




Shelby Energy  
Cooperative, Inc.

Your Touchstone Energy® Partner 

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COMMISSION

August 12, 2008

Mr. Richard W. Bertelson, III  
Staff Attorney  
Kentucky Public Service Commission  
211 Sower Blvd.  
P. O. Box 615  
Frankfort, KY 40602-0615

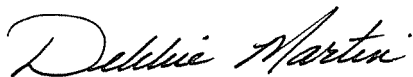
RE: Case No. 2008-00069

Dear Mr. Bertelson:

As stated in Item 14 of the Joint Stipulation of Facts and Settlement Agreement, enclosed is the pre-qualification form that will be used by Shelby Energy Cooperative for any future requests for bids on construction projects.

Should you have any questions or need further information, please let me know.

Sincerely,



Debbie Martin  
President & CEO

Enclosures



**CONTRACTORS SAFETY PROGRAM REVIEW AND RESULTS**

SAFETY PROGRAM REVIEW	
1. Do you have a written Safety Program? (if so, must submit)	Yes <input type="checkbox"/> (5); No <input type="checkbox"/>
2. Do you conduct site safety inspections at least monthly?	Yes <input type="checkbox"/> (2); No <input type="checkbox"/>
3. Do you train your workers in safety meetings at least monthly?	Yes <input type="checkbox"/> (2); No <input type="checkbox"/>
4. Do you maintain current MSDS's for all chemicals requiring such and provide hazard communication training for workers who may contact said chemicals?	Yes <input type="checkbox"/> (1); No <input type="checkbox"/>
5. Do you require foremen to hold "tailgate" sessions daily and at each new job site, to assist in accident investigations and to conduct daily safety inspections of work sites?	Yes <input type="checkbox"/> (5); No <input type="checkbox"/>
6. Do you inform and train newly hired, or promoted, foremen about their responsibility for their and their employee's safety?	Yes <input type="checkbox"/> (1); No <input type="checkbox"/>
7. Do you have a knowledgeable, responsible person designated to coordinate safety management within your company? Please expound upon this question by supplying detailed comments.	Yes <input type="checkbox"/> (5); No <input type="checkbox"/>
8. Do you have an orientation for all new hires? If yes, does it include instruction on the following? <ul style="list-style-type: none"> <li>• Personal protective equipment (PPE)?</li> <li>• Fall protection?</li> <li>• Safe ladder use?</li> <li>• Fire protection?</li> <li>• First Aid &amp; CPR?</li> <li>• MSDS?</li> <li>• Emergency procedures?</li> <li>• Lockout / Tagout (LOTO) procedures?</li> <li>• Rigging and rope safety?</li> <li>• Energized equipment approach distances?</li> </ul>	Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/> Yes <input type="checkbox"/> (1); No <input type="checkbox"/>
9. Do your foremen and superintendents have any advanced or additional safety training? (If yes, list in comment section)	Yes <input type="checkbox"/> (1); No <input type="checkbox"/>
10. Do you always discuss accident and safety concerns at daily or weekly management / production meetings?	Yes <input type="checkbox"/> (1); No <input type="checkbox"/>
11. Do you have an internal system that measures each foreman and holds him accountable for his crew's safety performance?	Yes <input type="checkbox"/> (5); No <input type="checkbox"/>
12. Has your company's safety record been free of critical injury accidents for the last full calendar year and this year to date" (critical: fatal, dismemberment or permanent total disability)	Yes <input type="checkbox"/> (5); No <input type="checkbox"/>

<p>13. Are accident records and accident summaries kept at least yearly?</p> <ul style="list-style-type: none"> <li>• By entire company?</li> <li>• By project?</li> <li>• By superintendent?</li> <li>• By foreman?</li> </ul>	<p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p>
<p>14. Are accident records and accident summaries sent at least yearly to the following?</p> <ul style="list-style-type: none"> <li>• Superintendent?</li> <li>• Vice-President?</li> <li>• President?</li> </ul>	<p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> (1); No <input type="checkbox"/></p>
<p><b>Total of "Program" Points:</b> (Award the number of points indicated beside the "YES <input type="checkbox"/></p>	

SAFETY RESULTS			
Worker's Compensation Experience Modification Rate (EMR):			
_____	_____	_____	_____
2005	2006	2007	3-Year Avg.
Award 5 points for 3-Year Avg. > 1.2	Award 10 points for 3-Yr Avg. = 1.2-0.9	Award 15 points for 3-Yr Avg. < 0.89	_____
2-Year improving rate (2007 < 2006)		ADD 5 points	_____
2-Year worsening rate (2007 > 2006)		SUBTRACT 5 points	_____
<b>Total of "Results" Points:</b>			_____

OVERALL SAFETY RATING	
Total points from "SAFETY PROGRAM REVIEW" and "SAFETY RESULTS"	_____
<b>RATING: 0 - 49 = Poor; 50 - 59 = Average; 60 - 70 = Good</b>	_____

List key personnel planned for this project that will be responsible and accountable for safety at this Co-Op:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_



Please use your OSHA 200 Log to fill in the appropriate data below as it relates to employee injuries and illnesses for the three most recent years for the operating district which serves Kentucky:

Table with 3 columns: 2005, 2006, 2007. Rows include: Total number of lost workday cases, Total number of cases with medical attention only, Total number of lost and/or restricted workdays, Total number of fatalities, Total hours worked.

How many years has your firm been in business under your present name?

Who is your liability insurance carrier?

Address:

Agent:

Telephone:

List (3) Co-Ops that your company is presently working for along with specific contacts:

Co-Op: Contact: (repeated three times)

Are you presently, or in the preceding 24 months, been in legal proceedings with any electric utility in the Commonwealth of Kentucky? If so, please explain in the comment section on page 4 of this document.

Your company Name:

Address:

Does this company have an interest in receiving an upcoming RFQ? Yes [ ] No [ ]

This company hereby represents and warrants that all statements set forth herein are true and correct.

Signature: Date:

Name of contact person for upcoming RFQ:

Telephone Number: Fax:

E-Mail:



**Comments:**

#1.	
#2.	
#3.	
#4.	
#5.	