



Shelby Energy Cooperative

Your Touchstone Energy® Partner



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MAR 17 2010

PUBLIC SERVICE
COMMISSION

March 11, 2010

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

Re: Case No. 2008-0069

Dear Mr Bertelson :

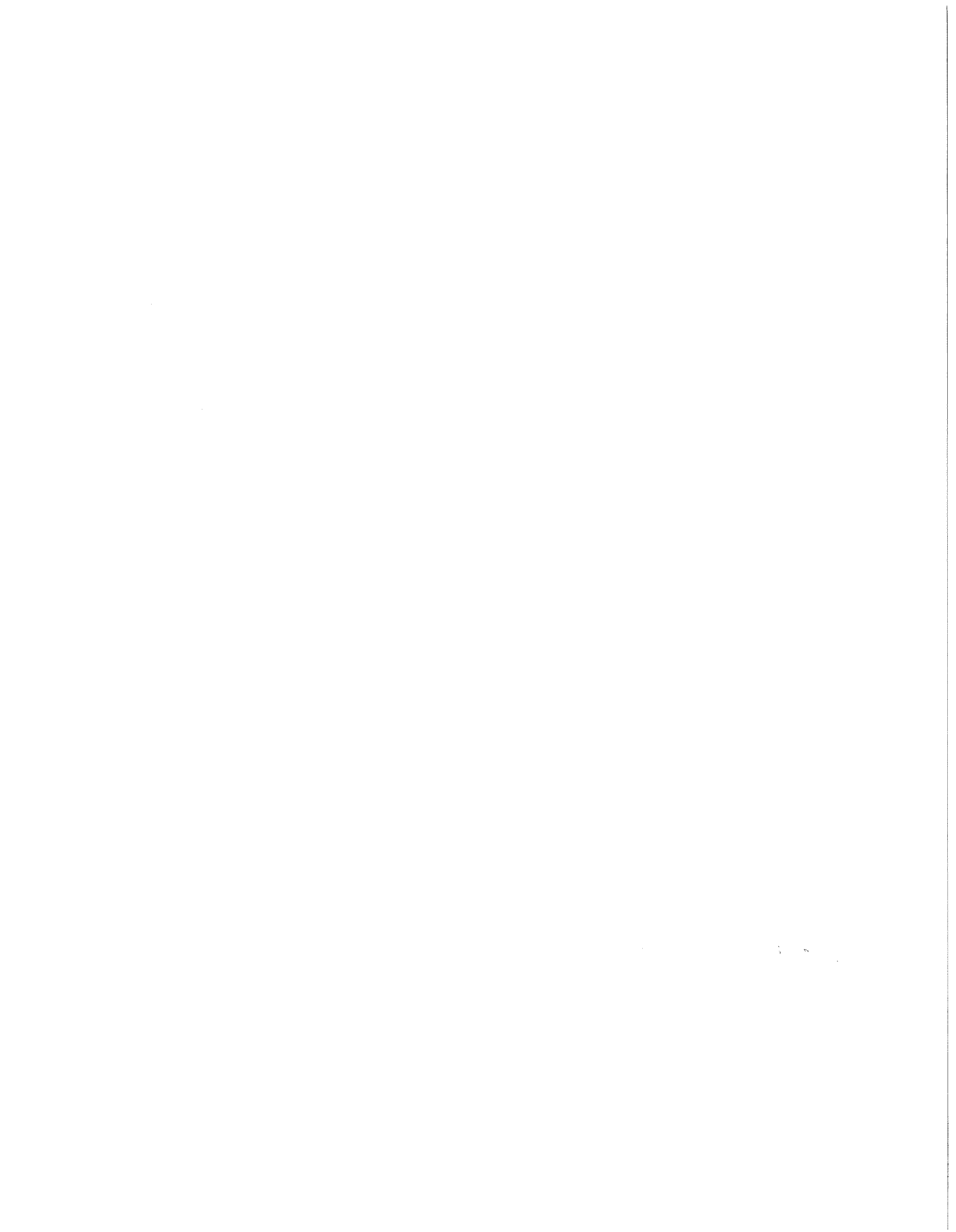
Enclosed is a copy of the safety audits performed at Shelby Energy from February 1, 2009 and February 28, 2009. This is done in accordance with Item 9 of the settlement agreement dated September 29, 2008.

If you have any questions or need further information please feel free to contact me at (502)643-2778 or by e-mail at jason@shelbyenergy.com.

Sincerely,

Jason Ginn

Safety & Loss Control
Coordinator





Shelby Energy Cooperative

Your Touchstone Energy® Partner



CO-OP CREW FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 1-15-10

Position: OPERATIONS MANAGER

Time: 2:30

County: HENRY

Location: Hwy 157

Company: SHELBY ENERGY COOP.

Crew Members:

Address: 620 OLD FINCHVILLE RD

MIKE CLARK

SHELBYVILLE, KY 40003

Kelly Michaels

Phone #: 502 633-4420

Phillip Biddle

Weather Conditions: Cloudy

Gary Warford

Job Description: BUILDING

Tim Wolpert

NEW LINE

JEFF SCOTT

Energized Work Being Performed: YES _____ NO Truck#'s 11 & 13

Overhead Underground _____ Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs	<input checked="" type="checkbox"/>			
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds	<input checked="" type="checkbox"/>			

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves			✓	
Rubber sleeves			✓	
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	✓			
Sleeves	✓			
Line hoses	✓			
Blankets	✓			

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: Mark R. E.

Inspector's Signature: David Martin

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CONTRACTOR FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 1-28-10

Position: OPERATIONS MANAGER

Time: 1:15

County: SHELBY

Location: GEST RD.

Company: SHELBY ENERGY

Crew Members:

Address: 620 OLD FINCHVILLE RD

SHELBYVILLE, KY 40065

Phone #: 502 633-4420

JOSH LAKES

JAMIE KAISER

Weather Conditions: SUNNY

COLD

GEORGE HOLLOWAY

Job Description: SETTING POLES

AND ANCHORS

Energized Work Being Performed: YES _____ NO Truck#s _____

Overhead Underground _____ Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves			✓	
Rubber sleeves			✓	
FR Clothing	✓			
Fall protection			✓	
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves			✓	
Sleeves			✓	
Line hoses			✓	
Blankets			✓	
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Proper Clearances	✓			
Rolling Grounds in Place			✓	
Public Hazards Present			✓	

Notes/Comments: WORKING SAFELY

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: [Signature]

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-4-16

Position: Line Supervisor

Time: 2:46

Company: Shelby Energy

County: Trimble

Address: 620 Old Finchville

Location: Hardy Ck.

Name of Contractor Observed:

Phone#: 502(633-4426)

A & C

Weather Conditions: 34° cloudy

Crew Members:

Reyn Lewis

Job Description: Cut tree - ground

Ronnie O'Banion

Justin Curry

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	/			
Safety glasses	/			
Fall protection/harness			/	
Harness Attached to Boom			/	
Ear Plugs/ Ear Muffs	/			
Chaps	/			
Gloves	/			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			/	
Flagman required/used			/	
Flag person properly equipped			/	
Traffic cones in place			/	
Trucks Grounded			/	
Truck Chocks Used			/	
			/	

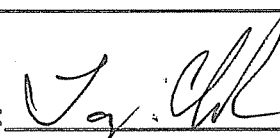
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Hazards Present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gaff Guards on Hooks	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes/Comments: _____

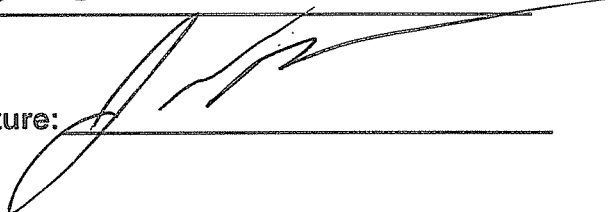
Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: 

Inspector's Signature: 

Safety & Loss Control Coordinator Signature: 



Shelby Energy Cooperative

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RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-18-10

Position: Field Super

Time: 10:50

Company: Shelby Energy

County: Atch. Henry

Address: Old Finchville

Location: Guest Rd.

Name of Contractor Observed:

Phone#: 502/633-4420

Atch.

Weather Conditions: Cold cloudy
25°

Crew Members:

Job Description: Cut trees

Chris Douglas
Robert Pulley

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	/			
Safety glasses	/			
Fall protection/harness			/	
Harness Attached to Boom			/	
Ear Plugs/ Ear Muffs			/	
Chaps			/	
Gloves			/	
			/	
			/	
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			/	
Flagman required/used			/	
Flag person properly equipped			/	
Traffic cones in place			/	
Trucks Grounded			/	
Truck Chocks Used			/	
			/	
			/	

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Hazards Present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gaff Guards on Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: OK

Line Supervisor's Signature: Chris Dayles

Inspector's Signature: Kurt Mether

Safety & Loss Control Coordinator Signature: J. Di



Shelby Energy Cooperative

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RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-18-10

Position: Field Inspector

Time: 11:20

Company: At Shelby Energy

County: Henry

Address: Old Franchville

Location: Coast Rd.

Name of Contractor Observed:

Phone#: 502/633-4420

A+G

Weather Conditions: 25° Cold,

Crew Members:

Cloudy

Jeff Staten

Job Description: Sky Trim -

Chris Staten

Bush Hog

Ohn's Clark

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses	<input checked="" type="checkbox"/>			
Fall protection/harness			<input checked="" type="checkbox"/>	
Harness Attached to Boom			<input checked="" type="checkbox"/>	
Ear Plugs/ Ear Muffs	<input checked="" type="checkbox"/>			
Chaps	<input checked="" type="checkbox"/>			
Gloves	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required/used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used			<input checked="" type="checkbox"/>	

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>			
Public Hazards Present			<input checked="" type="checkbox"/>	
Gaff Guards on Hooks			<input checked="" type="checkbox"/>	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES NO _____

Corrective Actions Needed: Yes _____ No _____ *OK*

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: Jeff Staten

Inspector's Signature: *Russ Miller*

Safety & Loss Control Coordinator Signature: *Jason A...*



Shelby Energy Cooperative

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CONTRACTOR FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-18-18

Position: Field Supervisor

Time: 12:00

Company: Shelby Energy

County: Henry

Address: Old Finchville

Location: _____

Crew Members:

Phone #: 502-633-4420

Bob Jolley

Weather Conditions: Cold 25°
Cloudy

James W. Perry

Thomas E. Stevens

Job Description: Pole Change

Shawn Adde

Brandt Ross

Energized Work Being Performed: YES _____ NO / Truck#'s _____

Overhead / Underground _____ Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<u>/</u>			
Job procedure covered	<u>/</u>			
Energy control procedure	<u>/</u>			
PPE used	<u>/</u>			
Job hazards	<u>/</u>			
Emergency procedures			<u>/</u>	
Special precautions			<u>/</u>	
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs	<u>/</u>			
Flagman required			<u>/</u>	
Flag person used			<u>/</u>	
Flag person properly equipped			<u>/</u>	
Traffic cones in place	<u>/</u>			
Trucks Grounded	<u>/</u>			
Truck Chocks Used	<u>/</u>			
Personal Protective Grounds			<u>/</u>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	/			
Safety glasses	/			
Rubber gloves			/	
Rubber sleeves			/	
FR Clothing	/			
Fall protection			/	
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves			/	
Sleeves			/	
Line hoses			/	
Blankets			/	
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	/			
Proper Clearances			/	
Rolling Grounds in Place			/	
Public Hazards Present			/	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES / NO _____

Corrective Actions Needed: Yes _____ No /

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: Bull Zastrow

Inspector's Signature: Kevin M. ...

Safety & Loss Control Coordinator Signature: Joan ...



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CO-OP CREW FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 2-18-10

Position: OPERATIONS MANAGER

Time: 1:30 PM.

County: Trimble

Location: 3-17-74-4

Company: SHELBY ENERGY

Crew Members:

Address: 620 OLD FINCHVILLE RD

MIKE CLARK

SHELBYVILLE KY 40065

PHILLIP BIDDLE

Phone #: 502 633-4420

JEFF SCOTT

Weather Conditions: CLOUDY

GARY WARFORD

Job Description: RETIRING
SERVICE

RICHARD SPONAMORE

KELLY MICHAELS

TIM WOLPERT

Energized Work Being Performed: YES NO Truck#s 11 + 13

Overhead Underground Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses	<input checked="" type="checkbox"/>			
Rubber gloves			<input checked="" type="checkbox"/>	
Rubber sleeves			<input checked="" type="checkbox"/>	
FR Clothing	<input checked="" type="checkbox"/>			
Fall protection			<input checked="" type="checkbox"/>	
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Sleeves			<input checked="" type="checkbox"/>	
Line hoses			<input checked="" type="checkbox"/>	
Blankets			<input checked="" type="checkbox"/>	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES NO _____

Corrective Actions Needed: Yes _____ No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: Mark G

Inspector's Signature: David Masterson

Safety & Loss Control Coordinator Signature: Jason



Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-18-10

Position: Field Supervisor

Time: 3:10

Company: Shelby Energy

County: Trimble

Address: Old Finch Hill

Location: ~~Carroll~~

Name of Contractor Observed: Carlisle Rd

Phone#: 502/633-4420

A&C

Weather Conditions: 25° Cloudy

Crew Members:

Cold 5-10 wind

Dave Cummings

Job Description: Utility R.O.W

Ryan Leeds

Ronnie Bonner

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	/			
Safety glasses	/			
Fall protection/harness			/	
Harness Attached to Boom			/	
Ear Plugs/ Ear Muffs	/			
Chaps	/			
Gloves	/			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			/	
Flagman required/used			/	
Flag person properly equipped			/	
Traffic cones in place			/	
Trucks Grounded			/	
Truck Chocks Used			/	

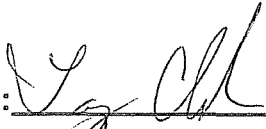
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Hazards Present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gaff Guards on Hooks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

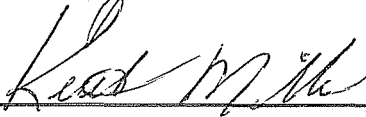
Notes/Comments: _____

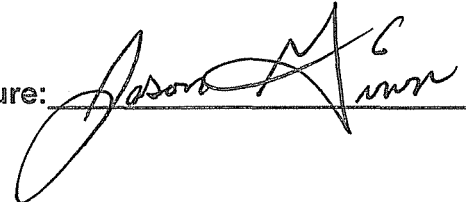
Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: 

Inspector's Signature: 

Safety & Loss Control Coordinator Signature: 



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CONTRACTOR FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 2-18-10

Position: Field Supervisor

Time: 3:45

County: Trimble

Company: Shelby Energy

Location: Louden

Address: Old Pinehutte

Crew Members:

Phone #: 502/633-4420

Alvin G. Adams
Wesley E. Shum

Weather Conditions: 25° Cloudy
Cold

Job Description: Digging holes

Energized Work Being Performed: YES _____ NO Truck#'s _____

Overhead Underground _____ Voltage 7200

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs	<input checked="" type="checkbox"/>			
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place	<input checked="" type="checkbox"/>			
Trucks Grounded	<input checked="" type="checkbox"/>			
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds			<input checked="" type="checkbox"/>	

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses	<input checked="" type="checkbox"/>			
Rubber gloves			<input checked="" type="checkbox"/>	
Rubber sleeves			<input checked="" type="checkbox"/>	
FR Clothing	<input checked="" type="checkbox"/>			
Fall protection			<input checked="" type="checkbox"/>	
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves			<input checked="" type="checkbox"/>	
Sleeves			<input checked="" type="checkbox"/>	
Line hoses			<input checked="" type="checkbox"/>	
Blankets			<input checked="" type="checkbox"/>	
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>			
Proper Clearances	<input checked="" type="checkbox"/>			
Rolling Grounds in Place			<input checked="" type="checkbox"/>	
Public Hazards Present			<input checked="" type="checkbox"/>	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: MARK CHARLES *Mark Charles*

Inspector's Signature: Keith Miller *Keith Miller*

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CONTRACTOR FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 2-23-10

Position: OPERATIONS MANAGER

Time: 11:20

County: SHALBY

Company: SHALBY ENERGY

Location: NOLAN PIKE

Crew Members:

Address: 1020 OLD FINCHVILLE RD

SHALBYVILLE, KY 40065

Phone #: 502 683-4420

DAVID GALLAGHER

STEVE TERRELL

Weather Conditions: Cloudy

SAM MULLINS

Job Description: CHANGING TRANSFORMER

Energized Work Being Performed: YES _____ NO Truck#'s _____

Overhead Underground _____ Voltage 14.4

Job Briefing	Yes	No	N/A	If No--Corrective Action Taken
Conducted before job & Signed	<input checked="" type="checkbox"/>			
Job procedure covered	<input checked="" type="checkbox"/>			
Energy control procedure	<input checked="" type="checkbox"/>			
PPE used	<input checked="" type="checkbox"/>			
Job hazards	<input checked="" type="checkbox"/>			
Emergency procedures	<input checked="" type="checkbox"/>			
Special precautions	<input checked="" type="checkbox"/>			
Work Area Protection	Yes	No	N/A	If No--Corrective Action Taken
Appropriate work signs			<input checked="" type="checkbox"/>	
Flagman required			<input checked="" type="checkbox"/>	
Flag person used			<input checked="" type="checkbox"/>	
Flag person properly equipped			<input checked="" type="checkbox"/>	
Traffic cones in place			<input checked="" type="checkbox"/>	
Trucks Grounded			<input checked="" type="checkbox"/>	
Truck Chocks Used	<input checked="" type="checkbox"/>			
Personal Protective Grounds	<input checked="" type="checkbox"/>			

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves	✓			
Rubber sleeves				
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	✓			
Sleeves	✓			
Line hoses			✓	
Blankets			✓	
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Proper Clearances	✓			
Rolling Grounds in Place			✓	
Public Hazards Present			✓	

Notes/Comments: TAP DEAD AND GROUND

Job Site Findings Discussed With Crew: YES NO _____

Corrective Actions Needed: Yes _____ No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: David Gallagher

Inspector's Signature: David Martin

Safety & Loss Control Coordinator Signature: Jan [Signature]