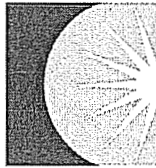



2640 Iron Works Road
Winchester, Ky. 40392-0748



CLARK ENERGY

A Touchstone Energy Cooperative 

January 6, 2011

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**PUBLIC SERVICE
COMMISSION**

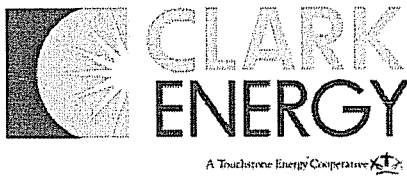
RESPONSE TO DATA REQUEST OF
THE KENTUCKY PUBLIC SERVICE COMMISSION

DUE ON OR BEFORE November 23rd, 2010

CASE NUMBER 2010-00334

Clark Energy Cooperative, Inc. ("Clark Energy"), pursuant to the Public Service Commission's (PSC) information request due on or before November 23rd, 2010 hereby resubmits the following email response, regarding Case No. 2010-0000334.

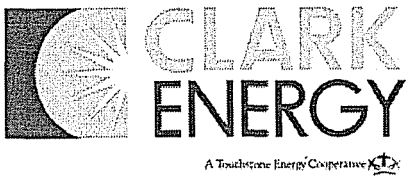
Our power is our People



PRE-BID QUESTIONNAIRE
(RESPONSES ARE
CONFIDENTIAL)

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"> • Personal protective equipment (PPE)? • Fall protection? • Safe ladder use? • Fire protection? • First Aid & CPR? • MSDS? • Emergency procedures? • Lockout / Tagout (LOTO) procedures? • Rigging and rope safety? • Energized equipment approach distances? 	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"/>



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<p>13. Are accident records and accident summaries kept at least yearly?</p> <ul style="list-style-type: none"> • By entire company? • By project? • By superintendent? • By foreman? 	<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"> • Superintendent? • Vice-President? • President? 	<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>Total of "Program" Points: (Award the number of points indicated beside the "YES <input type="checkbox"/> " for each "Yes" answer and them place answer at right) _____</p>	

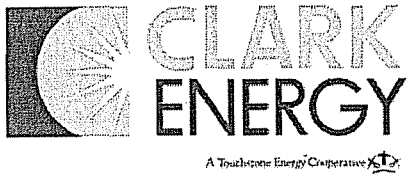
SAFETY RESULTS				
Worker's Compensation Experience Modification Rate (EMR):				
_____	_____	_____	_____	
2007	2008	2009	3-Year Avg.	
Award 5 points for 3-Year Avg. > 1.2		Award 10 points for 3-Yr Avg. = 1.2-0.9		Award 15 points for 3-Yr Avg. < 0.89
2-Year improving rate (2009 < 2008)			ADD 5 points	_____
2-Year worsening rate (2009 > 2008)			SUBTRACT 5 points	_____
Total of "Results" Points:				_____

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

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

_____ ; _____ ; _____

_____ ; _____ ; _____



PRE-BID QUESTIONNAIRE
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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:

	2007	2008	2009
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:* _____

Co-Op: _____ *Contact:* _____

Co-Op: _____ *Contact:* _____

Are you presently, or in the preceding 24 months, been in legal proceedings with any electric utility in the Commonwealth of Kentucky, and/or have any of you employees experienced one or more serious accidents in 2010? If so, please explain in the comment section on page 4 of this document.

Your company Name: _____

Address: _____

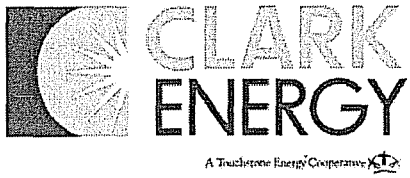
Does this company have an interest in receiving an upcoming RFQ? Yes No

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:* _____

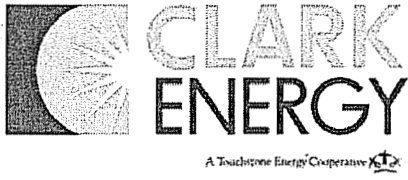


PRE-BID QUESTIONNAIRE
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E-Mail: _____

Comments:

#1.	_____
#2.	_____



PRE-BID QUESTIONNAIRE
(RESPONSES ARE
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#3.	_____
#4.	_____
#5.	_____

Exhibit D ~ ADDITIONAL CONTRACT SPECIFICATIONS

KY49 ~ CLARK ENERGY COOPERATIVE, INC. ~ RUS 790 CONSTRUCTION CONTRACT FOR AUGUST 1st, 2010 THROUGH AUGUST 1st, 2014

1. This contract is for an initial period from date of signed documents until 8/1/2014. The contract may be lengthened an additional year for a total period ending 8/1/2015 at the option of Clark Energy Cooperative, Inc. (CEC) by giving 30 days written notice.
2. CEC is to be named as an "Additional Insured" on all insurance policies covering the work as provided under this contract.
3. CEC has a strong interest in the safety of employees and the general public. This same interest is expected to be maintained by anyone that works as a contractor for this utility. With this in mind Clark Energy will require that ALL contractors follow rules that **meet or exceed** all of those set forth by the most current National Electric Safety Code, (NESC) and all other applicable state and federal laws.
4. Contractor employees must be trained on the results and protection requirements of CEC's "Arc Flash Study".
5. CEC reserves the right to stop the contractor's work immediately if CEC becomes aware that the contractor is in violation of any of the above mentioned safety requirements, and CEC reserves the right to terminate this contract due to safety violations. CEC further reserves the right to inspect contractor work sites at all times.
6. The contractor is required to furnish CEC with all documentation pertaining to safety training and certification on a quarterly basis. This information will be mailed or delivered to CEC's Manager of Construction or his designee by the first Monday of the month following the last day of each quarter. Contractor will also provide training records and qualifications of its employees prior to employees commencing work on CEC's system. CEC reserves the right to deny access and permission to work on CEC's system to any of contractor's employees due to insufficient training and/or qualifications for work assignment. CEC reserves the right to deny access to and permission to work on CEC's system to any person that CEC deems to have an unsafe work history or substandard work procedures.
7. The standard RUS 790 Contract is written such that it can be used as a labor and materials contract; however, this CEC Contract will be a "labor only" contract. Therefore, all references in the 790 Contract to "contractor furnished materials" are not applicable to this Contract.