

electric line, Mr. Gabbard came into contact with an energized hot line clamp and was severely burned. At the time of the accident, he was not wearing the rubber gloves provided to him.

2. Mr. Gabbard's failure to wear rubber gloves while working near energized lines is a violation of National Electric Safety Code Section 42 (420H) which requires that employees use the personal protective equipment and devices provided for work.

3. Jackson safety procedures require that all Jackson employees must use rubber gloves when working on all energized lines.

4. At the time of the accident, Herman Gray, an employee of Jackson, was supervising the repair work being performed on the broken electric line.

5. Mr. Gray's failure to require that Mr. Gabbard use rubber gloves while working on the energized line is a violation of National Electric Safety Code Section 42 (421B) which directs a foreman to "see that the safety rules and operating procedures are observed by the employees under his direction."

6. At the time of the accident, Messrs. Gabbard and Gray were employees of Jackson and acting within the scope of their employment. Pursuant to KRS 278.990(1), their failures are deemed to be the failures of Jackson.

7. Jackson violated 807 KAR 5:041, Section 3, by failing to comply with the standards of the National Electric Safety Code.

WHEREFORE, this Commission, on its own Motion, hereby orders that:

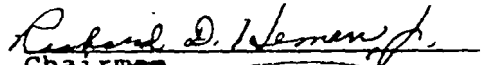
1. Jackson shall submit to this Commission a written response to the allegations contained in the Electric Utility Accident Investigation Report within 2 weeks of the date of this Order.

2. Jackson shall appear on January 29, 1987, at 10:00 a.m., Eastern Standard Time, in this Commission's offices at Frankfort, Kentucky, for the purposes of presenting evidence concerning the incident which is the subject of the Electric Utility Accident Investigation Report, specifically the alleged violations of 807 KAR 5:041, Section 3, and of showing cause, if any it can, why it should not be subjected to the penalties of KRS 278.990 for its failure to comply with Commission regulations.

3. The Electric Utility Accident Investigation Report dated October 30, 1987, which is attached as Appendix "A", is hereby included as part of the record of this case.

Done at Frankfort, Kentucky, this 3rd day of December, 1987.

PUBLIC SERVICE COMMISSION


Chairman


Vice Chairman


Commissioner

ATTEST:

Executive Director

APPENDIX A

MEMORANDUM

TO: Claude G. Rhorer, Jr., Director *cm*
Division of Engineering and Services

THRU: J. Wayne Bates, Manager *JWB*
Communications and Electric Branch

FROM: John W. Land
Utility Investigator, Sr. *JWL*
Electric Branch

DATE: October 30, 1987

SUBJECT: Accident Involving Jackson County RECC's
Distribution System

Attached please find the Accident Investigation Report of the accident which Mr. Kendall Gabbard was injured.

JWL:jsb

Attachment

ELECTRICAL UTILITY ACCIDENT INVESTIGATION

DATE OF THIS REPORT 10/30/87 SUBMITTED BY John W. Land

NAME OF UTILITY Jackson County RECC

ACCIDENT REPORTED BY Lewis Ray Norris

DATE & TIME UTILITY LEARNED OF ACCIDENT September 25, 1987 (7:30 P.M.)

DATE & TIME ACCIDENT REPORTED September 25, 1987 (9:15 P.M.)

DATE AND TIME ACCIDENT OCCURRED September 25, 1987 (6:10 P.M.)

DATE OF ACCIDENT INVESTIGATION September 28, 1987

DATE SUMMARY WRITTEN REPORT WAS RECEIVED FROM UTILITY Sept. 29, 1987

PERSONS ASSISTING IN THE INVESTIGATION See Attachment B.

NAME OF VICTIM(S) 1. Kendall Gabbard SEX M AGE 23

FATAL No NAME OF EMPLOYER: Jackson County RECC

INJURIES Burned on right and left hands, and left knee, and right and left foot. Mr. Gabbard also received several smaller burns to his chest area.

2. _____ SEX _____ AGE _____

FATAL _____ NAME OF EMPLOYER: _____

INJURIES _____

3. _____ SEX _____ AGE _____

FATAL _____ NAME OF EMPLOYER: _____

INJURIES _____

ATTACHMENT A

ELECTRICAL UTILITY ACCIDENT INVESTIGATION (Continued)

LOCATION OF ACCIDENT SITE Junction highway 229 and 192 bypass near Save-A Lot store in London, Kentucky.

DESCRIPTION OF ACCIDENT Mr. Kendall Gabbard was in process of re-energizing a three phase 7200 volt line and had connected the hot line jumper to the top phase with a hot line stick energizing a three phase transformer bank down line causing a backfeed. Mr. Gabbard was in process of installing a second hot line jumper when he apparently made contact with a hot line clamp which had become energized causing his injuries. Mr. Gabbard was not wearing rubber gloves or sleeves at this time. Mr. Herman Gray was present and in charge at work site when accident happened. (See Attachment E)

SOURCE OF INFORMATION See Attachment B

VIOLATIONS OF COMMISSION REGULATIONS 807 KAR 5:041, Section 3(1).

Acceptable standards 1981 NESC Section 42(420 H)-Tools and Protective Equipment. 1981 NESC Section 42(421 B) Duties of a Foreman. Victim was not wearing rubber gloves or sleeves.

RECOMMENDATIONS Review the safety and work procedures that are required by the National Electric Safety Code, plus all in-house safety and work procedures relating to all situations that may involve this utility's operation. Have all supervisory personnel made aware of their position of responsibility, as well as all employees when working a job site. It is recommended that the Commission consider appropriate action against the utility in accordance with KRS 278.990.

LINE CLEARANCES

	<u>As Measured</u>	<u>Minimum Allowed by NESC</u>
*A. AT POINT OF ACCIDENT		
Phase conductor to ground elevation:	T-Phase 41'-9" M-Phase 37'-8" B-Phase 33'-8"	<u>20'-0"</u>
Neutral conductor to ground elevation:	<u>N 29'-7"</u>	<u>18'-0"</u>
Communication conductor to ground elevation:	<u>Ph 26'-1/2"</u>	<u>18'-0"</u>
Phase conductor to structure:	<u>N/A</u>	<u> </u>
Neutral conductor to structure:	<u>N/A</u>	<u> </u>
Communication conductor to structure:	<u> </u>	<u> </u>
*B. AT LOWEST POINT OF SPAN		
Phase conductor to ground elevation:	T-Phase 39'-2" M-Phase 35'-4" B-Phase 31'-5"	<u>20'-0"</u>
Neutral conductor to ground elevation:	<u>N 27'-8"</u>	<u>18'-0"</u>
Communication conductor to ground elevation:	<u>N/A</u>	<u>N/A</u>

C. SPAN LENGTH 366 feet

Date the line or facilities were constructed: 5-16-85

Utility: Jackson County RECC

Date: (9-28-87)(10-23-87) **Time** (11:30 A.M. 9-28-87) (11:25 A.M. 10-23-87)

Approximate temperature: (78 Degrees 9-28-87) (60 Degrees 10-23-87)

Measurements made by: See Attachment C

*A Measurements were made 9-28-87 at pole.

*B Measurements were made 10-23-87 in reference to lowest point of span and West Knox sign Co. Contact.

Submitted by: *Johnna Lane*

ATTACHMENT B

SOURCE OF INFORMATION

Persons Assisting In The Investigation

Lee Roy Cole
President and General Manager

Lewis Ray Norris
Administrative Service Manager

Lee Dunfil
Superintendent of Maintenance

Louis Parrott
Apprentice Lineman

Billy Brockman
1st Class Linemann

Bruce Hays
1st Class Lineman
(Buckett Truck Operator)

ATTACHMENT C

Personnel Making and Assisting In Measurements

*Lee Dunfil
Maintenance Superintendent

Louis Parrott
Apprentice Lineman

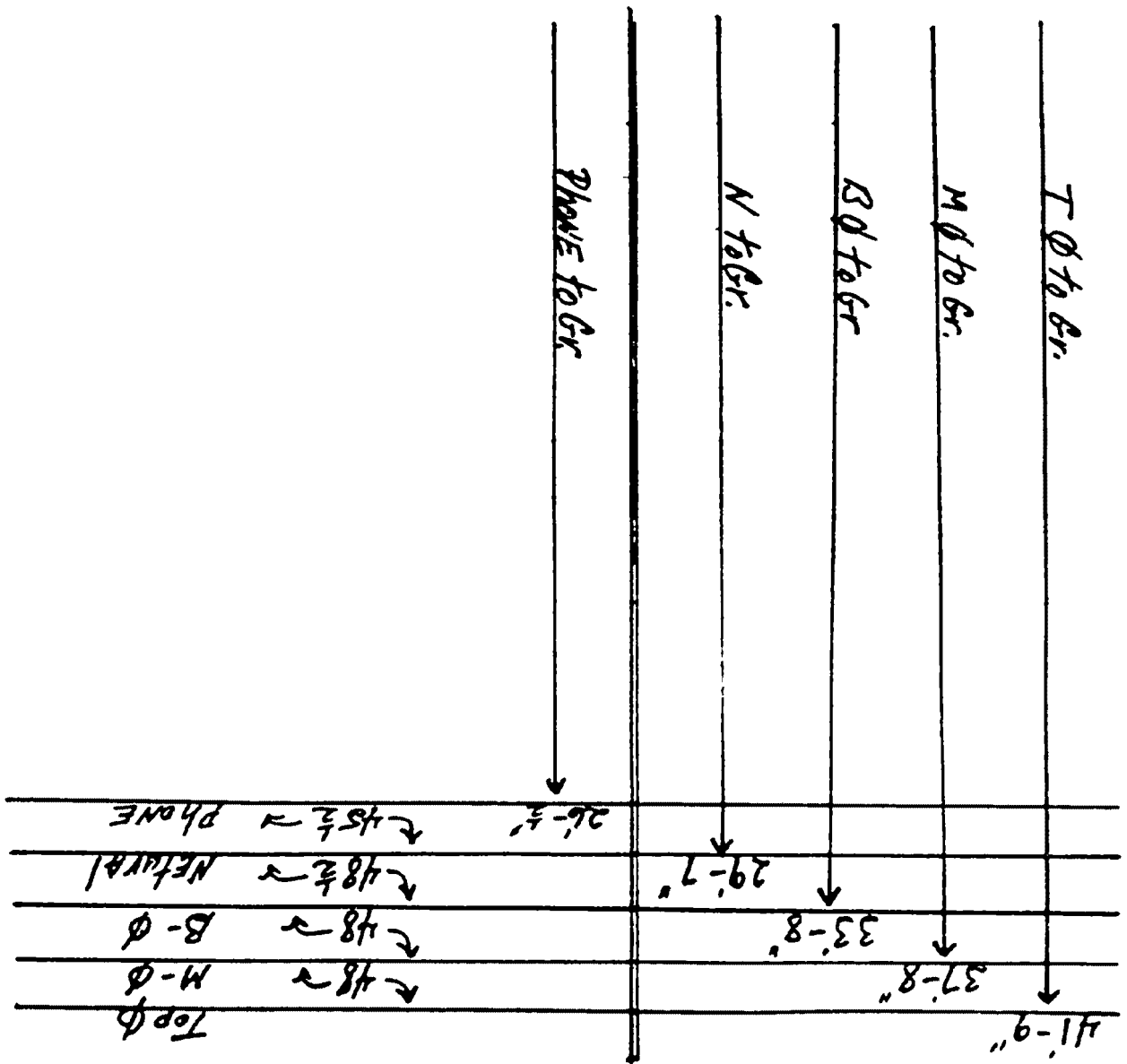
Billy Brockman
1st Class Lineman

Bruce Hays
1st Class Lineman and Bucket Truck Operator

*John W. Land
PSC Investigator, Sr.

9-28-87
*10-23-87

Top
Middle
Bottom
Neutral
Phone



Attachment: D.

Measurements were made of vertical pole above 9m.
 Ronald Ralston was injured. 9-28-87

PHASES to Ground
 NEUTRAL to Ground

CLEARANCE From ϕ to ϕ - ϕ to N - N to Ph.

ATTACHMENT E

Personnel at accident site where Mr. Kendall Gabbard was injured.

Herman Gray
Superintendent of Laural Co. District Office (Foreman)

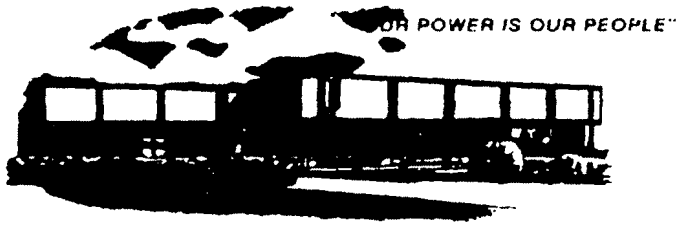
Roger Witt
Assistant Superintendent of Laural Co. District Office

Mike Seals
Engineer

Jeff Scall
Second Class Lineman

Harlan Baker
First Class Lineman

Kendall Gabbard
Apprentice Lineman



Jackson County Rural
ELECTRIC CO-OPERATIVE CORPORATION

MCKEE, KENTUCKY 40447 • TELEPHONE: 606 287-7181

September 28, 1987

RECEIVED
SEP 29 1987
DIVISION OF UTILITY
ENGINEERING & SERVICES

Mr. Claude G. Rhorer, Jr., Director
Division of Engineering and Services
Public Service Commission
730 Schenkel Lane
P.O. Box 615
Frankfort, Kentucky 40602

Re: Kendall Gabbard, Employee

Dear Mr. Rhorer:

Enclosed please find the Accident-Emergency Report concerning the above mentioned accident of Kendall Gabbard, employee, which was reported to Mr. Jack Fisher of the Public Service Commission on September 25, 1987 at 9:15 P.M. along with a copy of the Work Order.

If you have any questions or need additional information, please let us know.

Respectfully yours,

JACKSON COUNTY RURAL ELECTRIC
COOPERATIVE CORPORATION

Lee Roy Cole,
President and General Manager

LRN:omc

Enclosure

LEE ROY COLE
PRESIDENT & GENERAL MANAGER
MCKEE, KY

FRED CALLAHAN
CHAIRMAN OF THE BOARD
BOONEVILLE, KY

EDWARD G. STAMPER
VICE CHAIRMAN OF THE BOARD
BEATTYSVILLE, KY

JAMES H. HAYS II
SECRETARY-TREASURER
SCREE, KY

DIRECTORS: RAY MOORE • STEVE PATTON JR. • FRED M. BROWN • W. J. WATKINS, JR. • DON THOMPSON • DALE MAGDEN

ACCIDENT-EMERGENCY REPORT FORM

DATE: September 25, 1987 TIME: 9:15 P.M. Reported to Jack Fishe

COMPANY: Jackson County Rural Electric Cooperative Corporation

PERSON MAKING CALL: NAME: Lewis Ray Norris

TITLE: Administrative Services Manager

ADDRESS: P.O. Box 307, McKee, Kentucky 40447

PHONE: 606-287-7161

DATE AND TIME ACCIDNET OCCURRED: September 25, 1987

LOCATION OF OCCURRENCE: Junction Highway 229 and 192 By-Pass near Save-A-Lot Store in London, Kentucky.

NAMES OF VICTIM(S): Kendall Gabbard

EXTENT OF INJURIES: DEATHS: YES NO INJURIES: YES NO

DESCRIPTION OF INJURIES: Burned on right and left hands, left knee and both feet. He also received several small burns to chest. These smaller burns were caused by arcing.

CAUSE AND DESCRIPTION OF ACCIDENT: The West Knox Sign Company was installing a sign for the Save-A-Lot Store when the boom came in contact with electric line breaking one phase and the neutral wire. The crew was called for repair of the broken electric wire. The victim was on a C-4 structure with a C-5-1 take off when he energized the top phase. He then reached and got hold of a hot line clamp which had become energized.

EFFECTS ON NORMAL SERVICE: The West London Sub-Station #1 Feeder #2 was knocked out.

CORRECTIVE ACTIONS TAKEN: The electric line was spliced and service was restored.

TIME OF RESUMPTION OF NORMAL SERVICE: 6:40 P.M.

SIGNED: Lee Roy Cole Lee Roy Cole

TITLE: President and General Manager

DATE: September 28, 1987



OUR POWER IS OUR PEOPLE

Jackson County Rural

ELECTRIC CO-OPERATIVE CORPORATION

MCKEE, KENTUCKY 40447 • TELEPHONE: 606 287-7181

October 2, 1987

FILED

OCT 05 1987

PUBLIC SERVICE
COMMISSION

Public Service Commission
730 Schenkel Lane
P.O. Box 615
Frankfort, Kentucky 40602

Re: Kendall Gabbard
S.S. No. [REDACTED]
Date of Accident - 9-25-87

Gentlemen:

Enclosed please find a copy of the Employer's First Report of Injury for our employee, Kendall Gabbard.

If you have any questions, please let us know.

Respectfully yours,

JACKSON COUNTY RURAL ELECTRIC
COOPERATIVE CORPORATION

Lee Roy Cole,
President and General Manager

LRN:omc

Enclosure

LEE ROY COLE
PRESIDENT & GENERAL MANAGER
MCKEE, KY

FRED CALLAHAN
CHAIRMAN OF THE BOARD
BOONEVILLE, KY

EDWARD G. STAMPER
VICE CHAIRMAN OF THE BOARD
SEATONVILLE, KY

JAMES H. HAYS II
SECRETARY-TREASURER
MCKEE, KY

DIRECTORS: RAY MOORE • STEVE PATTON JR. • FRED M. BROWN • W. J. WATKINS, JR. • DON THOMPSON • DALE MAGDEN

S.F. 1 (REV. JULY, 1980)
 EMPLOYER'S FIRST REPORT
 OF INJURY OR ILLNESS AND
 SUPPLEMENTARY RECORD UNDER
 THE OCCUPATIONAL SAFETY
 AND HEALTH ACT

DEPARTMENT OF WORKERS' CLAIMS
 WORKERS' COMPENSATION BOARD
 Frankfort, Kentucky 40601

IF THIS CASE WAS OSHA RECORDABLE, INDICATE REASON
 FOR RECORDING AND GIVE OSHA CASE OR FILE NUMBER.

This form fulfills the requirements for OSHA Form 101

Burned

Reason for recording (e.g. "loss of consciousness")

246

OSHA Case or File Number (from your OSHA Form 200)

MSB 342 990 AUTHORIZES A FINE FOR EMPLOYER'S REFUSAL OR WILLFUL NEGLECT TO SUBMIT THIS ORIGINAL REPORT WITHIN ONE WEEK OF KNOWLEDGE OF INJURY TO THE WORKERS' COMPENSATION BOARD TO COMPLY WITH THIS LAW. EACH QUESTION SHALL BE ANSWERED COMPLETELY, ACCURATELY AND LEGIBLY IN PROPERLY PREPARED REPORTS WILL BE REFUSED AND RETURNED PLEASE USE TYPEWRITER OR PRINT IN INK COMPLETE ALL QUESTIONS!

EMPLOYER	1. EMPLOYER'S NAME Jackson County RECC		EMPLOYER NUMBER [REDACTED]		2. STREET OR ROAD [REDACTED]		LOCATION AT WHICH EMPLOYEE WORKED		DO NOT WRITE IN THIS COLUMN			
	3. IF INDIVIDUAL OR PARTNERSHIP, NAME OF BUSINESS				4. CITY London		COUNTY Laurel		STATE Ky			
	5. MAILING ADDRESS P.O. Box 307				6. CITY McKee		COUNTY Jackson		STATE Ky			
	6. CITY McKee				COUNTY Jackson		STATE Ky		ZIP 40447			
EMPLOYEE	7. AREA CODE TELEPHONE 606-287-7161		8. NATURE OF BUSINESS (e.g. tree trimming, boat mfg.) Electric Distribution		9. ZIP 40741		10. POLICY NUMBER [REDACTED]		11. SPECIFIC PRODUCT OR SERVICE COMPRISING MAJORITY OF SALES (e.g. oil boom)			
	12. EMPLOYEE'S NAME FIRST Kendall		MIDDLE L.		LAST Gabbard		13. AREA CODE TELEPHONE (HOME) [REDACTED]		14. SOCIAL SECURITY NO. [REDACTED]			
	15. EMPLOYEE'S HOME ADDRESS General Delivery				16. SINGLE MARRIED		17. DATE OF BIRTH [REDACTED]		18. DEPARTMENT IN WHICH REGULARLY EMPLOYED Laurel County District			
	19. CITY Bond				COUNTY Jackson		STATE Ky		ZIP 40407			
	20. REGULAR OCCUPATION (JOB TITLE) Apprentice Engineer & Lineman				21. DEPARTMENT WHERE WORKING WHEN INJURY OR OCCURRED Laurel County District		22. HOW LONG EMPLOYED BY YOU? 1-3-84		23. HOW LONG IN PRESENT JOB? 1-3-84 (3 yr 9 Mos)			
	24. NUMBER OF HOURS WORKED PER DAY 8 1/2		25. NUMBER OF DAYS WORKED PER WK. 4 1/2		26. WEEKLY DOLLAR VALUE OF PAY IN KIND (LODGING, FOOD, ETC.) \$		27. COMMISSION OR PIECE WORK EARNINGS IN HRS IN PAST 12 MO. \$		28. EMPLOYEE'S WADE RATES 6.97 HR or \$60.99 / DAY, or \$304.95			
	29. NO OF DEPENDENTS (Please complete back of form) 2		30. PLACE OF ACCIDENT OR EXPOSURE (LOCATION, INCLUDING COUNTY) Jct Hwy 229 & 192 By-Pass, London,				31. DATE EMPLOYER NOTIFIED 9-25-87		32. ON EMPLOYER'S PREMISES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	33. DATE OF OCCURRENCE 9-25-87		34. TIME OF DAY 6:10 PM		35. TIME WORK DAY BEGAN AND WOULD NORMALLY END FROM (P.M.) 7:30 AM TO 4:30 (P.M.)		36. HOW DID THE ACCIDENT OR EXPOSURE OCCUR? (Begin by telling what the employee was doing just before the accident or exposure. Be specific. If employee was using tools or equipment, name them and tell what employee was doing with them.) Employee was to energize 3-phase line on C4 C-5-1. He connected top phase with hot stick this energized transformer bank down line - he attempted to connect 2nd made hand contact with hot line clamp attempting to insert clamp into hot stick.		37. WHAT THING DIRECTLY PRODUCED THIS INJURY OR ILLNESS? (Name object struck against or struck by, vapor, poison, chemical, or radiation. If strain or hernia, the thing being lifted, pulled, pushed, etc. If injury resulted solely from bodily motion, the stretching, twisting, etc. which resulted in injury.) Hot Line Clamp			
	38. DESCRIBE THE INJURY OR ILLNESS IN DETAIL AND INDICATE THE PART OF BODY AFFECTED (e.g. amputation of right index finger of second joint, fracture of right leg, poisoning, dermatitis of left hand, etc.) Burned on right & left hands, left knee & both feet. Also received several burns to chest. These smaller burns were caused by arcing.				39. NAME AND ADDRESS OF TREATING PHYSICIAN Marymount Hospital London, Ky 40741		40. MEDICAL TREATMENT GIVEN (DESCRIBE) [REDACTED]		41. DATE STOPPED WORK BECAUSE OF THIS INJURY OR ILLNESS 9-28-87		42. DATE RETURNED TO WORK [REDACTED]	
	43. REPORT PREPARED BY Lewis Ray Norris				44. TITLE Administrative Services Manager		45. DATE OF THIS REPORT 9-28-87		46. DATE OF DEATH [REDACTED]		47. DATE OF DEATH [REDACTED]	

EVERY QUESTION MUST BE ANSWERED AND FORM SIGNED

STAKING SHEET

NW Estimated

Sub Fee	-
Imp. Fee	-
Deposit - C/P	-
Contract	

System Designation: Ky. 3 Jackson

Location: LAUREL COURT

Trp: R Sta: 229

Map Reference: RT 4 LONDON

Ind: INDUSTRIAL PARK

Work Order No. 11-668

Job Order No. 14694

Sheet No. 1 of 1

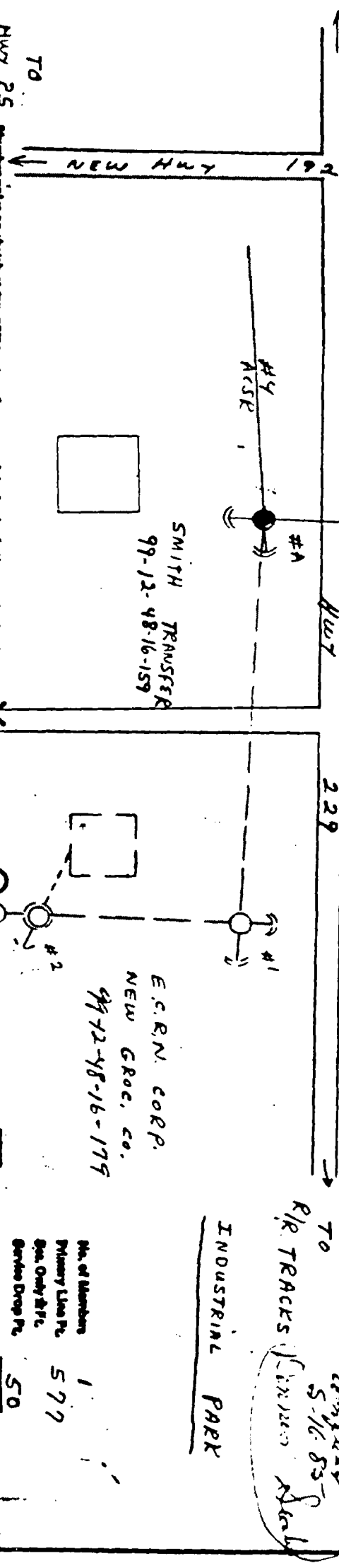
Line 1 Lead

ENGINEER KU. 5-8-85

Checked _____

Released for Const. _____

Pole No.	Pole (feet) Span	Pole H.B.C. Utes.	Pole Unit Utes.	R/W Clear. (ft)	Line Angle	Trans. no.	Dr. No.	GUY			SECONDARY			SERVICE			METER		SPEC. & REMARKS		
								Unit	Lead	Anchor	Span	Sec. #	Unit	Span	Unit	Span	Unit	Span		Loop	Size
1-EX	50-3	C4-1	C5-1																		
ADD																					
1-ADD	366	50-3	C4-1																		
2-BDD	211	40-2	C-7																		
SEBU																					
3-ADD																					



Specify poles to locate at top, bottom, transformer and standards. Indicate rated cable with *

Standard cable with *

Overhead cable and transformers with *

PH. # 864-4483

30

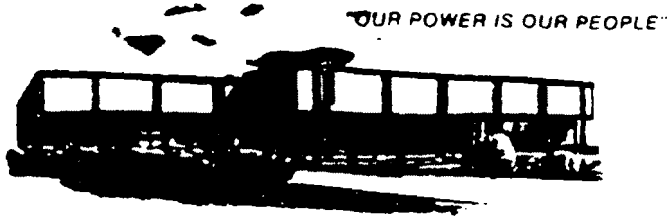
627

50

579

1

Completed 5/16/85



Jackson County Rural
ELECTRIC CO-OPERATIVE CORPORATION

MCKEE, KENTUCKY 40447 • TELEPHONE: 606 287-7161

May 5, 1987

RECEIVED

Mr. Claude G. Rhorer, Jr., Director
Division of Engineering and Services
Public Service Commission
730 Schenkel Lane
Post Office Box 615
Frankfort, Kentucky 40602

Dear Mr. Rhorer:

Enclosed please find the information you requested in your letter of April 13 regarding the policies and procedures we have adopted to provide for the safety of our employees.

If you have any questions or need additional information, please let us know.

Respectfully yours,

JACKSON COUNTY RURAL ELECTRIC
COOPERATIVE CORPORATION

Lee Roy Cole,
President and General Manager

LRN:omc

Enclosure

LEE ROY COLE
PRESIDENT & GENERAL MANAGER
MCKEE, KY

FRED CALLAHAN
CHAIRMAN OF THE BOARD
BOONEVILLE, KY

EDWARD G. STAMPER
VICE CHAIRMAN OF THE BOARD
BLATTNBERG, KY

JAMES H. HAYES
SECRETARY/TREASURER
MCKEE, KY

DIRECTORS: RAY MOORE • STEVE PATTON JR. • FRED M. BROWN • W. J. WATKINS, JR. • DON THOMPSON • DALE MAGGON

Updated October 11, 1985
Updated February 29, 1984

JACKSON COUNTY RURAL ELECTRIC COOPERATIVE CORPORATION

Policy Bulletin No. 8-18

SUBJECT: Safety and Job Training

Policy:

The following Safety Practices and Penalties for violating them have been adopted as official policy by the Board of Directors.

Rubber Gloves: Rubber gloves must be used when working on all energized lines, also while working on the ground when stringing wire, adding phases in a line or setting a pole in an energized line and while working near energized equipment, such as substations of all types and other instances when the superintendent and foreman feel that they are needed. In cases where delicate work is being done, such as on metering equipment, rubber gloves will not be required provided all other safety precautions are observed including grounding.

Eye, Ear and Face Protection: The proper prescribed protective equipment must be used when there is a reasonable probability that injury to the eye, ear or face can be prevented by using such equipment.

Faulty Poles: Each pole should be given a visual inspection, sounded with a hammer, and if in doubt more extensive inspection made before climbing.

Back Feed: While working on any structure all lines must be considered energized and safety precautions used. This is especially true in instances where a single-phase line may be attached to a structure of another single-phase line, two-phase line, or three-phase line and the conductors are not connected; for even though it is not connected, it can be energized by a feed from some other direction. We have quite a few poles on the project where a line can be energized on one side of the pole and not on the other.

Line Opening: Where a line opening exists the pole will be marked "normally open" and this will be shown on the Project Map in the Engineer's Office.

Grounds: While working on existing de-energized lines, because of a fault or for construction or for some other reason, lines in every direction shall be grounded out within sight of the location you are working.

Hard Hats: Hard hats shall be worn by each construction and maintenance employee from the time he leaves the office while on duty until he returns to the office, with the exception, of course, of removing it when he is eating in a restaurant or on collection in a member's home, or other instances when common sense indicates otherwise. All other employees shall wear hard hats while working on or near lines.



COMMONWEALTH OF KENTUCKY
PUBLIC SERVICE COMMISSION
730 SCHENKEL LANE
POST OFFICE BOX 615
FRANKFORT, KY. 40602
(502) 564-3940

September 9, 1987

Mr. Lee Roy Cole
President/General Manager
Jackson County RECC
P.O. Box 307
McKee, Kentucky 40447

Dear Mr. Cole:

The Commission staff has received and reviewed your safety program. There appears to be no deficiencies in your program. Please continue to conduct safety meetings and instruction sessions on a regular basis.

Thank you for your cooperation in the area of safety for both your company and employees.

Sincerely,

A handwritten signature in cursive script, appearing to read "Claude G. Rhorer, Jr.".

Claude G. Rhorer, Jr., Director
Division of Engineering
and Services

CGR:NBD:jsb