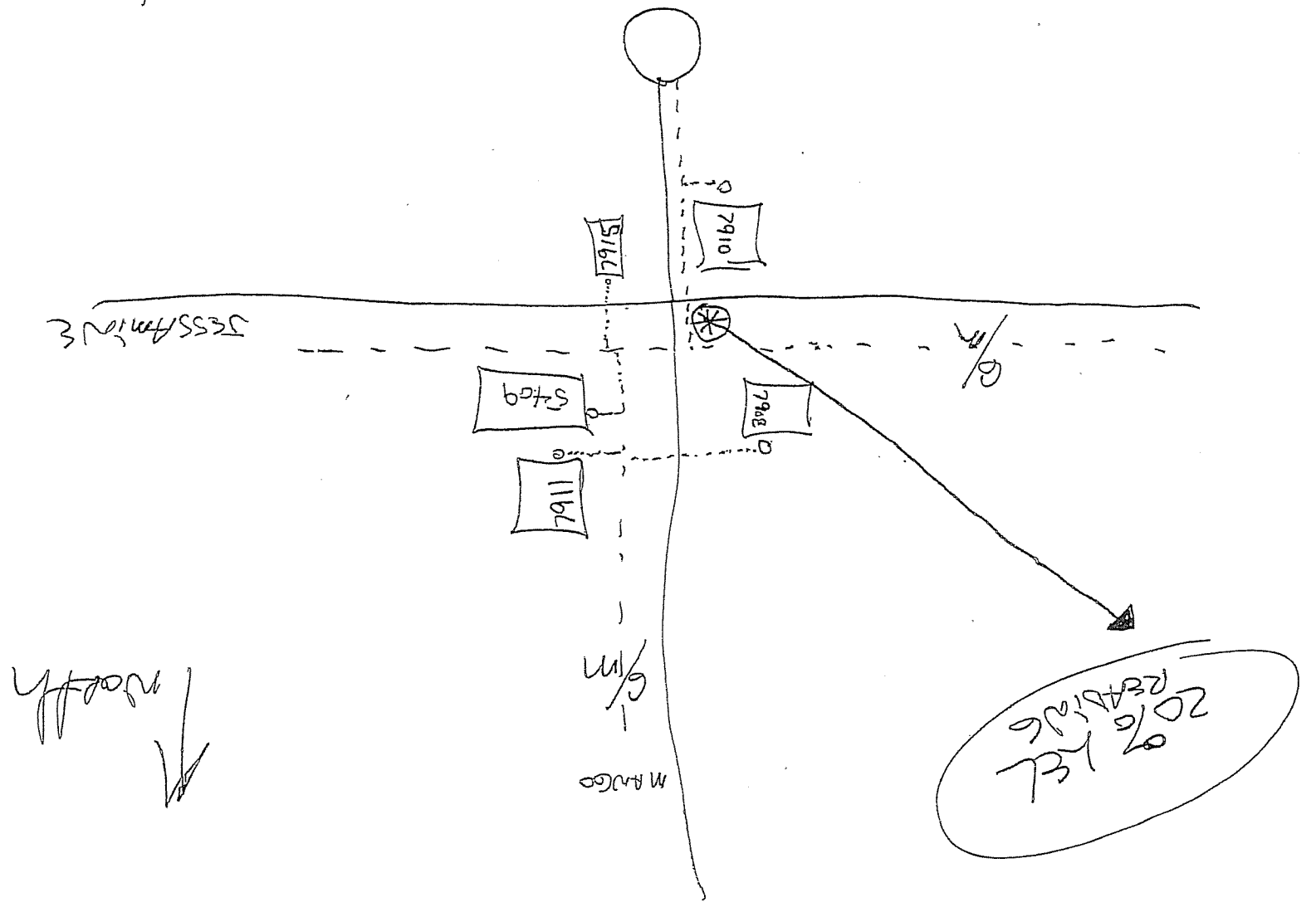
15. Are all safety devices in working order? YES  NO     

Audit results discussed with employee in charge: YES  NO     

2-15-12  
Date of Audit

Eric W. NETHERTON  
Employee Performing Audit

\* LESTER probed over services @ the addresses above, as well as the mains and determined the leak was @ the SPt indicated (N/W corner of JESSAMINE & MANGO)



# Distribution Operations Motor Vehicle Safety Audit

Trailer #: 6233

Location: MANGO & JESSAMINE

Date: 2-~~18~~<sup>15</sup>-12

Veh. Make: F-350

Veh. Type: TRAILER TRUCK

Operator: LESTER GOETZINGER

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

Inspected By: ERIC W. NETHERTON

Energy Delivery  
Work Safety Audit

16:00 - 17:30

# 10258

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: JOHN RAGLAND

3. Names of employees under his supervision on this job: N/A

4. Name of immediate supervisor of employee directly in charge: \_\_\_\_\_

5. Location and brief description of work: 3217 BRIDWELL AV  
CODE 1 INSIDE & 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: VEHICLE CONES OFF AND FLASHERS ON

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: \_\_\_\_\_

10. Cover-Up Equipment (Tarpaulins, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_  
Describe: N/A

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 \_\_\_\_\_

2-15-12  
Date of Audit

ERIC W. WETHERTON  
Employee Performing Audit

\* JOHN tested Houselines @ 9oz. & Found leak  
in CABINET of FURNACE. Red tagged the FURNACE &  
ADVISED Party. Probed SERVICES @ 3215 & 3217  
Bridwell. Found small leak on SERVICE side  
of loop @ 3215 Bridwell. CLASS 2 leak CARD  
WAS left w/ customer.

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 6023

Location: 3217 BRIDWELL AV.

Date: 2-15-12

Veh. Make: F-350

Veh. Type: TRAILER TRUCK

Operator: JOHN RAGLAND

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

Inspected By: ERIC W. NETHERTON

Energy Delivery  
Work Safety Audit

17:40 - 18:30  
# 10259

1. Crew: KU: \_\_\_\_\_ LGE:  Contractor: EOC  
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: RON BENEDICT
3. Names of employees under his supervision on this job: N/A
4. Name of immediate supervisor of employee directly in charge: ERIC W. WETHERTON
5. Location and brief description of work: 2520 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 COVERED OUT & FLASHERS 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 \_\_\_\_\_  
Describe: N/A
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 \_\_\_\_\_

2-15-12  
Date of Audit

ERIC W. WETHERTON  
Employee Performing Audit



\* Row probed out SERVICES @ 2520 MCGEE DR  
# 2503 LORENZ AV. # Found regulator  
NIPPLE LEAK @ 2520 MCGEE DR.  
REPAIR WAS MADE & SERVICE WAS TURNED  
back on.

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 6236

Location: 2520 MCGEE DR.

Date: 2-15-12

Veh. Make: F-350

Veh. Type: Trouble Truck

Operator: Row BENEDICT

Items Checked	Acceptable		Comments
	Yes	No	
<b>EXTERIOR CONDITION</b>			
Doors (Cab & Blns)	✓		
Glass (Windshield, Doors, Rear)	✓		
Windshield Wipers & Washer Fluid	✓		
Mirrors	✓		
Running Boards	✓		
Bumpers (Front & Rear) & Grill	✓		
Steps	✓		
Boom	N/A		
Bucket & Liner	N/A		
Winch Lines	N/A		
Lights - Front (Headlights, Parking, etc.)	✓		
Lights - Rear (Brake, Backup, Tail, etc.)	✓		
Marker Lights & Spot Light	✓		
Tires (Tread & Air Pressure)	✓		
Exterior Housekeeping	✓		
<b>INTERIOR CONDITION</b>			
Interior Housekeeping	✓		
Seats	✓		
Seat Belts	✓		
Horn	✓		
Mechanical Condition (Steering, Brakes, etc.)	✓		
<b>MISCELLANEOUS</b>			
Fire Extinguisher		✓	NEEDS CHECK LIST
Work Signs, Reflectors, Flags	✓		
First Aid Kit	✓		
Decals	✓		
Warning Lights	✓		
Chain Saws (Condition, Guards, etc.)	N/A		
Gas/Oil Mixture Can	N/A		
Safety Latch on Hooks	N/A		
Chocks Available	✓		
Tool Guards In Place	✓		
Containers & Cans Properly Labeled	✓		
DOT Daily Inspection	N/A		

Inspected By: ERIC W. WETHERTON

Energy Delivery  
Work Safety Audit

11:35 - 12:15

# 10269

Crew:      KU:      LGE:  Contractor: EOC  
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: DON DEARING

3. Names of employees under his supervision on this job: N/A

4. Name of immediate supervisor of employee directly in charge: ERIC W. WETHERTON

5. Location and brief description of work: 9604 HUDSON LN.  
INVESTIGATING - CODE 1 INSIDE.

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: PARKED IN CUSTOMER'S DRIVEWAY

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: NA

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     

16. Audit results discussed with employee in charge: YES  NO     

2-16-12  
Date of Audit

ERIC W. WETHERTON  
Employee Performing Audit

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 6234

Location: 9604 Hudson Ln.

Date: 2-16-12

Veh. Make: F-350

Veh. Type: TROUBLE TRUCK

Operator: Don DEARING

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

Inspected By: Eric W. NETHEPTON

10:30

# Energy Delivery Work Safety Audit

# 10293

1. Crew: KU:        LGE:  Contractor:        EDC 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: TODD VINCENT CREW LEADER

3. Names of employees under his supervision on this job: BRIAN RUSSELL

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 4212 RIVIERA DR LEAK REPAIR ON COMPANY SERVICE.

6. Job Planning (Scouting, etc.): All Proper YES  NO        Describe: LOCATED & 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: SIGNS & CONES AROUND WORK SITE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO         
Describe: BOTH EMPLOYEES WEARING PPE

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 USED C.G.I. & PROBE TO LOCATE LEAK, CUT OUT LEAKING 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 GREAT JOB.

15. Are all safety devices in working order? YES  NO       

16. Audit results discussed with employee in charge: YES  NO       

2-16-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

(10:05-11:00)  
# 10268

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: JOE OSIAK

3. Names of employees under his supervision on this job: N/A

4. Name of immediate supervisor of employee directly in charge: ERIC W. WETHERTON

5. Location and brief description of work: 4023 GLOUCESTER RD.  
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 COVERED OUT.

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: N/A

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 \_\_\_\_\_

2-16-12  
Date of Audit

ERIC W. WETHERTON  
Employee Performing Audit

\* Joe, found leak on regulator  
nipple & made repairs. Tested  
H/L'S & relit appliances.

# Distribution Operations Motor Vehicle Safety Audit

Vehicle #: 10024

Location: 4023 Gloucester Rd.

Date: 2-16-12

Veh. Make: F-350

Veh. Type: Trouble Truck

Operator: JOE CSLANK

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

Inspected By: ERIC W. NETHERTON





# 10645

# Energy Delivery Work Safety Audit

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: BOBBY PENNINGTON CREW LEADER

3. Names of employees under his supervision on this job: DAVE MATTINGLY

4. Name of immediate supervisor of employee directly in charge: TONY HECKER

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. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: CREW DISCUSSED HOW TO APPROACH JOB.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO      Describe: ALL SIGN, FLAGS CONES AROUND WORK SITE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO      Describe: BOTH EMPLOYEES WEARING PPE

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 USED DRIVING PROBE & C.G.I. TO LOCATE LEAK. CREW REMOVED LEAKING SERVICE VALVE.

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     

3-13-12  
Date of Audit

Tony Hecker  
Employee Performing Audit

# 12400

# Energy Delivery Work Safety 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     

2. Name and class of employee directly in charge of work: MIKE QUILL / CREW LEADER

3. Names of employees under his supervision on this job: JUAN COCHRAN, LARRY BAKER  
ROARICK ALLEN

4. Name of immediate supervisor of employee directly in charge: Eric Miller

5. Location and brief description of work: 1450 S. BROOK ST. (F. BURNETT)  
LEAK ON MAIN

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: DRILLED HOLES IN  
SIDEWALK NEXT TO BUILDING. NO GAS MIGRATING.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: HAA MILLER PL.  
SEAL JOINTS ON C.I. MAIN. WAITED UNTIL AFTER 13:00 FOR CUSTOMER  
BEFORE WE STARTED MAKING NOISE.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: ONLY NEEDED CONES.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: WORN BY ALL.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES      NO       
Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO      Describe:       
STROBE LIGHTS, WORKING SIGNS ETC...

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

14. Recommendations or Suggestions: JOB DONE WELL BY CREWS

15. Are all safety devices in working order? YES  NO     

16. Audit results discussed with employee in charge: YES  NO     

03/16/12  
Date of Audit

09:30  
Time of Audit

Eric Miller  
Employee Performing Audit

# Energy Delivery Work Safety Audit

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: RICK LEWIS - CREW LEADER

3. Names of employees under his supervision on this job: BRIAN RUSSELL

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 143 N. HITE - LEAK REPAIR ON DRIP.

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATED  
COMPLETED.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW  
DISCUSSED HOW TO REPAIR LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL CONES, SIGNS & FLAGS AROUND WORK SITE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL EMPLOYEES WEARING PPE.

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 USED  
C.G.I. & PROBE TO LOCATE LEAK ON DRIP.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO \_\_\_\_\_ Describe: CRE USED BACK-HOE  
TO DIG UP & CUT OUT LEAKING DRIP.

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

3-19-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

Company:  Audit No:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

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:

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:

Other Equipment and Procedures:  
 All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:

Entered Date/Time:

Time of Audit:

Entered By:

Employee Performing Audit:

Follow Up?

Compar:  AuditNo:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
 Entered Date/Time:  Entered By:   Follow Up?

Compa:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:

[Click to add employee to audit](#)

Location and brief description of work:

Assisting James Allen in locating leak along street off Mae in Shively KY

Job Planning (Scouting, etc.):

All Proper? Describe:

Job Briefing (Tailboard Conf., etc.):

All Proper? Describe:

Work Area Protection (Signs, Flags):

All Proper? Describe: Area was taped off with barrier tape.

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe: Hard hat, safety glasses, boots and traffic vest. Also were wearing ear plugs when operating the aerator.

Cover-Up Equipment

All Proper? Describe:

Other Equipment and Procedures:

All Proper? Describe: Pinpointed the leak over the service to adjacent house. Used Kabota to uncover the line and find the leak. Excavation looked good and spoil pile was over 2 feet

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?

Describe:

Audit results discussed with employee in charge?

Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?





Energy Delivery  
Work Safety Audit

# 12396

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: NANA SILLEY / CREW LEADER

3. Names of employees under his supervision on this job: \_\_\_\_\_

4. Name of immediate supervisor of employee directly in charge: Eric Miller

5. Location and brief description of work: PRESTON Hwy & I 65 (4717 PRESTON Hwy)

REPAIR LEAK ON MAIN

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: HEAVY TRAFFIC FLOW

ENTRANCE & EXIT RAMP FROM I 65. DIVERTING TRAFFIC AROUND HOLE. AUG IN STREET WERE A CHALLENGE.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: GAS WAS MIGRATING

W/MAN BUT NOT MIGRATING AWAY FROM IT.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: COPS, ARROW BOARDS & CONES WERE USED. ALL LEAK PATH WERE MONITORED UNTIL LEAK WAS FOUND.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_

Describe: ALL WORN BY CREW

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_

Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

ALL STROBE LIGHTS WORKING

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: TOUGH JOB TO DO. PLANNED OUT WELL.

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

04/12/12  
Date of Audit

11:00  
Time of Audit

Eric Miller  
Employee Performing Audit

Compan  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:   
[Click to add employee to audit](#)

Location and brief description of work:

Job Planning (Scouting, etc.):  Describe:

Job Briefing (Tailboard Conf., etc.):  Describe:

Work Area Protection (Signs, Flags):  Describe:

PPE (Hardhat, Gloves, Sleeves):  Describe:

Cover-Up Equipment:  Describe:

Other Equipment and Procedures:  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Compan .GE AuditNo: 11019 Contractor: Specify Other:  
Crew Reporting Location: AOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: BRUNER, RODNEY Lead Person #2: Immediate Supervisor:

Employees under their supervision on this job:  
[Click to add employee to audit](#)

Location and brief description of work: 10101 McNeely Lake DR. repair leak on main

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: All signs and cones in place  
Yes

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  
Yes

Cover-Up Equipment: All Proper? Describe:  
Not Applicable

Other Equipment and Procedures: All Proper? Describe: Shoring and bench proper  
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 charge? Yes Describe:

Date of Audit: 4/12/2012 Time of Audit: 1015 Employee Performing Audit: DODSON, LARRY  
Entered Date/Time: 4/12/2012 3:22:06 PM Entered By: Follow Up?

# 12402

# Energy Delivery Work Safety 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

2. Name and class of employee directly in charge of work: STEVE SUMNER / CREW LEADER

3. Names of employees under his supervision on this job: JOHNNY SARLES

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 2<sup>ND</sup> & MARKET / LEAK ON MAIN

6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: TRAFFIC

PREPARATIONS WERE MADE.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: DRILLED MANY

HOLES ON STREET & SIDEWALK TO MAKE SURE SAFE. NO GAS IN BUILDINGS OR SEWERS.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO

Describe: ONLY CONES NEEDED.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO

Describe: WORN BY ALL.

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: \_\_\_\_\_

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:  Poor:

14. Recommendations or Suggestions: GOOD.

15. Are all safety devices in working order? YES  NO

16. Audit results discussed with employee in charge: YES  NO

04/17/12  
Date of Audit

12:00  
Time of Audit

Eric Miller  
Employee Performing Audit

# Energy Delivery Work Safety 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 \_\_\_\_\_

2. Name and class of employee directly in charge of work: Jeff Clunie DIST. CREWLEADER

3. Names of employees under his supervision on this job: Nathen Jones, Bob Blandford & Herman Stinson

4. Name of immediate supervisor of employee directly in charge: Rodney Bruner

5. Location and brief description of work: 6th & St. Catharine St. Leak investigation on 16" WI gas 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: All work signs & cones out and in there proper place

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: All PPE was being used, vest, hardhats & glass's.

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: All good

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: None at this time. Job site looked good.

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

April 17, 2012  
Date of Audit

930

Tom Murphy  
Employee Performing Audit

> Crew was looking for leak on 16" WI LP GAS main.

Found crew had drilled out 19 BAR Hole using bar & probe.

Crew was using CGI to take reading & readings being recorded to narrow leak.

> After several reading were 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 "

#11143

# Energy Delivery Work Safety Audit

1. Crew: KU:      LGE:  Contractor: EDG 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: CHRIS HALL - CREW LEADER
3. Names of employees under his supervision on this job: DARYL HAYDEN, GARY SHELTON,  
JIMMY WAINSCOTT, LESTER GOETZINGER
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 10806 WARD 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: CREW DISCUSSED  
BEST WAY TO REPAIR LEAK.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: TRAFFIC CONTROL, SIGNS & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL EMPLOYEES 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 USED  
WILLIAMSON MACHINE TO STEP OFF MAIN. WELDER MADE 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: NONE
15. Are all safety devices in working order? YES  NO
16. Audit results discussed with employee in charge: YES  NO

4-17-12

Date of Audit

Tony Heckel  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

# 12375

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: BRENT WEATHERFORD / CREW LEADER

3. Names of employees under his supervision on this job: ANDREW WADDALE

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 5904 PRESTON HWY.

REPAIRING BROKEN GAS SERVICE

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: CONSULTED

W/ FIRE DEPT ON SCENE & PLAN OF ATTACK WAS AGREED UPON.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: PLAN OF

ATTACK SAFETY ISSUES WERE ADDRESSED.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: FIRE DEPT. HAD TRAFFIC ISSUES RESOLVED & ALL CONES WERE IN PLACE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_

Describe: ALL WERE WORN

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_

Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: KIND OF DIRT IN

OPEN AREA BUT LEAK MIGRATION PATHS WERE MONITORED.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: CREW HAD A HACKSAW THAT WASN'T WORKING PROPERLY, BUT ALL ELSE WAS GREAT.

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

04/23/12  
Date of Audit

11:00  
Time of Audit

ERIC MILLER  
Employee Performing Audit



**Energy Delivery  
Work Safety Audit**

# 12376

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: JAMES ALLEN / TROUBLE TECH

3. Names of employees under his supervision on this job: NONE

4. Name of immediate supervisor of employee directly in charge: ERIC WETHERTON

5. Location and brief description of work: 5904 ACRETON HWY  
Lead investigation

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: DID NOT WITNESS  
BUT SPOKE W/JAMES @ HIS OWN TAILGATE.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: HE WAS CON-  
CERNED ABOUT TRAFFIC & LEAK MIGRATION.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_  
Describe: FIRE DEPT. ON SCENE WHEN JAMES ARRIVED

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: PPE WORN

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_  
Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: JAMES HAD  
GMI AND WAS PROBING TO ESTABLISH PERIMETER.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: GOOD JOB.

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

04/23/12  
Date of Audit

11:00  
Time of Audit

Eric Miller  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

# 12377

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: JAMES ALLEN / TROUBLE TECH

3. Names of employees under his supervision on this job: NONE

4. Name of immediate supervisor of employee directly in charge: ERIC NETHERTON

5. Location and brief description of work: 7141 SOUTHSIDE DR.  
3rd party damage - leak investigation

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: JAMES ASKED  
W/FIRE DEPT @ ISSUES of Safety.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: MAIN CONCERN  
WAS GAS MIGRATING INTO 7141 & 7137.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: FIRE DEPT. HAZ SCENE UNDER CONTROL FOR TRAFFIC.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_

Describe: PPE WORN

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_

Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: GOOD

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES \_\_\_\_\_ NO

04/25/12  
Date of Audit

14:30  
Time of Audit

Eric Miller  
Employee Performing Audit



# Energy Delivery Work Safety Audit

# 11413

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: CHRIS HALL

3. Names of employees under his supervision on this job: GARY SHELTON

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 2460 LINDAY AVE. - RENEW COMPANY SERVICE.

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATES COMPLETED. PERMIT FOR STREET CUT.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: CREW DISCUSSED BEST WAY TO FIND LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: ALL SIGNS, CONES AROUND WORK 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 DRIVING PROBE & USED C.G.I. TO FIND 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     

5-9-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

# 11495

# Energy Delivery Work Safety Audit

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: BOBBY PENDLETON

3. Names of employees under his supervision on this job: DAVE MARTINGLY

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 5006 RED FERN - RENEW COMPANY SERVICE.

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATED  
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 CONES & SIGNS AROUND WORK AREA.

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 FOUND  
LEAK ON SERVICE AT MAIN, FOUND LEAK BY PROBING WITH C.G.I

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

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     

5-14-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

# 12378

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: TUAN COCHRAN / CREW LEADER

3. Names of employees under his supervision on this job: DERBY BAKER, MIKE QUILL  
RODRICK ALLEN

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 6106 STRAWBERRY LN.  
Leak Repair

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: PLANNING JOB  
w/ AIRPORT AUTHORITY.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: NO TRAFFIC.  
HEAVY CONSTRUCTION SITE w/ROAD WORK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: ONLY CONES WERE NEEDED, REPAIRING LEAK ON MAIN.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL PERSONEL PROTECTED w/PEP

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES      NO       
Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO      Describe:     

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

14. Recommendations or Suggestions: GOOD CREW

15. Are all safety devices in working order? YES  NO     

16. Audit results discussed with employee in charge: YES  NO     

05/16/12  
Date of Audit

09:00  
Time of Audit

Eric Miller  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

# 12407

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: CHRIS FAITH - CREW LEADER
3. Names of employees under his supervision on this job: CHRIS BOONE, DARYL HAYDEN, DARREN HODSON, TROUBLE TECH HOLLIS BRIDGEWATER
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 9903 TAYLORSVILLE RD. - BROKEN MAIN
6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: BROKEN MAIN
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: CREWS DISCUSSED HOW TO SHUT MAIN OFF.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO  Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO  Describe: ALL CREWS 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: COMMENTS ON BACK OF AUDIT.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair:  Poor:
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

5-18-12

Date of Audit

Tony Heckel  
Employee Performing Audit

OBSERVED TROUBLE TECH TAKING READINGS UPON ARRIVAL. TROUBLE  
TECH CHECKED LEAK WITH G.M.I. & ALSO, TOOK READINGS INSIDE OF  
WESS. CREW DUG UP 2" PLASTIC MAIN & SQUEEZED OFF MAIN TO MAKE  
REPAIR.



Energy Delivery  
Work Safety Audit

# 12398

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: JUAN COCHEAN

3. Names of employees under his supervision on this job: DERBY BAKER

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: CANE RUN & PALM AVE / INVESTIGATE LEAK ON VALVE.

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LEAK INVESTIGATION HAD TO BE DONE AT NIGHT w/ TRAFFIC CONTROL.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: LEAK NOT MIGRATING, VENTING OUT STREET BOX. CLASS 3 LEAK.

8. 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 YES  NO       
Describe: PROPERLY PROTECTED

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES      NO       
Describe: NA

11. Other Equipment and Procedures: All Proper YES  NO      Describe:     

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO     

6. Audit results discussed with employee in charge: YES  NO     

05/23/12  
Date of Audit

20:00  
Time of Audit

Eric Miller  
Employee Performing Audit

**Energy Delivery  
Work Safety Audit**

# 12374

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: MIKE QUILL / CREW LEADER

3. Names of employees under his supervision on this job: RODRICK ALLEN, LEE PERRY,  
MARK WALLACE, NATHAN JONES

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 7141 SOUTHSIDE DR.  
- REPAIRING BROKEN SERV.

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: CONSULT WITH  
FIRE DEPT. ON SCENE ABOUT JOB PLANNING

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: SAME ↑

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: CONES, SIGNS & TRAFFIC CONTROL WAS PRESENT  
ON JOB.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL PERSONEL HAD 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: PROCEDURES  
ARE TO ESTABLISH A PERIMETER & PROVIDE 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     

08/25/12  
Date of Audit

14:00  
Time of Audit

Eric Miller  
Employee Performing Audit

# Energy Delivery Work Safety Audit

# 12369

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: TODD VINCENT - CREW LEADER
3. Names of employees under his supervision on this job: BO TAYLOR
4. Name of immediate supervisor of employee directly in charge: TONY HEZKEL
5. Location and brief description of work: 4925 HELLER - LEAK ON COMPANY SERVICE AT MAIN
6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATES COMPLETED
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW DISCUSSION TRAFFIC ISSUES.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL SIGNS, FLAGS, CONES AROUND WORK SITE. TRAFFIC CONTROL
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 DRILLED OVER MAIN & USED C.G.I. TO PINPOINT LEAK. WELDER REPAIRED LEAK.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
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 \_\_\_\_\_

5-30-12

Date of Audit

Tony Hezkel  
Employee Performing Audit

Compa: LGE AuditNo: 11836 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: HUETTIG, GREG Lead Person #2: Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:

Location and brief description of work: 1855 Highway 393 Broken Service

Job Planning (Scouting, etc.): All Proper? Describe:

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:

Work Area Protection (Signs, Flags): All Proper? Describe: Area fenced in

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:

Cover-Up Equipment: All Proper? Describe:

Other Equipment and Procedures: All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit: 5/30/2012 Time of Audit: 1600 Employee Performing Audit: DODSON, LARRY  
Entered Date/Time: 5/31/2012 12:52:33 P Entered By:

Compt:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
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? <input type="text" value="Work in Progress"/>	Describe:	<input type="text"/>
Job Briefing (Tailboard Conf., etc.):	All Proper? <input type="text" value="Work in Progress"/>	Describe:	<input type="text"/>
Work Area Protection (Signs, Flags):	All Proper? <input type="text" value="Yes"/>	Describe:	<input type="text"/>
PPE (Hardhat, Gloves, Sleeves):	All Proper? <input type="text" value="Yes"/>	Describe:	<input type="text" value="Proper PPE Worn"/>
Cover-Up Equipment	All Proper? <input type="text" value="Not Applicable"/>	Describe:	<input type="text"/>
Other Equipment and Procedures:	All Proper? <input type="text" value="Yes"/>	Describe:	<input type="text"/>
Hazards not being guarded against by crew:	<input type="text" value="None"/>		
Overall Safety Rating of Crew:	<input type="text" value="Good"/>		
Recommendations or Suggestions:	<input type="text" value="No"/>		
Are all safety devices in working order?	<input type="text" value="Yes"/>	Describe:	<input type="text" value="All safety items working on vehicle."/>
Audit results discussed with employee in charge?	<input type="text" value="Yes"/>	Describe:	<input type="text" value="Discussed with Chris Barnes"/>

Date of Audit:   
Entered Date/Time:

Time of Audit:   
Entered By:

Employee Performing Audit:   
 Follow Up?



Company:  AuditNo: 12038 Contractor:  Specify Other:   
 Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 Employees under their supervision on this job:  Two LG&E crews and plate truck

Location and brief description of work: 4th St. at Cardinal Blvd. / gas line work - setting plates

Job Planning (Scouting, etc.): All Proper? Describe: apparent

Job Briefing (Tailboard Conf., etc.): All Proper? Describe: apparent

Work Area Protection (Signs, Flags): All Proper? Describe: cones and signs

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:

Cover-Up Equipment: All Proper? Describe:

Other Equipment and Procedures: All Proper? Describe: Flagging. Crew should use traffic paddels when flagging traffic

Hazards not being guarded against by crew: traffic flagging

Overall Safety Rating of Crew:

Recommendations or Suggestions: tailgate flagging responsibilities and procedures

Are all safety devices in working order?  Describe:  
 Audit results discussed with employee in charge?  Describe: in traffic could not stop

Date of Audit: 6/12/2012  Time of Audit: 1200  Employee Performing Audit: MCBRIDE, KEITH   
 Entered Date/Time: 6/13/2012 9:16:47 AM  Entered By:   Follow Up?

# Energy Delivery Work Safety 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 \_\_\_\_\_
2. Name and class of employee directly in charge of work: LANA SILLEY / CREW LEADER
3. Names of employees under his supervision on this job: ROBBY VAUGHN
4. Name of immediate supervisor of employee directly in charge: ERIC MILLER
5. Location and brief description of work: WOODLAWN & ALMONA AVE.
6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_  
PLANNED FOR TRAFFIC CONTROL @ INTERSECTION
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_  
BUSTING HOLE IN STREET OVER MAIN. LEAK NOT MIGRATING
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: TRAFFIC COP & CONES & SIGNS
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: WORN BY CREW.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_  
Describe: NA
11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
14. Recommendations or Suggestions: GOOD JOB
15. Are all safety devices in working order? YES  NO \_\_\_\_\_
16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

06/07/12  
Date of Audit

14:30  
Time of Audit

ERIC MILLER  
Employee Performing Audit



# Energy Delivery Work Safety Audit

# 12002

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: BOBBY POWLETON

3. Names of employees under his supervision on this job: DAVE MATTINGLY, TODD VINCENT,  
BO TAYLOR

4. Name of immediate supervisor of employee directly in charge: TONY HEZKEL

5. Location and brief description of work: WASHINGTON & CABLE ST. LEAK AT  
HIGH PRESSURE VALVE.

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATES  
COMPLETED, TRAFFIC CONTROL.

7. Job Briefing (Tailboard Conf, etc.): All Proper YES  NO      Describe: CREW  
DISCUSSED HOW TO FIND LEAK & HOW TO DIRECT TRAFFIC.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES      NO       
Describe: ALL CONES & SIGNS AROUND WORK SITE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: BOTH CREWS 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 DRILLED  
OVER HIGH PRESSURE MAIN & DETERMINED THAT EMI VALVE WAS LEAKING.  
CREW REPLACED BOLTS ON VALVE.

12. Apparent hazards not being guarded against by crew: NONE.

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

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     

6-7-12  
Date of Audit

0930

Tony Hezekel  
Employee Performing Audit

# Energy Delivery Work Safety Audit

# 12364

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: DAVID POTRET

3. Names of employees under his supervision on this job: KENNY HARRISON

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 4912 RED OAK LN. RENEW COMPANY SERVICE

6. Job Planning (Scouting, etc.): All Proper YES  NO      Describe: LOCATED COMPLETED.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: CREW DISCUSSED HOW TO FIND LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: ALL SIGNS, FLAGS & CONES AROUND WORK 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 FOR LEAK WITH DRIVING PROBE & C.G.I. RENEWED COMPANY SERVICE.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

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     

6-7-12  
Date of Audit

1000

Tony Heckel  
Employee Performing Audit

Energy Delivery  
Work Safety Audit

# 12390

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: RICK LEWIS - CREW LEADER
3. Names of employees under his supervision on this job: BRIAN BUSSELL
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 5903 JENNESS CT. - REVIEW COMPANY SERVICE.
6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATED COMPLETED
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW DISCUSSED BEST WAY TO FIND LEAK.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW WEARING ALL 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 WITH C.G.I. TO PINPOINT LEAK & REVIEWED COMPANY SERVICE.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
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 \_\_\_\_\_

6-8-12  
Date of Audit

10:00

Tony Heckel  
Employee Performing Audit

Comp:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:

[Click to add employee to audit](#)

Location and brief description of work:

9008 Reamers. Broken company service

Job Planning (Scouting, etc.):

All Proper? Describe: Broken service

Job Briefing (Tailboard Conf., etc.):

All Proper? Describe: crew called for second crew

Work Area Protection (Signs, Flags):

All Proper? Describe: All signs, flags, cones around work site.

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe: Crew wearing all PPE

Cover-Up Equipment

All Proper? Describe: N/A

Other Equipment and Procedures:

All Proper? Describe: Crew called for second crew. Both crews wore respirator equipment to cut curb service.

Hazards not being guarded against by crew:

None

Overall Safety Rating of Crew:

Recommendations or Suggestions:

None

Are all safety devices in working order?

Describe:

Audit results discussed with employee in charge?

Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?

# 12408

# Energy Delivery Work Safety Audit

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: HOLLIS BRIDGEWATER - TROUBLE TECH
3. Names of employees under his supervision on this job: NONE
- 
4. Name of immediate supervisor of employee directly in charge: Tony Heckel
5. Location and brief description of work: 100 SHELBY STATION - BROKEN CUSTOMER SERVICE.
6. Job Planning (Scouting, etc.): All Proper YES \_\_\_\_\_ NO  Describe: BROKEN SERVICE.
- 
7. Job Briefing (Tailboard Conf., etc.): All Proper YES \_\_\_\_\_ NO  Describe: \_\_\_\_\_
- 
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: TROUBLE TECH HAD CONES AROUND TRUCK
- 
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: TROUBLE TECH 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: GAS ALREADY TURNED OFF UPON ARRIVAL BY CONTRACTOR. TROUBLE TECH CONFIRMED THAT
12. Apparent hazards not being guarded against by crew: GAS WAS OFF AT STREET.
- 
13. Overall Safety Rating of Crew: Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
14. Recommendations or Suggestions: TOLD CONTRACTOR THAT HE SHOULD HAVE WAITED FOR TROUBLE TECH TO TURN GAS OFF.
15. Are all safety devices in working order? YES  NO \_\_\_\_\_
16. Audit results discussed with employee in charge: YES \_\_\_\_\_ NO

6-14-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

1400

COMMENTS ON BACK

NOTIFIED CONTRACTOR TO ALWAYS WAIT FOR L.G.E.E TO ARRIVE. HE COULD  
HAVE TURNED OFF MAIN LINE VALVE.

Compan .GE AuditNo: 12168 Contractor: USIC Specify Other:

Crew Reporting Location: AOC - Gas Passported?: Yes Passport Shown on Request?: Yes

Lead Person #1: Lead Person #2: Immediate Supervisor:

Employees under their supervision on this job: Rhonda

Contractor Employees:

Location and brief description of work: broken .5in medium pressure plastic service at 4029 Heath Rickard PI-40245

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: Blocked off by Fire department

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:

Are all safety devices in working order? Yes Describe:

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 6/15/2012 Time of Audit: 1000 Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 6/15/2012 10:46:11 A Entered By: Follow Up?

Energy Delivery  
Work Safety Audit

# 12372

1. Crew: KU:      LGE:  Contractor:      EDC 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: CHRIS FAITH - CREW LEADER
3. Names of employees under his supervision on this job: CHRIS BOONE, BRUCE PEYTON
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 603 OLD HARBODS CREEK RD. -  
BROKEN COMPANY SERVICE.
6. Job Planning (Scouting, etc.): All Proper YES      NO  Describe: BROKEN SERVICE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: CREW DISCUSSED  
LOCATION OF SERVICE BROKE
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: ALL SIGNS, FLAGS, CONES AROUND WORK SITE, TRAFFIC  
CONTROL ON SITE
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: CREW WEARING ALL 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: COMMENTS ON  
BACK OF AUDIT
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair:      Poor:
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

6-19-12  
Date of Audit

Tony Heckel  
Employee Performing Audit



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

# 12409

# Energy Delivery Work Safety Audit

1. Crew: KU: \_\_\_\_\_ LGE:  Contractor: ECC 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: TODD VINCENT - CREW LEADER

3. Names of employees under his supervision on this job: LESTER GOETZINGER

4. Name of immediate supervisor of employee directly in charge: TONY HEKEL

5. Location and brief description of work: 5809 SMITHFIELD - LEAK ON FARM TAP

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 THAT THEY NEEDED WELDER TO REPAIR LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL SIGNS, FLAGS, CONES AROUND WORK 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 FOUND  
LEAK ABOVE GROUND ON FARM TAP. WELDER REPAIRED LEAK.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

Audit results discussed with employee in charge: YES \_\_\_\_\_ NO

6-21-12  
Date of Audit

Tony Hekel  
Employee Performing Audit

# 12410

# Energy Delivery Work Safety Audit

1. Crew: KU: \_\_\_\_\_ LGE:  Contractor: EDC 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: BOBBY PENNLETON - CREW LEADER
3. Names of employees under his supervision on this job: DAVE MATTINGLY, LESTER GOETZINGER
- 
4. Name of immediate supervisor of employee directly in charge: TONY HECKER
5. Location and brief description of work: HURSTBOURNE & STONY BROOK - LEAK AT  
MAN VALVE.
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  
EQUIPMENT NEEDED TO REPAIR VALVE.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: ALL SIGNS, FLAGS & CONES AROUND WORK 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 PINPOINTED  
LEAK WITH G.M.I. CREW REPLACED BOLTS ON VALVE TO STOP LEAK.
12. Apparent hazards not being guarded against by crew: NONE
- 
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
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

6-26-12

Date of Audit

Tony Hecker  
Employee Performing Audit

Compa: LGE AuditNo: 12392 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: DEARING, DON Lead Person #2: Immediate Supervisor: Eric W. Netherton

Employees under their supervision on this job:  
Click to add employee to audit

Location and brief description of work: 4505 Spring Bay Ct. Investigating a code 1 leak @ the meter.

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

Cover-Up Equipment: All Proper? Describe:  
Not Applicable

Other Equipment and Procedures: All Proper? Describe: Meter loop was checked with GT 40 unit for leaks. The service was probed with Gas Surveyor unit with no leaks found at either location.  
Not Applicable

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 charge? Yes Describe:

Date of Audit: 6/26/2012 Time of Audit: 1100 Employee Performing Audit: NETHERTON, ERIC  
Entered Date/Time: 6/26/2012 1:42:54 PM Entered By: Follow Up?

# 12455

# Energy Delivery Work Safety Audit

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: DAVID POTEET - CREW LEADER

3. Names of employees under his supervision on this job: CARIS BOONE ; BRIAN RUSSELL

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 122 N. EWING - MAIN LEAK

6. Job Planning (Scouting, etc.): All Proper YES  NO            Describe: LOCATES  
COMPLETED UPON CREWS ARRIVAL

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO            Describe: CREW SET  
PERIMETER. CREW DISCUSSED BEST WAY TO FIND LEAK.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO             
Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO             
Describe: ALL CREW MEMBERS 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: SEE BACK  
OF AUDIT.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:            Poor:           

14. Recommendations or Suggestions: NONE

15. Are all safety devices in working order? YES  NO           

6. Audit results discussed with employee in charge: YES            NO

6-27-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

AFTER SETTING PERIMETER UPON ARRIVAL, CREW BEGAN DRILLING & BAR-HOLEING OVER MAINS & SERVICES. AFTER DRILLING OVER 125' AREA, CREW DETERMINED THAT LEAK WAS IN FRONT OF 122 N. EWING. CREW CUT HOLE IN PAVEMENT, AND DUG OVER COMPANY SERVICE FOR 122 N. EWING. CREW FOUND LEAK ON COMPANY SERVICE AT MAIN, AND MADE REPAIRS TO COMPANY SERVICE.

Energy Delivery  
Work Safety Audit

# 12454

I. 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: RICK LEWIS

3. Names of employees under his supervision on this job: KENNY HARRISON, TROUBLE TECH  
JAMES ALLEN, 2ND CREW BRENT WENTHERFORD, A.J. WADDOE

4. Name of immediate supervisor of employee directly in charge: TONY HECKEL

5. Location and brief description of work: 3515 TERRIER LN. - BROKEN COMPANY  
SERVICE.

6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: BROKEN  
SERVICE.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: CREW DECIDED  
TO SQUEEZE OFF STEEL SERVICE UPON ARRIVAL.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO   
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 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: SEE BACK  
OF AUDIT.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:  Poor:

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

6-28-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

1200

TROUBLE TECH MONITORING AROUND HOUSE, UPON ARRIVAL OF CREW.

CREW SQUEEZED OFF 1 1/4 SERVICE STEEL SERVICE AFTER SETTING PERMITTER.

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

& BOTH CREWS RENEWED BRANCH COMPANY SERVICE.



Energy Delivery  
Work Safety Audit

# 12453

Crew: KU LGE:  Contractor: EDS-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: BOBBY PENNILETON - CREW LEADER
3. Names of employees under his supervision on this job: DARRELL HAYDEN, DAVID MITCHELL, DARREN HUDSON.
4. Name of immediate supervisor of employee directly in charge: TONY HECKERL
5. Location and brief description of work: 12108 OLD SHERBYVILLE RD. - BROKEN COMPANY SERVICE.
6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: BROKEN SERVICE
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: CREW DISCUSSED BEST WAY TO SHUT GAS OFF.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO  Describe: TRAFFIC CONTROL, ALL SIGNS, FLAGS, & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO  Describe: ALL CREW MEMBERS 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: SEE BACK OF AUDIT.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair:  Poor:
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

6-28-12

Date of Audit

Tony Heckerl  
Employee Performing Audit

1100





Energy Delivery  
Work Safety Audit

# 12531

1. Crew: KU: \_\_\_\_\_ LGE: X Contractor: EOC  
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: VINCENT, TODD 3776

3. Names of employees under his supervision on this job: BRIAN RUSSELL 26748

4. Name of immediate supervisor of employee directly in charge: T HECKEL

5. Location and brief description of work: CL7 GAS LEAK, CREW RESPONSE  
@ CRESCENT + BROWNSBORO RD

6. Job Planning (Scouting, etc.): All Proper YES X NO \_\_\_\_\_ Describe: \_\_\_\_\_

7. Job Briefing (Tailboard Conf., etc.): All Proper YES X NO \_\_\_\_\_ Describe: DISCUSSED BT FR & CREW + ON CALL SUPERVISION

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES X NO \_\_\_\_\_ Describe: GOOD TAPEL + TRAFFIC STAGING

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES X NO \_\_\_\_\_ Describe: \_\_\_\_\_

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_ Describe: N/A

11. Other Equipment and Procedures: All Proper YES X NO \_\_\_\_\_ Describe: \_\_\_\_\_

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good: X Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: C. HERMAN SUGGESTED THAT DUST MASKS BE WORN DURING JACK HAMMER

15. Are all safety devices in working order? YES X NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES X NO \_\_\_\_\_

7/1/12  
Date of Audit

6:45 AM  
Time of Audit

K MURPHY ED10297  
Employee Performing Audit  
Completed 7/5/12

# 12534

# Energy Delivery Work Safety 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 \_\_\_

2. Name and class of employee directly in charge of work: PEAVLER, KENNY 3068

3. Names of employees under his supervision on this job: ↳ TR. TECH / GAS  
NOVE

4. Name of immediate supervisor of employee directly in charge: E. NETHERTON

5. Location and brief description of work: FIRST RESPONSE, ODOR COMPLAINT  
Ⓢ WATER MAIN BREAK: BROWNSBOND & CRESCENT Louisville

6. Job Planning (Scouting, etc.): All Proper YES \_\_\_ NO \_\_\_ Describe: N/A

7. Job Briefing (Tailboard Conf., etc.): All Proper YES \_\_\_ NO \_\_\_ Describe: N/A - B/T PEAVLER + MURPHY ON SITE

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES \_\_\_ NO \_\_\_  
Describe: W/A was established by LWC crews + Police

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES \_\_\_ NO \_\_\_  
Describe: CORRECTED SAFETY VEST

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: \_\_\_

12. Apparent hazards not being guarded against by crew: N/A (Traffic vest corrected)

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_ Poor: \_\_\_

14. Recommendations or Suggestions: Mandate traffic vests near roadways

15. Are all safety devices in working order? YES  NO \_\_\_

6. Audit results discussed with employee in charge: YES  NO \_\_\_

7/1/12  
Date of Audit

3:30 AM  
Time of Audit

K MURPHY E010297  
Employee Performing Audit

completed 7/5/12

# 12510

# Energy Delivery Work Safety 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
2. 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 Csank Trouble Tech.
- 
4. Name of immediate supervisor of employee directly in charge: Eric Metherton
5. Location and brief description of work: 100 BIK. East Washington St. LFD called to the Humana building on a odor 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 streets blocked by LMPD in the area.
- 
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES      NO       
 Describe: Hard hats, safety glasses and vests used by all.
- 
10. 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 were guarded against in 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 GMT.
15. Are all safety devices in working order? YES  NO
- 
- i. Audit results discussed with employee in charge: YES  NO

7-3-12  
Date of Audit

11:15 AM  
Time of Audit

T.M. Murphy  
Employee Performing Audit

Company: [ ] AuditNo: 12517 Contractor: [ ] Specify Other: [ ]  
 Crew Reporting Location: EOC - Gas [ ] Passported?: [ ] Passport Shown on Request?: [ ]  
 Lead Person #1: [ ] Lead Person #2: [ ] Immediate Supervisor: Eric W. Netherton  
 Employees under their supervision on this job: [ ] Mike Payne was the Trouble technician on this job.

Click to add employee to audit

Location and brief description of work:

2134 Vernon Court. Mike was investigating a code 1 inside.

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 [ ]

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe: [ ]  
 Yes [ ]

Cover-Up Equipment

All Proper? Describe: [ ]  
 Not Applicable [ ]

Other Equipment and Procedures:

All Proper? Describe: [ ] Mike found and repaired a small leak on the furnace. leak was detected with a GT-40. Advised party odor at front door was sewer gas.

Hazards not being guarded against by crew:

[ ]  
 Good [ ]

Overall Safety Rating of Crew:

Good [ ]

Recommendations or Suggestions:

[ ]

Are all safety devices in working order?

Yes [ ] Describe: [ ]

Audit results discussed with employee in charge?

Yes [ ] Describe: [ ]

Date of Audit: 7/5/2012 [ ]  
 Entered Date/Time: 7/5/2012 4:22:53 PM

Time of Audit: 1545  
 Entered By: [ ]

Employee Performing Audit: NETHERTON, ERIC [ ]  
 Follow Up?

Energy Delivery  
Work Safety Audit

# 12813

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: LEE PERRY - CREW LEADER

3. Names of employees under his supervision on this job: BERRY BAKER, NATHAN JONES  
MARK WALLACE

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 622 W. MAGNOLIA  
INVESTIGATING CLASS 1 LEAK.

6. Job Planning (Scouting, etc.): All Proper YES      NO  Describe: CALLED TO  
A CLASS ONE LEAK.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO      Describe: AFTER A SECOND  
CREW WAS DISPATCHED, AND JOB WAS SURVEYED, A TAILGATE WAS DON

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO       
Describe: CONSIDERATION WAS MADE FOR A HIGH VOLUME OF  
SEMI TRUCK TRAFFIC. CONES LAYED OUT WELL.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO       
Describe: ALL PPE WORN.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES      NO       
Describe:     

11. Other Equipment and Procedures: All Proper YES  NO      Describe: BARRICADES  
& PLATES FOR STREET CUTS & SIDEWALK CUTS.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

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     

07/09/12 0945  
Date of Audit

Eric Miller  
Employee Performing Audit



Company: [ ] AuditNo: 12772 Contractor: [ ] Specify Other: [ ]  
Crew Reporting Location: EOC - Gas [ ] Passported?: [ ] Passport Shown on Request?: [ ]  
Lead Person #1: BRIDGEWATER, HOLLIS [ ] Lead Person #2: [ ] Immediate Supervisor: Eric W. Netherton  
Employees under their supervision on this job: [ ]

[Click to add employee to audit](#)

Location and brief description of work: 719 Waterford rd. Code 1 outside. Hollis probed out service with GS500 unit, repaired leak on the meter loop and gage tested the houseline.

Job Planning (Scouting, etc.): All Proper? Describe: [ ]  
Yes [ ]

Job Briefing (Tailboard 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: [ ]

Are all safety devices in working order? Yes [ ] Describe: [ ]

Audit results discussed with employee in charge? Yes [ ] Describe: [ ]

Date of Audit: 7/17/2012 [ ] Time of Audit: 1530 Employee Performing Audit: NETHERTON, ERIC [ ]  
Entered Date/Time: 7/20/2012 1:30:14 PM Entered By: [ ]  Follow Up?

Company: [ ] AuditNo: 12890 Contractor: [ ] Specify Other: [ ]

Crew Reporting Location: EOC - Gas [ ] Passported?: [ ] Passport Shown on Request?: [ ]

Lead Person #1: PENDLETON, BOB [ ] Lead Person #2: [ ] Immediate Supervisor: Bo Taylor

Employees under their supervision on this job: [ ] HARRISON, KENNY;

Click to add employee to audit

Location and brief description of work: 801 hurstborne Leak on company service

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 cones where out Yes [ ]

PPE (Hardhat, Gloves Sleeves): All Proper? Describe: crew had thier proper PPE on Yes [ ]

Cover-Up Equipment All Proper? Describe: Not Applicable [ ]

Other Equipment and Procedures: All Proper? Describe: Crew probed company service using GMI, Bar hole company service, aerated bar holes, found leak on High Voulme Cap Yes [ ]

Hazards not being guarded against by crew: [ ]

Overall Safety Rating of Crew: Good [ ]

Recommendations or Suggestions: Crew worked safe and hard in hot conditions

Are all safety devices in working order? Yes [ ] Describe: [ ]

Audit results discussed with employee in charge? Yes [ ] Describe: [ ]

Date of Audit: 7/17/2012 [ ] Time of Audit: 1130 Employee Performing Audit: TAYLOR, NORMAN [ ]

Entered Date/Time: 7/26/2012 12:38:47 P Entered By: [ ] Follow Up? [ ]

Company:  AuditNo: 12778 Contractor:  Specify Other:   
 Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1: PEAVLER, KENNY  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:   
 Click to add employee to audit

Location and brief description of work: 6203 Hansas. Investigating a code 1 inside. Kenny got reading of 50 ppm of CO inside the house. He had the party leave the house, red tagged the water heater and monitored the readings until it was safe for the party to reenter the

Job Planning (Scouting, etc.): All Proper? Describe:   
 Yes

Job Briefing (Tailboard 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:

Are all safety devices in working order?  Describe:   
 Yes

Audit results discussed with employee in charge?  Describe:   
 Yes

Date of Audit: 7/18/2012  Time of Audit: 0700  Employee Performing Audit: NETHERTON, ERIC   
 Entered Date/Time: 7/20/2012 1:59:46 PM  Entered By:   Follow Up?

Company:  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

Employees under their supervision on this job:

Location and brief description of work:

Job Planning (Scouting, etc.):  Describe:

Job Briefing (Tailboard Conf., etc.):  Describe:

Work Area Protection (Signs, Flags):  Describe:

PPE (Hardhat, Gloves, Sleeves):  Describe:

Cover-Up Equipment:  Describe:

Other Equipment and Procedures:  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:

Entered Date/Time:  Entered By:   Follow Up?

Company: [ ] AuditNo: 12893 Contractor: [ ] Specify Other: [ ]  
Crew Reporting Location: EOC - Gas [ ] Passported?: [ ] Passport Shown on Request?: [ ]  
Lead Person #1: HALL, CHRIS [ ] Lead Person #2: [ ] Immediate Supervisor: [ ]  
Employees under their supervision on this job: [ ] HINKLE, CHRIS:  
Click to add employee to audit

Location and brief description of work: 4908 Brownsbro Road Broken Customer service ( Dairy Queen)

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 cones , wheel chocks, fire extinguisher was in place  
Yes [ ]

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: [ ]  
Yes [ ]

Cover-Up Equipment All Proper? Describe: [ ]  
Not Applicable [ ]

Other Equipment and Procedures: All Proper? Describe: The crew made job safe, then Chris Hall took extra measures to help customer (dairy Queen) to understand what was going to have to happen , before the gas  
Yes [ ]

Hazards not being guarded against by crew: [ ]

Overall Safety Rating of Crew: Good [ ]

Recommendations or Suggestions: The crew worked extremely well together trying to get things safe on job site

Are all safety devices in working order? Yes [ ] Describe: [ ]

Audit results discussed with employee in charge? Yes [ ] Describe: [ ]  
Date of Audit: 7/19/2012 [ ] Time of Audit: 1230 Employee Performing Audit: TAYLOR, NORMAN [ ]  
Entered Date/Time: 7/26/2012 1:01:55 PM Entered By: [ ] Follow Up? [ ]

Energy Delivery  
Work Safety Audit

# 12812

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: KEVIN MILLS - CREW LEADER
3. Names of employees under his supervision on this job: BRIAN KINGREY
4. Name of immediate supervisor of employee directly in charge: ERIC MILLER
5. Location and brief description of work: 7229 SOUTHSIDE DR. / RESPONDING TO A CLASS 1 LEAK
6. Job Planning (Scouting, etc.): All Proper YES \_\_\_\_\_ NO  Describe: NO CHANCE TO DO SO.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: EXISTING EXCAVATION TRAFFIC, LEAK MIGRATION & PLAN OF ATTACK WAS DISCUSSED.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_ Describe: EXISTING WATER CONTRACTOR HAD TRAFFIC CONTROL & ONE LANE ALREADY SHUT DOWN.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_ Describe: ALL WORE PPE. WAS LESS THAN 1% GAS WITHIN 10 FT & AID WEAR CONSLERVE FR CLOTHING.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_ Describe: \_\_\_\_\_
11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: AIR COMPRESSOR FOR IMPACT GUN
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
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 \_\_\_\_\_

07/19/12 0930  
Date of Audit

Eric Miller  
Employee Performing Audit

# 12810

# Energy Delivery Work Safety 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 \_\_\_\_\_

2. Name and class of employee directly in charge of work: JUAN CORHEAN / CREW LEADER

3. Names of employees under his supervision on this job: DERRY BAKER

4. Name of immediate supervisor of employee directly in charge: ERIC MILLER

5. Location and brief description of work: 120 PENNSYLVANIA AVE. / BROKEN SERVICE

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. DISCUSSED METHOD OF REPAIR.

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: TRUCK CHALKED & CONED.

9. 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: \_\_\_\_\_

SQUEEZE OFF TOOL WAS GRANTED.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

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 \_\_\_\_\_

07/20/12 0845  
Date of Audit

ERIC MILLER  
Employee Performing Audit



LG&E and KU Services Company  
Work Safety Audit

# 12833-7aw

- 1. Contractor: \_\_\_\_\_ Reporting Location: AOC
- 1a. Passported?: YES \_\_\_ NO \_\_\_ Passport shown on request: YES \_\_\_ NO \_\_\_
- 2. Name and class of employee directly in charge of work: RODNEY BRUNER CREW LEADER
- 3. Names of employees under his supervision on this job: HERMAN STINSON STEVE SUMNER
- 4. Name of immediate supervisor of employee directly in charge: \_\_\_\_\_
- 5. Location and brief description of work: PRESTON & MARKWELL  
LEAK ON MAIN VALVE LOCATOR ON SITE
- 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: TRUCKS CONED OFF IN VACANT PARKING LOT
- 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: 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 \_\_\_

7-23-12  
Date of Audit

Time  
12:45

MIKE JACKSON  
Employee Performing Audit





LG&E and KU Services Company  
Work Safety Audit

# 12909

PAW 7-27-12

1. Contractor: \_\_\_\_\_ EDC GAS  
Reporting Location
- 1a. Passported?: YES \_\_\_\_\_ NO \_\_\_\_\_ Passport shown on request: YES \_\_\_\_\_ NO \_\_\_\_\_
2. Name and class of employee directly in charge of work: RICK LEWIS - CREW LEADER
3. Names of employees under his supervision on this job: BRIAN RUSSELL
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 1702 ROOSEVELT - MAIN LEAK
6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: LOCATED  
COMPLETED.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: CREW HAD  
CONFERENCE ON BEST APPROACH TO FIND LEAK
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_\_\_  
Describe: CREW WEARING ALL 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: SEE BACK OF  
AUDIT.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_
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 \_\_\_\_\_

7-26-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

1100

UPON ARRIVAL, CREW BAR-HOLED OVER MAIN & TOOK READING WITH G.M.I. •  
CREW DUG UP 2" MAIN & FOUND 2 COUPLERS THAT WERE STRAPPED ON MAIN.

CREW FOUND BOTH COUPLERS LEAKING. CREW THEN CALLED FOR MILLER  
SEALING CREW. MILLER CREW THEN ENCAPSULATED BOTH COUPLERS TO  
TOP LEAKS.



LG&E and KU Services Company  
Work Safety Audit

#12876

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: BOBBY PENDLETON - CREW LEADER
3. Names of employees under his supervision on this job: KENNY HARRISON
- 
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 5310 PERRY NEAL RD - RENEW COMPANY  
SERVICE & TEST & RECONNECT
6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_ Describe: LOCATES  
COMPLETED.
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_ Describe: CREW DECIDED  
ON ARRIVAL FOR TEST & RECONNECT TO ALSO RENEW COMPANY SERVICE.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_  
Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.
- 
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_  
Describe: CREW WEARING ALL 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: SEE BACK OF  
AUDIT
- 
12. Apparent hazards not being guarded against by crew: NONE
- 
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_ Poor: \_\_\_
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 \_\_\_

7-25-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

UPON ARRIVAL FOR TEST & RECONNECT, CREW BAR HOLED OVER COMPANY SERVICE  
FOUND COMPANY SERVICE LEAKING AT MAIN, CREW DUG UP SERVICE AT MAIN &  
SERVICE TEE LEAKING. CREW CHANGED OUT SERVICE TEE & RECONNECTED  
COMPANY SERVICE, CREW TEST COMPANY & CUSTOMER SERVICES O.K., CREW METER  
TESTED CUSTOMERS HOUSE LINES O.K. & RE-IT APPLIANCES.

Compan: GE AuditNo: 12903 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: GUTTERMAN, DAN Lead Person #2: 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 Ct. Investigating Code 1 @ the meter. Dan put a probe hole at the riser and did not get a reading with the GS 500 unit. Scanned meter bar with the GT 40 unit and did not get a reading. No leak was found. Advised

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

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:

Are all safety devices in working order? Yes Describe:

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 7/26/2012 Time of Audit: 1700 Employee Performing Audit: NETHERTON, ERIC  
Entered Date/Time: 7/26/2012 4:59:20 PM Entered By: Follow Up?

# 13004



# LG&E and KU Services Company Work Safety Audit

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: DAVID POTRET - CREW LEADER
3. Names of employees under his supervision on this job: LESTER GOETZINGER, BOBBY PENDLETON, LENNY HARRISON
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 3733 FAIRWAY LN - MAIN LEAK
6. Job Planning (Scouting, etc.): All Proper YES  NO  Describe: LOCATED COMPLETED
7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO  Describe: CREW DISCUSSED DRILLING OVER MAIN IN PAVEMENT TO FIND LEAK.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO  Describe: ALL SIGNS, FLAGS & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO  Describe: ALL CREW MEMBERS 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: SEE BACK OF AUDIT.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair:  Poor:
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

A. B. [Signature]  
Employee Performing Audit



LG&E and KU Services Company  
Work Safety 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 HOODSON - TEMP. CREW LEADER
3. Names of employees under his supervision on this job: GARY SHELTON
- 
4. Name of immediate supervisor of employee directly in charge: TONY HECKEL
5. Location and brief description of work: 6908 BEDFORD LN. - 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: CREW DISCUSSED BEST WAY TO REPAIR CUSTOMER SERVICE.
8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_ Describe: ALL SIGNS, FLAGS, & CONES AROUND WORK SITE.
9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO \_\_\_ Describe: CREW WEARING ALL 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 TESTED CUSTOMERS SUPPL SERVICE AT 100#. MADE REPAIRS WITH PERMASEAL COUPLINGS.
12. Apparent hazards not being guarded against by crew: NONE
13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_ Poor: \_\_\_
14. Recommendations or Suggestions: NONE
15. Are all safety devices in working order? YES  NO \_\_\_ TEST EQUIPMENT IN WORKING ORDER.
16. Audit results discussed with employee in charge: YES  NO \_\_\_

7-31-12  
Date of Audit

Tony Heckel  
Employee Performing Audit

Compan  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:

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:

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:

Other Equipment and Procedures:  
All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?



Energy Delivery  
Work Safety Audit

# 13030

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
3. Names of employees under their supervision on this job: Herman Stinson Mech. A  
Nathan Jones Dumptruck
4. Name of immediate supervisor of employee directly in charge: Eric Miller
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 + arrow board, Traffic good shape.  
Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES  NO   
Describe: Hardhats, glasses, gloves, vest, an ear plugs all in order.
10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES  NO   
Describe: Electric pole was braced by Electric Dept before job started. Millers using Hydro Vac to dig hole, Hole is 10x10x10. Shoring on job. over >
11. Other Equipment and Procedures: All Proper YES  NO  Describe: \_\_\_\_\_
12. Apparent hazards not being guarded against by crew: None All looks good.
13. Overall Safety Rating of Crew: Good:  Fair:  Poor:
14. Recommendations or Suggestions: None Talked to Rodney + Herman, to keep an eye on electric pole for a kick-back.
15. Are all safety devices in working order? YES  NO
16. Audit results discussed with employee in charge: YES  NO

7.31.12  
Date of Audit

10:45 AM  
Time of Audit

J.M. Murphy  
Employee Performing Audit

Several probe hole down & readings taken with GMI.

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



LG&E and KU Services Company
Work Safety Audit

# 13028

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: HOLLIS BRIDEWATER TROUBLE TECH

3. Names of employees under his supervision on this job: NONE

4. Name of immediate supervisor of employee directly in charge: ERIC NETHERTON

5. Location and brief description of work: 6908 BEDFORD LN. - BROKEN .50 PL CUSTOMER SERVICE.

6. Job Planning (Scouting, etc.): All Proper YES NO Describe: CLASS 1 LEAK.

7. Job Briefing (Tailboard Conf., etc.): All Proper YES NO Describe: [REDACTED]

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES NO Describe: CONES AROUND TECH'S PICK-UP TRUCK.

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES NO Describe: TROUBLE TECH WEARING ALL PPE.

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: TROUBLE TECH FOUND BROKEN CUSTOMER SERVICE UPON ARRIVAL. TURNED OFF AT STREET. CALLED FOR CREW TO MAKE REPAIRS.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good: Fair: Poor:

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

7-31-12
Date of Audit

Tony [Signature]
Employee Performing Audit

1230



Compan  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:

Location and brief description of work:

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?

Other Equipment and Procedures:  
All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Energy Delivery  
Work Safety Audit

# 13546

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: Lee Perry

3. 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: Eric Miller

5. Location and brief description of work: Fountain Ct. & 4th 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:     

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 find  
leak.

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair:      Poor:     

14. Recommendations or Suggestions: NONE All looked good.

15. Are all safety devices in working order? YES  NO     

16. 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  
Date of Audit

12:45 pm  
Time of Audit

T.M. Murphy  
Employee Performing Audit

Company:  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passport?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 Employees under their supervision on this job:

Location and brief description of work:   
 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:   
 Other Equipment and Procedures: All Proper?  Describe:   
 Hazards not being guarded against by crew:   
 Overall Safety Rating of Crew:   
 Recommendations or Suggestions:   
 Are all safety devices in working order?  Describe:   
 Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
 Entered Date/Time:  Entered By:   Follow Up?

Compa:  LGE  AuditNo: 13085 Contractor:  Specify Other:   
 Crew Reporting Location:  AOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  PEYTON, BRUCE  Lead Person #2:  Immediate Supervisor:  Eric Netherton

Employees under their supervision on this job:  none

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:  Work in Progress

Work Area Protection (Signs, Flags): All Proper?  Describe:  Inside training area no traffic control needed  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper?  Describe:  Wore all PPE applicalbe for this task  
 Yes

Cover-Up Equipment: All Proper?  Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper?  Describe:  Very thorough on establishing a perimeter, used equipment properly, thought out decisions  
 Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions:  None

Are all safety devices in working order?  Describe:  CGI properly calibrated and taken care of  
 Yes

Audit results discussed with employee in charge?  Describe:   
 Yes

Date of Audit:  8/6/2012  Time of Audit:  0900 Employee Performing Audit:  DODSON, LARRY   
 Entered Date/Time:  8/6/2012 1:33:37 PM Entered By:   Follow Up?



Compa  LGE  AuditNo: 13086 Contractor:  Specify Other:   
 Crew Reporting Location: AOC - Gas  Passport?:  Passport Shown on Request?:   
 Lead Person #1: NEWTON, CHRISTOPHEF  Lead Person #2:  Immediate Supervisor: Eric Netherton   
 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.):

All Proper? Describe:

Work in Progress

Work Area Protection (Signs, Flags):

All Proper? Describe:

Not Applicable  Describe: Vehicle parked in area of no traffic and not needed

PPE (Hardhat, Gloves Sleeves):

All Proper? Describe:

Yes  Describe: Wore proper PPE for task associated with leak investigation

Cover-Up Equipment

All Proper? Describe:

Not Applicable

Other Equipment and Procedures:

All Proper? Describe:

Yes  Describe: Started probing process at house worked way back to establish perimeter, investigated to determine if leakage was migrating 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: CGI properly calibrated and taken care of

Audit results discussed with employee in charge?

Yes  Describe:

Date of Audit: 8/6/2012

Time of Audit: 1100

Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 8/6/2012 1:38:34 PM

Entered By:

Follow Up?

Company:  GE  Audit No: 13090 Contractor:  Specify Other:

Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: CSLANK, JOE  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:    
 Click to add employee to audit

Location and brief description of work: EOC training center - leak investigation 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

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: Joe did a thorough job establishing the leak migration pattern.

Are all safety devices in working order? Yes  Describe:

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 8/6/2012  Time of Audit: 0800 Employee Performing Audit: NETHERTON, ERIC   
 Entered Date/Time: 8/6/2012 3:58:47 PM Entered By:  Follow Up?

Compar  GE  AuditNo: 13091 Contractor: Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:  none

[Click to add employee to audit](#)

Location and brief description of work: EOC Training Center Leak Investigation

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 that does not need  Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: All proper for leak investigation task  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: Established perimeter, made comment if service was broken would probe to main, also at cath basins and manholes  Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions: Training July 2012

Are all safety devices in working order?  Yes  Describe: CGI properly calibrated and in good working order

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/6/2012  Time of Audit: 1000 Employee Performing Audit: NETHERTON, ERIC

Entered Date/Time: 8/6/2012 3:58:49 PM Entered By:  Follow Up?

Company: LGE  Audit No: 13083  Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: BRIDGEWATER, HOLLIS  Lead Person #2:  Immediate Supervisor: Eric Netherton   
Employees under their supervision on this job:  none

[Click to add employee to audit](#)

Location and brief description of work:

EOC Training Center Investigate leaks

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: Wore all PPE that was applicable with the task investigating natural gas leaks  
 Yes

Cover-Up Equipment:

All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:

All Proper? Describe: Established proper perimeter, classified leaks properly, put barholes down appropriately, very thorough in investigation  
 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 and used properly

Audit results discussed with employee in charge?

Yes  Describe:

Date of Audit: 8/6/2012

Time of Audit: 0700

Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 8/6/2012 1:29:47 PM

Entered By:

Follow Up?

Compar  GE  AuditNo: 13088 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: BENEDICT, RON  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:  none  
[Click to add employee to audit](#)

Location and brief description of work:

EOC Training Center Leak Investigation

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

Cover-Up Equipment

All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:

All Proper? Describe: Followed all procedures in establishing perimeter, found all leaks and classified properly  
 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 and in good working order

Audit results discussed with employee in charge?

Yes Describe:

Date of Audit:

8/6/2012

Time of Audit:

1400

Employee Performing Audit:

DODSON, LARRY

Entered Date/Time: 8/6/2012 3:51:27 PM

Entered By:



Follow Up?

Compar  LGE  AuditNo: 13089 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:  Mike Payne

Location and brief description of work: EOC training center - leak investigation 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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe:  No  Mike did not have the correct probe to take reading in bar hole. He was using a bellows probe. Proper action was taken to educate Mike on the proper

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions: Mike was educated on the proper procedure during the training exercise by Eric Netherton. He was instructed to use the bellows probe in a wet environment or for scanning above ground.

Are all safety devices in working order?  Yes  Describe:

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/6/2012  Time of Audit: 1500 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/6/2012 3:52:33 PM Entered By:   Follow Up?

Compar  LGE  AuditNo: 13103 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: HEATH, TONY  Lead Person #2:  Immediate Supervisor: Eric Netherton

Location and brief description of work:

EOC training center - Leak investigation 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

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe:  
Yes

Cover-Up Equipment

All Proper? Describe:  
Not Applicable

Other Equipment and Procedures:

All Proper? Describe: Tony did the initial walk around with a bellows probe, then established the perimeter with a regular probe during the bar holing.  
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 charge?

Yes  Describe:

Date of Audit: 8/7/2012   
Entered Date/Time: 8/7/2012 1:45:59 PM

Time of Audit: 0830  
Entered By:

Employee Performing Audit: NETHERTON, ERIC   
 Follow Up?

Company:  GE  Audit No: 13104 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: BALLARD, STEPHEN  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:   
[Click to add employee to audit](#)

Location and brief description of work: EOC training center - Leak investigation 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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:   
Yes

Cover-Up Equipment: All Proper? Describe:   
Not Applicable

Other Equipment and Procedures: All Proper? Describe: Steve utilized both the bellows and regular probe in establishing the leak migration 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:

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 8/7/2012  Time of Audit: 0920 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/7/2012 1:50:40 PM Entered By:   Follow Up?



Compar  GE  AuditNo: 13108 Contractor:  Specify Other:

Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: RAGLAND, JOHN  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:  none  
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:  
 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 center no traffic  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves):  
All Proper? Describe: Had peopper PPE on for task  
 Yes

Cover-Up Equipment  
All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:  
All Proper? Describe: Very mythodical on establishing a perimeter before classifying the leak. CGI properly alibrated and well taken care of, checked houses on both sides of the  
 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 calibrated and in good condition

Audit results discussed with employee in charge?  Yes Describe:

Date of Audit: 8/7/2012  Time of Audit: 1500 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/7/2012 3:49:53 PM Entered By:  Follow Up?

Compan:  GE  AuditNo: 13102 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: DEARING, DON  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:   
[Click to add employee to audit](#)

Location and brief description of work: EOC training center - leak investigation 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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe:  Yes  Don was very methodical in his establishment of the leak migration perimeter.

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 charge?  Yes  Describe:

Date of Audit: 8/7/2012  Time of Audit: 0730 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/7/2012 1:41:23 PM Entered By:  Follow Up?

Company:  LGE  Audit No: 13105 Contractor:  Specify Other:

Crew Reporting Location:  EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1:  GUTTERMAN, DAN  Lead Person #2:  Immediate Supervisor:  Eric Netherton

Employees under their supervision on this job:   
[Click to add employee to audit](#)

Location and brief description of work:  EOC training center - Leak investigation training.

Job Planning (Scouting, etc.):  All Proper?  Yes  Describe:

Job Briefing (Tailboard Conf., etc.):  All Proper?  Yes  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:

Other Equipment and Procedures:  All Proper?  Yes  Describe:  Dan walked out the main and services with a bellows probe, then pinpointed the leaks with 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 charge?  Yes  Describe:

Date of Audit:  8/7/2012  Time of Audit: 1030 Employee Performing Audit:  NETHERTON, ERIC

Entered Date/Time:  8/7/2012 1:53:26 PM Entered By:   Follow Up?

Company:  LGE  Audit No:  13181 Contractor:  Specify Other:   
Crew Reporting Location:  AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  PEAVLER, KENNY  Lead Person #2:  Immediate Supervisor:  Eric Netherton

Employees under their supervision on this job:

[Click to add employee to audit](#)

Location and brief description of work:  Eoc training center. Leak investigation 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

PPE (Hardhat, Gloves, Sleeves):  All Proper?  Describe:   
 Yes

Cover-Up Equipment:  All Proper?  Describe:   
 Not Applicable

Other Equipment and Procedures:  All Proper?  Describe:  Demonstrated the ability to establish a perimeter using the GMI unit and bar hole probe.  
 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 charge?  Yes  Describe:

Date of Audit:  8/13/2012  Time of Audit:  0730 Employee Performing Audit:  NETHERTON, ERIC   
Entered Date/Time:  8/13/2012 10:26:26 A Entered By:   Follow Up?

Compar  GE  AuditNo: 13221 Contractor: Specify Other:   
 Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:    
 Lead Person #1: SMITH, FRANKLIN  Lead Person #2:  Immediate Supervisor: Eric netherton   
 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:   
 Yes

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:   
 Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: In training field site   
 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: Very mythodical in investigating leak   
 Yes

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 charge? Yes  Describe:

Date of Audit: 8/13/2012    
 Entered Date/Time: 8/15/2012 7:56:53 AM

Time of Audit: 1500   
 Entered By: [REDACTED]

Employee Performing Audit: NETHERTON, ERIC    
  Follow Up?

Compar  LGE  AuditNo: 13184 Contractor: Specify Other:   
 Crew Reporting Location: EOC - Gas  Passportied?:  Passport Shown on Request?:    
 Lead Person #1: ALLEN, NORTON  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:    
 [Click to add employee to audit](#)

Location and brief description of work: EOC training center. Leak investigation 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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:   
 Yes

Cover-Up Equipment: All Proper? Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Demonstrated the ability to establish a perimeter using the GMI unit and bar hole probe.   
 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 charge? Yes  Describe:

Date of Audit: 8/13/2012  Time of Audit: 0820 Employee Performing Audit: NETHERTON, ERIC    
 Entered Date/Time: 8/13/2012 10:30:23 A Entered By:  Follow Up?

Compar  GE  AuditNo: 13183 Contractor:  Specify Other:

Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:

Lead Person #1: VANOVER, ERIC  Lead Person #2:  Immediate Supervisor: Ed Walton

Employees under their supervision on this job:  None

Location and brief description of work: EOC Training Center Investigate Leak

Job Planning (Scouting, etc.): All Proper? Describe:  Describe:   
 Work in Progress

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:  Describe:   
 Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: In training building parking lot  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Describe:   
 Not Applicable

Cover-Up Equipment: All Proper? Describe:  Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Followed all procedures in establishing a perimeter. CGI properly maintained very thorough, properly classified leak  
 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 charge?  Yes  Describe:

Date of Audit: 8/13/2012  Time of Audit: 0900 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/13/2012 10:29:24 A Entered By:  Follow Up?

Compar  GE  AuditNo: 13186 Contractor:  Specify Other:

Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

Employees under their supervision on this job:  none  
[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:  Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: Parkign lot at traiing building  
 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: Properly identified leaks and classified property, maintained equipment, and was very thourough in establishing 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:

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/13/2012   
Entered Date/Time: 8/13/2012 10:32:25 A

Time of Audit: 0930  
Entered By: 

Employee Performing Audit: DODSON, LARRY   
 Follow Up?



Company:  LGE  Audit No:  13189 Contractor:  Specify Other:   
Crew Reporting Location:  Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1:  ENGLAND, BRIAN  Lead Person #2:  Immediate Supervisor:  Ed Walton

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:  Work in Progress

Job Briefing (Tailboard Conf., etc.):  All Proper? Describe:  Work in Progress

Work Area Protection (Signs, Flags):  All Proper? Describe:  Not Applicable  Parking lot EOC Training center

PPE (Hardhat, Gloves, Sleeves):  All Proper? Describe:  Not Applicable

Cover-Up Equipment:  All Proper? Describe:  Not Applicable

Other Equipment and Procedures:  All Proper? Describe:  Yes  Identified leak and classified property, established perimeter and maintained instrument well

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 charge?  Yes  Describe:

Date of Audit:  8/13/2012  Time of Audit:  0930 Employee Performing Audit:  DODSON, LARRY   
Entered Date/Time:  8/13/2012 10:41:57 A Entered By:   Follow Up?

Company: GE  Audit No: 13234 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: GOETZINGER, LESTER  Lead Person #2:  Immediate Supervisor: Tony Heckel  
Employees under their supervision on this job:  None

[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:  Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: Area already properly secured  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: Started using bellow probe to get into vicinit. He also contined to use bellow probe once he started probing (corrected on site)informed employee that if  
 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 maintained and calibrated

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/15/2012  Time of Audit: 0800 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/15/2012 9:46:33 AM Entered By:  Follow Up?

Compa: LGE  AuditNo: 13235 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor: Eric Netherton  
Employees under their supervision on this job:  none

[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:  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 parkign lot  
 Not Applicable

PPE (Hardhat, Gloves Sleeves): All Proper? Describe: Area secured  
 Not Applicable

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: k migration perimeter utilizing the GMI unit in conjunction with barholing  
 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 charge?  Yes Describe:

Date of Audit: 8/15/2012  Time of Audit: 0700 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/15/2012 10:01:22 A Entered By:  Follow Up?

Compar.  GE  Audit No:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
Employees under their supervision on this job:

Location and brief description of work:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?   Describe:

Audit results discussed with employee in charge?   Describe:

Date of Audit:   Time of Audit:  Employee Performing Audit:    
Entered Date/Time:  Entered By:    Follow Up?

Compan GE  AuditNo: 13233 Contractor:  Specify Other:

Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: POTEET, DAVID  Lead Person #2:  Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:  none

[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:

Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: In training area

Not Applicable

PPE (Hardhat, Gloves Sleeves): All Proper? Describe: In secured training area

Not Applicable

Cover-Up Equipment All Proper? Describe:

Not Applicable

Other Equipment and Procedures: All Proper? Describe: Made observation of 30% LEL at door would not go in house. Very mythodical. found all leaks and classified property. Established proper 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 and maintained

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 8/15/2012

Time of Audit: 0830

Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 8/15/2012 9:41:26 AM

Entered By:

Follow Up?

Compar  GE  AuditNo: 13313 Contractor: Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:    
Lead Person #1: WADDLE, ANDREW  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 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 area   
 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: Missed leak on one building, walked to fast with w probe. Did use probe in classification of leak   
 Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

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 charge?  Yes Describe:

Date of Audit: 8/20/2012  Time of Audit: 0900 Employee Performing Audit: MILLER, ERIC    
Entered Date/Time: 8/20/2012 3:57:54 PM Entered By:  Follow Up?

Compar  GE  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:   Passported?:  Passport Shown on Request?:

Lead Person #1:   Lead Person #2:   Immediate Supervisor:

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:

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:

Other Equipment and Procedures: All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?   Describe:

Audit results discussed with employee in charge?   Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?

Compar  GE  AuditNo: 13316 Contractor: Specify Other:

Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1:  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 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 center

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: Very systematic found and classified all leaks properly. Did an excellent job. Established a perimeter

OK, But Suggested Enhanceme

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 in good condition

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/20/2012

Entered Date/Time: 8/20/2012 4:11:43 PM

Time of Audit: 1000

Entered By: 

Employee Performing Audit: MILLER, ERIC

Follow Up?



Compar  GE  AuditNo: 13318 Contractor: Specify Other:

Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: 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 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 EOC complex

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: Very systematic in locating and classifying leaks properly, followed all leak detection guidelines Excellent job

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 charge?  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:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

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:

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:

Other Equipment and Procedures: All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:

Entered Date/Time:  Entered By:   Follow Up?

Compar.  GE  AuditNo: 13320 Contractor: Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: WALLACE, MARK  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 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 center  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: Established perimeter and classified leaks very systematic, looked at big picture  Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions: None did excellen job

Are all safety devices in working order?  Yes Describe:

Audit results discussed with employee in charge?  Yes Describe:

Date of Audit: 8/20/2012  Time of Audit: 1130 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/20/2012 4:31:23 PM Entered By:  Follow Up?

Compan .GE AuditNo: 13292 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 job: none

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: Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: The area was inside the confines of 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: Very thorough and systematic, found all leaks and properly graded. Did a text book job 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 and well taken care of

Audit results discussed with employee in charge? 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?

Company: GE Audit No: 13293 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: PENDLETON, BOB Lead Person #2: Immediate Supervisor: Tony Heckel  
Employees under their supervision on this job: None  
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:  
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 Complex  
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: Very systematic, established perimeter barholed property  
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 maintained

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 8/20/2012 Time of Audit: 0700 Employee Performing Audit: NETHERTON, ERIC  
Entered Date/Time: 8/20/2012 12:46:58 P Entered By: Follow Up?

Compan .GE  AuditNo: 13298 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: HARRISON, KENNY  Lead Person #2:  Immediate Supervisor: Tony Heckel   
Employees under their supervision on this job:  none

[Click to add employee to audit](#)

Location and brief description of work: EOC Training Center Investigate leak

Job Planning (Scouting, etc.): All Proper? Describe:  Describe:   
 Work in Progress

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:  Describe:   
 Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: Inside EOC complex  Describe:   
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Describe:   
 Not Applicable

Cover-Up Equipment: All Proper? Describe:  Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Leak investigation very thorough, Established perimeter (Great job)  Describe:   
 Yes

Hazards not being guarded against by crew:  Describe:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions:  Describe:

Are all safety devices in working order?  Describe: CGI properly maintained

Audit results discussed with employee in charge?  Describe:

Date of Audit: 8/20/2012  Time of Audit: 0730 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/20/2012 12:55:15 P Entered By:  Follow Up?

Compa  LGE  AuditNo:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 Employees under their supervision on this job:

Location and brief description of work:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
 Entered Date/Time:  Entered By:   Follow Up?

Compan  GE  AuditNo: 13305 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: HARRISON, KENNY  Lead Person #2:  Immediate Supervisor: Tony Heckel  
Employees under their supervision on this job:  None  
[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:  Describe:   
 Work in Progress

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:  Describe:   
 Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: Inside the EOC yard  Describe:   
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: At training center  Describe:   
 Not Applicable

Cover-Up Equipment: All Proper? Describe:  Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Leak investigation very thorough Great job  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: CGI properly maintained  Describe:

Audit results discussed with employee in charge?  Yes  Describe:  Describe:

Date of Audit: 8/20/2012  Time of Audit: 0730 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/20/2012 1:17:46 PM Entered By:  Follow Up?



Compan  GE  AuditNo: 13321 Contractor:  Specify Other:

Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: HUETTIG, GREG  Lead Person #2:  Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:  None

Location and brief description of work: EOC Training Center investigate gas leak

Job Planning (Scouting, etc.):  
All Proper? Describe:

Job Briefing (Tailboard Conf., etc.):  
All Proper? Describe:

Work Area Protection (Signs, Flags):  
All Proper? Describe: In the EOC complex

PPE (Hardhat, Gloves, Sleeves):  
All Proper? Describe:

Cover-Up Equipment  
All Proper? Describe:

Other Equipment and Procedures:  
All Proper? Describe: Classified leak properly, found all leaks but used bellows probed and not barhole probe for establishing perimeter

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  
Recommendations or Suggestions: instructed Greg the proper used of the bellows probe

Are all safety devices in working order?  
  Describe:

Audit results discussed with employee in charge?   Describe:

Date of Audit: 8/20/2012  Time of Audit: 1400 Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 8/20/2012 4:39:20 PM Entered By:  Follow Up?

Company: GE  Audit No: 13322 Contractor:  Specify Other:

Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: BROCK, TOM  Lead Person #2:  Immediate Supervisor: Eric Netherton

Employees under their supervision on this job:  None  
[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:   
Work in Progress

Work Area Protection (Signs, Flags):  
All Proper?  Describe: Parked in training center  
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: Utilized both the bellow and barhole probes to establish the leak migration and properly classify both leaks  
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 charge? Yes  Describe:

Date of Audit: 8/20/2012  Time of Audit: 1300 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/20/2012 4:42:10 PM Entered By:  Follow Up?

Compar.  GE  AuditNo: 13323 Contractor:  Specify Other:

Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: BROCK, TOM  Lead Person #2:  Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:  none

[Click to add employee to audit](#)

Location and brief description of work: EOC Training Building 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: At training center  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: Tom used the bellow probe and walked out the services and main. Proceeded with barhole probe to pinpoint the leaks and establish the leak migration  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 charge?  Yes  Describe:

Date of Audit: 8/20/2012  Time of Audit: 1430 Employee Performing Audit: NETHERTON, ERIC

Entered Date/Time: 8/20/2012 4:48:18 PM Entered By:  Follow Up?

Compar  GE  AuditNo: 13342 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: CLUNIE, JEFF  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 Investigate Odor of Gas

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

PPE (Hardhat, Gloves Sleeves): All Proper? Describe:  Not Applicable

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: Located and classified leak using barhole probe, established perimeter, checked inside buildings. Very thorough, looked at big picture  Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Good

Recommendations or Suggestions:

Are all safety devices in working order? Describe: CGI calibrated and well maintained  Yes

Audit results discussed with employee in charge? Describe:  Yes

Date of Audit: 8/21/2012  Time of Audit: 0900 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/21/2012 2:15:14 PM Entered By:   Follow Up?

Compar  GE  AuditNo: 13343 Contractor: Specify Other:

Crew Reporting Location: AOC - Gas  Passported?:  Passport 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 Gas EOC Training Center

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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:

Not Applicable

Cover-Up Equipment: All Proper? Describe:

Not Applicable

Other Equipment and Procedures: All Proper? Describe: Located and classified leak using barhole probe established proper perimeter, checked inside buildings, very thorough and systematic

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 and well maintained

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 8/21/2012  Time of Audit: 0930 Employee Performing Audit: NETHERTON, ERIC

Entered Date/Time: 8/21/2012 2:19:04 PM Entered By: Follow Up?

Company:  GE  Audit No:  Contractor:  Specify Other:

Crew Reporting Location:  AOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1:  STINSON, HERMAN  Lead Person #2:  Immediate Supervisor:  Eric Miller

Employees under their supervision on this job:  None

Location and brief description of work:

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:   
 Not Applicable

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 charge?  Yes  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:  MILLER, ERIC

Entered Date/Time:  Entered By:   Follow Up?

Company:  GE  Audit No: 13339 Contractor:  Specify Other:   
 Crew Reporting Location: EOC - Gas   Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor: Tony Heckel  
 Employees under their supervision on this job:  None

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:  Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: Vehicle parked in training center  
 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: Followed all procedures as far as classification of leak. Used bellow probe to locate leak and followed up with barhole probe to classify and establish  
 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 in good operation condition and calibrated

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/21/2012  Time of Audit: 0800 Employee Performing Audit: DODSON, LARRY   
 Entered Date/Time: 8/21/2012 1:57:29 PM Entered By:  Follow Up?

Company:  GE  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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.):

All Proper? Describe:

Work Area Protection (Signs, Flags):

All Proper? Describe:

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe:

Cover-Up Equipment:

All Proper? Describe:

Other Equipment and Procedures:

All Proper? Describe: utilized bellow probe to locate vicinity of leak, followed up with barhole probe to locate, pinpoint and classify leak. Very systematic

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?

Describe: CGI properly maintained and calibrated

Audit results discussed with employee in charge?

Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?



Company:  GE  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 Employees under their supervision on this job:

Location and brief description of work:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:   
 Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:   
 Entered Date/Time:  Entered By:  Employee Performing Audit:   
 Follow Up?

Company: GE Audit No: 13341 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: VINCENT, TODD Lead Person #2: Immediate Supervisor: Tony Heckel  
Employees under their supervision on this job: None

Location and brief description of work: EOC Training Center Investigate Odor of Gas

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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  
Not Applicable

Cover-Up Equipment: All Proper? Describe:  
Not Applicable

Other Equipment and Procedures: All Proper? Describe: Utilized bellows probe to locate vicinity of leak, probed and classified leak with barhole probe. Very systematic, established perimeter and classified properly  
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 and well maintained

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 8/21/2012 Time of Audit: 0830 Employee Performing Audit: NETHERTON, ERIC  
Entered Date/Time: 8/21/2012 2:10:43 PM Entered By: Follow Up?

Company:  GE  Audit No: 13347 Contractor:  Specify Other:   
 Crew Reporting Location: AOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1: QUILL, MICHAEL  Lead Person #2:  Immediate Supervisor: Eric Miller   
 Employees under their supervision on this job:  none

Location and brief description of work: EOC Training Center investigate Odor of Gas

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:  Not Applicable

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe:  Yes  Followed all procedures using barhole probe to locate leak, classify, pinpoint and establish a perimeter. Very thorough

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 calibrated

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/21/2012  Time of Audit: 1130 Employee Performing Audit: NETHERTON, ERIC   
 Entered Date/Time: 8/21/2012 3:06:09 PM Entered By:  Follow Up?

Company: GE  Audit No: 13334 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: RUSSELL, BRIAN  Lead Person #2:  Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:  None  
[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:   
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: Training Center  
Not Applicable

Cover-Up Equipment:  
All Proper?  Describe:   
Not Applicable

Other Equipment and Procedures:  
All Proper?  Describe: Utilized both bellows and barhole probe to establish the leak perimeter and migration. Also, used the barhole probe to properly classify leak, very  
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 maintained and calibrated

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 8/21/2012  Time of Audit: 0700 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/21/2012 12:56:48 P Entered By:  Follow Up?

Compan .GE AuditNo: 13335 Contractor: Specify Other:  
Crew Reporting Location: EOC - Gas Passported?: Passport Shown on Request?:  
Lead Person #1: LEWIS, RICHARD Lead Person #2: Immediate Supervisor: Tony Heckel  
Employees under their supervision on this job: None

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:  
Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe: In training yard  
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: Utilized bellow probe to establish location of leak and barhole probe to classify and establish perimeter afo rrmigration  
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 and well maintained

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 8/21/2012 Time of Audit: 0730 Employee Performing Audit: HECKEL, ANTHONY  
Entered Date/Time: 8/21/2012 1:01:11 PM Entered By: Follow Up?

Company:  GE  Audit No: 13340 Contractor:  Specify Other:   
Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1: TAYLOR, NORMAN  Lead Person #2:  Immediate Supervisor: Tony Heckel   
Employees under their supervision on this job:  none  
[Click to add employee to audit](#)

Location and brief description of work: EOC Training Center investigate Gas 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: In Training Center  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: Followed all procedures as far as classification of leak. Used bellow probe to locate leak and followed up with barhole probe to classify and establish  Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  Fair

Recommendations or Suggestions:

Are all safety devices in working order?  Yes Describe:

Audit results discussed with employee in charge?  Yes Describe:

Date of Audit: 8/21/2012  Time of Audit: 0800 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 8/21/2012 2:07:21 PM Entered By:  Follow Up?

Compan  GE  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:   Passported?:  Passport Shown on Request?:   
Lead Person #1:   Lead Person #2:   Immediate Supervisor:   
Employees under their supervision on this job:

Location and brief description of work:

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:

Other Equipment and Procedures:  All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?   Describe:

Audit results discussed with employee in charge?   Describe:

Date of Audit:   Time of Audit:  Employee Performing Audit:    
Entered Date/Time:  Entered By:    Follow Up?

Company:  GE  Audit No: 13349 Contractor: \_\_\_\_\_ Specify Other: \_\_\_\_\_  
 Crew Reporting Location: Muldraugh  Passport?:   Passport Shown on Request?:    
 Lead Person #1: BURTON, MIKE  Lead Person #2: \_\_\_\_\_ Immediate Supervisor: Ed Walton  
 Employees under their supervision on this job: \_\_\_\_\_  none  
 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:  
 All Proper? Describe:  
 Work in Progress

Job Briefing (Tailboard Conf., etc.):

All Proper? Describe:  
 All Proper? Describe:  
 Work in Progress

Work Area Protection (Signs, Flags):

All Proper? Describe:  
 All Proper? Describe:  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe:  
 All Proper? Describe:  
 Not Applicable

Cover-Up Equipment

All Proper? Describe:  
 All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:

All Proper? Describe: Very systematic and thorough, started at house using barhpole probe to locate leak, pinpoint, classify and establish perimeter, also checked inside of house  
 Yes

Hazards not being guarded against by crew:

Good

Overall Safety Rating of Crew:

Good

Recommendations or Suggestions:

Are all safety devices in working order?

Yes Describe: CGI Calibrated and properly maintained

Audit results discussed with employee in charge?

Yes Describe:

Date of Audit: 8/21/2012

Time of Audit: 1330

Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 8/21/2012 3:13:49 PM

Entered By: \_\_\_\_\_

Follow Up?



Compar  GE  Audit No: 13476 Contractor:  Specify Other:   
Crew Reporting Location: AOC - Gas  Passport?:  Passport Shown on Request?:   
Lead Person #1: BAKER, DERRY  Lead Person #2:  Immediate Supervisor: Eric Miller

Employees under their supervision on this job:  None

Location and brief description of work: EOC Training Center Investigate Gas Leak

Job Planning (Scouting, etc.): All Proper? Describe:  Describe:   
 Work in Progress

Job Briefing (Tailboard Conf., etc.): All Proper? Describe:  Describe:   
 Work in Progress

Work Area Protection (Signs, Flags): All Proper? Describe:  Describe:   
 Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Describe:   
 Yes

Cover-Up Equipment: All Proper? Describe:  Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Derry did the same thing as Juan by not going into the house as soon as he found gas at the house. Fogot to make gas inside a priority . Corrected on site  
 Yes

Hazards not being guarded against by crew:  Describe:

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 charge?  Yes  Describe:

Date of Audit: 8/27/2012  Time of Audit: 0930 Employee Performing Audit: MILLER, ERIC   
Entered Date/Time: 8/28/2012 4:43:32 PM Entered By:  Follow Up?

Company:  GE  Audit No:  13478 Contractor:  Specify Other:   
 Crew Reporting Location:  AOC - Gas  Passported?:   Passport Shown on Request?:    
 Lead Person #1:  MILLS, KEVIN  Lead Person #2:  Immediate Supervisor:  Eric Miller   
 Employees under their supervision on this job:  none

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:

Not Applicable  In Training Center

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe:

Yes

Cover-Up Equipment

All Proper? Describe:

Not Applicable

Other Equipment and Procedures:

All Proper? Describe:

Yes  Demonstrated ability to establish a perimeter using CGI and barholing area.  
Classified property

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 maintained and calibrated

Audit results discussed with employee in charge?

Yes  Describe:

Date of Audit:

8/27/2012

Time of Audit:

1030

Employee Performing Audit:

HECKEL, ANTHONY

Entered Date/Time:

8/29/2012 6:54:21 AM

Entered By:

[Redacted]

Follow Up?

Compan:  GE  AuditNo:  13479 Contractor:  Specify Other:   
Crew Reporting Location:  AOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  KINGREY, BRIAN  Lead Person #2:  Immediate Supervisor:  Eric Miller

Employees under their supervision on this job:  None

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:  EOC yard  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:  Demonstrated ability to establish perimeter using CGI and barholing, classified leak properly  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 charge?  Yes  Describe:

Date of Audit:  8/27/2012  Time of Audit:  1100 Employee Performing Audit:  MILLER, ERIC   
Entered Date/Time:  8/29/2012 6:56:53 AM Entered By:   Follow Up?

Company:  GE  Audit No: 13427 Contractor:  Specify Other:

Crew Reporting Location:  EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1:  FAITH, CHRIS  Lead Person #2:  Immediate Supervisor:  Tony Heckel

Employees under their supervision on this job:  none

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 training center  
 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:  Followed all guidelines for leak investigation, very systematic  
 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 and well taken care of

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit:  8/27/2012  Entered Date/Time:  8/27/2012 8:08:49 AM  
Time of Audit:  0700  
Employee Performing Audit:  DODSON, LARRY   
 Follow Up?

Company:  GE  AuditNo: 13428 Contractor:  Specify Other:   
Crew Reporting Location:  EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  BOONE, CHRIS  Lead Person #2:  Immediate Supervisor:   
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:   
 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

Cover-Up Equipment:  All Proper?  Describe:   
 Not Applicable

Other Equipment and Procedures:  All Proper?  Describe:  Very thorough classified properly  
 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 calibrated and well taken care of

Audit results discussed with employee in charge?  Yes  Describe:

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?

Compan  GE  AuditNo:  13473  Contractor:  Specify Other:   
Crew Reporting Location:  EOC - Gas  Passported?:  Passport Shown on Request?:   
Lead Person #1:  HODSON, DARREN  Lead Person #2:  Immediate Supervisor:  Tony Heckel

Employees under their supervision on this job:  None  
 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:  Work in Progress

Job Briefing (Tailboard Conf., etc.):  All Proper? Describe:  Work in Progress

Work Area Protection (Signs, Flags):  All Proper? Describe:  Not Applicable  In training area

PPE (Hardhat, Gloves, Sleeves):  All Proper? Describe:  Yes

Cover-Up Equipment:  All Proper? Describe:  OK, But Suggested Enhanceme

Other Equipment and Procedures:  All Proper? Describe:  Yes  Established perimeter, vevry thorough with leak investigation and use of G.M.I., properly probed from house to street, classified 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:

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit:  8/27/2012  Time of Audit:  0800  
Entered Date/Time:  8/28/2012 4:27:38 PM  Entered By:  Employee Performing Audit:  DODSON, LARRY   
 Follow Up?

Company:  GE  Audit No:  13474 Contractor:  Specify Other:   
 Crew Reporting Location:  EOC - Gas  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  WAINSCOTT, JIM  Lead Person #2:  Immediate Supervisor:  Tony Heckel   
 Employees under their supervision on this job:  None

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 training area  
 Not Applicable

PPE (Hardhat, Gloves, Sleeves):  All Proper?  Describe:   
 Yes

Cover-Up Equipment:  All Proper?  Describe:   
 Not Applicable

Other Equipment and Procedures:  All Proper?  Describe:  Established perimeter, very thorough with use of GMI, probed properly from house to street to investigate leak, classified leak properly  
 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 charge?  Yes  Describe:

Date of Audit:  8/27/2012  Time of Audit:  0830  Employee Performing Audit:  NETHERTON, ERIC   
 Entered Date/Time:  8/28/2012 4:31:25 PM  Entered By:   Follow Up?

Compan  GE  AuditNo:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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.):

All Proper? Describe:

Work Area Protection (Signs, Flags):

All Proper? Describe:

PPE (Hardhat, Gloves Sleeves):

All Proper? Describe:

Cover-Up Equipment

All Proper? Describe:

Other Equipment and Procedures:

All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?

Describe:

Audit results discussed with employee in charge?

Describe:

Date of Audit:    
 Entered Date/Time:

Time of Audit:   
 Entered By:

Employee Performing Audit:    
 Follow Up?



Company: GE  Audit No: 13480 Contractor:  Specify Other:   
Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1: BARNES, CHRIS  Lead Person #2:  Immediate Supervisor: Ed Walton   
Employees under their supervision on this job:  None

[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:  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:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe:  Yes  Chris established perimeter with GGI with adequate barholing, leak properly classified

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 and well maintained

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit: 8/27/2012  Time of Audit: 1300 Employee Performing Audit: NETHERTON, ERIC   
Entered Date/Time: 8/29/2012 6:59:53 AM Entered By:  Follow Up?

Compan  GE  AuditNo: 13481 Contractor:  Specify Other:   
Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1: CROSS, GENE  Lead Person #2:  Immediate Supervisor: Ed Walton

Employees under their supervision on this job:  None  
 Click to add employee to audit

Location and brief description of work: EOC Training Center Investigate 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:  
 Yes

Cover-Up Equipment  
All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:  
All Proper? Describe: Established perimeter using barholing and CGI, classofed leak properly  
 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 charge?  Yes Describe:

Date of Audit: 8/27/2012  Time of Audit: 1330 Employee Performing Audit: HECKEL, ANTHONY   
Entered Date/Time: 8/29/2012 7:02:05 AM Entered By:  Follow Up?

Compa  LGE  AuditNo: 14119 Contractor:  Specify Other:

Crew Reporting Location: Gas Control, SR&O, IM&E  Passported?:  Passport Shown on Request?:

Lead Person #1: RAYMER, CHARLES  Lead Person #2:  Immediate Supervisor:

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:  
 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:  
 Yes

Cover-Up Equipment:  
All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:  
All Proper? Describe: Followed all procedures, established perimeter, checked hoses on both sides.  
 Yes

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:  
 Good

Recommendations or Suggestions:

Are all safety devices in working order? Describe: CGI properly calibrated and well taken care of  
 Yes

Audit results discussed with employee in charge? Describe:  
 Yes

Date of Audit: 10/4/2012  Time of Audit: 1100 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 10/4/2012 2:14:15 PM Entered By:   Follow Up?

Comp:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
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:

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:

Other Equipment and Procedures:  
All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Compa:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
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:

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:

Other Equipment and Procedures:  
All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Compa LGE AuditNo: 14125 Contractor: Specify Other:

Crew Reporting Location: Gas Control, SR&O, IM&E Passported?: Passport Shown on Request?:

Lead Person #1: DURBIN, MARK 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 an odor of a 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: Yes

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: Not Applicable

Cover-Up Equipment: All Proper? Describe: Not Applicable

Other Equipment and Procedures: All Proper? Describe: Followed all procedures, established perimeter, checked for gas at 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 Describe: CGI properly calibrated and well taken care of

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 10/4/2012 Time of Audit: 1130 Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 10/4/2012 2:45:07 PM Entered By: Follow Up?

Compa: LGE [dropdown] AuditNo: 14167 Contractor: [dropdown] Specify Other: [dropdown]  
Crew Reporting Location: Gas Control, SR&O, IM&E [dropdown] Passported?: [dropdown] Passport Shown on Request?: [dropdown]  
Lead Person #1: BOGGS, JOHN [dropdown] Lead Person #2: [dropdown] Immediate Supervisor: William Lawson

Employees under their supervision on this job: [dropdown]  
Click to add employee to audit

Location and brief description of work: EOC TRaining Center (Investigate leak)

Job Planning (Scouting, etc.): All Proper? Describe: [dropdown]  
Work in Progress [dropdown]

Job Briefing (Tailboard Conf., etc.): All Proper? Describe: [dropdown]  
Work in Progress [dropdown]

Work Area Protection (Signs, Flags): All Proper? Describe: In training center  
Not Applicable [dropdown]

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe: [dropdown]  
Not Applicable [dropdown]

Cover-Up Equipment: All Proper? Describe: [dropdown]  
Not Applicable [dropdown]

Other Equipment and Procedures: All Proper? Describe: Located leak properly, established perimeter, checked services on both sides.  
Yes [dropdown]

Hazards not being guarded against by crew: [dropdown]

Overall Safety Rating of Crew: Good [dropdown]

Recommendations or Suggestions: [dropdown]

Are all safety devices in working order? Yes [dropdown] Describe: CGI well maintained and properly calibrated

Audit results discussed with employee in charge? Yes [dropdown] Describe: [dropdown]

Date of Audit: 10/9/2012 [dropdown] Time of Audit: 0700 Employee Performing Audit: DODSON, LARRY [dropdown]  
Entered Date/Time: 10/9/2012 3:41:50 PM Entered By: [redacted] Follow Up?

Compa:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
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:

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:

Other Equipment and Procedures: All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?



Compa.  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

Employees under their supervision on this job:

Location and brief description of work:

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:

Other Equipment and Procedures:  
All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Compa:  AuditNo:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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:

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:

Other Equipment and Procedures:

All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?

Describe:

Audit results discussed with employee in charge?

Describe:

Date of Audit:   
 Entered Date/Time:

Time of Audit:   
 Entered By:

Employee Performing Audit:   
 Follow Up?

Company:  LGE  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Gas Control, SR&O, IM&E  Passport?:  Passport Shown on Request?:   
 Lead Person #1:  MOODY, MATTHEW  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:   
 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:   
 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:   
 Are all safety devices in working order?  Yes  Describe:   
 Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit:    
 Entered Date/Time:

Time of Audit:   
 Entered By:

Employee Performing Audit:  DODSON, LARRY   
 Follow Up?

Company:  AuditNo:  Contractor:  Specify Other:

Crew Reporting Location:  Passported?:  Passport Shown on Request?:

Lead Person #1:  Lead Person #2:  Immediate Supervisor:

Employees under their supervision on this job:

Location and brief description of work:

Job Planning (Scouting, etc.):  Describe:

Job Briefing (Tailboard Conf., etc.):  Describe:

Work Area Protection (Signs, Flags):  Describe:

PPE (Hardhat, Gloves, Sleeves):  Describe:

Cover-Up Equipment:  Describe:

Other Equipment and Procedures:  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
Entered Date/Time:  Entered By:   Follow Up?

Compa: LGE AuditNo: 14189 Contractor: Specify Other:  
Crew Reporting Location: Gas Control, SR&O, IM&E Passported?: Passport Shown on Request?:  
Lead Person #1: WILSON, GREG 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 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 center  
Not Applicable

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  
Yes

Cover-Up Equipment: All Proper? Describe:  
Not Applicable

Other Equipment and Procedures: All Proper? Describe: Located leak properly, established perimeter, checked services on both sides  
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 and well maintained

Audit results discussed with employee in charge? Yes Describe:

Date of Audit: 10/9/2012 Time of Audit: 0815 Employee Performing Audit: DODSON, LARRY  
Entered Date/Time: 10/10/2012 10:07:47 Entered By: Follow Up?

Company:  LGE  Audit No:  14191 Contractor:  Specify Other:   
Crew Reporting Location:  Muldraugh  Passport?:  Passport Shown on Request?:   
Lead Person #1:  ROBERTS, CHARLIE  Lead Person #2:  Immediate Supervisor:  Ed walton

Employees under their supervision on this job:

Location and brief description of work:  EOC Training Center (Investigate odor of gas)

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

PPE (Hardhat, Gloves, Sleeves):  All Proper?  Describe:   
 Yes

Cover-Up Equipment:  All Proper?  Describe:   
 Not Applicable

Other Equipment and Procedures:  All Proper?  Describe:  Located leak properly, established perimeter, checked services on both sides  
 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 and maintained

Audit results discussed with employee in charge?  Yes  Describe:

Date of Audit:  10/9/2012  Time of Audit:  1130  
Entered Date/Time:  10/10/2012 10:16:35  
Employee Performing Audit:  DODSON, LARRY   
 Follow Up?

Company:  AuditNo: 14359 Contractor:  Specify Other:   
Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1: DOOLIN, DALE  Lead Person #2:  Immediate Supervisor: Ed Walton  
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:  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:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: Very systematic and thorough, followed all procedures, started at house, checked buildings on both sides, established perimeter can classified properly  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 charge?  Yes  Describe:

Date of Audit: 10/19/2012  Time of Audit: 0830  Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 10/19/2012 2:21:16 P Entered By:   Follow Up?

Company:  Audit No: 14356 Contractor:  Specify Other:   
Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1: BAKER, JOE  Lead Person #2:  Immediate Supervisor: Ed Walton

Employees under their supervision on this job:

Location and brief description of work: EOC Training Center (Investigate odor of gas)

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

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:  Yes

Cover-Up Equipment: All Proper? Describe:  Not Applicable

Other Equipment and Procedures: All Proper? Describe: Very systematic and thorough, followed all procedures, started at house, checked buildings on both sides, established perimeter can classified properly  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 charge?  Yes  Describe:

Date of Audit: 10/19/2012  Time of Audit: 0730  Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 10/19/2012 2:12:40 P  Entered By:   Follow Up?



Company:  AuditNo: 14279 Contractor:  Specify Other:   
Crew Reporting Location: Muldraugh  Passported?:  Passport Shown on Request?:   
Lead Person #1: MARTIN, LEE  Lead Person #2:  Immediate Supervisor: Ed Walton

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.):  Work in Progress  Describe:

Work Area Protection (Signs, Flags): All Proper? Describe:

PPE (Hardhat, Gloves, Sleeves):  Work in Progress  Describe:

Cover-Up Equipment: All Proper? Describe:

Other Equipment and Procedures:  Not Applicable  Describe: In training center

Hazards not being guarded against by crew: All Proper? Describe:

Overall Safety Rating of Crew:  Yes  Describe:

Recommendations or Suggestions: All Proper? Describe:

Are all safety devices in working order?  Not Applicable  Describe:

Audit results discussed with employee in charge?  Yes  Describe: Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter. Classified leak properly.

Date of Audit: 10/16/2012  Time of Audit: 1030 Employee Performing Audit: DODSON, LARRY

Entered Date/Time: 10/16/2012 8:57:20 P Entered By:   Follow Up?

Company:  AuditNo: 14284 Contractor:  Specify Other:   
 Crew Reporting Location: Gas Control, SR&O, IM&E  Passported?:  Passport Shown on Request?:   
 Lead Person #1: MOYER, ELIZABETH  Lead Person #2:  Immediate Supervisor: Mike Collins

Employees under their supervision on this job:

Location and brief description of work:	EOC Training Center (Investigate odor of gas)	
Job Planning (Scouting, etc.):	All Proper? <input type="text"/> Describe: <input type="text"/>	
Job Briefing (Tailboard Conf., etc.):	<input type="text"/> Work in Progress <input type="text"/> Describe: <input type="text"/>	
Work Area Protection (Signs, Flags):	All Proper? <input type="text"/> Describe: <input type="text"/>	In training center
PPE (Hardhat, Gloves Sleeves):	<input type="text"/> Not Applicable <input type="text"/> Describe: <input type="text"/>	
Cover-Up Equipment:	All Proper? <input type="text"/> Describe: <input type="text"/>	
Other Equipment and Procedures:	<input type="text"/> Yes <input type="text"/> Describe: <input type="text"/>	Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter.
Hazards not being guarded against by crew:	All Proper? <input type="text"/> Describe: <input type="text"/>	
Overall Safety Rating of Crew:	<input type="text"/> Good <input type="text"/>	
Recommendations or Suggestions:	<input type="text"/>	
Are all safety devices in working order?	<input type="text"/> Yes <input type="text"/> Describe: <input type="text"/>	CGI properly calibrated
Audit results discussed with employee in charge?	<input type="text"/> Yes <input type="text"/> Describe: <input type="text"/>	

Date of Audit: 10/16/2012  Time of Audit: 0930   
 Entered Date/Time: 10/16/2012 9:12:50 P Entered By:  Employee Performing Audit: DODSON, LARRY   
 Follow Up?

Company:  AuditNo: 14283 Contractor:  Specify Other:   
Crew Reporting Location: Gas Control, SR&O, IM&E  Passported?:  Passport Shown on Request?:   
Lead Person #1: HUFF, MIKE  Lead Person #2:  Immediate Supervisor: Mike Collins

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): All Proper? Describe: In training center

PPE (Hardhat, Gloves, Sleeves): All Proper? Describe:

Cover-Up Equipment: All Proper? Describe:

Other Equipment and Procedures: All Proper? Describe: Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter.

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe: CGI properly calibrated

Audit results discussed with employee in charge?  Describe:

Date of Audit: 10/16/2012  Time of Audit: 0930  Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 10/16/2012 9:10:46 P  Entered By:   Follow Up?

Company:  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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:

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:

Other Equipment and Procedures:  
 All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  Describe:

Audit results discussed with employee in charge?  Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
 Entered Date/Time:  Entered By:   Follow Up?

Company: [ ] AuditNo: 14281 Contractor: [ ] Specify Other: [ ]  
Crew Reporting Location: Gas Control, SR&O, IM&E [ ] Passported?: [ ] Passport Shown on Request?: [ ]  
Lead Person #1: [ ] Lead Person #2: [ ] Immediate Supervisor: Mike Collins  
Employees under their supervision on this job: [ ] Steve Hall  
Click to add employee to audit

Location and brief description of work:

EOC Training Center (Investigate Gas Odor)

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 [ ]

In training center

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe:

Yes [ ]

Cover-Up Equipment

All Proper? Describe:

Not Applicable [ ]

Other Equipment and Procedures:

All Proper? Describe:

Yes [ ]

Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter.

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 charge?

Yes [ ]

Describe:

Date of Audit:

10/16/2012 [ ]

Entered Date/Time:

10/16/2012 9:06:08 P

Time of Audit:

0830

Entered By:

[REDACTED]

Employee Performing Audit:

DODSON, LARRY [ ]

Follow Up?

Company:  AuditNo: 14280 Contractor:  Specify Other:   
 Crew Reporting Location: Gas Control, SR&O, IM&E  Passported?:  Passport Shown on Request?:   
 Lead Person #1: COOMES, MIKE  Lead Person #2:  Immediate Supervisor: Mike Collins

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:   
 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:   
 Yes

Cover-Up Equipment: All Proper? Describe:   
 Not Applicable

Other Equipment and Procedures: All Proper? Describe: Check for gas at the house first and then checked houses on both sides. Found leak area and established perimeter. Classified leak properly.  
 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 and well maintained

Audit results discussed with employee in charge? Yes  Describe:

Date of Audit: 10/16/2012  Time of Audit: 0830 Employee Performing Audit: DODSON, LARRY   
 Entered Date/Time: 10/16/2012 9:00:29 P Entered By:   Follow Up?



Company:  Audit No:  Contractor:  Specify Other:   
 Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
 Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
 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:

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:

Other Equipment and Procedures:  
 All Proper?  Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?  
 Describe:

Audit results discussed with employee in charge?  
 Describe:

Date of Audit:  Time of Audit:  Employee Performing Audit:   
 Entered Date/Time:  Entered By:   Follow Up?



Energy Delivery  
Work Safety Audit

# 13802



1. Crew: KU: \_\_\_\_\_ LGE:  Contractor: AOC & EOC  
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: Chris Faith Crewleader

3. Names of employees under their supervision on this job: NATHAN JONES JUAN COCHRAN,  
KENNY HARRISON, Dave Potect + Lester Goetzinger.

4. Name of immediate supervisor of employee directly in charge: Tony Heckel, Eric Miller

5. Location and brief description of work: 220 So. 41st St.

BROKEN 4" med. pressure plastic gas main, by MSD

6. Job Planning (Scouting, etc.): All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

7. Job Briefing (Tailboard Conf., etc.): All Proper YES  NO \_\_\_\_\_ Describe: Talked with

Chris and crews on how we were going to handle gas leak & make repairs

8. Work Area Protection (Signs, Flags, Cones, etc.): All Proper YES  NO \_\_\_\_\_

Describe: Low. Fire Dept. had street shut down to all traffic

9. Personal Protective Equipment (Hardhat, Gloves & Sleeves, Eyewear, etc.): All Proper YES \_\_\_\_\_ NO \_\_\_\_\_

Describe: All had PPE ON.

10. Cover-Up Equipment (hoses, Hoods, Blankets, etc.): All Proper YES  NO \_\_\_\_\_

Describe: Fire extinguishers out at squeeze off holes. Bonding wires used  
in squeeze off hole and at meter

11. Other Equipment and Procedures: All Proper YES  NO \_\_\_\_\_ Describe: \_\_\_\_\_

12. Apparent hazards not being guarded against by crew: None

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

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 \_\_\_\_\_

9-13-12  
Date of Audit

6:00 PM  
Time of Audit

T.M. Murphy  
Employee Performing Audit

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: \_\_\_\_\_ Passported? Y N  
Name/Title Employee Working: Juan Cochran (Lead) Immediate Supv: Eric Miller  
Names of Other Employees on Job: MARK WILLIAMS  
Address/Description of Work: 220 S. 41ST  
BROKEN MAIN  
Job Planning (Scouting, etc.) Y N Job Briefing Y N  
Work Area Protection (signs, flags, cones, etc.) Blocked off by Fire DEPT.  
Personal Protective Equipment (Gloves, hard hats, etc.) HAD all PPE on including  
metatarsal guards while Jackhammering  
Other Hazards in Area: \_\_\_\_\_

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: AREA MONITORED by James Allen gas trouble

## Vehicle:

Vehicle Number: 4808 Vehicle Description: Crew TRUCK Operators License: Y N  
Medical Card: Y N Operator Name: Juan Cochran Supv Name: Eric Miller  
Exterior Condition: GOOD  
Interior Condition: GOOD  
Mechanical Issues: NONE  
Safety Equip: GOOD  
Tools/Other Equipment: \_\_\_\_\_  
Pre/Post Trip Inspection Y N Vehicle Packet Y N  
Comments: \_\_\_\_\_

## Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 9-14-12 1600  
Name of Auditor: LARRY DODSON Discussed w/Employee: Y N  
Recommendations/Suggestions: \_\_\_\_\_

# 13798

# Energy Delivery Work Safety Audit

2. 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: James Allen

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 So. 41<sup>st</sup> St.  
MSD punctured 4" med. pressure gas main with backhoe.

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: Loc. Fire Dept. had street closed to vehicle and foot 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: James set-up a perimeter around leak zone and maintained monitoring until leak over →

12. Apparent hazards not being guarded against by crew: NONE

13. Overall Safety Rating of Crew: Good:  Fair: \_\_\_\_\_ Poor: \_\_\_\_\_

14. Recommendations or Suggestions: NONE James did a fine job working with the Fire Dept. to monitor the perimeter set-up.

15. Are all safety devices in working order? YES  NO \_\_\_\_\_

16. Audit results discussed with employee in charge: YES  NO \_\_\_\_\_

9-13-12  
Date of Audit

3:00 PM  
Time of Audit

T.M. Murphy  
Employee Performing Audit

was shut off. James also along with Fire Dept. went into two  
k's to check for gas with his GMI. No gas was detected  
in either home.

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: LG&E Reporting Location: ENC Passported? Y LN  
 Name/Title Employee Working: GARY HUENIG - CREW LEADER Immediate Supv: TOMMY HECKEL  
 Names of Other Employees on Job: TOM BROCK  
 Address/Description of Work: 10630 EAGLE PINE - LEAK INSIDE

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE.  
 Personal Protective Equipment (Gloves, hard hats, etc.) CREW WORN ALL P.P.E.

Other Hazards In Area: NONE

#### Equipment:

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	

Comments: ALL EQUIPMENT IN GOOD WORKING CONDITION

#### 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
- Prepared proper completion of leak documentation

Comments: ON ARRIVAL CREW FOUND GAS IN OUTSIDE POOL ROOM. CREW TURNED OFF AND TESTED HOUSE LINES. HOUSE LINES FAILED TEST. CREW SOAPPED FITTINGS & FOUND GAS. LEAKING GOING TO POOL HEATER. CREW PLUGGED VALVE TO POOL HEATER & RETESTED HOUSE LINES O.K.

#### Vehicle:

Vehicle Number: 4712 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: TOM BROCK Supv Name: TOMMY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD WORKING CONDITION  
 Tools/Other Equipment: GOOD WORKING CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments:

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 9-24-12 / 2000  
 Name of Auditor: TOMMY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: GOOD JOB BY CREW ISOLATING LEAK

### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: L.G.E. Reporting Location: EOG Passported? Y  N  
 Name/Title Employed Working: BOBBY PENDELTON Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: WYSTER GOETZINGER  
 Address/Description of Work: STANNY & BAYLOR - LEAK INVESTIGATION

Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS & CONES AROUND WORK SITE.  
 Personal Protective Equipment (Gloves, hard hats, etc.) BOTH EMPLOYEES WEARING P.P.E.

Other Hazards In Area: NONE

**Equipment:**

<p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CGI's calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order</li> </ul>	<p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul>
--	--

Comments: ALL EQUIPMENT IN GOOD CONDITION

**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
- Prepared proper completion of leak documentation

Comments: CREW IN PROCESS OF DRILLING & BAR HOLES OVER MAIN TO FIND LEAK.

**Vehicle:**

Vehicle Number: 4713 Vehicle Description: INTERNATIONAL Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: \_\_\_\_\_ Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: ALL EQUIPMENT IN GOOD WORKING ORDER.  
 Tools/Other Equipment: \_\_\_\_\_  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: TRUCK IN GOOD WORKING CONDITION.

**Audit Summary:**

Overall Audit Rating GOOD Date/Time of Audit 9-21-12 11:50  
 Name of Auditor TONY HECKEL Discussed w/Employee  Y  N  
 Recommendations/Suggestions: NONE

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: Kevin Mills Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Brian Kingrey  
 Address/Description of Work: 1st + Jacobb. St.  
Repairing leak at 4" WELP at tie-in on 16" WELP main.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Signs + cones out, Traffic officer on job.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on.

Other Hazards in Area: None

### Equipment

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
--	---

Comments: ONE NEW fire extinguisher needs to be tagged.

### 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
- Prepared proper completion of leak documentation

Comments: Work in with Juan to repair leak

### Vehicle

Vehicle Number: 4B11 Vehicle Description: Crew Truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Brian Kingrey Supv Name: Eric Miller  
 Exterior Condition: Good Truck is new  
 Interior Condition: Good " " "  
 Mechanical Issues: Brakes on trailer locking up  
 Safety Equip: Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: Trailer brakes locking-up garage to fix 9-24-12  
Kevin's medical card on hold by doctor.

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-24-12 10:15 AM  
 Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: None all looked good

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: L.G.E.E Reporting Location: EOG Passported? Y N  
 Name/Title Employee Working: DAVID POTTER - CREW Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: KENNY HARRISON  
 Address/Description of Work: 13906 ASHFORD CIRCLE - BLOWN OUT RISER

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONE AROUND WORK SITE

Personal Protective Equipment (Gloves, hard hats, etc.) BOTH EMPLOYEES WEARING P.P.E.

Other Hazards In Area: NONE

#### Equipment:

##### Gas Equipment:

- CGIs calibrated in last 30 days
- Gauges on Truck and in Good Condition
- Equipment Stored Properly
- Probes Accessible and in Good Working Order

##### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: ALL EQUIPMENT IN GOOD WORKING CONDITION. CREW TESTED SERVICE & RISER PROPERLY

#### 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
- Prepared proper completion of leak documentation

Comments: GAS OFF ON ARRIVAL, TROUBLE TECH AND SERVICE DEPT. CREW REPLACED BLOWN OUT RISER. CREW TESTED NEW SERVICE RISER & HOUSE LINES WITH PROPER GAUGES.

#### Vehicle:

Vehicle Number: 9719 Vehicle Description: INTERNATIONAL Operators License: Y N  
 Medical Card: Y N Operator Name: KENNY HARRISON Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD WORKING CONDITION  
 Tools/Other Equipment: GOOD WORKING CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: TRUCK IN GOOD WORKING CONDITION

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 09:30/9-24-12  
 Name of Auditor: TONY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE



## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: Juan Cochran Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Nathan Jones  
 Address/Description of Work: 1st St. + Jacob St.  
Repairing leak on 4" WT LP at 16" LP WI main tie-in.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Signs and cones out on in place, Traffic officer on job.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on

Other Hazards In Area: None

### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck #17 #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
- Established and monitored perimeter
- Demonstrated proper grading of leaks
- Performed tasks consistent with procedures
- Prepared proper completion of leak documentation

Comments: Established 30' perimeter around leak. 21 Bar holes in street to determine leak locations. 35° gas in leak hole on S/E corner, hole was being opened over leak.

### Vehicle:

Vehicle Number: 4808 Vehicle Description: Crew Truck Operator's License:  Y  N  
 Medical Card:  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  Y  N Vehicle Packet  Y  N  
 Comments: Juan needs CDL physical in 2 week to RENEW CARD.

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-24-12 - 9:47 AM  
 Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: Clean up dash board in crew truck. Make sure your GEOP book is on hand and readily available for inspection.

<b>LG&amp;E Gas Safety/Procedural Audit Form</b>		
<b>General Safety Information:</b>		
Contractor: _____	Reporting Location: <u>ZOC</u>	Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>CHRIS HALL - CREW</u>	Immediate Supv: <u>Tony Heckel</u>	
Names of Other Employees on Job: <u>LABOR</u>		
Address/Description of Work: <u>ZOC TRAINING CTR - PROCEDURAL AUDIT</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>		Job Briefing <u>Y</u> <u>N</u>
Work Area Protection (signs, flags, cones, etc.) _____		
Personal Protective Equipment (Gloves, hard hats, etc.) _____		
Other Hazards in Area: _____		
<b>Equipment:</b>		
<b>Gas Equipment:</b>	<b>Safety Equipment:</b>	
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current	
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged	
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: _____		
<b>Leak Investigation:</b>		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument		
<input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air		
<input checked="" type="checkbox"/> Determined location of company facilities		
<input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration		
<input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
<input checked="" type="checkbox"/> Tested adjacent structures for migration of gas		
<input checked="" type="checkbox"/> Established and monitored perimeter		
<input checked="" type="checkbox"/> Demonstrated proper grading of leaks		
<input checked="" type="checkbox"/> Performed tasks consistent with procedures		
<input type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>CHRIS effectively established leak perimeter &amp; classified the leak.</u>		
<b>Vehicle:</b>		
Vehicle Number: _____	Vehicle Description: _____	Operators License: <u>Y</u> <u>N</u>
Medical Card: <u>Y</u> <u>N</u>	Operator Name: _____	Supv Name: _____
Exterior Condition: _____		
Interior Condition: _____		
Mechanical Issues: _____		
Safety Equip: _____		
Tools/Other Equipment: _____		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>		Vehicle Packet <u>Y</u> <u>N</u>
Comments: _____		
<b>Audit Summary:</b>		
Overall Audit Rating: <u>Good</u>		Date/Time of Audit: <u>9-25-12</u>
Name of Auditor: <u>ERIC NETHERTON</u>		Discussed w/Employee: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____		<u>08:00</u>

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: Greg Austin CL Immediate Supv: Tony Hecke  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: EOC TRAINING CR - PROCEDURAL AUDIT  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards In Area: \_\_\_\_\_

#### Equipment:

##### 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

##### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: Greg established leak migration pattern through barholing. Classified leak properly

#### Vehicle:

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 Inspection Y N Vehicle Packet Y N  
 Comments: \_\_\_\_\_

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-25-12  
 Name of Auditor: Eric Detherton Discussed w/Employee:  Y N  
 Recommendations/Suggestions: 2:00

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: DARYL HAYDEN CL Immediate Supv: Tony Hicke  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: EOC TRAINING CTR. - PROCEDURAL AUDIT  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

#### Equipment:

##### 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

##### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: DARYL CLASSIFIED THE LEAK CORRECTLY AFTER ESTABLISHING THE LEAK PERIMETER.

#### Vehicle:

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 Inspection Y N Vehicle Packet Y N  
 Comments: \_\_\_\_\_

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-25-12  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: 09100

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: MIKE PAINE Immediate Supv: \_\_\_\_\_  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: EOC TRAINING CTR. - PROCEDURAL AUDIT

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input type="checkbox"/> Gauges on Truck and in Good Condition <input type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input type="checkbox"/> First Aid Kit Current <input type="checkbox"/> Fire extinguisher on truck/tagged <input type="checkbox"/> GEOP Accessible on Truck
--	---

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
- Prepared proper completion of leak documentation

Comments: MIKE ESTABLISHED PERIMETER

CLASSIFIED LEAK CORRECTLY.

### Vehicle:

Vehicle Number: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_ Operator's 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 Inspection Y N Vehicle Packet Y N

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

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 9-25-12  
 Name of Auditor: ERIC NETHINGTON Discussed w/Employee: Y N  
 Recommendations/Suggestions: 3:15

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: MAGNOLIA Passported? Y N  
 Name/Title Employee Working: LARRY BUTLER - C/L Immediate Supv: DOUG AKIN  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: EOC TRAINING CTR - PROCEDURAL AUDIT

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

#### Equipment:

- |   |  |
|---|--|
| <b>Gas Equipment:</b>   | <b>Safety Equipment:</b>                                   |
| <input checked="" type="checkbox"/> CGI's calibrated in last 30 days            | <input type="checkbox"/> First Aid Kit Current             |
| <input type="checkbox"/> Gauges on Truck and In Good Condition                  | <input type="checkbox"/> Fire extinguisher on truck/tagged |
| <input type="checkbox"/> Equipment Stored Properly                              | <input type="checkbox"/> GEOP Accessible on Truck          |
| <input checked="" type="checkbox"/> 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
- Prepared proper completion of leak documentation

Comments: LARRY ESTABLISHED LEAK PERIMETER &

CLASSIFIED THE LEAK CORRECTLY.

#### Vehicle:

Vehicle Number: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_ Operator's 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 Inspection Y N Vehicle Packet Y N  
 Comments: \_\_\_\_\_

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 9-25-12  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee: Y N  
 Recommendations/Suggestions: 10:45

<b>LG&amp;E Gas Safety/Procedural Audit Form</b>		
<b>General Safety Information:</b>		
Contractor: _____	Reporting Location: <u>MADONIA</u>	Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>JUSTIN BURRIS C/L</u>	Immediate Supv: <u>BOB AKIN</u>	
Names of Other Employees on Job: _____		
Address/Description of Work: <u>EOC TRAINING CTR. - PROCEDURAL AUDIT</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>		Job Briefing <u>Y</u> <u>N</u>
Work Area Protection (signs, flags, cones, etc.) _____		
Personal Protective Equipment (Gloves, hard hats, etc.) _____		
Other Hazards In Area: _____		
<b>Equipment:</b>		
<b>Gas Equipment:</b>	<b>Safety Equipment:</b>	
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current	
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged	
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: _____		
<b>Leak Investigation:</b>		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument		
<input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air		
<input checked="" type="checkbox"/> Determined location of company facilities		
<input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration		
<input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
<input checked="" type="checkbox"/> Tested adjacent structures for migration of gas		
<input checked="" type="checkbox"/> Established and monitored perimeter		
<input checked="" type="checkbox"/> Demonstrated proper grading of leaks		
<input checked="" type="checkbox"/> Performed tasks consistent with procedures		
<input type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>JUSTIN ESTABLISHED PERIMETER &amp; CLASSIFIED THE LEAK.</u>		
<b>Vehicle:</b>		
Vehicle Number: _____	Vehicle Description: _____	Operator's License: <u>Y</u> <u>N</u>
Medical Card: <u>Y</u> <u>N</u>	Operator Name: _____	Supv Name: _____
Exterior Condition: _____		
Interior Condition: _____		
Mechanical Issues: _____		
Safety Equip: _____		
Tools/Other Equipment: _____		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>		Vehicle Packet <u>Y</u> <u>N</u>
Comments: _____		
<b>Audit Summary:</b>		
Overall Audit Rating <u>GOOD</u>		Date/Time of Audit <u>9-25-12</u>
Name of Auditor <u>ERIC NETHERTON</u>		Discussed w/Employee <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____		<u>11:25</u>

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: DANA DILLEY O/L Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: EOC TRAINING CIR. -- PROCEDURAL AUDIT

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

#### Equipment

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> CGL's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck
<input checked="" type="checkbox"/> 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
- Prepared proper completion of leak documentation

Comments: DANA ESTABLISHED PERIMETER & CLASSIFIED THE LEAK PROPERLY.

#### Vehicle:

Vehicle Number: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_ Operator's 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 Inspection Y N Vehicle Packet Y N  
 Comments: \_\_\_\_\_

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-25-12  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee: Y N  
 Recommendations/Suggestions: 09:45





### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ACC Passported? Y N  
 Name/Title Employee Working: Bob Vaughn - mech. Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: A.  
 Address/Description of Work: EAC TRAINING CTR. - PROCEDURAL AUDIT.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

#### Equipment:

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck
<input checked="" type="checkbox"/> 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  
 Prepared proper completion of leak documentation

Comments: Bob ESTABLISHED PERIMETER through bar holing. CLASSIFIED LEAK correctly.

#### Vehicle:

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 Inspection Y N Vehicle Packet Y N

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

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 9-25-12  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee: Y N  
 Recommendations/Suggestions: 10:20





### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: \_\_\_\_\_ Reporting Location: HOC Passported? Y N  
 Name/Title Employee Working: Tony Heath Immediate Supv: ERIC W. NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 323 W. ST. CATHERINE ST.  
CODE 1 @ THE STREET.  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)

Personal Protective Equipment (Gloves, hard hats, etc.)

**Other Hazards In Area:**

**Equipment:**

**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

**Safety Equipment:**

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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

**Leak Investigation:**

- Demonstrated proper core, 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
- Prepared proper completion of leak documentation

Comments: DID NOT PICK UP GAS IN ANY DIRECTION!

NLF

**Vehicle:**

Vehicle Number: 6021 Vehicle Description: \_\_\_\_\_ Operator's License:  Y N  
 Medical Card:  Y N Operator Name: Tony Heath Supv Name: ERIC NETHERTON  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N  
 Comments: \_\_\_\_\_

**Audit Summary:**

Overall Audit Rating: Good Date/Time of Audit: 10-1-12 / 9:30  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: Tony probed next door & across the street.

### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: \_\_\_\_\_ Reporting Location: ADC Passported? Y N  
 Name/Title Employee Working: J. Allen Immediate Supv: ERIC NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 6516 Brook Bend Way checking COND 1 @ the meter  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_  
 Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

**Equipment:**

<p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CG's calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order</li> </ul>	<p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul>
---	--

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
- Prepared proper completion of leak documentation

Comments: found multiple leaks on manifold.

**Vehicle:**

Vehicle Number: 6019 Vehicle Description: Trouble Truck Operator's License:  Y N  
 Medical Card:  Y N Operator Name: JAMES ALLEN Supv Name: \_\_\_\_\_  
 Exterior Condition:  Y N  
 Interior Condition:  Y N  
 Mechanical Issues:  Y N  
 Safety Equip:  Y N  
 Tools/Other Equipment:  Y N  
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N

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

**Audit Summary:**

Overall Audit Rating: Good Date/Time of Audit: 10-1-12/1:30  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

JAMES INVESTIGATED LEAK THOROUGHLY, ALSO BAR HOLED THE SERVICE @ RISOR.

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: NORTON ALLEN Immediate Supv: ERIC NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 3705 STONE LAKES DR.  
CODE 1 INSIDE THE SCHOOL  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)   
 Personal Protective Equipment (Gloves, hard hats, etc.)

#### Other Hazards In Area:

#### Equipment:

**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

**Safety Equipment:**  
 First Aid Kit Current  
 Fire extinguisher on truck/tagged  
 GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: NORTON PERFORMED H/L tests in ACCORDANCE WITH PROCEDURES. BAR HOLED AROUND H/LG PORTION OF H/L.

#### Vehicle:

Vehicle Number: 6235 Vehicle Description: TROUBLE TRUCK Operator's License: Y N  
 Medical Card: Y N Operator Name: NORTON ALLEN Supv Name: ERIC NETHERTON  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N

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

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-2-12 (8:00 AM)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

Norton PERFORMED PROFESSIONALLY & DID AN EXTENSIVE INVESTIGATION.

### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: L.G.E. Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: TRUCK LEAKS CREW Immediate Supv: TONY HEZKEL  
 Names of Other Employees on Job: BRIAN RUSSELL  
 Address/Description of Work: 2420 AMPERE DR. - BROKEN SERVICE

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.): ALL SIGNS, FLAGS, CONES AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.): CREW WEARING ALL P.P.E.

Other Hazards in Area: TRAFFIC

**Equipment:**

- |  |  |
|--|--|
| <p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> OGI's calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order</li> </ul> | <p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul> |
|--|--|

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

**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
- Prepared proper completion of leak documentation

Comments: ON ARRIVAL, TROUBLE TECH HAS ESTABLISHED PERIMETER. CREW ASSESSED ADDITIONAL CREW WITH RESPIRATOR EQUIPMENT TO SHUT GAS OFF AT SERVICE TREE. CREW THEN RESUMED COMPANY SERVICE WITH FIRST CREW ON JOB.

**Vehicle:**

Vehicle Number: 4714 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: BRIAN RUSSELL Supv Name: TONY HEZKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD WORKING CONDITION  
 Tools/Other Equipment: GOOD WORK CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: TRUCK IN GOOD CONDITION.

**Audit Summary:**

Overall Audit Rating: GOOD Date/Time of Audit: 10-4-12/1300  
 Name of Auditor: TONY HEZKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: LG&E Reporting Location: ENG GAS Passported? Y N  
 Name/Title Employee Working: Daryl Hayden Crew Leader Immediate Supv: Tommy Hezekel  
 Names of Other Employees on Job: JIMMY WAINSCOTT  
 Address/Description of Work: 2420 AMPERE DR. - BROKEN COMPANY SERVICE.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.) CREW WEARING ALL P.P.E.

Other Hazards In Area: TRAFFIC

#### Equipment:

##### Gas Equipment:

- OGI's calibrated in last 30 days
- Gauges on Truck and in Good Condition
- Equipment Stored Properly
- Probes Accessible and in Good Working Order

##### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

#### 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
- Prepared proper completion of leak documentation

Comments: ON ARRIVAL FOR BROKEN STEEL COMPANY SERVICE, TROUBLE TEST HAD ALREADY ESTABLISH TAPPOINT. CREW WORE RESPIRATOR EQUIPMENT, DUG UP SERVICE WITH SHOVEL AND RAW TAPPEL DOWN TO STOP LEAK. CREW THEN REPAIR COMPANY SERVICE.

#### Vehicles:

Vehicle Number: 4813 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: JIMMY WAINSCOTT Supv Name: TOMMY HEZEKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD WORKING CONDITION  
 Tools/Other Equipment: GOOD WORKING CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: NEW TRUCK IN GOOD WORKING CONDITION.

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10-4-12 / 1300  
 Name of Auditor: TOMMY HEZEKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: CHRIS HINKLE Immediate Supv: ERIC NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 2470 AMPER DR. CONTRACTOR BROKS 3/4  
Steel Company SERVICE @ main  
 Job Planning (Scouting, etc.)  Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)

Personal Protective Equipment (Gloves, hard hats, etc.)

Other Hazards in Area: \_\_\_\_\_

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> <u>CO's calibrated in last 30 days</u> <input checked="" type="checkbox"/> <u>Gauges on Truck and in Good Condition</u> <input checked="" type="checkbox"/> <u>Equipment Stored Properly</u> <input checked="" type="checkbox"/> <u>Probes Accessible and in Good Working Order</u>	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> <u>First Aid Kit Current</u> <input checked="" type="checkbox"/> <u>Fire extinguisher on truck/tagged</u> <input checked="" type="checkbox"/> <u>GEOP Accessible on Truck</u>
---	---

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
- Prepared proper completion of leak documentation

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

### Vehicle:

Vehicle Number: 6232 Vehicle Description: TRUCK TRUCK Operators License:  Y N  
 Medical Card:  Y N Operator Name: CHRIS HINKLE Supv Name: ERIC NETHERTON  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N

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

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-4-12 (18:30)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N

Recommendations/Suggestions:  
CHRIS ESTABLISHED LEAK MIGRATION by BARHOLING AREA.  
CONSTRUCTION CREWS WERE DISPATCHED FOR REPAIR.



LG&E Gas Safety/Procedural Audit Form		
General Safety Information:		
Contractor: _____	Reporting Location: <u>AOC</u>	Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>ANDREW WARELL</u>	Immediate Supv: <u>ERIC MILLER</u>	
Names of Other Employees on Job: _____		
Address/Description of Work: <u>EOC TRAINING CTR. - PROCEDURAL AUDIT</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>		Job Briefing <u>Y</u> <u>N</u>
Work Area Protection (signs, flags, cones, etc.) _____		
Personal Protective Equipment (Gloves, hard hats, etc.) _____		
Other Hazards in Area: _____		
Equipment:		
Gas Equipment:	Safety Equipment:	
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current	
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged	
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: _____		
Leak Investigation:		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument		
<input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air		
<input checked="" type="checkbox"/> Determined location of company facilities		
<input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration		
<input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
<input checked="" type="checkbox"/> Tested adjacent structures for migration of gas		
<input checked="" type="checkbox"/> Established and monitored perimeter		
<input checked="" type="checkbox"/> Demonstrated proper grading of leaks		
<input checked="" type="checkbox"/> Performed tasks consistent with procedures		
<input type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>PROPER method used to establish leak perimeter -&gt; backhoop.</u>		
Vehicle:		
Vehicle Number: _____	Vehicle Description: _____	Operator's License: <u>Y</u> <u>N</u>
Medical Card: <u>Y</u> <u>N</u>	Operator Name _____	Supv Name _____
Exterior Condition: _____		
Interior Condition: _____		
Mechanical Issues: _____		
Safety Equip: _____		
Tools/Other Equipment: _____		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>		Vehicle Packet <u>Y</u> <u>N</u>
Comments: _____		
Audit Summary:		
Overall Audit Rating <u>Good</u>		Date/Time of Audit <u>10-4-12</u>
Name of Auditor <u>ERIC NETHERTON</u>		Discussed w/Employee <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____		

<b>LG&amp;E Gas Safety/Procedural Audit Form</b>		
<b>General Safety Information:</b>		
Contractor: _____	Reporting Location: <u>AOC</u>	Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>BRENT WEATHERS</u>	Immediate Supv: <u>ERIC MILLER</u>	
Names of Other Employees on Job: _____		
Address/Description of Work: <u>FOR TRAINING CTR. -- PROCEDURAL AUDIT</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>		Job Briefing <u>Y</u> <u>N</u>
Work Area Protection (signs, flags, cones, etc.) _____		
Personal Protective Equipment (Gloves, hard hats, etc.) _____		
<b>Other Hazards in Area:</b> _____		
<b>Equipment:</b>		
<b>Gas Equipment:</b>	<b>Safety Equipment:</b>	
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input type="checkbox"/> First Aid Kit Current	
<input type="checkbox"/> Gauges on Truck and in Good Condition	<input type="checkbox"/> Fire extinguisher on truck/tagged	
<input type="checkbox"/> Equipment Stored Properly	<input type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: _____		
<b>Leak Investigation:</b>		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument		
<input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air		
<input checked="" type="checkbox"/> Determined location of company facilities		
<input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration		
<input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
<input checked="" type="checkbox"/> Tested adjacent structures for migration of gas		
<input checked="" type="checkbox"/> Established and monitored perimeter		
<input checked="" type="checkbox"/> Demonstrated proper grading of leaks		
<input checked="" type="checkbox"/> Performed tasks consistent with procedures		
<input type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>Established leak perimeter by barholing</u>		
<b>Vehicle:</b>		
Vehicle Number: _____	Vehicle Description: _____	Operators License: <u>Y</u> <u>N</u>
Medical Card: <u>Y</u> <u>N</u>	Operator Name _____	Supv Name _____
Exterior Condition: _____		
Interior Condition: _____		
Mechanical Issues: _____		
Safety Equip: _____		
Tools/Other Equipment: _____		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>		Vehicle Packet <u>Y</u> <u>N</u>
Comments: _____		
<b>Audit Summary:</b>		
Overall Audit Rating: <u>Good</u>		Date/Time of Audit: <u>10-4-12</u>
Name of Auditor: <u>ERIC W. NETHERTON</u>		Discussed w/Employee: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____		
_____		
_____		

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: L.G.E. Reporting Location: EOC GAS Passported? Y NT  
 Name/Title Employee Working: JOHN VINCENT <sup>CREW LEADER</sup> Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: BO TAYLOR  
 Address/Description of Work: 307 GODFREY - LEAK ON COMPANY SERVICE.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.) CREW WEARING ALL P.P.E.

Other Hazards In Area: NONE

#### Equipment:

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> <u>LEI's calibrated in last 30 days</u>	<input checked="" type="checkbox"/> <u>First Aid Kit Current</u>
<input checked="" type="checkbox"/> <u>Gauges on Truck and in Good Condition</u>	<input checked="" type="checkbox"/> <u>Fire extinguisher on truck/tagged</u>
<input checked="" type="checkbox"/> <u>Equipment Stored Properly</u>	<input checked="" type="checkbox"/> <u>GEO Accessible on Truck</u>
<input checked="" type="checkbox"/> <u>Probes Accessible and in Good Working Order</u>	

Comments: ALL EQUIPMENT IN GOOD WORKING CONDITION.

#### 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  
 Prepared proper completion of leak documentation

Comments: CREW ESTABLISH PERIMETER, PROBES & PINPOINTED LEAK WITH G.M.I. CREW FOUND BAD WELD ON E.F.V. CREW REPLACED LEAKING E.F.V. TO STOP LEAK.

#### Vehicles:

Vehicle Number: 4809 Vehicle Description: INTERNATIONAL Operators License: Y N  
 Medical Card: Y N Operator Name: BO TAYLOR Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD CONDITION  
 Tools/Other Equipment: GOOD CONDITION  
 Pre/Post Trip Inspection: Y N Vehicle Packet: Y N  
 Comments: TRUCK IN GOOD CONDITION.

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10-8-12/1000  
 Name of Auditor: TONY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: L.G.E. Reporting Location: EDC GAS Passported? Y N  
 Name/Title Employee Working: DARREN HOOPER Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: DARREN HOOPER  
 Address/Description of Work: 9507 CEDARLOOK - LEAK INVESTIGATION.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.) CREW WEAR ALL P.P.E.

Other Hazards in Area: NONE

**Equipment:**

<p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CGIs calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and In Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and In Good Working Order</li> </ul>	<p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul>
---	--

Comments: ALL EQUIPMENT IN GOOD CONDITION.

**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
- Prepared proper completion of leak documentation

Comments: CREW ESTABLISHED PERIMETER, PROBED & PINPOINTED LEAK WITH G.M.I. CREW DETERMINED THAT CUSTOMER HAD CLASS I LEAK. TURNED OFF AT STREET. CREW THEN CUT PAVEMENT & RECOMMENDED COMPANY SERVICE. COMPANY & CUSTOMER SERVICE UNDER PAYMENT.

**Vehicle:**

Vehicle Number: 4813 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: DARREN HOOPER Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD CONDITION  
 Tools/Other Equipment: GOOD CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: NEW TRUCK IN GOOD CONDITION

**Audit Summary:**

Overall Audit Rating: GOOD Date/Time of Audit: 10-8-12/1100  
 Name of Auditor: TONY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ABC Passported? Y N  
Name/Title Employee Working: KODNEY BREWER Immediate Supv: ERIC MILLER  
Names of Other Employees on Job: HERMAN STINEWELL MARK WALLACE JOSH ARVIEY  
Address/Description of Work 7401 NOTTOWAY CIRCLE

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
Work Area Protection (signs, flags, cones, etc.) ALL IN PLACE

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_

Other Hazards in Area: \_\_\_\_\_

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: ALREADY NARROWED LEAK DOWN TO LONG SERVICE  
PROBED 20"20" EACH WAY OVER MAIN AND OVER CUSTOMER  
SERVICE ON SHORT SIDE

## Vehicle:

Vehicle Number: 2722 Vehicle Description: CREW TRUCK Operators License: Y N  
Medical Card: Y N Operator Name HERMAN STINEWELL Supv Name \_\_\_\_\_  
Exterior Condition: Good  
Interior Condition: Good  
Mechanical Issues: NONE  
Safety Equip: IN ORDER  
Tools/Other Equipment: IN ORDER  
Pre/Post Trip Inspection Y N Vehicle Packet Y N

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

## Audit Summary:

Overall Audit Rating Good Date/Time of Audit 10-10-12 2:00P  
Name of Auditor MICHAEL JACKSON Discussed w/Employee Y N  
Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ECG Passported? Y N  
 Name/Title Employee Working: Hellis Bridgeman Immediate Supv: Wetherston  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 11222 Kendallton Pl.  
 Job Planning (Scouting, etc.)  Y N Job Briefing Y N UA  
 Work Area Protection (signs, flags, cones, etc.) Yes. PPE,  
 Personal Protective Equipment (Gloves, hard hats, etc.) All appropriate PPE in use.  
 Other Hazards in Area: \_\_\_\_\_

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <u>9/19/2012</u> <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order Comments: <u>All equipment in good working order</u>	<b>Safety Equipment:</b> <input type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <u>10/12</u> <input checked="" type="checkbox"/> GEOP Accessible on Truck
---	--

### 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 adjacent services on opposite side of home
- Established and monitored perimeter N/A
- Demonstrated proper grading of leaks
- Performed tasks consistent with procedures
- Prepared proper completion of leak documentation

Comments: found and repaired water leak on rear appl. Tested hoses and gauges @ ECG, D meter - all OK. All appliances tested service - OK, tested in curb box - no gas

### Vehicle:

Vehicle Number: 6231 Vehicle Description: Truck Operators License:  Y N  
 Medical Card:  Y N Operator Name: Hellis Bridgeman Supv Name: Wetherston  
 Exterior Condition: Excellent  
 Interior Condition: Excellent  
 Mechanical Issues: None  
 Safety Equip: Gloves on truck, probes, keys, shovels, meters well organized  
 Tools/Other Equipment: \_\_\_\_\_  
 Pre/Post Trip Inspection Y N N/A Vehicle Packet  Y N  
 Comments: Very Clean Truck

### Audit Summary:

Overall Audit Rating: Very Good Date/Time of Audit: 10/15/12; 3:30pm  
 Name of Auditor: Paul Stratman Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: L.G.E.E. Reporting Location: ERC GAS Passported? Y N  
 Name/Title Employee Working: DAVE POTTER CREW Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: CHRIS BOONE  
 Address/Description of Work: 9009 NOTTINGHAM PKWY. - BRACKEN SERVICE.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES, AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.) ALL P.P.E. WORN BY CREW.

Other Hazards in Area:

### Equipment:

<p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> CGIs calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order</li> </ul>	<p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul>
---	--

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

### 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
- Prepared proper completion of leak documentation

Comments: ON ARRIVAL, CREW FOUND TROUBLE WITH MONITORING. CREW WORE RESPIRATOR EQUIPMENT, CREW DUG UP SERVICE & SQUEEZED SERVICE OFF TO STOP LEAK, CREW TO MAKE REPAIR TO SERVICE.

### Vehicle:

Vehicle Number: 4719 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: CHRIS BOONE Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD WORKING CONDITION  
 Tools/Other Equipment: GOOD WORKING CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: VEHICLE IN GOOD CONDITION

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10/15/12 1300  
 Name of Auditor: TONY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

<b>LG&amp;E Gas Safety/Procedural Audit Form</b>	
<b>General Safety Information:</b>	
Contractor: _____	Reporting Location: <u>EOC</u> Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>HOLLIS BRIDGEWATER</u>	Immediate Supv: <u>ERIC NETHERTON</u>
Names of Other Employees on Job: _____	
Address/Description of Work: <u>4930 HEALTHCARE BLVD. (LOWES Home CTR.)</u> <u>CODE 1 INSIDE</u>	
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>	Job Briefing <u>Y</u> <u>N</u>
Work Area Protection (signs, flags, cones, etc.) <input checked="" type="checkbox"/>	
Personal Protective Equipment (Gloves, hard hats, etc.) <input checked="" type="checkbox"/>	
Other Hazards in Area: _____	
<b>Equipment:</b>	
<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
Comments: _____	
<b>Leak Investigation:</b>	
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument <input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air <input checked="" type="checkbox"/> Determined location of company facilities <input type="checkbox"/> Installed bar holes to determine potential gas migration <input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage <input checked="" type="checkbox"/> Tested adjacent structures for migration of gas <input checked="" type="checkbox"/> Established and monitored perimeter <input checked="" type="checkbox"/> Demonstrated proper grading of leaks <input checked="" type="checkbox"/> Performed tasks consistent with procedures <input checked="" type="checkbox"/> Prepared proper completion of leak documentation	
Comments: <u>HOLLIS PICKED UP 40% LEAK INSIDE OF BLDG.</u> <u>BAR HOLDING OF SERVICE NOT NECESSARY. SERVICE WOULD NOT</u> <u>HOLD TEST @ OPERATING PRESSURE. AREA AROUND RISER</u> <u>IS SOLID CONCRETE.</u>	
<b>Vehicle:</b>	
Vehicle Number: <u>6291</u>	Vehicle Description: <u>F350</u> Operators License: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Medical Card: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>	Operator Name: <u>HOLLIS BRIDGEWATER</u> Supv Name: _____
Exterior Condition: <input checked="" type="checkbox"/>	
Interior Condition: <input checked="" type="checkbox"/>	
Mechanical Issues: <input checked="" type="checkbox"/>	
Safety Equip: <input checked="" type="checkbox"/>	
Tools/Other Equipment: <input checked="" type="checkbox"/>	
Pre/Post Trip Inspection <u>Y</u> <u>N</u>	Vehicle Packet <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Comments: _____	
<b>Audit Summary:</b>	
Overall Audit Rating: <u>GOOD</u>	Date/Time of Audit: <u>10-15-12 (11:45)</u>
Name of Auditor: <u>ERIC NETHERTON</u>	Discussed w/Employee: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____	



LG&E Gas Safety/Procedural Audit Form		
General Safety Information:		
Contractor: _____	Reporting Location: <u>HOV</u>	Passported? <u>Y</u>
Name/Title Employee Working: <u>JAMES ALLEN</u>	Immediate Supv: <u>ERIC W. NETHERTON</u>	
Names of Other Employees on Job: _____		
Address/Description of Work: <u>4425 SARATOGA Hill Rd.</u> <u>CODE 2 @ METER</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>	Job Briefing <u>Y</u> <u>N</u>	
Work Area Protection (signs, flags, cones, etc.) <input checked="" type="checkbox"/>		
Personal Protective Equipment (Gloves, hard hats, etc.) <input checked="" type="checkbox"/>		
Other Hazards in Area: _____		
Equipment:		
Gas Equipment:	Safety Equipment:	
<input checked="" type="checkbox"/> GGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current	
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged	
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: _____		
Leak Investigation:		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument <input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air <input checked="" type="checkbox"/> Determined location of company facilities <input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration <input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage <input type="checkbox"/> Tested adjacent structures for migration of gas <input type="checkbox"/> Established and monitored perimeter <input checked="" type="checkbox"/> Demonstrated proper grading of leaks <input checked="" type="checkbox"/> Performed tasks consistent with procedures <input checked="" type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>BARHOLED SERVICE &amp; MAKE REPAIRS TO THE SERVICE SIDE OF THE METER LOOP &amp; REFIT THE APPLIANCES. HOUSE HAS METER TESTED OK.</u>		
Vehicle:		
Vehicle Number: <u>1019</u>	Vehicle Description: <u>F350</u>	Operators License: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Medical Card: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Operator Name: <u>JAMES ALLEN</u>	Supv Name: _____
Exterior Condition: <input checked="" type="checkbox"/>		
Interior Condition: <input checked="" type="checkbox"/>		
Mechanical Issues: <input checked="" type="checkbox"/>		
Safety Equip: <input checked="" type="checkbox"/>		
Tools/Other Equipment: <input checked="" type="checkbox"/>		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>	Vehicle Packet <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Comments: _____		
Audit Summary:		
Overall Audit Rating: <u>Good</u>		Date/Time of Audit: <u>10-16-12 (13:00)</u>
Name of Auditor: <u>ERIC NETHERTON</u>		Discussed w/Employee: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Recommendations/Suggestions: _____		

LG&E Gas Safety/Procedural Audit Form		
<b>General Safety Information:</b>		
Contractor: <u>L.G.E.</u>	Reporting Location: <u>EOE GAS</u>	Passported? <u>Y</u> <del>N</del>
Name/Title Employee Working: <u>NORTON ALLEN</u>	Immediate Supv: <u>ERIC NETHERTON</u>	
Names of Other Employees on Job: <u>1 MAN TRUCK</u>		
Address/Description of Work: <u>9009 NOTTINGHAM PKWY - BROKEN SERVICE.</u>		
Job Planning (Scouting, etc.) <u>Y</u> <del>N</del> Job Briefing <u>Y</u> <del>N</del>		
Work Area Protection (signs, flags, cones, etc.) <u>TRouble TECH HAD CONES AROUND VEHICLE</u>		
Personal Protective Equipment (Gloves, hard hats, etc.) <u>TRouble TECH WEARING ALL P.P.E.</u>		
Other Hazards in Area:		
<b>Equipment:</b>		
<b>Gas Equipment:</b>	<b>Safety Equipment:</b>	
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current	
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged	
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments:		
<b>Leak Investigation:</b>		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument <input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air <input checked="" type="checkbox"/> Determined location of company facilities <input checked="" type="checkbox"/> Installed bar holes to determine potential gas migration <input checked="" type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage <input checked="" type="checkbox"/> Tested adjacent structures for migration of gas <input checked="" type="checkbox"/> Established and monitored perimeter <input checked="" type="checkbox"/> Demonstrated proper grading of leaks <input checked="" type="checkbox"/> Performed tasks consistent with procedures <input checked="" type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>ON ARRIVAL, FOUND TRouble TECH HAD MONITORED PERIMETER, ALSO WAS TAKING READING WITH G.M.I. INSIDE &amp; OUTSIDE OF HOUSE. TRouble TECH CONTINUED TO MONITOR UNTIL CREW ARRIVED. CREW SQUEEZED OFF SERVICE TO STOP LEAK. ALSO, TRouble TECH TURNED OFF AT METER.</u>		
<b>Vehicle:</b>		
Vehicle Number: <u>6235</u>	Vehicle Description: <u>FORD</u>	Operators License: <u>Y</u> <del>N</del>
Medical Card: <u>Y</u> <del>N</del>	Operator Name: <u>NORTON ALLEN</u>	Supv Name: <u>ERIC NETHERTON</u>
Exterior Condition: <u>GOOD</u>		
Interior Condition: <u>GOOD</u>		
Mechanical Issues: <u>NONE</u>		
Safety Equip: <u>EQUIPMENT IN GOOD WORKING ORDER</u>		
Tools/Other Equipment: <u>TOOLS IN GOOD CONDITION</u>		
Pre/Post Trip Inspection <u>Y</u> <del>N</del> Vehicle Packet <u>Y</u> <del>N</del>		
Comments:		
<b>Audit Summary:</b>		
Overall Audit Rating: <u>GOOD</u>		
Name of Auditor: <u>TOM HEZEL</u>		Date/Time of Audit: <u>10/15/12 1215</u>
Discussed w/Employee: <u>Y</u> <del>N</del>		
Recommendations/Suggestions: <u>TRouble TECH FOLLOWED ALL PROCEDURES.</u>		

## LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: NORTON ALLEN Immediate Supv: ERIC NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 5608 CHENOWETH RUND  
Case 1 @ the meter  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)   
 Personal Protective Equipment (Gloves, hard hats, etc.)

Other Hazards In Area: \_\_\_\_\_

**Equipment:**

<p><b>Gas Equipment:</b></p> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<p><b>Safety Equipment:</b></p> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
--	--

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

**Leak Investigation:**

Demonstrated proper core, 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  
 Prepared proper completion of leak documentation

Comments: REPAIRED MULTIPLE LEAKS ON SERVICE SIDE OF METER LOOP & BAR HOLED THE SERVICE.

**Vehicle:**

Vehicle Number: 6235 Vehicle Description: F350 Operator's License:  Y N  
 Medical Card:  Y N Operator Name: NORTON ALLEN Supv Name: ERIC NETHERTON  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet Y N

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

**Audit Summary:**

Overall Audit Rating: Good Date/Time of Audit: 10-15-12 (09:30)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N

Recommendations/Suggestions: \_\_\_\_\_

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

### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: BRUCE PEYTON Immediate Supv: ERIC NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 229 BROWN AV. LEAK WAS ON METER LOOP @ 231 BROWN AV.  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)

Personal Protective Equipment (Gloves, hard hats, etc.)

Other Hazards in Area: \_\_\_\_\_

#### Equipment:

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> CGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck
<input checked="" type="checkbox"/> 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  
 Prepared proper completion of leak documentation

Comments: MADE REPAIR TO REG. METER @ 231 BROWN AV & BARNEYS SERVICES @ 229 & 231 BROWN AV. SOAPED OUT METER LOOP @ 229.

#### Vehicle:

Vehicle Number: 5997 Vehicle Description: F350 Operator's License:  Y N  
 Medical Card: Y N N/A Operator Name: BRUCE PEYTON Supv Name: ERIC NETHERTON  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N  
 Comments: \_\_\_\_\_

#### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-15-12 (10:30)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported?  Y  N  
 Name/Title Employee Working: BRENT WEATHERS Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: ANDREW WADACE  
 Address/Description of Work: 335 Hwy 44  
REPAIR LEAK ON COMPANY SERVICE  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) ALL GOOD  
 Personal Protective Equipment (Gloves, hard hats, etc.) YES  
 Other Hazards in Area: \_\_\_\_\_

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
---	--

Comments: GOING TO SPIND STREET ROAD. DOWN. HEAD MUSHROOMED

### 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  
 Prepared proper completion of leak documentation

Comments: LEAK JUST DOWNSTREAM OF BOX ON STREET SIDE OF SIDEWALK. 0% GAS ON CUSTOMER SIDE OF SIDEWALK OR IN 20' PERIMETER OF LEAK. NO NEED TO PROBE FOUNDATION OF HOUSE. LEAK ISOLATED TO 6" CIRCLE AREA.

### Vehicle:

Vehicle Number: 4609 Vehicle Description: GAS CREW TRUCK Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: ANDREW WADACE Supv Name: ERIC MILLER  
 Exterior Condition: GOOD  
 Interior Condition: FAIR  
 Mechanical Issues: NONE  
 Safety Equip: \_\_\_\_\_  
 Tools/Other Equipment: ALL TOOLS ARE STORED & APPEAR TO BE GOOD.  
 Pre-Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: FAIRLY ORGANIZED TRUCK.

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10/15/12 - 14:00  
 Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: NO RECOMMENDATIONS.

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: Juan Cochran Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Nathan Jones  
 Address/Description of Work: Southside Dr. At Woodmore  
Looking for leak on EP gas main.  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) Signs + cones out.

Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on.

Other Hazards in Area: See recommendations + suggestions.

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck 17  
17A

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 NA
- Established and monitored perimeter
- Demonstrated proper grading of leaks
- Performed tasks consistent with procedures
- Prepared proper completion of leak documentation

Comments: Crew had 6 bar holes down, narrowed leak down to edge of road with hole holding 75 to 80 % gas. No gas was detected in manhole MSD in street. Hole was being dug out when I left job.

## Vehicle:

Vehicle Number: 4808 Vehicle Description: Crew Truck Operator's License: Y N  
 Medical Card: Y N Operator Name: Nathan Jones Supv Name: Eric Miller  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: None  
 Safety Equip: Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N

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

## Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-15-12 11:15 AM  
 Name of Auditor: T.M. Murphy Discussed w/Employee: Y N  
 Recommendations/Suggestions: Suggested that when working in a intersection that busy he should get a traffic officer. He talked to ERIC about getting one on job.

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ADC Passported? Y N  
 Name/Title Employee Working: Steve Summer Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Josh Alvey  
 Address/Description of Work: Repairing leak on 4" LP CI gas main.  
936 E. Madison St.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Signs + cones out, Deadend Street.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All being used by all employees  
 Other Hazards In Area: NONE

### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck 16  
16A

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
- Prepared proper completion of leak documentation

Comments: Talked to Steve about how he located leak. Steve explained he had put 5 bar hole down started taking readings from each hole narrowed leak down to a 4" CI joint. Steve had note book with reading wrote down for each bar hole. 15% gas at leak.

### Vehicle:

Vehicle Number: 4722 Vehicle Description: Crew truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Josh Alvey Supv Name: Eric Miller  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: NONE  
 Safety Equip: All Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: \_\_\_\_\_

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-16-12 11:38AM  
 Name of Auditor: T.M. Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: None at this time

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: L.G.E.E. Reporting Location: EDC GAS Passported? Y N  
 Name/Title Employee Working Daryl Hayden CREW LEADER Immediate Supv: Tony Heckel  
 Names of Other Employees on Job: Kenny Harrison  
 Address/Description of Work: 305 W. Hwy 42 - LEAK ON COMPANY SERVICE

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGN, FLAGS, CONES, AROUND WORK SITE.

Personal Protective Equipment (Gloves, hard hats, etc.) CREW WEARING ALL P.P.E.

Other Hazards in Area: NONE

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> <u>CGI's calibrated in last 30 days</u> <input checked="" type="checkbox"/> <u>Gauges on Truck and In Good Condition</u> <input checked="" type="checkbox"/> <u>Equipment Stored Properly</u> <input checked="" type="checkbox"/> <u>Probes Accessible and in Good Working Order</u>	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> <u>First Aid Kit Current</u> <input checked="" type="checkbox"/> <u>Fire extinguisher on truck/tagged</u> <input checked="" type="checkbox"/> <u>GEOP Accessible on Truck</u>
--	---

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

### 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
- Prepared proper completion of leak documentation

Comments: CREW DRILLED OVER MAIN & PINPOINTED LEAK WITH G.M.I. OVER COMPANY SERVICE. CREW CUT OUT SERVICE AT MAIN. CREW TO RETURN ON 10-16-12 TO CUT OUT MAIN. NO ACTIVE SERVICES REMAIN ON 2" MAIN.

### Vehicle:

Vehicle Number: 4813 Vehicle Description: INTERNATIONAL Operators License: Y N  
 Medical Card: Y N Operator Name: Kenny Harrison Supv Name: Tony Heckel  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD  
 Tools/Other Equipment: GOOD  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: NEW TRUCK

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10-16-12 / 1300  
 Name of Auditor: Tony Heckel Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE



## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: BARNSTOWN Passported? Y N  
 Name/Title Employee Working: Richie SPRINGSTON Immediate Supv: ERIC W. NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 9907 WINGFIELD RD.

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)

Personal Protective Equipment (Gloves, hard hats, etc.)

### Other Hazards in Area:

#### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- N/A  Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage
- N/A  Tested adjacent structures for migration of gas
- N/A  Established and monitored perimeter
- Demonstrated proper grading of leaks
- Performed tasks consistent with procedures
- Prepared proper completion of leak documentation

Comments: Found leak on inlet meter swivel.

BAR HOLED SERVICE @ RISOR.

### Vehicle:

Vehicle Number: 6547 Vehicle Description: F350 Operators License:  Y N  
 Medical Card: Y N Operator Name: RICHIE SPRINGSTON Supv Name: EWN  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N  
 Comments: \_\_\_\_\_

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-16-12 (14:46)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: BARSTOWN Passported? Y N  
 Name/Title Employee Working: RICHIE SPRINGSTON Immediate Supv: ERIC W. NETHERTON  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 675 LLOYD LN. (MT. WASHINGTON)  
COND 1 @ the meter  
 Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.)   
 Personal Protective Equipment (Gloves, hard hats, etc.)

Other Hazards in Area: \_\_\_\_\_

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
--	--

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  
 Prepared proper completion of leak documentation

Comments: SCAPED OUT METER LOOP & BARHOLED SERVICE @ the RISOR.  
NO LEAK FOUND

### Vehicle:

Vehicle Number: 6527 Vehicle Description: F350 Operator's License: Y N  
 Medical Card: Y N Operator Name: \_\_\_\_\_ Supv Name: EWN  
 Exterior Condition:   
 Interior Condition:   
 Mechanical Issues:   
 Safety Equip:   
 Tools/Other Equipment:   
 Pre/Post Trip Inspection Y N Vehicle Packet  Y N  
 Comments: \_\_\_\_\_

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-16-12 (13:30)  
 Name of Auditor: ERIC NETHERTON Discussed w/Employee:  Y N  
 Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: Kevin Mills Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Brian Kingrey  
 Address/Description of Work: 3402 Dixie Hwy. Repairing leak on 4 plex meter manifold.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Cones + Sign out.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All PPE being used.

Other Hazards in Area: None

### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck 141 14A

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
- Prepared proper completion of leak documentation

Comments: Leak was on nipple at tee on manifold. 1% LEL recorded at leak. Repairs made by loosening union and screwing nipple down in tee. Soap out no leak found.

### Vehicle:

Vehicle Number: 4B11 Vehicle Description: Crew Truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Brian Kingrey Supv Name: Eric Miller  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: See Comments  
 Safety Equip: Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: Crew complained that too much grease being put on tractor and falling on trailer floor making a trip hazard. Will talk to Garage about problem.

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 10-16-12 1300  
 Name of Auditor: Tim Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: look good none at this time.

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: JUAN COCHRAN Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: ANDREW STUNSON NATHAN JONES  
 Address/Description of Work: WOODMOLE & SOUTHSIDE DR

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) All in place including TRAFFIC CONES

Personal Protective Equipment (Gloves, hard hats, etc.) BATA WORN

Other Hazards in Area: \_\_\_\_\_

### Equipment:

- |  |  |
|--|--|
| <b>Gas Equipment:</b><br><input checked="" type="checkbox"/> CGI's calibrated in last 30 days<br><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition<br><input checked="" type="checkbox"/> Equipment Stored Properly<br><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order | <b>Safety Equipment:</b><br><input checked="" type="checkbox"/> First Aid Kit Current<br><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged<br><input checked="" type="checkbox"/> GEOP Accessible on Truck |
|--|--|

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
- Prepared proper completion of leak documentation

Comments: PROBES TO 30' EACH DIRECTION OF HOLE

### Vehicle:

Vehicle Number: 4809 Vehicle Description: PLOW TRUCK Operators License: Y N  
 Medical Card: Y N Operator Name: \_\_\_\_\_ Supv Name: \_\_\_\_\_  
 Exterior Condition: NEEDS WASH  
 Interior Condition: GOOD  
 Mechanical Issues: None  
 Safety Equip: WORKING  
 Tools/Other Equipment: In Order  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N

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

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10-16-17 10:45A  
 Name of Auditor: MIKE JACKSON Discussed w/Employee: Y N  
 Recommendations/Suggestions: \_\_\_\_\_

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

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported?  Y  N  
 Name/Title Employee Working: STEVE SUMNER Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: JOSH ALVEY  
 Address/Description of Work: 938 E. MADISON ST.  
CLASS 2 LEAK OVER MAIN IN ST.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) DEAD END ST.  
ALL PROTECTION EQUIP USED.  
 Personal Protective Equipment (Gloves, hard hats, etc.) ALL PPE ON.  
 Other Hazards in Area: NONE

### Equipment:

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input checked="" type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
--	--

Comments: HAD ALL DOCUMENTS TOGETHER & READY FOR INSPECTION.

### 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
- Prepared proper completion of leak documentation

Comments: SMALL LEAK IN ST. OVER 4" CI MAIN. VERY LITTLE MIGRATION. NO NEED TO MONITOR ONCE PERIMETER SET. ZEROED IN ON LEAK & RUSTED HOLE.

### Vehicle:

Vehicle Number: 4720 Vehicle Description: GAS CREW Operators License:  Y  N  
 Medical Card:  Y  N Operator Name: JOSH ALVEY Supv Name: ERIC MILLER  
 Exterior Condition: GOOD  
 Interior Condition: FAIR  
 Mechanical Issues: NONE  
 Safety Equip: \_\_\_\_\_  
 Tools/Other Equipment: \_\_\_\_\_  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: AFTER WALK AROUND OF TRUCK, ALL TOOLS STORED & WORKING PROPERLY.

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10/17/12-10:00  
 Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: CLEAN UP CAB AITTLE. (INSIDE)

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ADC Passported?  Y  N  
Name/Title Employee Working: BRENT WEATHERS Immediate Supv: ERIC MILLER  
Names of Other Employees on Job: JOSH ALVEY - JOE SCHLANK  
Address/Description of Work: TAYLOR & BICKNELL

Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
Work Area Protection (signs, flags, cones, etc.) YES - FIRE DEPT ON SCENE.

Personal Protective Equipment (Gloves, hard hats, etc.) ALL PPE INCLUDING FR SHIRTS

Other Hazards in Area: BLOWING GAS

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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 - CLASS 1
- Performed tasks consistent with procedures
- Prepared proper completion of leak documentation

Comments: SEE ATTACHMENT →

OVER

## Vehicle:

Vehicle Number: 4609 Vehicle Description: GAS CREW TRUCK Operator's License:  Y  N  
Medical Card:  Y  N Operator Name: JOSH ALVEY Supv Name: ERIC MILLER

Exterior Condition: GOOD

Interior Condition: FAIR

Mechanical Issues: NONE

Safety Equip: ALL GOOD

Tools/Other Equipment: ALL GOOD

Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N

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

## Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10/23/12 - APPROX. 11:00.

Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  N

Recommendations/Suggestions: CREW & TROUBLE TECH ARE OUTSTANDING JOB W/BROKEN MAIN.

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: MAGNOLIA Passported? Y N  
Name/Title Employee Working: CLINT WILLIAMS - DIST. A Immediate Supv: DOUG ARIN  
Names of Other Employees on Job: \_\_\_\_\_  
Address/Description of Work: 4903 S. LANTANA, MAGNOLIA, KY. 42057. TROUBLE/INVESTIGATE  
LEAK OUTSIDE.  
Job Planning (Scouting, etc.) X Y N Job Briefing Y X N  
Work Area Protection (signs, flags, cones, etc.) YES  
Personal Protective Equipment (Gloves, hard hats, etc.) YES

Other Hazards In Area: NONE

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire Extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

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

## Vehicle:

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 Inspection Y N Vehicle Packet Y N  
Comments: \_\_\_\_\_

## Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 10/26/2010  
Name of Auditor: DOUG ARIN Discussed w/Employee: X Y N  
Recommendations/Suggestions: NONE

11:15

Company:  E  AuditNo: 14567 Contractor:  Specify Other:

Crew Reporting Location: EOC - Gas  Passported?:  Passport Shown on Request?:

Lead Person #1: VINCENT, TODD  Lead Person #2: SHELTON, GARY  Immediate Supervisor: Tony Heckel

Employees under their supervision on this job:   
[Click to add employee to audit](#)

Location and brief description of work: Barbour Ln and Barbour Place (Repair leak on valve)

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: All signs and cones properly placed  
 Yes

PPE (Hardhat, Gloves, Sleeves):  
All Proper? Describe: All PPE worn  
 Yes

Cover-Up Equipment  
All Proper? Describe:  
 Not Applicable

Other Equipment and Procedures:  
All Proper? Describe: Fire extinguisher properly placed and laddered in excavation  
 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 charge?  Yes  Describe:

Date of Audit: 10/29/2012  Time of Audit: 1300 Employee Performing Audit: DODSON, LARRY   
Entered Date/Time: 10/31/2012 8:18:03 P Entered By:   Follow Up?



### LG&E Gas Safety/Procedural Audit Form

#### General Safety Information:

Contractor: LG&E Reporting Location: EOC GAS Passported? Y N  
 Name/Title Employee Working: TODD VINCENT Immediate Supv: TONY HEZKEL  
 Names of Other Employees on Job: RODNEY ALLEN, CHRIS HALL, GARY SHELTON  
 Address/Description of Work: BARBOUR LN. & BARBOUR PL. - MAIN LEAK

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE, TRAFFIC CONTROL.

Personal Protective Equipment (Gloves, hard hats, etc.) CREW WEARING ALL P.P.E.

Other Hazards in Area: NONE

#### Equipment:

<b>Gas Equipment:</b>	<b>Safety Equipment:</b>
<input checked="" type="checkbox"/> OGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

#### 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
- Prepared proper completion of leak documentation

Comments: ON ARRIVAL CREW DUG UP 4" VALVE AND FOUND VALVE LEAKING. CREW CALLED FOR TRAFFIC CONTROL, CREW UNABLE TO REPAIR LEAKING VALVE. CREW CALLED FOR WELDERS. WELDERS INSTALLED 2 - 4" MUELLERS. MUELLER CREW TAPPED E-STOP MUELLERS, WELDERS REPAIRED VALVE.

#### Vehicle:

Vehicle Number: 4809 Vehicle Description: INTERNATIONAL Operators License: Y N  
 Medical Card: Y N Operator Name: RODNEY ALLEN Supv Name: TONY HEZKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD CONDITION  
 Tools/Other Equipment: GOOD CONDITION  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments:

#### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 2200 / 10-29-12  
 Name of Auditor: TONY HEZKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

### LG&E Gas Safety/Procedural Audit Form

**General Safety Information:**

Contractor: L.G. EE Reporting Location: EOG GAS Passported? Y N  
 Name/Title Employee Working: DAVID POTERT - CREW LEADER Immediate Supv: TONY HECKEL  
 Names of Other Employees on Job: KENNY HARRISON, BOBBY PENNINGTON, LESTER GOETZINGER  
 Address/Description of Work: 11300 ELECTRON DR. - Broken Service

Job Planning (Scouting, etc.) Y N Job Briefing Y N  
 Work Area Protection (signs, flags, cones, etc.) ALL SIGNS, FLAGS, CONES AROUND WORK SITE. ALSO, TRAFFIC CONTROL  
 Personal Protective Equipment (Gloves, hard hats, etc.) CREWS WORKING ALL P.P.E.

Other Hazards in Area: NONE

**Equipment:**

<p><b>Gas Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> GGI's calibrated in last 30 days</li> <li><input checked="" type="checkbox"/> Gauges on Truck and in Good Condition</li> <li><input checked="" type="checkbox"/> Equipment Stored Properly</li> <li><input checked="" type="checkbox"/> Probes Accessible and in Good Working Order</li> </ul>	<p><b>Safety Equipment:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> First Aid Kit Current</li> <li><input checked="" type="checkbox"/> Fire extinguisher on truck/tagged</li> <li><input checked="" type="checkbox"/> GEOP Accessible on Truck</li> </ul>
--	--

Comments: ALL EQUIPMENT IN GOOD WORKING ORDER.

**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
- Prepared proper completion of leak documentation

Comments: CONTRACTOR BORING IN FIBER OPTIC, BROKE 2" PLASTIC COMPANY. TRUCK SET PERIMETER AND MONITORED WHILE CREWS DO SERVICE UP AT MAIN AND SQUEEZED OFF SERVICE. CREWS TO MAKE REPAIRS.

**Vehicle:**

Vehicle Number: 4719 Vehicle Description: INTERNATIONAL Operator's License: Y N  
 Medical Card: Y N Operator Name: \_\_\_\_\_ Supv Name: TONY HECKEL  
 Exterior Condition: GOOD  
 Interior Condition: GOOD  
 Mechanical Issues: NONE  
 Safety Equip: GOOD  
 Tools/Other Equipment: GOOD  
 Pre/Post Trip Inspection Y N Vehicle Packet Y N  
 Comments: \_\_\_\_\_

**Audit Summary:**

Overall Audit Rating: GOOD Date/Time of Audit: 10-30-12/11:45  
 Name of Auditor: TONY HECKEL Discussed w/Employee: Y N  
 Recommendations/Suggestions: NONE

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: Miller Pipeline Reporting Location: Canal St. Passported? Y N  
Name/Title Employee Working: Danny Lawson Immediate Supv: Jim Linton  
Names of Other Employees on Job: Neal Miller, David Nowlin  
Address/Description of Work: 400 Blk West Liberty St.  
Investigating leak on 18" CILP gas main  
Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
Work Area Protection (signs, flags, cones, etc.) Arrow board on job site, cones and signs out and in place  
Personal Protective Equipment (Gloves, hard hats, etc.) PPE being used by all.

Other Hazards In Area: NONE

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged  
EOP Accessible on Truck

Comments: All in order.

## 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
- Prepared proper completion of leak documentation

Comments: 10 bar holes in street and sidewalk, readings taken in all manholes and in sewer lids no gas found. Detected leak over 4" LP service gas service to 4th St. live. Leak is on 4" nipple in 18" gas main. Miller wrapped leak and ordered kit to make repairs. 2% gas at leak.

## Vehicle:

Vehicle Number: ?? Vehicle Description: Crew Truck Operators License:  Y  N  
Medical Card:  Y  N Operator Name: Danny Lawson Supv Name: Jim Linton  
Exterior Condition: Good  
Interior Condition: Good  
Mechanical Issues: None  
Safety Equip: All good.  
Tools/Other Equipment: Good  
Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
Comments:

## Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 11-14-12 1:30pm  
Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
Recommendations/Suggestions: None at this time all looked good.

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: LG&E Reporting Location: CENTER Passported? Y N  
Name/Title Employee Working: JUSTIN BURRIS Immediate Supv: LOUIS ARIN  
Names of Other Employees on Job: NATE PROSBETT & KEVIN GOZZARDI  
Address/Description of Work: 180 MAIN ST., CENTER, KY. REPAIRING LEAK ON  
2" ACRYL-A PLASTIC MAIN.  
Job Planning (Scouting, etc.) XY N Job Briefing XY N  
Work Area Protection (signs, flags, cones, etc.) ALL PROPER  
Personal Protective Equipment (Gloves, hard hats, etc.) ALL PPE USED PROPERLY  
Other Hazards in Area: NONE (HAD OTHER UTILITIES LOCATED)

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: LEAK WAS IN ALLEY, HOWEVER NO BLACKTOP INVOLVED.  
MAIN IS IN DIRT. NO STRUCTURES INVOLVED. GAS PERIMETER  
ABOUT A 10' RADIUS. MINOR LEAK EXACTLY.

## Vehicle:

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 Inspection Y N Vehicle Packet Y N  
Comments: \_\_\_\_\_

## Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 1330 11-14  
Name of Auditor: LOUIS ARIN Discussed w/Employee: XY N  
Recommendations/Suggestions: NONE

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: Muldraugh Passported?  Y  N

Name/Title Employee Working: Joe Baker - Crew Leader Immediate Supv:  Ed Walton

Names of Other Employees on Job: \_\_\_\_\_ Leroy Martin, Mike Burton and Cliff Bell

Address/Description of Work: 401 South Wilson Road, Radcliff, KY 40160

Disconnecting Main, Third Party Damage

Job Planning (Scouting, etc.)  Y  N

Job Briefing  Y  N

Work Area Protection (signs, flags, cones, etc.)  Yes

Personal Protective Equipment (Gloves, hard hats, etc.)  PPE worn

Other Hazards in Area: \_\_\_\_\_ None

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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

## Leak Investigation:

- NA Demonstrated proper care, handling and calibration of leak instrument
- NA Demonstrated turning on instrument and zeroed in ambient free air
  - Determined location of company facilities
- NA Installed bar holes to determine potential gas migration
- 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
  - Performed tasks consistent with procedures
  - Prepared proper completion of leak documentation

Comment: This was a call originally responded to by a trouble tech. Crew was on site to disconnect main from valve  
Trouble Tech had already turned gas off.

## Vehicle:

Vehicle Number: \_\_\_\_\_ 4610 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 Inspection  Y  N Vehicle Packet  Y  N

Comments: \_\_\_\_\_ Vehicle and equipment was not inspected

## Audit Summary:

Overall Audit Rating: Good  Date/Time of Audit: 11/14/2012-1730hrs

Name of Auditor: Ed Walton Discussed w/Employee:  Y  N

Recommendations/Suggestions:  None

Waiting on CLS to arrive to mark underground utilities

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: Muldraugh Passported? \_\_\_Y\_\_\_N  
Name/Title Employee Working: Dale Doolin -Trouble Tech Immediate Supv: \_\_\_ Ed Walton  
Names of Other Employees on Job: \_\_\_\_\_ Charlie Roberts  
Address/Description of Work \_\_\_ 2119 S. Dixie Hwy. Radcliff KY 40160  
Investigating Leak (smell of gas)  
Job Planning (Scouting, etc.) \_\_\_Y\_\_\_N Job Briefing Y x N  
Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_ NA

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_ PPE worn

Other Hazards in Area: \_\_\_\_\_

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comment: Employees identified sewer gas as odor customer smelled.  
House lines was tested and areas around meter loop was inspected for gas leak

## Vehicle:

Vehicle Number: \_\_\_ 6218 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 Inspection \_\_\_Y\_\_\_N Vehicle Packet \_\_\_Y\_\_\_N  
Comments: \_\_\_\_\_ Vehicle and equipment was not inspected

## Audit Summary:

Overall Audit Rating \_\_\_ Good Date/Time of Audit \_\_\_ 11/15/2012-1100hrs  
Name of Auditor \_\_\_ Ed Walton Discussed w/Employee \_\_\_X\_\_\_Y\_\_\_N  
Recommendations/Suggestions: \_\_\_\_\_ None

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: Muldraugh Passported? \_\_\_Y\_\_\_N  
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 40160

Job Planning (Scouting, etc.) \_\_\_Y\_\_\_N Job Briefing \_\_\_Y\_\_\_N  
Work Area Protection (signs, flags, cones, etc.) \_\_\_\_\_ N/A Parked in Driveway

Personal Protective Equipment (Gloves, hard hats, etc.) \_\_\_\_\_ Yes

Other Hazards in Area: \_\_\_\_\_ None

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comment: Call was originally for 330 Park. Leak was found on service at 319 Park Ave

## Vehicle:

Vehicle Number: \_\_\_ 6214 Vehicle Description: \_\_\_ F350 Operators License: \_\_\_x\_\_\_Y\_\_\_N  
Medical Card: \_\_\_x\_\_\_Y\_\_\_N Operator Name \_\_\_ Wayne Darnall Supv Name \_\_\_ Ed Walton

Exterior Condition: \_\_\_\_\_

Interior Condition: \_\_\_\_\_

Mechanical Issues: \_\_\_\_\_

Safety Equip: \_\_\_\_\_

Tools/Other Equipment: \_\_\_\_\_

Pre/Post Trip Inspection \_\_\_Y\_\_\_N

Vehicle Packet \_\_\_Y\_\_\_N

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

## Audit Summary:

Overall Audit Rating \_\_\_ Good

Date/Time of Audit 11/20/2012 -1530

Name of Auditor \_\_\_ Ed Walton

Discussed w/Employee \_\_\_x\_\_\_Y\_\_\_N

Recommendations/Suggestions: \_\_\_\_\_ None

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: ADC Passported? Y N  
 Name/Title Employee Working: Joe Cslank Immediate Supv: Eric Netherton  
 Names of Other Employees on Job: \_\_\_\_\_  
 Address/Description of Work: 3628 Northwestern Pkwy.  
Code 1 inside house  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Cones around truck, flashers on.  
 Personal Protective Equipment (Gloves, hard hats, etc.) PPE being used.  
 Other Hazards In Area: None

## Equipment:

### Gas Equipment:

- CGI's calibrated in last 30 days
- Gauges on Truck and in Good Condition New
- Equipment Stored Properly
- Probes Accessible and in Good Working Order

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: All good

## 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
- Prepared proper completion of leak documentation

Comments: Called in as code 1 inside house. No leak on service line. H/L test OK meter. No gas was detected in house. Job cleared.

## Vehicle:

Vehicle Number: 6024 Vehicle Description: Trouble Truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Joe Cslank Supv Name: Eric Netherton  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: None  
 Safety Equip: All good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N NA Vehicle Packet  Y  N  
 Comments: All looked good!

## Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 11-26-12 11:30AM  
 Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: All looked good, none at this time.





# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: EOC Passported? Y N  
 Name/Title Employee Working: Chris Hall Immediate Supv: Tony Heckel  
 Names of Other Employees on Job: Chris Boone  
 Address/Description of Work: 3321 Trinity Rd.  
Leak at tapping tee on 2" plastic MP main.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Work area had all cones & signs out.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on.

Other Hazards In Area: None

## Equipment

<b>Gas Equipment:</b> <input checked="" type="checkbox"/> CGI's calibrated in last 30 days <input type="checkbox"/> Gauges on Truck and in Good Condition <input checked="" type="checkbox"/> Equipment Stored Properly <input checked="" type="checkbox"/> Probes Accessible and in Good Working Order	<b>Safety Equipment:</b> <input checked="" type="checkbox"/> First Aid Kit Current <input checked="" type="checkbox"/> Fire extinguisher on truck/tagged <input checked="" type="checkbox"/> GEOP Accessible on Truck
---	--

Comments: Fire extinguisher out on at dig site.

## 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
- Prepared proper completion of leak documentation

Comments: Several probe hole at main + service, both long & short service had probe holes down. 85% gas over long service at main. Repairs made on bad fuse on long service.

## Vehicle

Vehicle Number: 4721 Vehicle Description: Crew Truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Chris Boone & Chris Hall Supv Name: Tony Heckel  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: None  
 Safety Equip: Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: \_\_\_\_\_

## Audit Summary

Overall Audit Rating: Good Date/Time of Audit: 12-12-12 11:40 Am  
 Name of Auditor: Tim Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: None at this time, all looked Good.

Company:  AuditNo:  Contractor:  Specify Other:   
Crew Reporting Location:  Passported?:  Passport Shown on Request?:   
Lead Person #1:  Lead Person #2:  Immediate Supervisor:   
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:

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:

Other Equipment and Procedures:

All Proper? Describe:

Hazards not being guarded against by crew:

Overall Safety Rating of Crew:

Recommendations or Suggestions:

Are all safety devices in working order?

All Proper? Describe:

Audit results discussed with employee in charge?

Describe:

Date of Audit:

Time of Audit:

Employee Performing Audit:

Entered Date/Time:

Entered By:

Follow Up?

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: N/A      Reporting Location: Muldraugh      Passported? Y N  
 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 leak call about gas smell from oven  
 Job Planning (Scouting, etc.) X Y N      Job Briefing X Y N  
 Work Area Protection (signs, flags, cones, etc.) N/A  
 Personal Protective Equipment (Gloves, hard hats, etc.) Employee wore safety glasses and steel toed shoes  
 Other Hazards in Area: N/A

### Equipment:

#### Gas Equipment:

Yes *CGI's calibrated in last 30 days - note employee used GT-40*  
 Yes *Gauges on Truck and in Good Condition*  
 Yes *Equipment Stored Properly*  
 Yes *Probes Accessible and in Good Working Order*

#### Safety Equipment:

Yes *First Aid Kit Current*  
 Yes *Fire extinguisher on truck/tagged*  
 Yes *GEOP Accessible on Truck*

#### Comments:

N/A

### Leak Investigation:

Yes *Demonstrated proper care, handling and calibration of leak instrument - Investigation in progress when I arrived.*  
 Yes *Demonstrated turning on instrument and zeroed in ambient free air - leak investigation in process when I arrived*  
 No *Determined location of company facilities - Call was to investigate oven, no report of outside leak and no indication at meter.*  
 No *Installed bar holes to determine potential gas migration -*  
 No *Tested cracks in pavement, sidewalks, exterior walls and other locations 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. Employee performed meter test to verify house lines not leaking.*  
 Yes *Demonstrated proper grading of leaks - Employee red-tagged oven.*  
 Yes *Performed tasks consistent with procedures*  
 Yes *Prepared proper completion of leak documentation*

Comments: Employee determined through discussion with customer and investigation that the stove's control valve  
was not working properly and red-tagged appliance.  
Customers were not asked to evacuate, there was no immediate danger.

### Vehicle:

Vehicle Number: 6045      Vehicle Description: F-350      Operators License: X Y N  
 Medical Card: X Y N      Operator Name: Dale Doolin      Supv Name: Ed Walton  
 Exterior Condition: Excellent  
 Interior Condition: Very good, well-organized  
 Mechanical Issues: \_\_\_\_\_  
 Safety Equip: Safety equipment present.  
 Tools/Other Equipment: \_\_\_\_\_  
 Pre/Post Trip Inspection X Y N      Vehicle Packet X Y N  
 Comments: \_\_\_\_\_

### Audit Summary:

Overall Audit Rating Very Good      Date/Time of Audit 12/14/2012, 11:30  
 Name of Auditor Tom Rieth      Discussed w/Employee X Y N  
 Recommendations/Suggestions: No suggestions, employee working safely

Company: [ ] Audit No: 15136 Contractor: [ ] Specify Other: [ ]  
Crew Reporting Location: EOC - Gas [ ] Passported?: [ ] Passport Shown on Request?: [ ]  
Lead Person #1: LEWIS, RICHARD [ ] Lead Person #2: [ ] Immediate Supervisor: [ ]

Employees under their supervision on this job: [ ] ??

Click to add employee to audit

Location and brief description of work

Upper River Rd. / broken 2in EVP service

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 [ ]

PPE (Hardhat, Gloves, Sleeves):

All Proper? Describe: all in use  
Yes [ ]

Cover-Up Equipment

All Proper? Describe:  
Not Applicable [ ]

Other Equipment and Procedures:

All Proper? Describe: grounded tools  
Yes [ ]

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 charge?

No [ ] Describe:

Date of Audit: 12/14/2012 [ ]

Time of Audit: 1100

Employee Performing Audit: MCBRIDE, KEITH [ ]

Entered Date/Time: 12/14/2012 12:39:50

Entered By: [ ]

Follow Up?

<b>LG&amp;E Gas Safety/Procedural Audit Form</b>		
<b>General Safety Information:</b>		
Contractor: _____	Reporting Location: <u>AOC</u>	Passported? <u>Y</u> <u>N</u>
Name/Title Employee Working: <u>KENNY PEAVLER</u>	Immediate Supv: <u>ERIC NETHERTON</u>	
Names of Other Employees on Job: _____		
Address/Description of Work: <u>7009 SHALLOW LAKE RD.</u> <u>CODE 1 INSIDE</u>		
Job Planning (Scouting, etc.) <u>Y</u> <u>N</u>	Job Briefing <u>Y</u> <u>N</u>	
Work Area Protection (signs, flags, cones, etc.) _____		
Personal Protective Equipment (Gloves, hard hats, etc.) _____		
Other Hazards in Area: _____		
<b>Equipment:</b>		
<b>Gas Equipment:</b>	<b>Safety Equipment:</b>	
<input checked="" type="checkbox"/> GGI's calibrated in last 30 days	<input checked="" type="checkbox"/> First Aid Kit Current	
<input checked="" type="checkbox"/> Gauges on Truck and in Good Condition	<input checked="" type="checkbox"/> Fire extinguisher on truck/tagged	
<input checked="" type="checkbox"/> Equipment Stored Properly	<input checked="" type="checkbox"/> GEOP Accessible on Truck	
<input checked="" type="checkbox"/> Probes Accessible and in Good Working Order		
Comments: <u>FIRE EXTINGUISHER NEEDS A NEW SEA/.</u>		
<b>Leak Investigation:</b>		
<input checked="" type="checkbox"/> Demonstrated proper care, handling and calibration of leak instrument		
<input checked="" type="checkbox"/> Demonstrated turning on instrument and zeroed in ambient free air		
<input type="checkbox"/> Determined location of company facilities		
<input type="checkbox"/> Installed bar holes to determine potential gas migration		
<input type="checkbox"/> Tested cracks in pavement, sidewalks, exterior walls and other locations that may indicate leakage		
<input type="checkbox"/> Tested adjacent structures for migration of gas		
<input type="checkbox"/> Established and monitored perimeter		
<input type="checkbox"/> Demonstrated proper grading of leaks		
<input type="checkbox"/> Performed tasks consistent with procedures		
<input type="checkbox"/> Prepared proper completion of leak documentation		
Comments: <u>FAMILY SAID SHE DIDN'T SMELL GAS, ONLY CONCERNED WITH THE SOUND THE METER WAS MAKING. NO LEAK FOUND AROUND THE METER LOOP.</u>		
<b>Vehicle:</b>		
Vehicle Number: <u>6300</u>	Vehicle Description: <u>F350</u>	Operator's License: <u>Y</u> <u>N</u>
Medical Card: <u>Y</u> <u>N</u>	Operator Name: _____	Supv Name: <u>ERIC NETHERTON</u>
Exterior Condition: <input checked="" type="checkbox"/>		
Interior Condition: <input checked="" type="checkbox"/>		
Mechanical Issues: <input checked="" type="checkbox"/>		
Safety Equip: <input checked="" type="checkbox"/>		
Tools/Other Equipment: <input checked="" type="checkbox"/>		
Pre/Post Trip Inspection <u>Y</u> <u>N</u>	Vehicle Packet <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>	
Comments: _____		
<b>Audit Summary:</b>		
Overall Audit Rating: <u>Good</u>		Date/Time of Audit: <u>08:00 / 12-19-12</u>
Name of Auditor: <u>ERIC NETHERTON</u>		Discussed w/Employee: <input checked="" type="checkbox"/> <u>Y</u> <u>N</u>
Recommendations/Suggestions: _____		

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: LG&E Reporting Location: ADC Passported?  Y  N  
 Name/Title Employee Working: STEVE SUMNER Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: ANDREW WAADLE  
 Address/Description of Work: MILL CREEK POWER PLANT

Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) WORK AREA CONED & TAPED.

Personal Protective Equipment (Gloves, hard hats, etc.) YES, ALL PPE WORN

Other Hazards in Area: BLOWING GAS, CONSTRUCTION TRAFF.

### Equipment:

#### Gas Equipment:

- CGIs calibrated in last 30 days
- Gauges on Truck and in Good Condition
- Equipment Stored Properly
- Probes Accessible and in Good Working Order

#### Safety Equipment:

- First-Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: TRUCK ORGANIZED

### 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
- Prepared proper completion of leak documentation

Comments: POWER PLANT HAA, LEAKING UNDERGROUND HOUSE LINE. ESTABLISHED PERIMETER, & STARTED EXCAVATION W/VAC RIG.

### Vehicle:

Vehicle Number: 4720 Vehicle Description: GAS CREW TRUCK. Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: ANDREW WAADLE Supv Name: ERIC MILLER  
 Exterior Condition: DIRTY  
 Interior Condition: FAIR  
 Mechanical Issues: NONE  
 Safety Equip: GOOD  
 Tools/Other Equipment: GOING TO REORGANIZE A BIN ON TRUCK TO CLEAN UP.  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N

Comments:

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 12/24/12  
 Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  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: LG&E Reporting Location: AOC Passported?  Y  N  
 Name/Title Employee Working: JUAN COCHRAN Immediate Supv: ERIC MILLER  
 Names of Other Employees on Job: MARK WALLACE 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 SIGNS NO FLAGS YES CONES  
\$TROBE LIGHTS CLASS 1 LEAK HAD TO WORK FAST.  
 Personal Protective Equipment (Gloves, hard hats, etc.) YES

Other Hazards In Area: BLOWING GAS

### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: LESTER (TROUBLE MAN) CALLED FOR CREW. HOUSE FILLED W/ GAS. NO STOP BOX, WHILE WAITING, FOR CREW LESTER STARTED DIGGING BY HAND. CREW ARRIVED (JUAN & MARK) SAW URGENCY & USED BACKHOE TO DIG UP LEAK. DOING SO BROKE 2 CATV LINES.

### Vehicle:

Vehicle Number: 4808 Vehicle Description: GAS CREW TRUCK Operators License:  Y  N  
 Medical Card:  Y  N Operator Name: MARK WALLACE Supv Name: ERIC MILLER  
 Exterior Condition: DIRTY (WEATHER)  
 Interior Condition: FAIR  
 Mechanical Issues: NONE  
 Safety Equip: ALL GOOD  
 Tools/Other Equipment: GOOD  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: IN GOOD OPERATING ORDER.

### Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: DEC 27, 2012  
 Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: A DISASTER WAS PROBABLY PREVENTED DUE TO THE PROFESSIONALISM OF JUAN, MARK & LESTER. THEIR LEAK INVESTIGATION WAS RIGHT ON CUE. PROPERTY OWNER WAS EVACUATED WHILE WORKING ON LEAK. CREW CALLED FIRE DEPT. FOR ASSISTANCE W/ EVACUATING GAS FROM BUILDING AFTER LEAK WAS REPAIRED. THEY COULD NOT GET ALL GAS OUT OF BUILDING & DID NOT FEEL COMFORTABLE LEAVING HOUSE.



## LG&E Gas Safety/Procedural Audit Form

### General Safety Information:

Contractor: Miller Pipeline Reporting Location: Canal St. Passported? Y N  
 Name/Title Employee Working: Danny Lawson Immediate Supv: Jim Linton  
 Names of Other Employees on Job: David Nowlin, Neal Miller  
 Address/Description of Work: 419 West Liberty St.  
Probing for gas leak on 18" CI main  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) All out and in place.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on.  
 Other Hazards in Area: None

### Equipment:

#### 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

#### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: All good

### 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
- Prepared proper completion of leak documentation

Comments: Several probe holes in street and sidewalk. Reading taken over 18" CI main in street 80% gas. Hole being dug at this time to make repairs

### Vehicle:

Vehicle Number: \_\_\_\_\_ Vehicle Description: Dump - Crew & Pickup Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Danny Lawson Supv Name: Jim Linton  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: None  
 Safety Equip: All good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: \_\_\_\_\_

### Audit Summary:

Overall Audit Rating: Good Date/Time of Audit: 12-27-12 10:45 AM  
 Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: None at this. Everything looks good.

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
Name/Title Employee Working: Jeff Clunie Immediate Supv: Eric Miller  
Names of Other Employees on Job: Nathan Jones  
Address/Description of Work: 400 BIK West Liberty St.  
Leak investigation on 18" CI LP main.  
Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
Work Area Protection (signs, flags, cones, etc.) Signs and cones out on in place.  
Personal Protective Equipment (Gloves, hard hats, etc.) ON by all ON jobsite.

Other Hazards in Area: NONE

## Equipment

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

Comments: Fire extinguishes out at hole.

## 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
- Prepared proper completion of leak documentation

Comments: 6% gas at 18" CI main under concrete slab poured over main. Jeff, Eric & myself determining how to handle repairs. Miller pipeline on job to assets with repairs.

## Vehicle

Vehicle Number: 4814 Vehicle Description: Crew Truck Operator's License:  Y  N  
Medical Card:  Y  N Operator Name: \_\_\_\_\_ Supv Name: Eric Miller  
Exterior Condition: Good  
Interior Condition: Good  
Mechanical Issues: NONE  
Safety Equip: Good  
Tools/Other Equipment: Good  
Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
Comments: \_\_\_\_\_

## Audit Summary

Overall Audit Rating: Good Date/Time of Audit: 12-28-12 12:55  
Name of Auditor: Tim Murphy Discussed w/Employee:  Y  N  
Recommendations/Suggestions: NONE

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
Name/Title Employee Working: JUAN COCHRAN Immediate Supv: ERIC MILLER  
Names of Other Employees on Job: MARK WALLACE  
Address/Description of Work: 1529 MCKAY CUST LOOK INSIDE  
Job Planning (Scouting, etc.) Y N Job Briefing Y N  
Work Area Protection (signs, flags, cones, etc.) IN PLACE  
Personal Protective Equipment (Gloves, hard hats, etc.) BELT & WORK  
Other Hazards in Area: \_\_\_\_\_

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: PROBED AT RISEL AND NEAR HOUSE  
PROBED OUT CUST SERV TO AND OVER COMPANY  
SERVICE

## Vehicle:

Vehicle Number: 4808 Vehicle Description: CREW TRUCK Operators License: Y N  
Medical Card: Y N Operator Name: \_\_\_\_\_ Supv Name: \_\_\_\_\_  
Exterior Condition: GOOD  
Interior Condition: GOOD  
Mechanical Issues: NONE  
Safety Equip: \_\_\_\_\_  
Tools/Other Equipment: IN ORDER  
Pre/Post Trip Inspection Y N Vehicle Packet Y N  
Comments: \_\_\_\_\_

## Audit Summary:

Overall Audit Rating: GOOD Date/Time of Audit: 12-28-12  
Name of Auditor: MIKE JACKSON Discussed w/Employee: Y N  
Recommendations/Suggestions: \_\_\_\_\_

## LG&E Gas Safety/Procedural Audit Form

### General Safety Information

Contractor: \_\_\_\_\_ Reporting Location: AOC Passported? Y N  
 Name/Title Employee Working: Juan Cochran Immediate Supv: Eric Miller  
 Names of Other Employees on Job: Heerman Stinson  
 Address/Description of Work: 5201 So. 3rd St.  
Blowed out service head at the Walgreen Drug Store.  
 Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
 Work Area Protection (signs, flags, cones, etc.) Cones around truck, Truck in parking lot.  
 Personal Protective Equipment (Gloves, hard hats, etc.) All had PPE on.

Other Hazards in Area: None

### Equipment

**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

**Safety Equipment:**

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: Trouble man picked up 85% gas at service head. Gas turned off by trouble man. Juan + Heerman on job replacing service hose.

### Vehicle

Vehicle Number: 4808 Vehicle Description: Crew Truck Operator's License:  Y  N  
 Medical Card:  Y  N Operator Name: Heerman + Juan Supv Name: Eric Miller  
 Exterior Condition: Good  
 Interior Condition: Good  
 Mechanical Issues: None at this time.  
 Safety Equip: Good  
 Tools/Other Equipment: Good  
 Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
 Comments: \_\_\_\_\_

### Audit Summary

Overall Audit Rating: Good Date/Time of Audit: 12-31-12 10:20 AM  
 Name of Auditor: TM Murphy Discussed w/Employee:  Y  N  
 Recommendations/Suggestions: None

# LG&E Gas Safety/Procedural Audit Form

## General Safety Information:

Contractor: LG&E Reporting Location: AOC Passported?  Y  N  
Name/Title Employee Working: JEFF CLUNIE Immediate Supv: ERIC MILLER  
Names of Other Employees on Job: NATHAN JONES  
Address/Description of Work: 431 W. LIBERTY ST.  
Job Planning (Scouting, etc.)  Y  N Job Briefing  Y  N  
Work Area Protection (signs, flags, cones, etc.) YES.  
Personal Protective Equipment (Gloves, hard hats, etc.) YES  
Other Hazards in Area: TRAFFIC.

## Equipment:

### 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

### Safety Equipment:

- First Aid Kit Current
- Fire extinguisher on truck/tagged
- GEOP Accessible on Truck

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
- Prepared proper completion of leak documentation

Comments: LEAK ON LIBERTY ST. BETWEEN 4th & 5th  
TOUGH LEAK TO FIND. JEFF DONE GREAT JOB LOOKING  
FOR LEAK.

## Vehicle:

Vehicle Number: 4815 Vehicle Description: GAS CREW TRUCK Operator's License:  Y  N  
Medical Card:  Y  N Operator Name: NATHAN JONES Supv Name: ERIC MILLER  
Exterior Condition: GOOD  
Interior Condition: EXCELLENT  
Mechanical Issues: TRUCK UNDER WARRANTY & NEEDS TO GO TO DEALER ENGINE WORK  
Safety Equip: GOOD WORKING ORDER  
Tools/Other Equipment: GOOD  
Pre/Post Trip Inspection  Y  N Vehicle Packet  Y  N  
Comments: \_\_\_\_\_

## Audit Summary:

Overall Audit Rating: GREAT Date/Time of Audit: 12/31/13  
Name of Auditor: ERIC MILLER Discussed w/Employee:  Y  N  
Recommendations/Suggestions: VERY ORGANIZED TRUCK & JOB SITE!



## 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**  
**Operator Qualification Employee Record**

Name DOUG AKIN

Employee Number [REDACTED] Job Title TEAM LEADER

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Gary Jordan 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: Doug Akin 1/26/2012



Affidavit

Operator Qualification Employee Record

Name Allen, James H.

Employee Number [REDACTED] Job Title Lead Trouble Tech

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

Written  Oral Examination  Work History Review

Observation during:

- Performance on the job
- On the job training
- Simulation

Vendor Certification

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: Larry Dodson 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: JH Allen Jan. 9, 12



**Affidavit**  
**Operator Qualification Employee Record**

Name Roderick Allen

Employee Number [REDACTED] Job Title Mech A

Reporting Location Aoe

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**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: Larry Dodson 1-16-12

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: Roderick Allen 1.16.12

**Affidavit  
Operator Qualification Employee Record**

Name MARIA ALLISON

Employee Number [REDACTED] Job Title ENGINEER

Reporting Location EAST Op Center

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-12-12

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: [Signature] 1-12-2012

**Affidavit**  
**Operator Qualification Employee Record**

Name Joshua Alvey

Employee Number [REDACTED] Job Title mech. B

Reporting Location AOC

Task number/Description                     OQ/M7                    

**Recognize and React to Abnormal Operating Conditions**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 12-13-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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 *[Signature]* 12-13-12

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: *[Signature]* 12-13-12

7

**Affidavit**  
**Operator Qualification Employee Record**

Name Chad Augustine

Employee Number [REDACTED] Job Title Engineer

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodran 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: Chad Augustine 1/9/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Denny Baku

Employee Number [REDACTED] Job Title m - A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**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: Larry Dodras 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: Denny Baku 1-23-12

**Affidavit**  
**Operator Qualification Employee Record**

Name J. E. Baker  
Employee Number [REDACTED] Job Title Crew leader  
Reporting Location Muld  
Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review  
 Observation during:  Vendor Certification  
 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: Larry Dodson 1-30-12

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. E. Baker 1-30-12





**Affidavit**  
**Operator Qualification Employee Record**

Name Stephen Balluel

Employee Number [REDACTED] Job Title Crew leader

Reporting Location Bardston

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Stephen Balluel 1/16/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jamie Barlow

Employee Number [REDACTED] Job Title Gas Control Clerk

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-12-12

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: Jamie Barlow 1/12/2012

**Affidavit**  
**Operator Qualification Employee Record**

Name Joseph C Barnes

Employee Number [REDACTED] Job Title GAS MECH. A

Reporting Location MULDRUGH

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**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 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: Larry Dodson 1-24-12

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: Joseph C. Barnes 1-24-2012

**Affidavit**  
**Operator Qualification Employee Record**

Name Gary E. Bern

Employee Number [REDACTED] Job Title Sr. A Operator

Reporting Location Muld Station

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**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: Larry Jodan 2-1-12

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: Gary E. Bern 2-1-2012

**Affidavit  
Operator Qualification Employee Record**

Name STEPHEN A BEATTY

Employee Number [REDACTED] Job Title ENGINEER

Reporting Location AUBURNDALE

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**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: Larry Dodson 1-12-12

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: Stephen A Beatty 01/12/11

**Affidavit**  
**Operator Qualification Employee Record**

Name Cliff Bell

Employee Number [REDACTED] Job Title WELDER FITTER

Reporting Location MULDRAUGH

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Jordan 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: Cliff Bell 1-26-12

**Affidavit**  
**Operator Qualification Employee Record**

Name RON BENEDICT

Employee Number [REDACTED] Job Title GAS TROUBLE TECH

Reporting Location EOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**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: Larry Dodson 1-16-12

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: Ron Benedict 1-16-12



**Affidavit**  
**Operator Qualification Employee Record**

Name ERIC BENGE

Employee Number [REDACTED] Job Title ENGINEER II

Reporting Location MULDRAUGH

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 2-1-12

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: Eric Benge 2/1/12

**Affidavit**  
**Operator Qualification Employee Record**

Name J. D. BENNINGFIELD

Employee Number [REDACTED] Job Title SR. A OPERATOR

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedmon 5-8-12

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: J. D. Benningfield 5/8/12

**Affidavit  
Operator Qualification Employee Record**

Name Justin Bencomo

Employee Number [REDACTED] Job Title Mech Engr.

Reporting Location ADG

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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 Larry Dodson

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: Justin Bencomo



**Affidavit**  
**Operator Qualification Employee Record**

Name Charles E. Bischoff

Employee Number [REDACTED] Job Title Gas Controller

Reporting Location BOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: Charles E. Bischoff

**Affidavit**  
**Operator Qualification Employee Record**

Name LARRY D. BISHOP

Employee Number [REDACTED] Job Title PIPELINE INTEGRITY TECH A

Reporting Location AUBURNDALE

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: Larry D. Bishop 1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name A. Keith Blair

Employee Number [REDACTED] Job Title STD Mech. B

Reporting Location Magnolia

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: A. Keith Blair 01/26/12







**Affidavit**  
**Operator Qualification Employee Record**

Name Corey Bond

Employee Number [REDACTED] Job Title Chemical Engineering Corp

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedson 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: Corey Bond 1-26-12



**Affidavit**  
**Operator Qualification Employee Record**

Name ROBERT W. BRAY

Employee Number [REDACTED] Job Title PIPELINE INSPECTOR

Reporting Location A.O.C.

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Rw Bray 1-24-12





**Affidavit**  
**Operator Qualification Employee Record**

Name RODNEY E. BRUNER

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Doherty 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: Rodney E Bruner 1/23/12





**Affidavit**  
**Operator Qualification Employee Record**

Name Justin Burris

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location Center

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**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: Larry Dordun 5-8-12

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: J Burris 5-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name MIKE BURTON

Employee Number [REDACTED] Job Title mechanic A

Reporting Location Muldrough

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**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: Larry Dodrow 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: MM Burton 1-23/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Larry Butler

Employee Number [REDACTED] Job Title Crew leader

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: Larry Butler 1-26-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Fred Byrum

Employee Number [REDACTED] Job Title Weld, Fitter

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodraw 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: Fred A. Byrum 1-23-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Edwin R. Caven

Employee Number [REDACTED] 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

Qualification Date 5-8-12

**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: Larry Dodson 5-8-12

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: Russell Carter 5-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Brian C Clappod

Employee Number [REDACTED] Job Title Team Leader

Reporting Location B.O.C.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Brian Clappod 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jeff CLUNIE

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: J. L. Clunie 1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Russ Cloyd

Employee Number [REDACTED] Job Title Lead Engineer

Reporting Location EOC

Task number/Description                     OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1/30/12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1/30/12

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: Russ Cloyd 1/30/12



**Affidavit  
Operator Qualification Employee Record**

Name JUAN COCHRAN

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location AOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: Juan Cochran 1-23-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Mike Collins

Employee Number [REDACTED] Job Title IME Team LDR

Reporting Location Box

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-30-12

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: Mike Collins 1-30-12



**Affidavit**

**Operator Qualification Employee Record**

Name Mike W. Coomes

Employee Number [REDACTED] Job Title JM+E Tech A

Reporting Location BOC-1

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedria 1-30-12

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: [Signature] 1-30-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JERRY CRAWFORD

Employee Number [REDACTED] Job Title IME TECH

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Jordan 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: Jerry Crawford 1-26-12

**Affidavit  
Operator Qualification Employee Record**

Name Brian Coenstra

Employee Number [REDACTED] Job Title IME

Reporting Location BOL-1

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Brian Coenstra 1/23/12

**Affidavit**  
**Operator Qualification Employee Record**

Name GENE CROSS

Employee Number [REDACTED] Job Title GAS DIST. Crew Leader

Reporting Location Muldrough Comp. STA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Jane Dodson 1-16-12

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: Gene Cross 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jason S Cruz

Employee Number [REDACTED] Job Title SR30 Tech "A"

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**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: Larry Dodrow 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: Jason S Cruz 1-23-12



**Affidavit**  
**Operator Qualification Employee Record**

Name CSLANK JOSEPH J.

Employee Number [REDACTED] Job Title GAS TROUBLE TECH

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: Joseph J. Slank 1-9-12

**Affidavit  
Operator Qualification Employee Record**

Name Terry Cundiff

Employee Number [REDACTED] Job Title A Operator

Reporting Location mill station

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: Terry Cundiff 6-12-2012

**Affidavit  
Operator Qualification Employee Record**

Name Michael Cummins

Employee Number [REDACTED] Job Title Civil Eng.

Reporting Location AOC-2

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson

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: [Signature] 1-12-2012

**Affidavit  
Operator Qualification Employee Record**

Name Aaron Cummins

Employee Number [REDACTED] Job Title Corrosion Analyst

Reporting Location AOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**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: Larry Dodrow 1-24-12

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: [Signature] 1/24/12

**Affidavit  
Operator Qualification Employee Record**

Name Shannon Pages  
Employee Number [REDACTED] Job Title Storage Oper 'A'  
Reporting Location Muldrough  
Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review  
 Observation during:  
 Performance on the job  Vendor Certification  
 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: Larry Boden 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: Shannon L. Pages  
6-12-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Wayne Darnall

Employee Number [REDACTED] Job Title Dist. Mech.

Reporting Location Muldrough

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Lamy Dodson 1-16-12

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: Wayne Darnall 1-16-12

**Affidavit**

**Operator Qualification Employee Record**

Name Janice K. Davis

Employee Number [Redacted] Job Title Gas Emergency Dispatcher

Reporting Location BAC-1

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written      Oral Examination      Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass      Fail
- Vendor Certification
- Other

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: Larry Dodson 1-16-12

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: Janice K. Davis 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name BRIAN DAVIS

Employee Number [REDACTED] Job Title SR#0 TEC A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Jamy Dodson 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: Brian Davis 1-23-12



**Affidavit  
Operator Qualification Employee Record**

Name John Davis

Employee Number [REDACTED] Job Title Gas Pipeline Inspector

Reporting Location Auburndale

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Oberm 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: John Davis 1-23-12

**Affidavit**  
**Operator Qualification Employee Record**

Name DON DEARING

Employee Number [REDACTED] Job Title GAS TROUBLE

Reporting Location ESC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: D. Dearing 1/9/12

**Affidavit  
Operator Qualification Employee Record**

Name LARRY DESPAIN

Employee Number [REDACTED] Job Title Senior Maint Mech/operator

Reporting Location Muldrough Station

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Adams 2-1-12

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: Larry Despain 2-1-2012

**Affidavit**  
**Operator Qualification Employee Record**

Name D.R. Dilley  
Employee Number [REDACTED] Job Title Crew Leader  
Reporting Location AOC  
Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review  
 Observation during:  Vendor Certification  
 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: Larry Dodson 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: D. R. Dilley 1-9-12

**Affidavit  
Operator Qualification Employee Record**

Name DALE DOOLIN

Employee Number [REDACTED] Job Title TRoubleMAN

Reporting Location MUHDRAUGH SER. CENTER

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Lamy Dodson 1-30-12

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: [Signature] - Jan-30-2012

**Affidavit  
Operator Qualification Employee Record**

Name MARK Durbin

Employee Number [REDACTED] Job Title SREO Tech A

Reporting Location AOL

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written ~~Oral Examination~~  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Rodas 1-30-12

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: Mark Durbin 1-30-12

**Affidavit  
Operator Qualification Employee Record**

Name David D. Durbin

Employee Number [REDACTED] Job Title Inspector

Reporting Location ADC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**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: Larry Dodson 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: David D. Durbin 1-9-12

**Affidavit  
Operator Qualification Employee Record**

Name Ed Duvall

Employee Number [REDACTED] Job Title SRO Tech A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Ed Duvall 1-9-12



**Affidavit**  
**Operator Qualification Employee Record**

Name DAVID EADS

Employee Number [REDACTED] Job Title MAINT Mech/oper

Reporting Location MULDRAUGH

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 2-1-12

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: David Eads 2-1-2012



**Affidavit**  
**Operator Qualification Employee Record**

Name Brian Englund

Employee Number [REDACTED] Job Title GPS Mech. B

Reporting Location Mudraugh

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: R. Glaser 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name KIRBY ENGLAND

Employee Number [REDACTED] Job Title IME - SENIOR

Reporting Location BAC-01

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Sally Dodson 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: Kirby England 1-23-2012

**Affidavit  
Operator Qualification Employee Record**

Name Chris Faith

Employee Number [REDACTED] Job Title Crew leader

Reporting Location EOC

Task number/Description                         OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Chris Faith 1-24-12

**Affidavit  
Operator Qualification Employee Record**

Name Rob Fields

Employee Number [REDACTED] Job Title Pipeline Inspector

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**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: Larry Dodson 1/30-12

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: Paul R. Fields 1/30/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Chris Fitzgerald

Employee Number [REDACTED] Job Title Engineer

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Chris Fitzgerald 1/16/12

**Affidavit  
Operator Qualification Employee Record**

Name Darla Fischer

Employee Number [REDACTED] Job Title Disp

Reporting Location ACC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedson 1-12-12

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: Darla Fischer 1-12-2012



**Affidavit  
Operator Qualification Employee Record**

Name Nate Frogett

Employee Number [REDACTED] Job Title Storage Transmission Distribution Mechanic A

Reporting Location Center

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodra 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: [Signature] 1-26-2012



**Affidavit  
Operator Qualification Employee Record**

Name Clayton Gardner

Employee Number [REDACTED] Job Title Operator

Reporting Location Magnolia

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 5-8-12

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: [Signature] 5-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Timmy D. Gary  
Employee Number [REDACTED] Job Title Senior Storage Operator  
Reporting Location Magnetic Compressor Station  
Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 5-8-12

**Qualification Method**

- Written     Oral Examination     Work History Review  
 Observation during:  
     Performance on the job     Vendor Certification  
     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: Gary Jordan 5-8-12

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: T.D.G. 5-8-12

**Affidavit  
Operator Qualification Employee Record**

Name William V Gilkey

Employee Number [REDACTED], Job Title Dispatcher

Reporting Location AOC

Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: William V Gilkey 1-23-12

**Affidavit**

**Operator Qualification Employee Record**

Name RANDY GINN

Employee Number [REDACTED] Job Title PIPE LINE INSPECTION

Reporting Location E.S.C.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Randy Ginn 1-16-12



**Affidavit  
Operator Qualification Employee Record**

Name Kevin Gozzard

Employee Number: [REDACTED] Job Title Operator B

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Decker 5-8-12

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: Kevin Gozzard 5-8-12



**Affidavit  
Operator Qualification Employee Record**

Name A Grant

Employee Number [REDACTED] Job Title Corrosion

Reporting Location Aub

Task number/Description 7 OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 1-16-12

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: [Signature] 1-16-12



**Affidavit  
Operator Qualification Employee Record**

Name John Griffin

Employee Number [REDACTED] Job Title Group Leader Integrity Management

Reporting Location Auburn Dale

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1/30/12

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: John R Griffin



**Affidavit  
Operator Qualification Employee Record**

Name Chais HALL

Employee Number [REDACTED] Job Title Crew leader

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Decker 1-16-12

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: Ch Hall 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Steve Hall

Employee Number [REDACTED] Job Title \_\_\_\_\_

Reporting Location BOC 1

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 7-23-12

**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: Gary Dodson 7-23-12

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: [Signature] 7-23-12

**Affidavit  
Operator Qualification Employee Record**

Name Steve Hamilton

Employee Number [REDACTED] Job Title Senior Operator

Reporting Location Muldrough

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**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: Larry Adams 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: Steve Hamilton 6-12-12





**Affidavit  
Operator Qualification Employee Record**

Name Kenny Harrison

Employee Number [REDACTED] Job Title Dist. mech. B

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**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: Larry Dodson 1-16-12

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: Kenny Harrison 1-16-12

**Affidavit  
Operator Qualification Employee Record**

Name DARYL HAYDEN

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location ESC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: Daryl Hayden 1/23/12

**Affidavit  
Operator Qualification Employee Record**

Name Tony Heath

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location AOL

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 1-24-12

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: Tony Heath 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Tony HECKEL

Employee Number [REDACTED] Job Title TEAM LEADER

Reporting Location EOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 1-24-12

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: Tony Heckel 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Brittney Highland  
Employee Number [REDACTED] Job Title Dispatch  
Reporting Location Auburndale  
Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Jerry Dodson 1-12-12

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: Brittney Highland 1/12/12

**Affidavit  
Operator Qualification Employee Record**

Name SCOTT HIGGINS

Employee Number [REDACTED] Job Title GPS EMERGENCY DISPATCHER

Reporting Location BOC

Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written            Oral Examination            Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Overton 1-16-12

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: [Signature] 1/16/12

**Affidavit  
Operator Qualification Employee Record**

Name BRAD HINER

Employee Number [REDACTED] Job Title ENGINEER II

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-12-12

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: Bradley W. Hiner  
1/12/2012

**Affidavit  
Operator Qualification Employee Record**

Name Christopher Hankle

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry 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: [Signature] 1/23/12



**Affidavit  
Operator Qualification Employee Record**

Name Darren Hodson

Employee Number [redacted] Job Title A Mechanic

Reporting Location EOC

Task number/Description                     OQ/M7                    

Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Jamy Dodson 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: Darren Hodson 1-23-2012

**Affidavit**  
**Operator Qualification Employee Record**

Name Gene Hogan

Employee Number [REDACTED] Job Title #1 CREW LEADER

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Doelner 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: Gene Hogan 1/26/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Roy Horsley

Employee Number [REDACTED] Job Title SR+O Techn A

Reporting Location A.O.C.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: R Horsley 1-9-12

**Affidavit  
Operator Qualification Employee Record**

Name GREGORY HUETTIG

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EAST SERVICE CENTER

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 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: Gregory Huettig 1-23-12



**Affidavit  
Operator Qualification Employee Record**

Name Michael Huff

Employee Number [REDACTED] Job Title IME Tech A

Reporting Location BOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 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: Michael Huff 1/9/12

**Affidavit**  
**Operator Qualification Employee Record**

Name James Hypes

Employee Number [REDACTED] Job Title SRO Tech A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**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: Larry Dodson 1-16-12

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: James Hypes 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name MIKE JACKSON

Employee Number [REDACTED] Job Title TEAM LEADER

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Johnson 1-12-12

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: Mike Jackson 1-12-12



**Affidavit**  
**Operator Qualification Employee Record**

Name MICHAEL W. JONES

Employee Number [REDACTED] Job Title GROUP LEADER

Reporting Location AUBURNDALE OPERATIONS CENTER

Task number/Description                     OQ/M7                    

**Recognize and React to Abnormal Operating Conditions**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-13

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass       Fail
- Vendor Certification
- Other

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: Larry Rodron 1-23-13

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: Michael W. Jones 1-23-2013

**Affidavit**  
**Operator Qualification Employee Record**

Name NATHAN JONES

Employee Number [REDACTED] Job Title B MECHANIC

Reporting Location AOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Decker 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: [Signature] 6-12-12

**Affidavit**  
**Operator Qualification Employee Record**

Name WD JONES

Employee Number [REDACTED] Job Title Welder / fitter

Reporting Location MAG wolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**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: Larry Dodson 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: WD Jones 1-26-12



**Affidavit**  
**Operator Qualification Employee Record**

Name Scott Keys

Employee Number [REDACTED] Job Title GAS REG. MECHANIC A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 1-16-12

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: Scott Keys 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name T. E. KEYS

Employee Number [REDACTED] Job Title SR. I-M&E Tech.

Reporting Location MULD. Comp. STA.

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 2-1-12

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: T. E. Keys 2-1-2012



**Affidavit  
Operator Qualification Employee Record**

Name Brian Kingsley

Employee Number [REDACTED] Job Title Mech. A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**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: Nancy Dodson 1-16-12

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: Brian Kingsley 1-16-12











**Affidavit**  
**Operator Qualification Employee Record**

Name Richard L. Lewis

Employee Number [REDACTED] Job Title Crew leader

Reporting Location L-OC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
  - Vendor Certification
  - 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: Jamie Dodson 1-30-12

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: Richard L. Lewis 1-30-12

**Affidavit**  
**Operator Qualification Employee Record**

Name DW Mattyby

Employee Number [REDACTED] Job Title Meas A

Reporting Location ESC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: DW Mattyby 1-9-12

**Affidavit  
Operator Qualification Employee Record**

Name Heroy B Martin

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location Muldrough

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Heroy B. Martin 1.23.12





**Affidavit**  
**Operator Qualification Employee Record**

Name CURTIS MANSKA

Employee Number [REDACTED] Job Title Operator

Reporting Location Maldrough

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedron 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: Curtis Manska 6-12-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Kevin M. Mills

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-16-12

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: Kevin M. Mills 1-16-12



**Affidavit**  
**Operator Qualification Employee Record**

Name Meghan Medley

Employee Number [REDACTED] Job Title <sup>gds</sup> Dispatcher

Reporting Location BOC-1

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Meghan Medley 1/23/2012

**Affidavit**  
**Operator Qualification Employee Record**

Name EDWARD MINGS

Employee Number [REDACTED] Job Title GAS CONTROLLER

Reporting Location BOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-30-12

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: Edward Mings 1-30-12

**Affidavit**  
**Operator Qualification Employee Record**

Name MATTHEW MOODY

Employee Number [REDACTED] Job Title SR & O Tech A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dedrow 1-16-12

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: [Signature] 01/16/12

**Affidavit**  
**Operator Qualification Employee Record**

Name ELIZABETH MOYER

Employee Number [REDACTED] Job Title IME TECH A

Reporting Location BOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Elizabeth Moyer 1/16/12

**Affidavit  
Operator Qualification Employee Record**

Name KEVIN MUMPHY

Employee Number [REDACTED] Job Title Sr Eng

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry DeLuna 1-12-12

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: [Signature] KEVIN MUMPHY 1/12/12  
E010297



**Affidavit**  
**Operator Qualification Employee Record**

Name Thomas Murphy

Employee Number [REDACTED] Job Title Team Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-12-12

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: Thomas Murphy 1-12-2012

**Affidavit  
Operator Qualification Employee Record**

Name Russell L. Nell

Employee Number [REDACTED] Job Title Pipe Line Inspector

Reporting Location EDC

Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date           1-16-12          

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: R. L. Nell 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Joshua Nash

Employee Number [REDACTED] Job Title Mechanical Engineer II

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1/24/12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:       Vendor Certification
- 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: Larry Dodson 1/24/12

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: Josh Nash 1/24/12

Affidavit

Operator Qualification Employee Record

Name ERIC W. NETHERTON

Employee Number [REDACTED] Job Title SUPERVISOR

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Eric W. Netherton 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Angela New: H

Employee Number [REDACTED] Job Title Storage Oper A

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 5-8-12

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: 5/8/12 Angela New: H

**Affidavit  
Operator Qualification Employee Record**

Name Newton CHRISTOPHER

Employee Number [REDACTED] Job Title T.T.

Reporting Location Bardstown

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Christopher Newton

**Affidavit  
Operator Qualification Employee Record**

Name William Norton Jr.

Employee Number [REDACTED] Job Title Mechanical Engineer

Reporting Location AOC Warehouse 2<sup>nd</sup> Floor

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1/23/12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Lamy Dodson 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: [Signature] 1/23/12

**Affidavit  
Operator Qualification Employee Record**

Name Kenny ORR

Employee Number [REDACTED] Job Title Gas Trouble

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: [Signature] 1-16-12



**Affidavit**  
**Operator Qualification Employee Record**

Name Mike Payne

Employee Number [REDACTED] Job Title Dist mechanic A

Reporting Location FOC

Task number/Description QQ/M7

**Recognize and React to Abnormal Operating Conditions**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-17-11

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Paul Dodra 1-17-11

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: [Signature] 1-17-11

**Affidavit**  
**Operator Qualification Employee Record**

Name Kenneth Pearler

Employee Number [REDACTED] Job Title GAS Trouble Tech

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**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: Larry Dodson 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: Kenneth A. Pearler 1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JAY m. PEARSON

Employee Number [REDACTED] Job Title PIPELINE INSPECTOR

Reporting Location AUBURNDALE

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 1-24-12

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: Jay m Pearson 1-24-12

**Affidavit  
Operator Qualification Employee Record**

Name ROBERT J. PENDLETON

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**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: Larry Dodson 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: Robert J. Pendleton 1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Lee Perry

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-24-12

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: Lee Perry 1-24-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Bruce Peyton

Employee Number [REDACTED] Job Title Gas Troubleshooter

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Bruce Peyton 1/16/12

**Affidavit  
Operator Qualification Employee Record**

Name DAVID POTEET

Employee Number [REDACTED] Job Title CRW LEADER

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: [Signature] 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JONATHAN PRICE

Employee Number [REDACTED] Job Title IME TECH. A

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**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: Larry Dodson 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: Jonathan Price



**Affidavit**  
**Operator Qualification Employee Record**

Name DENNIS PROBUS

Employee Number [REDACTED] Job Title TEAM LEADER

Reporting Location MULDRAUGH STATION

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 2-1-12

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: Dennis Probus 2-1-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Mike Quill

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location A.O.C.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 1-16-12

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: M. Quill 1-16-12

**Affidavit  
Operator Qualification Employee Record**

Name John Regland

Employee Number [REDACTED] Job Title Gas Trouble Tech.

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1/23/12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 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: John Regland 1/23/12





**Affidavit**  
**Operator Qualification Employee Record**

Name Curt Richey

Employee Number [REDACTED] Job Title SE. OPERATOR A

Reporting Location Muld. Station

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dendru 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: Curt Richey 6/12/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Tom C. Rieth

Employee Number [REDACTED] Job Title Mng, Gas Storage

Reporting Location Muldrough

Task number/Description OQ/M7

**Recognize and React to Abnormal Operating Conditions**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 10-20-11

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Kary Debra 10-20-11

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: Tom C. Rieth / 10/20/2011

**Affidavit**  
**Operator Qualification Employee Record**

Name TERRY RICE-LOCKET

Employee Number [REDACTED] Job Title GAS EMERGENCY OPERATIONS COORD.

Reporting Location BOC 1

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Ramy 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: [Signature] 01-23-12



**Affidavit**  
**Operator Qualification Employee Record**

Name CLARENCE E. Riggs JR

Employee Number [REDACTED] Job Title SRA-OPERATOR

Reporting Location MAGNOLIA STA.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Anderson 5-8-12

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: Clarence E. Riggs Jr 5-8-12

**Affidavit  
Operator Qualification Employee Record**

Name CHARLIE ROBERTS

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location MULLRAUGH Comp. STA.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**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: Larry Dodson 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: Charlie Roberts 3129 1-9-1

**Affidavit**  
**Operator Qualification Employee Record**

Name Laura Ritchie  
Employee Number [REDACTED] Job Title Dept. / Div. Sec.  
Reporting Location Muldrough  
Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 2-1-12

**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: Larry Dodson 2-1-12

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: Laura Ritchie 2/1/2012

**Affidavit**

**Operator Qualification Employee Record**

Name Elizabeth C. Robinson

Employee Number [REDACTED] Job Title Records Coordinator A

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedmon 5-8-12

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: Elizabeth C Robinson 5/8/12

**Affidavit  
Operator Qualification Employee Record**

Name Chris Roth

Employee Number [REDACTED] Job Title Records Coordinator A

Reporting Location Moldenough

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: [Signature] 6/12/12





**Affidavit**  
**Operator Qualification Employee Record**

Name JOSEPH RYAN

Employee Number [REDACTED] Job Title MGR GAS ENGINEER

Reporting Location EAST OPERATIONS CENTER

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.23.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Joseph Ryan 1-23-2012



**Affidavit**  
**Operator Qualification Employee Record**

Name Jonathan Sarles

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-16-12

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: Jonathan Sarles 1-16-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Gary Shelton

Employee Number [REDACTED] Job Title Mechanic A

Reporting Location EOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-16-12

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: Gary Shelton 1-16-12

**Affidavit  
Operator Qualification Employee Record**

Name GLENN SUNDHEIMER

Employee Number  Job Title SENIOR GEOLOGIST

Reporting Location EOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Glenn Sundheimer 1/9/12

**Affidavit  
Operator Qualification Employee Record**

Name Paul Stratman

Employee Number [REDACTED] Job Title Group Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1/24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1/24-12

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: Paul Stratman 1/24/2012

**Affidavit  
Operator Qualification Employee Record**

Name Herman Stinson

Employee Number                      Job Title A Mech.

Reporting Location AOC

Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written      Oral Examination      Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry 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: Herman Stinson 1-23-12

**Affidavit  
Operator Qualification Employee Record**

Name Malcolm Stephens

Employee Number [REDACTED] Job Title Group Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

Written  Oral Examination  Work History Review

Observation during:  
 Performance on the job  Vendor Certification  
 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: Larry Dodrow 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: Malcolm Stephens

**Affidavit  
Operator Qualification Employee Record**

Name Myndi Stephens

Employee Number ██████████ Job Title Engineer I

Reporting Location AOC

Task number/Description   OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:    Transitional    Initial    Subsequent

Qualification Date 1-12-12

**Qualification Method**

- Written                     Oral Examination                     Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass     Fail
- Vendor Certification
- Other

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: Larry Pedersen 1-12-12

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: Myndi Stephens 1/12/12

**SIGN-IN SHEET**  
(Please Print Legibly)

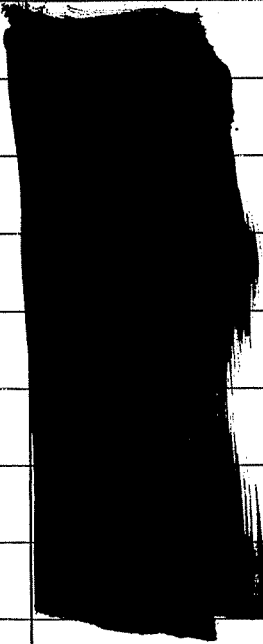
For Office Use Only: Course Code QQ/M1 Session # \_\_\_\_\_

Date 2-29-12 Instructor's Name / ID # Larry Dodson / Eric Detherton

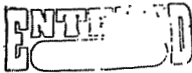
Subject Presented QQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)

Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours .1

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. FROGGETT NATE	<i>[Signature]</i>	LG&E	
2. Blair, A. Keith	<i>[Signature]</i>	LG&E	
3. England Brian	<i>[Signature]</i>	LG&E	
4. Baker J.E.	<i>[Signature]</i>	"	
5. BELL CLIFF	<i>[Signature]</i>	"	
6. Hustig GREGORY	<i>[Signature]</i>	LG&E	
7. BROCK TL	<i>[Signature]</i>	"	
8. Sarles, Jonathan	<i>[Signature]</i>	LG&E	
9.			
10.			
11.			
12.			
13.			





**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code OO/M1 Session # \_\_\_\_\_

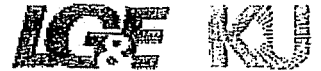
Date 2-28-12 Instructor's Name / ID # LARRY DOPSON / ERIC NATHANSON

Subject Presented OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)

Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours .1

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. LESTER P. GRETZINGER	<i>[Signature]</i>	LG&E	
2. VINCENT, TODD	<i>[Signature]</i>	LG&E	
3. TAYLOR, BO	Bo Taylor	LG&E	
4. CLUNIE JEFF	Jeff Clunie	LG&E	
5. Weatherford Brent	Brent Weatherford	LG&E	
6. BENEDICT RON	Ron Benedict	LG&E	
7. HALL CHAS	Ch Hall	LG&E	
8. Shelton Gary	Gary Shelton	LG&E	
9. BURTON MIKE	Mike Burton	LG&E	
10. Roberts, CHARLIE	Charles Roberts	LG&E	
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code   OQ/M1   Session #           

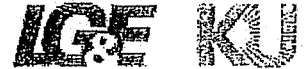
Date   2-27-12   Instructor's Name / ID #   Larry Dodson / Eric Nefferton  

Subject Presented   OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)  

Location   EOL   Sponsored by Line of Business                    Training Hours           .1  

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. ORR Kenny	<i>[Signature]</i>	LEC	
2. Faith Chris	<i>[Signature]</i>	LG&E	
3. BOON CHRIS	<i>[Signature]</i>	LG&E	
4. Waddle Andrew	<i>[Signature]</i>	LG&E	
5. Sumner SL	<i>[Signature]</i>	LG&E	
6. Ballard Stephen	<i>[Signature]</i>	LG&E	
7. VAUGHAN R.A.	<i>[Signature]</i>	LG&E	
8. Dilley D.R.	<i>[Signature]</i>	LG&E	
9. Heath TONY	<i>[Signature]</i>	LG&E	
10. Roberts, Charles	<i>[Signature]</i>	LG&E	
11. <del>BURTON MIKE</del>	<del><i>[Signature]</i></del>	<del>LG&amp;E</del>	
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

**For Office Use Only:** Course Code   OQ/M1   Session #           

Date   2-22-12   Instructor's Name / ID #   Larry DOOSON / ERIC NETHERTON  

Subject Presented   OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)  

Location   LOC   Sponsored by Line of Business                    Training Hours           .1  

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. BRIDGEWATER, Hollis D.	<i>Hollis D. Bridgewater</i>	LG+E	
2. Peyton, Bruce	<i>Bruce D. Peyton</i>	LG&E	
3. Springston, Riclina	<i>R. Springston</i>	LG+E	
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



**Affidavit**  
**Operator Qualification Employee Record**

Name BENJAMIN C. YANEY

Employee Number [REDACTED] Job Title GAS ENG. CO-OP

Reporting Location AUBURNDALE OPERATIONS CENTER

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Jordan 1-16-12

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: Benjamin C. Yanez 01/16/2012



**Affidavit**  
**Operator Qualification Employee Record**

Name LYNN WILSON

Employee Number [REDACTED] Job Title CORRISON TEC

Reporting Location AUB

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1-30-12

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: Lynn M Wilson 1-30-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Greg Wilcox

Employee Number [REDACTED] Job Title SRO A

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**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: Larry Dodson 1-24-12

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: Greg Wilcox 1-24-12







**Affidavit**  
**Operator Qualification Employee Record**

Name Chris Wiles

Employee Number [REDACTED] Job Title Storage Operator

Reporting Location Malden

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Chris Wiles 6-12-12

**Affidavit  
Operator Qualification Employee Record**

Name David White

Employee Number [REDACTED] Job Title Sr. Mechanic

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Owen 5-8-12

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: David O. White 5-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name CHAD WHITE

Employee Number [REDACTED] Job Title IMEE TECH A

Reporting Location MULDRAUGH COMPRESSOR STATION

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Dodson 2-1-12

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: Chad A. White 2/1/12









**Affidavit**

**Operator Qualification Employee Record**

Name Kay West

Employee Number [REDACTED] Job Title RECORDS COORDINATOR

Reporting Location AOL

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Kay West 1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Brent Weatherford

Employee Number [REDACTED] Job Title A Mech

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**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: Larry Dodson 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: Brent Weatherford ~~1-9-12~~  
1-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Rick Warren

Employee Number [REDACTED] Job Title Gas Controller

Reporting Location BOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-16-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-16-12

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: Rick Warren 1-16-2012



**Affidavit  
Operator Qualification Employee Record**

Name MARK WALLACE

Employee Number [REDACTED] Job Title B - MECH

Reporting Location AOC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-24-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Dodson 1-24-12

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: Mark Wallace 1-24-12

**Affidavit  
Operator Qualification Employee Record**

Name MARK WALLACE

Employee Number [REDACTED] Job Title B-GAS MECHANIC

Reporting Location AOC

Task number/Description OQ/M7

**Recognize and React to Abnormal Operating Conditions**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 12-13-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Randy Roden 12-13-12

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: Mark Wallh 12-13-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Zach Thomas

Employee Number [REDACTED] Job Title Engineer II

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-26-12

**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: Larry Dodson 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: Zach Thomas 1-26-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jonathan C Smith

Employee Number [REDACTED] Job Title Operator

Reporting Location Magnolia

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dedman 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: Jonathan C. Smith 6-12-12



**Affidavit**  
**Operator Qualification Employee Record**

Name STEVE SPENCER

Employee Number [REDACTED] Job Title CORROSION TECH A

Reporting Location A.S.C.

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1.24.12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- Performance on the job  Other
- 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: Larry Lovelace 1.24.12

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: Steven A Spencer 1.24.12



**Affidavit**  
**Operator Qualification Employee Record**

Name Franklin Smith

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location ASC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: Franklin Smith 6-12-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JOHN W. SKAGGS

Employee Number [REDACTED] Job Title MANAGER GAS STORAGE

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 5-8-12

**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: Larry Dedmon 5-8-12

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: John W. Skaggs





**Affidavit**  
**Operator Qualification Employee Record**

Name Joni Votaw

Employee Number [REDACTED] Job Title Reg. Clerk

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: J. Votaw 1/9/12

**Affidavit**  
**Operator Qualification Employee Record**

Name TODD VINCENT

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EDC

Task number/Description OO/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Todd Vincent 1/9/12



**Affidavit**  
**Operator Qualification Employee Record**

Name RONNIE VESSELS

Employee Number [REDACTED] Job Title OPERATOR A

Reporting Location MULDRAUGH

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-1-12

**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: Larry Coover 2-1-12

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: [Signature] 02/01/12

**Affidavit  
Operator Qualification Employee Record**

Name R. A. VAUGHN

Employee Number [REDACTED] Job Title Oil Mech

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: [Signature] 1/9/12

**Affidavit  
Operator Qualification Employee Record**

Name WAYNE VAN RIPER

Employee Number [REDACTED] Job Title A. OPERATOR

Reporting Location MAGNOLIA

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 6-12-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: [Signature] 6-12-12

**Affidavit  
Operator Qualification Employee Record**

Name Eric Vanover

Employee Number [REDACTED] Job Title Distribution 'B'

Reporting Location Muldrough Compressor Station

Task number/Description                     OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-9-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Eric R Vanover 1/9/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Nick Thompson

Employee Number [REDACTED] Job Title PIPE LINE INSPECTOR

Reporting Location E.S.C

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-23-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Hoden 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: Nick Thompson 1-23-12

**Affidavit  
Operator Qualification Employee Record**

Name Bo Taylor

Employee Number [REDACTED] Job Title GAS Dog

Reporting Location EOC

Task number/Description                     OQ/M7                    

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date             1-9-12            

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Jamy Dodson 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: Bo Taylor 1-9-12



**Affidavit**

**Operator Qualification Employee Record**

Name SL Summer

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M7

**Prevent Accidental Ignition/Recognizing & Reacting to Abnormal Condition**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 1-30-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 1/30/12

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: SL Summer 1/30/12



**Affidavit**

**Operator Qualification Employee Record**

Name Charles M. Roberts

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location M.D. Comp. STA.

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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 Larry Dodra 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: Charles Roberts 2-28-12

**Affidavit**  
**Operator Qualification Employee Record**

Name John Regland

Employee Number [REDACTED] Job Title Gas Trouble Tech

Reporting Location AUB

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**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: Larry Dodra 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: [Signature] 3-1-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Mike Gull

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: [Signature] 3-1-12

**Affidavit**

**Operator Qualification Employee Record**

Name DAVID POTEET

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EOC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 2-21-12

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: [Signature]

**Affidavit**  
**Operator Qualification Employee Record**

Name Bruce F. Peyton

Employee Number [REDACTED] Job Title Gas Trouble Tech

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-22-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input type="checkbox"/> Simulation                     |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2/22/12

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: Bruce Peyton 2/22/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Lee Perry

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-2-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 3-2-12

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: Lee Perry 3-2-12

**Affidavit  
Operator Qualification Employee Record**

Name ROBERT J. PENDLETON

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:  Vendor Certification
- 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: Larry Roden 2-21-12

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: R. J. Pendleton 2-21-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Kenneth Peavler

Employee Number [REDACTED] Job Title Gas Trouble Tech

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: Kenneth D. Peavler 3-1-12





**Affidavit**  
**Operator Qualification Employee Record**

Name Kenny ORR

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location AOC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry O'Brien 2-27-12

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: [Signature]

**Affidavit**  
**Operator Qualification Employee Record**

Name NEWTON CHRISTOPHER

Employee Number [REDACTED] Job Title T.T.

Reporting Location BARDSTOWN

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Gary Decker 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: Christopher Newton

**Affidavit**  
**Operator Qualification Employee Record**

Name KEVIN M MILLS

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Lamy Dodson 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: Kevin M. Mills 3-1-12

**Affidavit  
Operator Qualification Employee Record**

Name David Mattingly

Employee Number [REDACTED] Job Title Mech U

Reporting Location ESC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-21-12

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: David Mattingly 2-21-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Richard L. Lewis

Employee Number [REDACTED] Job Title Crew leader

Reporting Location FOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- Written
- Oral Examination
- Work History Review
- Observation during:
  - Performance on the job
  - Vendor Certification
  - 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: Larry Dodson 2-21-12

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: Richard Lewis 2-21-12

**Affidavit  
Operator Qualification Employee Record**

Name Brian Kingrey

Employee Number [REDACTED] Job Title Mech A

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 4-11-12

**Qualification Method**

- Written
- Oral Examination
- Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodra 4-11-12

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: Brian Kingrey 4-11-12

**Affidavit**  
**Operator Qualification Employee Record**

Name William D Jones

Employee Number [REDACTED] Job Title Welder/Fitter

Reporting Location MAGNO/1A

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-8-12

**Qualification Method**

- Written
- Oral Examination
- Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Jordan 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: WD Jones 3-8-12



**Affidavit**  
**Operator Qualification Employee Record**

Name GREGORY HUETTIG  
Employee Number [REDACTED] Job Title Crew Leader  
Reporting Location Exs 6 Service Center  
Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-29-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Jordan 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: Greg Huettig 2-29-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Gene Hogan

Employee Number [REDACTED] Job Title Crew leader

Reporting Location Magnolia

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-9-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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 Jerry Jordan 3-9-12

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: Gene Hogan 3/9/12

**Affidavit  
Operator Qualification Employee Record**

Name Darren Hodson

Employee Number [REDACTED] Job Title Mech. A

Reporting Location FOC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass                       Fail
- Vendor Certification
- Other

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: Larry Hodson 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: Darren Hodson

**Affidavit**  
**Operator Qualification Employee Record**

Name Tony Heath

Employee Number [REDACTED] Job Title Trouble "GAS"

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2/27/12

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: T. Heath 2/27/12

**Affidavit  
Operator Qualification Employee Record**

Name DARYL HAYDEN

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location ESC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: Daryl Hayden 3/1/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Kenny Harrison

Employee Number [REDACTED] Job Title Dist. mech. B

Reporting Location EOC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: *Sam Jordan* 2-21-12

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: *Kenny Harrison* 2-21-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Chris Hall

Employee Number [REDACTED] Job Title SMEN- Leader

Reporting Location EE

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-29-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: Chris Hall 2-29-12

**Affidavit  
Operator Qualification Employee Record**

Name DANIEL GUTTERMAN

Employee Number [REDACTED] Job Title TROUBLE TECH.

Reporting Location ECC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-21-12

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: Daniel Gutterman 2.21.12



**Affidavit  
Operator Qualification Employee Record**

Name Lester P. Goetzinger  
Employee Number [REDACTED] Job Title Trouble Tech  
Reporting Location AOC  
Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**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: Larry Rodan 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: [Signature]

**Affidavit**  
**Operator Qualification Employee Record**

Name Chris Faith

Employee Number [REDACTED] Job Title Crew leader

Reporting Location EOC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-27-12

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: Chris Faith 2-27-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Brian England  
Employee Number [REDACTED] Job Title "B" Medic  
Reporting Location Mt. Airy  
Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent  
Qualification Date 2-29-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 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: [Signature] 2-29-12

**Affidavit  
Operator Qualification Employee Record**

Name DALE Dodson

Employee Number [REDACTED] Job Title Troubleshooter

Reporting Location MURKIN

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-2-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass       Fail
- Vendor Certification
- Other

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: Larry Dodson 3-2-12

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: [Signature] MARCH - 2-2012

**Affidavit  
Operator Qualification Employee Record**

Name D. R. Dille  
Employee Number [REDACTED] Job Title Crew leader  
Reporting Location AOC  
Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-27-12

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: D. R. Dille 2-27-12

**Affidavit**  
**Operator Qualification Employee Record**

Name D. Deary  
Employee Number [REDACTED] Job Title trouble tech  
Reporting Location ESC  
Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 2-21-12

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: D. Deary 2/21/12

**Affidavit**

**Operator Qualification Employee Record**

Name Wayne Darnall

Employee Number [REDACTED] Job Title Dist. Mech.

Reporting Location Muldrough

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-8-12

**Qualification Method**

- Written
- Oral Examination
- Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Wayne Darnall 3-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JOSEPH J. CSLANK

Employee Number [REDACTED] Job Title GAS TROUBLE TECH

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-2-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 3-2-12

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: Joseph J. Slank 3-2-12



**Affidavit**  
**Operator Qualification Employee Record**

Name       GENE CROSS      

Employee Number                      Job Title Gas Dist. Crew Leader

Reporting Location       Mudraugh, Camp STA      

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date       3-1-12      

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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:       Larry J. Johnson 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:       Gene Cross 3-1-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Suan Cochran

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOE

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 4-9-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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.

Individual's Signature/Date: Suan Cochran 4-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jeff CLUNIE

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodra 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: Jeff Clunie 2-28-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Larry Butler

Employee Number [REDACTED] Job Title Crew leader

Reporting Location Magnolia

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-8-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Jane Jodson 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: [Signature] 3-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name MIKE BURTON

Employee Number [REDACTED] Job Title mech A

Reporting Location MULDRUGH

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodra 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: MMB 2 28 12

**Affidavit**  
**Operator Qualification Employee Record**

Name Justin Burris

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location CENTRAL

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-9-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input checked="" type="checkbox"/> On the job training |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Lamy Deeder

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: Justin Burris 3-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name RODNEY E BRUNER

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location A.O.C.

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Decker 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: Rodney E Bruner 3-1-12

**Affidavit**  
**Operator Qualification Employee Record**

Name THOMAS L BROCK

Employee Number [REDACTED] Job Title MECH A

Reporting Location ESC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2/29/12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Lodron 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: Thomas L Brock



**Affidavit**  
**Operator Qualification Employee Record**

Name Hollis D. BRIDGEWATER

Employee Number [REDACTED] Job Title GAS TROUBLE TECH.

Reporting Location ESC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-22-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-22-12

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: Hollis D. Bridgewater 2-22-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Chris Boone

Employee Number [REDACTED] Job Title Dist. Mech. A

Reporting Location EOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Dodson 2-27-12

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: Chris Boone 2-27-12



**Affidavit**  
**Operator Qualification Employee Record**

Name Lon Benedict

Employee Number [REDACTED] Job Title GAS TROUBLE

Reporting Location EOC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Johnson 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: [Signature]

**Affidavit**  
**Operator Qualification Employee Record**

Name Cliff Bell

Employee Number [REDACTED] Job Title WELDER FITTER

Reporting Location Muldrough

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-29-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Cliff Bell 2-29-12



**Affidavit**  
**Operator Qualification Employee Record**

Name Stephen Bellard

Employee Number [REDACTED] Job Title Crew leader

Reporting Location Bardstown

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2/27-12

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: Stephen Bellard 2/27/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Denny Beck

Employee Number [REDACTED] Job Title M - A

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-2-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 3-2-12

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: Denny Beck 3-2-12



Affidavit

Operator Qualification Employee Record

Name J.E. Baker

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location Muld

Task number/Description OQ/M1

Perform Leakage and Patrolling Surveys

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-29-12

Qualification Method

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Pass  Fail
- Vendor Certification
- Other

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: Larry Jordan 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.E. Baker 2-29-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Roderick Allen

Employee Number [REDACTED] Job Title Mech A

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Hodew 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: Roderick Allen 3/1/12



**Affidavit**  
**Operator Qualification Employee Record**

Name Allen, James H-

Employee Number [REDACTED] Job Title Gas Trouble Tech

Reporting Location A-0C

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 2-21-12

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: James H. Allen Feb 21, 12



**SIGN-IN SHEET**  
(Please Print Legibly)

*For Office Use Only:* Course Code   OQ/M1   Session #           

Date   3-9-12   Instructor's Name / ID #   Larry Dooan  

Subject Presented   OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)  

Location   Eoc   Sponsored by Line of Business                    Training Hours           1          

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. HOGAN GENE	<i>Gene Hogan</i>	LGE	
2. BURRIS, JUSTIN	<i>Justin Burris</i>	LGE	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code   OQ/M1   Session #           

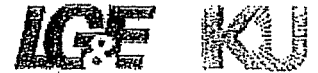
Date   3-8-12   Instructor's Name / ID #   Larry Dodson  

Subject Presented   OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)  

Location   EOC   Sponsored by Line of Business                    Training Hours   1  

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. Darnall, Wayne	<i>Wayne Darnall</i>	LGE	
2. Vanover, Eric	<i>Eric R Vanover</i>	LGE	
3. Jones WD	<i>WD Jones</i>	LGE	
4. Butler Larry	<i>Larry Butler</i>	LGE	
5. Smith, Franklin	<i>Franklin Smith</i>	LGE	
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code OO/M1 Session # \_\_\_\_\_

Date 3-2-12 Instructor's Name / ID # Larry Dodson / EOC Netherland

Subject Presented OO/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)

Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. <u>CSLANK JOSEPH J.</u>	<u>Joseph J. Slank</u>	<u>LG&amp;E</u>	
2. <u>BAKER DERRY</u>	<u>Derry Baker</u>	<u>LG&amp;E</u>	
3. <u>Perry Lee</u>	<u>Lee Perry</u>	<u>LG&amp;E</u>	
4. <u>Martin Leroy B.</u>	<u>Leroy B. Martin</u>	<u>L&amp;E</u>	
5. <u>Dodson, DALE</u>	<u>Dale Dodson</u>	<u>LG&amp;E</u>	
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



SIGN-IN SHEET  
(Please Print Legibly)

For Office Use Only: Course Code OQ/M1 Session # \_\_\_\_\_

Date 3-1-12 Instructor's Name / ID # LARRY DODSON / ERIC NETHERTON

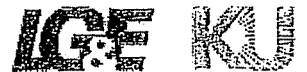
Subject Presented OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)

Location EOL Sponsored by Line of Business \_\_\_\_\_ Training Hours .1

- Training Reasons:** ( ) Compliance (X) Operator Qualification -- Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. Hodson Darren	<i>Darren Hodson</i>	LG&E	
2. Regland, John	<i>John Regland</i>	LG&E	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			





**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code   OQ/M1   Session #           

Date   3-1-12   Instructor's Name / ID #   Larry Dodson / ERIC Nethererton  

Subject Presented   OQ/M1 Perform Leakage and Patrolling Surveys (Leak Investigation)  

Location   EDC   Sponsored by Line of Business                    Training Hours   1  

- Training Reasons:** ( ) Compliance (X) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development ( ) 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. Peavler Kenneth	<i>Kenneth Peavler</i>	LG&E	
2. WAINSWORTH JAMES	<i>James Wainsworth</i>	LG&E	
3. Mills M Kevin	<i>Kevin M. Mills</i>	LG&E	
4. BRUNER RODNEY	<i>Rodney Bruner</i>	LG&E	
5. Allen Roderick	<i>Roderick A.</i>	LG&E	
6. Qual Mike	<i>Mike Qual</i>	"	
7. Stinson Herman	<i>Herman Stinson</i>	LG&E	
8. Newton Christopher	<i>Chris Newton</i>	LG&E	
9. Williams Clint	<i>Clint Williams</i>	LG&E	
10. Gene Staples	<i>Gene Staples</i>	LG&E	
11. Chris Barnes	<i>Chris Barnes</i>	LG&E	
12. GROSS GR	<i>GR Gross</i>	LG&E	
13. HAYDEN DR	<i>D.R. Hayden</i>	LG&E	

**Affidavit**  
**Operator Qualification Employee Record**

Name Brian Russell

Employee Number [REDACTED] Job Title Mech B

Reporting Location EOC

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-21-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  |   |
| <input type="checkbox"/> On the job training            |  | <input type="checkbox"/> Other                |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: *James J. Dodson* 2-21-12

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: *Brian Russell* 2-21-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Jonathan Sarles

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-29-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: Jonathan D. Sarles 2-29-12

**Affidavit**

**Operator Qualification Employee Record**

Name Gary Shelton

Employee Number [REDACTED] Job Title Main Service Mechanic "A"

Reporting Location EOC

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodrow 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: Gary Shelton 2-28-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Franklin Smith

Employee Number [REDACTED] Job Title Trouble Tech

Reporting Location ASC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-8-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
- Performance on the job
  - 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: Larry Jodra 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: Franklin Smith 3-8-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Ricive Springston

Employee Number [REDACTED] Job Title GAS trouble

Reporting Location Bardston

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-22-12

**Qualification Method**

- Written       Oral Examination       Work History Review
- Observation during:
- Performance on the job
  - On the job training
  - Simulation
- Pass                       Fail
- Vendor Certification
- Other

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: Larry Dodson 2-22-12

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: R Springston 02-22-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Gene Staples

Employee Number [REDACTED] Job Title Dist Mech.

Reporting Location Magnolia

Task number/Description                     OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: Gene Staples 3-1-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Herman Stinson

Employee Number [REDACTED] Job Title A Mechanic

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  | <input type="checkbox"/> Other                |
| <input type="checkbox"/> On the job training            |  |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Owen 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: Herman Stinson 3-1-12



**Affidavit**  
**Operator Qualification Employee Record**

Name SL Sumner

Employee Number [REDACTED] Job Title Crew Leader

Reporting Location AOC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- Written  Oral Examination  Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 2-27-12

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: SL Sumner 2/27/12



**Affidavit**  
**Operator Qualification Employee Record**

Name Eric R Vauover

Employee Number [REDACTED] Job Title Distribution Mech

Reporting Location Maldenough

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-8-12

**Qualification Method**

- Written
- Oral Examination
- Work History Review
- Observation during:
  - Performance on the job
  - On the job training
  - Simulation
- Vendor Certification
- 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: Larry Dodson 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: Eric R Vauover 3-9-12

**Affidavit**  
**Operator Qualification Employee Record**

Name R. A. VAUGHN

Employee Number [REDACTED] Job Title OHM Mech

Reporting Location AOC

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-27-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Odier 2-27-12

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: [Signature]

**Affidavit  
Operator Qualification Employee Record**

Name TODD VINCENT

Employee Number [REDACTED] Job Title CREW LEADER

Reporting Location EOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-28-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Decker 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: Todd Vincent 2/28/12

**Affidavit**  
**Operator Qualification Employee Record**

Name Andrew Waddle

Employee Number [REDACTED] Job Title Dist mech.

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  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  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: Larry Dodson 2-27-12

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: Andrew Waddle 2-27-12

**Affidavit**  
**Operator Qualification Employee Record**

Name JAMES WAINSCOTT

Employee Number [REDACTED] Job Title Mech A

Reporting Location EOC

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: James Waincott 3-1-12

**Affidavit  
Operator Qualification Employee Record**

Name MARK WALLACE

Employee Number [REDACTED] Job Title B-GAS DIST MECH

Reporting Location AOC

Task number/Description OQ/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 4-9-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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.

Individual's Signature/Date: Mark A. Wallace 4-9-12



**Affidavit  
Operator Qualification Employee Record**

Name Brent Weatherford

Employee Number [REDACTED] Job Title A Mech

Reporting Location AOC

Task number/Description                     OQ/M1                    

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 2-22-12

**Qualification Method**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review  |
| <input checked="" type="checkbox"/> Observation during: |  | <input type="checkbox"/> Vendor Certification |
| <input type="checkbox"/> Performance on the job         |  |   |
| <input checked="" type="checkbox"/> On the job training | <input type="checkbox"/> Other                       |   |
| <input checked="" type="checkbox"/> Simulation          |  |   |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Decker 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: Brent Weatherford 2-28-12

**Affidavit**  
**Operator Qualification Employee Record**

Name Clint Williams

Employee Number [REDACTED] Job Title Storage, Transmission, & Distribution

Reporting Location Magnolia

Task number/Description OO/M1

**Perform Leakage and Patrolling Surveys**

Qualification Categories:  Transitional  Initial  Subsequent

Qualification Date 3-1-12

**Qualification Method**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Written                        | <input checked="" type="checkbox"/> Oral Examination | <input type="checkbox"/> Work History Review |
| <input checked="" type="checkbox"/> Observation during: | <input type="checkbox"/> Vendor Certification        |  |
| <input type="checkbox"/> Performance on the job         | <input type="checkbox"/> Other                       |  |
| <input type="checkbox"/> On the job training            |  |  |
| <input checked="" type="checkbox"/> Simulation          |  |  |
| <input checked="" type="checkbox"/> Pass                | <input type="checkbox"/> 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: Larry Dodson 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: Clint Williams 3-1-12



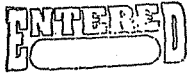
**LEAK INVESTIGATION**

**TRAINING**

**AUGUST, 2012**

**ATTENDANCE SIGN-IN SHEETS**

**INDIVIDUAL COMPLETION REPORTS**



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code G/LI Session # \_\_\_\_\_

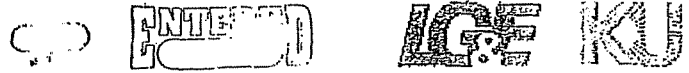
Date 8-6-12 Instructor's Name / ID # LARRY DODSON / ERIC NEKENTON

Subject Presented Leak Investigation

Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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	<i>Hollis Bridgewater</i>	LG&E	
2. CSANK, JOSEPH	<i>Joseph Csank</i>	LG&E	
Peyton Bruce	<i>Bruce Peyton</i>	LG&E	
4. Allen James H.	<i>JH Allen</i>	LG&E	
5. NEWTON CHRIS	<i>Chris Newton</i>	LG&E	
6. BENEDET ROA	<i>Roa Benedict</i>	" "	
7. POYNE MIKE	<i>Mike Poyne</i>	" "	
8.			
9.			
10.			
11.			
12.			
13.			



SIGN-IN SHEET  
(Please Print Legibly)

For Office Use Only: Course Code G/LI Session # \_\_\_\_\_

Date 8-7-12 Instructor's Name / ID # G. Netherston, T. Heckel, L. DODSON

Subject Presented Leak Investigation

Location EOL Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. DEARING, DON	<i>D. Dearing</i>	LG&E	
2. Heath, Tony	<i>T. Heath</i>	LG&E	
3. Ballard Stephen	<i>S. Ballard</i>	LG&E	
4. GUTTERMAN, DANIEL	<i>Daniel Gutterman</i>	LG&E	
5. Ragland, John	<i>John Ragland</i>	LG&E	
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ G/LI \_\_\_\_\_ Session # \_\_\_\_\_

Date 8-13-12 Instructor's Name / ID # LARRY DODSON / ERIC Wetherston

Subject Presented Leak Investigation

Location ECC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** (check only one)
- ( ) Compliance
  - ( ) Computer Technology
  - ( ) 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. <u>Peavlee Kenneth</u>	<u>Kenneth A. Peavlee</u>	<u>L.G&amp;E.</u>	
2. <u>ALLEN, NORTON</u>	<u>Norton Allen</u>	<u>L.G&amp;E.</u>	
3. <u>Vanover, Eric</u>	<u>Eric Vanover</u>	<u>LG&amp;E</u>	
4. <u>England Brian</u>	<u>Brian England</u>	<u>LG&amp;E</u>	
5. <u>Freddie Smith</u>	<u>Freddie Smith</u>	<u>LG&amp;E</u>	
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code \_\_\_\_\_ G/LI \_\_\_\_\_ Session # \_\_\_\_\_

Date 8-15-12 Instructor's Name / ID # LARRY DAVIS, ERIC PETERSON, JOY HUCKE

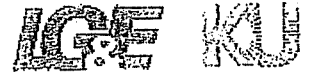
Subject Presented Leak Investigation

Location EOU Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** (check only one)
- ( ) Compliance
  - ( ) Computer Technology
  - ( ) 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. <u>ORR Kenny</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	
2. <u>Goetzinger L.P.</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	
3. <u>Poteet, DAVID</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	
4. <u>Springston, Richie</u>	<u>[Signature]</u>	<u>LG&amp;E</u>	
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			





**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code G/LI Session # \_\_\_\_\_

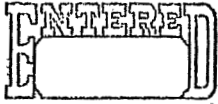
Date 8-20-12 Instructor's Name / ID # LARRY DODSON, ERIC NEYHROW, ERIC HALL, Tony Hedrick

Subject Presented Leak Investigation

Location EOC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. Pendleton R.J.	<i>R.J. Pendleton</i>	LG+E	
2. Harrison Kenny	<i>Kenny Harrison ?</i>	LG+E	
3. Hall Chris	<i>Chris Hall</i>	LG+E	
4. Shelton Gary	<i>Gary Shelton</i>	LG+E	
5. Waddle Andrew	<i>Andrew Waddle</i>	LG+E	
6. Weatherford Brent	<i>Brent Weatherford</i>	LG+E	
7. Garles Jonathan	<i>Jonathan Garles</i>	LG+E	
8. Summer SC	<i>SC Summer</i>	LG+E	
9. WALLACE MARK	<i>Mark Wallace</i>	LG+E	
10. Perry Lee	<i>Lee Perry</i>	LG+E	
11. Hinkle Chris	<i>Chris Hinkle</i>	LG+E	
12. HUETTIG GREGORY	<i>Gregory Huettig</i>	LG+E	
13. Brock TL	<i>TL Brock</i>	"	



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code          G/LI          Session #         

Date 9-21-12 Instructor's Name / ID # L. Podesi, E. Peinert, T. Hoefel, E. Miller

Subject Presented Leak Investigation

Location EMC Sponsored by Line of Business          Training Hours 1

- Training Reasons:** (check only one)
- ( ) Compliance
  - ( ) Computer Technology
  - ( ) 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. Lewis Richard L.	<i>Richard L. Lewis</i>	LG&E	
2. Russell Brian	<i>Brian Russell</i>	LG&E	
3. VINCENT, TODD	<i>Todd Vincent</i>	LG&E	
4. TAYLOR, BO	<i>Bo Taylor</i>	LG&E	
5. CLUNIE JEFF	<i>J. L. Clunie</i>	LG&E	
6. JONES, NATHAN	<i>Nathan Jones</i>	LG&E	
7. stinson Herman	<i>Herman Stinson</i>	LG&E	
8. BRUNER RODNEY	<i>Rodney E. Bruner</i>	LG&E	
9. Allen Roderick	<i>Roderick Allen</i>	LG&E	
10. Oull, Mike	<i>Mike Oull</i>	"	
11. Darnall, Wayne	<i>Wayne Darnall</i>	"	
12. BUKER MIKE	<i>Mike B. B. B.</i>	"	
13.			

SIGN-IN SHEET  
(Please Print Legibly)


For Office Use Only: Course Code          G/LI          Session #         

Date 8.28-12 Instructor's Name / ID # Eric Netherton, LARRY DODSON, Tony Hockley Miller ERIC

Subject Presented Leak Investigation

Location ER Sponsored by Line of Business          Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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. Faith Chris	<i>Chris Faith</i>	LG&E	
2. Boone Chris	<i>Chris Boone</i>	LG&E	
Hodson Darren	<i>Darren Hodson</i>	LG&E	
4. WAINSCOTT JAMES	<i>James Waincott</i>	LG&E	
5. Mills M Kevin	<i>Kevin M Mills</i>	LG&E	
6. Kingsley Brian	<i>Brian Kingsley</i>	LG&E	
7. MATTINGLY DAVID	<i>David Mattingly</i>	LG&E	
8. BAKER Derry	<i>Derry Baker</i>	LG&E	
9. Cochran, Juan	<i>Juan Cochran</i>	"	
10. CROSS, G.R.	<i>GR Cross</i>	"	
11. Barnes Chris	<i>Chris Barnes</i>	LG&E	
12.			
13.			



**SIGN-IN SHEET**  
(Please Print Legibly)

For Office Use Only: Course Code G/II Session # \_\_\_\_\_

Date 9-25-12 Instructor's Name / ID # Larry DODSON / ERIC NETHERTON

Subject Presented Leak Investigation

Location CoC Sponsored by Line of Business \_\_\_\_\_ Training Hours 1

- Training Reasons:** ( ) Compliance ( ) Operator Qualification – Gas Only  
 (check only one) ( ) Computer Technology ( ) Safety  
 ( ) Industry Knowledge ( ) Developmental  
 ( ) Leadership Development (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 Chris	<i>Chris Hall</i>	LG&E	
2. HAYDEN DARYL	<i>Darryl Hayden</i>	LG&E	
3. Dilley Dana	<i>Dana Dilley</i>	LG&E	
4. VAUGHN RA	<i>RA Vaughn</i>	LG&E	
5. Burns Justin	<i>Justin Burns</i>	LG&E	
6. Butler Larry	<i>Larry Butler</i>	LG&E	
7. JONES W D	<i>W D Jones</i>	LG&E	
8. Gene Staples	<i>Gene Staples</i>	LG&E	
9. GREGORY Huetting	<i>Greg Huetting</i>	LG&E	
10. Payne, Mike	<i>Mike Payne</i>	LG&E	
11.			
12.			
13.			

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Sony Dodu*  
Evaluator's Name

*Eric W. Nelson*  
Evaluator's Name

*JH Aden* [Redacted]  
Employee's name and emp #

*Aug. 6/12*  
Date

Comments: *Established perimeter, MADE COMMENT IF SERVICE WAS broken check to main, also catch basins, and man holes*

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

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry J. Jensen*  
Evaluator's Name

*Eric W. Feltham*  
Evaluator's Name

*Wayne Allen III*  
Employee's name and emp # [REDACTED]

*8-13-12*  
Date

Comments: *Demonstrated the ability to establish a perimeter using a GMI unit and bar hole probe.*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Eric Miller*

Evaluator's Name

*Jamy Dodson*

Evaluator's Name

*Ed. Allen*

*Robert [redacted]*

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: *Followed all procedures using bar hole probe to locate, pinpoint, classify and establish perimeter, very thorough*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Larry Decker  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

J.E. Baker   
Employee's Initials

10-19-18  
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 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 systematic STARTED AT HOUSE, checked  
houses creek side, ESTABLISHED PERIMETER  
Class. Pied property



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

Eric W. Althaus  
Evaluator's Name

Eric Miller  
Evaluator's Name

Darryl Beck  
Employee's name and emp #

8-27-12  
Date

- 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: DERRY DONE THE SAME AS JUAN. DONE A GREAT JOB LOCATING LEAK BUT FORGOT TO MAKE GAS INSIDE A PRIORITY. DERRY IS FULLY CAPABLE OF DOING LEAK INVESTIGATION PROPERLY.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

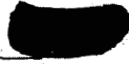
*Performance Guide:*

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.

Tony W. ...  
Evaluator's Name

Eric W. ...  
Evaluator's Name

Steve Bullard   
Employee's name and emp #

8/2/12  
Date

Comments: STEVE utilized the bellows & regular  
probe to establish the leak migration  
& classification.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Eric W. Helber*  
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 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.

*Tony W. ...*  
Evaluator's Name

*Joseph C Barnes* [REDACTED]  
Employee's name and emp #

8-27-2012  
Date

Comments: CHRIS established perimeter w/CGI  
& Adequate barholing. Leak was  
CLASSIFIED properly.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dodson*  
Evaluator's Name

*Eric W. Spilerton*  
Evaluator's Name

*Ron Benedict* - [REDACTED]  
Employee's name and emp #

8-6-12  
Date

Comments: Established perimeter, checked around  
houses and probed to main, found all leaks,  
and classified property

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Larry Dodson  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

John Boags  
Employee's Initials

10-9-12  
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 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: located leak properly, established perimeter,  
checked services on both sides, GGI Properly  
calibrated

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Eric W. Helbert*  
Evaluator's Name

*Tony ...*  
Evaluator's Name

*Chris Boone* [redacted]  
Employee's name and emp #

8-27-12  
Date

**Comments:** *Very thorough and systematic, followed all procedures, classified property, established perimeter*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Larry Deane  
Evaluator's Name

Eric W. Alberta  
Evaluator's Name

Halli Briden [REDACTED]  
Employee's name and emp #

8-6-12  
Date

Comments: used bellow probe to scan around and  
thought there was water in ground and then  
switched to probe

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

Eric W. Authata  
Evaluator's Name

Tony DeLuca  
Evaluator's Name

Thomas Bruce [REDACTED]  
Employee's name and emp #

8-20-12  
Date

- 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: Tom used the bellow probe & walked out the 4 services & main. Proceeded with the bar hole probe to pin the leaks & establish the leak migration.



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dodson*  
Evaluator's Name

*Eric Wilkey*  
*Eric W. Ashcraft*  
Evaluator's Name

*RODNEY BRUNER* [REDACTED]  
Employee's name and emp #

8-21-12  
Date

Comments: *Utilized bellows probe to locate leak, followed up with barhole probe to locate, pinpoint and classify leak job well done*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Dodson*  
Evaluator's Name

*Eric W. Helkala*  
Evaluator's Name

*Justin Bueco* [REDACTED]  
Employee's name and emp #

*9-25-12*  
Date  
*EL*

Comments: *located and properly classified leaked established perimeter*

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Harry Dodson  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

Mike Burton [REDACTED]  
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: Very systematic, and thorough  
started at house and worked way back,  
using bar hole probe located, classified, pinpointed  
and established perimeter

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

Larry Dodson  
Evaluator's Name

Eric W. Allred  
Evaluator's Name

Larry Butler [REDACTED]  
Employee's name and emp #

9-25-12  
Date  
C/L

Comments: Located and properly classified leak  
established perimeter

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dodson*  
Evaluator's Name

*Eric W. Altherton*  
Evaluator's Name

*Jeff Plumb* [Redacted]  
Employee's name and emp #

8-21-12  
Date

Comments: located and classified leak using bar hole  
probe, established perimeter, checked inside buildings  
very thorough, looked at big picture

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

Eric W. Albert  
Evaluator's Name

The person being evaluated for qualification:

Eric Miller  
Evaluator's Name

[Redacted]  
Employee's name and emp #

8-27-12  
Date

- 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: JUAN DONE A GREAT JOB LOCATING & CLASSIFYING THE LEAKS. HAD TO REMIND HIM THAT CHECKING GAS INSIDE, ONCE GAS WAS FOUND @ FOUNDATION, WAS A PRIORITY BEFORE ACTUALLY FIXING LEAK. HAVE COMPLETE CONFIDENCE IN JUAN THAT HE WON'T FORGET THE GAS IN HOUSE AGAIN.

**Perform Leakage on Gas Piping Facilities**


The employee is qualified to perform Leak Investigation:

Yes

No

*Larry Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*[Signature]*   
Employee's Initials

10-16-12  
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 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: *Checked AT House First, then checked adjacent houses, found area of leak established perimeter*

\_\_\_\_\_

\_\_\_\_\_

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

Amy Dodson  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

Brian Lambert [REDACTED]  
Employee's Initials

10-16-12  
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 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: Checked at house first then checked  
adjacent houses, found area of leak  
established perimeter



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Eric W. Helber  
Evaluator's Name

Tony Weber  
Evaluator's Name

Lawson [REDACTED]  
Employee's name and emp #

8-27-12  
Date

Comments: GENE established perimeter using  
bar hole & CGI. CLASSIFIED LEAK  
PROPERLY

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes



No



**Perform leakage surveys of gas distribution piping**

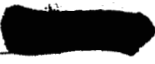
*Performance Guide:*

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.

*Larry Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*Jose S. Cruz*   
Employee's Initials

10-9-12  
Date

Comments: Located leak properly, established  
perimeter, checked services on both sides  
CEI properly calibrated

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Dodson*  
Evaluator's Name

*Eric W. Mathias*  
Evaluator's Name

*Joseph J. [Redacted]*  
Employee's name and emp #

8-6-12  
Date

Comments: *Checked all areas where of previous construction, established perimeter, checked adjacent buildings*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Samy Dodson*

Evaluator's Name

\_\_\_\_\_

Evaluator's Name

*Wayne Donald*

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: *Very systematic AND Thorough STARTED at house AND worked way back using barhole probe, located, classified, pinpointed and established perimeter*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Danny Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*Brian Davis*  
Employee's Initials

*10-9-12*  
Date

Comments: *Located leak properly, established*  
*perimeter, checked services on both sides*  
*CGT properly calibrated*  
\_\_\_\_\_  
\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

\_\_\_\_\_  
Evaluator's Name

*Eric W. Matthews*

\_\_\_\_\_  
Evaluator's Name

*D. Davis*  
Employee's name and emp #

8-7-12

Date

Comments: Don was very methodical in his  
establishment of the migration perimeter.  
\_\_\_\_\_  
\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

Eric W. Feltham  
Evaluator's Name

The person being evaluated for qualification:

Larry Dodson  
Evaluator's Name

D.R. Dille [REDACTED]  
Employee's name and emp #

9-25-12  
Date

- 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 established the perimeter  
& CLASSIFIED the leak correctly.

---

---

---

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Jamy Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*[Signature]*  
Employee's Initials

OCT 17 - 19 - 2012  
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 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: *Started at houses, checked houses with size established perimeter classified property*

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



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

Larry Dodson

Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

Mark Dumb [REDACTED]

Employee's name and emp #

10-4-12

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: Followed all procedures, established perimeter,  
checked houses both sides of leak, C&I properly  
calibrated and will take care of

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Sony Dodu*  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

*Ed Durall* [Redacted]  
Employee's name and emp #

*10-04-12*  
Date

Comments: *Followed all procedures in establishing perimeter and classifying*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

Larry Dodson  
Evaluator's Name

Eric W. Alberta  
Evaluator's Name

Blair English [REDACTED]  
Employee's name and emp #

8-13-12  
Date

Comments: Very thorough, established perimeter, understood operation of APT, equipment in

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Dodson*  
Evaluator's Name

*Tony Culver*  
Evaluator's Name

*Chris East* [REDACTED]  
Employee's name and emp #

8-27-12  
Date

Comments: *Very systematic, classified properly  
established proper perimeter*

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

*Larry Dodu*  
Evaluator's Name

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

*Nate Frangeth* [REDACTED]  
Employee's name and emp #

*10-4-12*  
Date

Comments: *Proper procedure was utilized to establish leak perimeter.*

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

*Larry Dodson*  
Evaluator's Name

*Ernie W. Stelthaus*  
Evaluator's Name

*Lester P. Gebinger* [REDACTED]  
Employee's name and emp #

08 15 12  
Date

- 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: STARTED USING bellow probe to get into vicinity.  
He also continued to use bellow probe once started probing  
He corrected on site to use probe. Informed individual  
if ground is saturated with water bellow probe was to be used.  
He classified all leaks properly

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

Tony [Signature]  
Evaluator's Name

Eric W. [Signature]  
Evaluator's Name

DANIEL GUTTERMAN  
Employee's name and emp #

8-7-12  
Date

Comments: DAN WALKED OUT SERVICES &  
main with bellow probe & pinpointed  
with regular probe.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Sping Dodson*

Evaluator's Name

*Tony [unclear]*

Evaluator's Name

*Ch Hall* [redacted]

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: *INSTRUCTED CHAS he needs to bar hole to establish perimeter AND migration, RE-INSTRUCTED employee on bar holing, RE-INSTRUCTED on bar holing*



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Jerry Dodson*  
Evaluator's Name

*Tony Carter*  
Evaluator's Name

*A. Hall* [REDACTED]  
Employee's name and emp #

8-25-12  
Date

Comments: VERY THOROUGH, ESTABLISHED PERIMETER AND  
PINPOINTED LEAK

---

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Eric W. Henthorn*  
Evaluator's Name

*Tony G. Gabel*  
Evaluator's Name

*Kenny Harrison*  
Employee's name and emp # [REDACTED]

8-20-12  
Date

**Comments:** Leak investigation very thorough (great job).  
Regulator hookup and house line testing all according to  
procedures, line locating, needs help on inductive  
locating

**Perform Leakage Investigation on Gas Piping Facilities**

**The employee is qualified to perform Leak Investigation:**

Yes

No

*Jerry Dodson*  
Evaluator's Name

*Tony Deibel*  
Evaluator's Name

*James Hayden* [REDACTED]  
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 THOROUGH, ESTABLISHED PERIMETER AND PINPOINTED  
LEAK 1  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

Tony Heath  
Evaluator's Name

Eric W. Albert  
Evaluator's Name

Tony Heath [REDACTED]  
Employee's name and emp #

8-7-12  
Date

Comments: Tony did the initial walk around with a bellows probe to find the odor of gas, then established the perimeter by bar holing & pinpointing the leak.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

*Eric W. [Signature]*  
Evaluator's Name

*Larry Down*  
Evaluator's Name

*Darren Hodson* [Redacted]  
Employee's name and emp #

*8-27-12*  
Date

- 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 PERIMETER, VERY THOROUGH WITH  
LEAK INVESTIGATION & USE OF G.M.I. PROPERLY PROBED  
FROM HOUSE TO STREET. CLASSIFIED LEAK PROPERLY.

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Larry Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*Robert E. Hagan* [Redacted]  
Employee's Initials

*10/9/12*  
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 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: *located leak and established perimeter,*  
*classified property*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dodson*  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

*R. Horsley* [redacted]  
Employee's name and emp #

*10/4/12*  
Date

Comments: *Followed all procedures, established perimeter, check houses on both sides, all properly calibrated and well taken care of*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Larry Dodson  
Evaluator's Name

Tony Usher  
Evaluator's Name

Gregory Hunter [REDACTED]  
Employee's name and emp #

8.20.12  
Date

Comments: Classified leaks properly, found all leaks  
Used bellows probe and not bar hole  
probe, for establishing perimeter and classified  
Re-Instructed to use bar hole probe



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

*Larry Dodson*  
Evaluator's Name

- Demonstrated proper care, handling and calibration of leak instrument.

*Eric W. Albrecht*  
Evaluator's Name

- Demonstrated turning on leak instrument and zeroed instrument in ambient free air

*G. Huettig* [REDACTED]  
Employee's name and emp #

- Determined location of company facilities.
- Installed bar holes to determine migration of leak

*9-25-11*  
Date

- 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: *GREG ESTABLISHED PERIMETER THROUGH*  
*BARHOLING & CLASSIFIED THE LEAK PROPERLY.*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dodson*

Evaluator's Name

*Eric Miller*  
*Eric W. Helton*

Evaluator's Name

*NATHAN JONES*

Employee's name and emp #

*8-21-12*

Date

*Comments: Located and classified leak using bubble probe, established proper perimeter, checked inside buildings, very thorough and systematic*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Spuy Doorn*  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

*W D JONES* [REDACTED]  
Employee's name and emp #

*9-25-12*  
Date

Comments: *Established perimeter, properly classified and pinpointed leaks*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Eric W. Athina  
Evaluator's Name

Tony [Signature]  
Evaluator's Name

x Brian Kingrey [Redacted]  
Employee's name and emp #

8-27-12  
Date

Comments: Demonstrated ability to establish  
perimeter using CGI & bar holing.  
Classified leak properly.

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Dodson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*CHUCK LEMBACH* [REDACTED]  
Employee's Initials

*10/9/12*  
Date

Comments: *Very systematic, classified and established perimeter properly, checked houses on both sides*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

Larry Dodson  
Evaluator's Name

Tony [Signature]  
Evaluator's Name

Richard L. Lewis [Redacted]  
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 bellow probe to establish location of leak  
AND bar hole probe to classify and establish perimeter  
for migration

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

Eric W. Felton  
Evaluator's Name

Tony [Signature]  
Evaluator's Name

X DAVID MATTINGLY [Redacted]  
Employee's name and emp #

8-27-12  
Date

- 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 PERIMETER, VERY THOROUGH  
WITH USE OF G.M.I TO LOCATE LEAK. CLASSIFIED  
LEAK PROPERLY.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Eric W. Helmer*  
Evaluator's Name

*Tony [unclear]*  
Evaluator's Name

x *Kevin M Mills* [redacted]  
Employee's name and emp #

8-27-12  
Date

Comments: Demonstrated ability to  
establish perimeter using C.G.I &  
bar holing AREA. CLASSIFIED LEAK PROPERLY.



**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Jerry Dodson  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

R. M. J.  
Employee's Initials

10/9/12  
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 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: located leak and established perimeter  
properly checked services on both sides  
CET properly calibrated

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Larry Dodson*  
Evaluator's initials

\_\_\_\_\_  
Evaluator's Initials

*Elizabeth May* [REDACTED]  
Employee's Initials

10-16-12  
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 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: *Checked at house first then checked adjacent houses, found area of leak established perimeter*

\_\_\_\_\_

\_\_\_\_\_

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Henry Dodson  
Evaluator's Name

Eric W. Feltham  
Evaluator's Name

Christopher Zeltner  
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: Started probing process @ house worked  
way back, established perimeter

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**


The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Eric W. Helthaus*  
Evaluator's Name

*Larry Dodson*  
Evaluator's Name

*Kenny ORR*   
Employee's name and emp #

*8-15-12*  
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: *Kenny ESTABLISHED the leak migration perimeter utilizing the BMI unit in conjunction with proper bar holing!*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

*Eric W. Helbert*  
Evaluator's Name

*Larry Dodson*  
Evaluator's Name

*Mike Payne* [REDACTED]  
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: *Used bellows probe on bar hole, did not have proper probe for taking reading in bar hole. Corrected on site, established perimeter, and class. End properly*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

*Eric W. [Signature]*  
Evaluator's Name

*Jany Dodson*  
Evaluator's Name

*Mike Payne* [Redacted]  
Employee's name and emp #

9.25.12  
Date

- 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 utilized his CBI & barholing  
technique in establishing the perimeter  
& properly classifying the leak!

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

Larry Oberm  
Evaluator's Name

The person being evaluated for qualification:

Eric W. Feltner  
Evaluator's Name

Handwritten Name [Redacted]  
Employee's name and emp #

8-13-12  
Date

- 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: Demonstrated the ability to  
establish a perimeter using the GMI unit &  
bar hole probe

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

Performance Guide:

The person being evaluated for qualification:

*Eric W. Armenta*  
Evaluator's Name

*Tony ...*  
Evaluator's Name

*R.J. Pendleton*  
Employee's name and emp # [REDACTED]

8-20-12  
Date

- 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 system MATIC, established perimeter bar holed properly*

---

---

---



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

*Eric Miller*  
Evaluator's Name

*Larry Dodson*  
Evaluator's Name

*Lee Perry* [Redacted]  
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: located and classified all leaks properly  
CC&T well taken care of

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Anthony Dodson*  
Evaluator's Name

*Eric W. Feltham*  
Evaluator's Name

*Bruce P. [redacted]*  
Employee's name and emp #

*8/6/12*  
Date

Comments: *VERY thorough on establishing a perimeter*

---

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Larry Anderson  
Evaluator's Name

Eric W. Stelton  
Evaluator's Name

David R Poter  
Employee's name and emp #

8-16-12  
Date

Comments: Made observation of 30% LEL at door would not  
go into house. Very my medical. Found all leaks  
and classified properly

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

*Eric Miller*

Evaluator's Name

*Larry Rodden*

Evaluator's Name

*Mike Aust* - [REDACTED]

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: *Followed all procedure using bar hole probe to locate pinpoints, classify and establish perimeter, very thorough*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Larry Dorman*  
Evaluator's Name

*Eric W. Helt*  
Evaluator's Name

*John Regland* [REDACTED]  
Employee's name and emp #

8-7-12  
Date

Comments: Very methodical, established perimeter  
before classifying leak, CGT calibrated and  
well taken care of

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Dodson*

Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

*C.R. Payne* [Redacted]

Employee's name and emp #

*10-4-12*

Date

Comments: *Followed all procedures, established perimeter, checked houses on both sides. C&I properly calibrated and well taken care of*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Romy Dodson*  
Evaluator's Initials

*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.

\_\_\_\_\_  
Evaluator's Initials

*Charlie Roberts* [Redacted]  
Employee's Initials

10-9-12  
Date

Comments: *Located leaks properly and established perimeter checked service on both sides. Pilot properly calibrated and maintained.*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Tony DeLeon  
Evaluator's Name

Tony DeLeon  
Evaluator's Name

Brant Russe II [REDACTED]  
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 and backhoe probe to establish  
the leak migration and properly classify leaks  
very systematic.



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

E. Miller  
Evaluator's Name

Larry Dodson  
Evaluator's Name

Jonathan Sorles [REDACTED]  
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: Very systematic, found all leaks,  
DID excellent job, leak instrument  
calibrated in good condition, established  
perimeter

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

*Eric W. Altman*  
Evaluator's Name

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.

*Tony Walsh*  
Evaluator's Name

*Gary Shelton* [REDACTED]  
Employee's name and emp #

8-20-12  
Date

Comments: Very thorough and systematic found all  
leaks and classified properly DID great job

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Samy Debra*  
Evaluator's Name

*Eric W. Helton*  
Evaluator's Name

*Franklin* [REDACTED]  
Employee's name and emp #

8-13-12  
Date

Comments: *Very methodical on approach of leak investigation, located and properly classified leaks, explained reasoning, equipment in good working order.*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

Larry Jensen  
Evaluator's Name

Eric W. Hotal  
Evaluator's Name

Richie Sprinston [REDACTED]  
Employee's name and emp #

8-15-12  
Date

Comments: Richie established the perimeter  
with the BMI unit & bar holing.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Larry Dodson  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

J E Steyer [Redacted]  
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 all procedures  
established perimeter then pinpointed

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

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**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.

*Gary Dodson*  
Evaluator's Name

*Eric W. Helbert*  
Evaluator's Name

*Herman S. Hiasen*  
Employee's name and emp #

*8-21-12*  
Date

Comments: *Used bellows probe to locate leak. Perimeter, classified and established perimeter with bar hole probe very thorough*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

*Eric Miller*  
Evaluator's Name

*Janey Dodson*  
Evaluator's Name

*SLS* [Redacted]  
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: *Very systematic, established perimeter, CGT calibrated, classified leaks properly, established perimeter followed all guidelines, excellent job*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Hudson*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*Kenny Tapp*  
Employee's Initials

*10/9/12*

\_\_\_\_\_  
Date

Comments: *Located leak properly, established perimeter, checked screws on both sides CGF properly calibrated*



**Perform Leakage Investigation on Gas Piping Facilities**

**The employee is qualified to perform Leak Investigation:**

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

*Eric W. Feltham*  
Evaluator's Name

*Larry Dodson*  
Evaluator's Name

*B. Taylor* [Redacted]  
Employee's name and emp #

*8-21-12*  
Date

- 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 all procedures as far as classification of leak, used bellows probe to locate leak and followed up with bar hole probe to classify and establish perimeter*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

Performance Guide:

The person being evaluated for qualification:

*Larry Dodson*  
Evaluator's Name

*Eric W. Helfert*  
Evaluator's Name

*Eric R. Hanson* [Redacted]  
Employee's name and emp #

8-13-12  
Date

- 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 perimeter, properly classified leak, equipment maintained well*

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

The person being evaluated for qualification:

Eric W. Arthur  
Evaluator's Name

Larry Dodson  
Evaluator's Name

R. A. VAUGHN [REDACTED]  
Employee's name and emp #

9/25/12  
Date

- 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: Bob effectively established  
the perimeter & classified the leak

---

---

---

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Eric W. Helms*

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 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.

*Larry Dodson*

Evaluator's Name

*Toddle [redacted]*

Employee's name and emp #

*8-21-12*

Date

Comments: *Utilized bellows probe to locate vicinity of leak, probed and classified leak with bar hole probe very systematic, established perimeter classified properly*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Eric Miller  
Evaluator's Name

Eric W. Helmer  
Evaluator's Name

Andrew Noddle [REDACTED]  
Employee's name and emp #

8-20-12  
Date

Comments: missed leak on one building, to start in  
walking with bellow probe, line locating needs help  
on inductive, Regulator and lockup test all according to  
procedure. H/L testing OK, RC- INSTRUCTED ON  
the big picture

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

Eric W. Heltner  
Evaluator's Name

\_\_\_\_\_  
Evaluator's Name

ANDREW WASELL  
Employee's name and emp # 

10-4-12  
Date

Comments: Proper technique was utilized to  
establish leak perimeter. Leak classified  
correctly.

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

*Eric W. Helbert*  
Evaluator's Name

The person being evaluated for qualification:

*Larry Decker*  
Evaluator's Name

*JAMES WAINSWORTH*  
Employee's name and emp # XXXXXXXXXX

*8-27-12*  
Date

- 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 PERIMETER, VERY THOROUGH WITH USE OF G.A.I., PROBES PROPERLY FROM HOUSE TO STREET TO INVESTIGATE LEAK. CLASSIFIED LEAK PROPERLY.

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

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes  No

Eric Miller  
Evaluator's Name

Gary Dodson  
Evaluator's Name

MARK WALLACE [REDACTED]  
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: Established perimeter and classified leaks  
very systematic looked at big picture  
Did excellent job



**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**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.

*Larry Jensen*  
Evaluator's Name

*Eric W. Anderson*  
Evaluator's Name

*Brent Weatherford* [REDACTED]  
Employee's name and emp #

*8-20-12*  
Date

Comments: *Missed leak on one house, re-instructed individual on checking from main to meter, re-instructed on looking at the big picture*

**Perform Leakage Investigation on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Performance Guide:*

*Eric W. [Signature]*  
Evaluator's Name

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

*BRENT WEATHERS*  
Employee's name and emp # [Redacted]

10-4-12  
Date

Comments: *ESTABLISHED leak migration with*  
*backhoes / establishing perimeter*  
*CLASSIFIED leak correctly.*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes



No



**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.

*Larry Rodera*  
Evaluator's Initials

\_\_\_\_\_  
Evaluator's Initials

*JCW [Signature]*  
Employee's Initials

*10-9-12*  
Date

Comments: *Very thorough, located leak and established perimeter, checked houses each side*

**Perform Leakage on Gas Piping Facilities**

The employee is qualified to perform Leak Investigation:

Yes

No

**Perform leakage surveys of gas distribution piping**

*Larry Dodner*  
Evaluator's Initials

*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.

\_\_\_\_\_  
Evaluator's Initials

*Greg Wilson*  
Employee's Initials

*10-9-12*  
Date

Comments: *Located leak properly, established perimeter, checked services on both sides CBI properly calibrated*