1. System Data: Please indicate the number of primary circuit miles, by voltage levels; the numbers of substations and substation transformers, by voltage and kVA; the numbers of residential, commercial, and industrial members in 2018, 2019, and the currently; and the total number of full time equivalent employees in 2018, 2019, and currently.

Primary Circuit Miles	1837.19	7.2/12.47 kV
Substations	12	
Substation Transformers	36	Owned by EKPC (spares not included)

Substation	Summer (MVA)	Winter (MVA)
Airport Road	6.26	8.34
Argentum	13.62	18.14
Carter City	13.62	18.14
Elliott Co. Prison	10.89	14.51
Elliottville	13.62	18.14
Leon	13.62	18.14
Low Gap	5.68	8.07
Mazie	6.26	8.34
Newfoundland	13.62	18.14
Pactolus	13.62	18.14
Pelfrey	6.26	8.34
Sandy Hook	6.26	8.34
Warnock	13.62	18.14

	MEMBERS					
	2018 2019 2020 (May)					
Residential	14,185	14,121	14,090			
Commercial	1,193	1,197	1.202			
Industrial	2	2	2			
Total	15,380	15,320	15,294			
	2018	2019	2020 (July)			
Employees	43	41	40			

2. **Design and Operating Criteria:** Please indicate whether Grayson RECC uses RUS, NESC, NERC, or other guidelines for design and operating criteria.

RUS and NESC are the primary guideline used in design. We assist EKPC's compliance with NERC by providing Under Frequency Load Shed data and personnel to assist in power restoration at the substations. This also includes operating transmission switches when necessary.

3. System Maps: Please provide map showing Grayson RECC territory indicating, at least, the locations of operating centers and substations. Feeder maps should be available for interviews.

Please see attached document. Feeder maps will be provided during interviews if requested.

Grayson Rural Electric Cooperative Corporation

Boundary Map with Distribution Sources



Request 4 Page 1 of 2 Responsible: Robert Brown/Brian Poling

4. **Feeder SAIFI:** Provide a list of feeders by ID number, indicating SAIFI of each feeder, and system SAIFI, SAIDI, and CAIDI in 2018 and 2019. Exclude major event days. (Robert/Brian)

Please see attached document

Request 4 Page 1 of 2 Responsible: Robert Brown/Brian Poling

			2019	-		2018
Feeder	CAIDI19	SAIDI19	SAIFI19	CAIDI18	SAIDI18	SAIFI18
Airport Road 1	128.96	151.71	1.18		181.37	
Airport Road 2	62.72	186.26	2.97	109.30	243.32	2.23
Airport Road 3	232.59	526.86	2.27	173.02	759.51	4.39
Argentum 1	149.59	318.16	2.13	136.98	163.84	1.20
Argentum 2	193.23	683.43	3.54	134.56	310.61	2.31
Argentum 3	359.95	327.73	0.91	172.76	58.20	0.34
Carter 1	151.23	192.25	1.27	265.54	339.69	2.75
Carter 2	142.15	352.32	2.48	248.98	186.02	1.15
Carter 3	153.83	770.53	5.01	425.66	321.39	1.08
Carter 4	221.21	86.86	0.36	324.98	184.44	0.94
Elliott Co Prison	0.00	0.00	0.00	0.00	0.00	0.00
Elliottville 1	108.03	78.17	0.72	83.45	62.44	0.75
Elliottville 2	83.71	95.88	1.15	105.59	277.75	2.63
Elliottville 3	122.82	702.69	5.72	131.55	257.28	1.96
Elliottville 4	108.19	113.73	1.05		121.20	1.46
Leon 1	171.01	65.61	0.38	117.10	295.75	2.53
Leon 2	156.50	746.20	4.77	120.44	209.44	4.23
Leon 3	62.16	226.34	3.64	100.87	134.38	1.33
Low Gap 1	106.76	39.22	0.37	269.78	79.25	1.66
Low Gap 2	225.41	564.08	2.50	308.17	502.70	3.38
Low Gap 3	108.01	756.28	7.00	196.23	146.82	2.22
Mazie 1	91.69	321.16	3.50		799.72	5.25
Mazie 2	102.16	236.05	2.31	122.03	607.41	4.98
Mazie 3	124.49	498.94	4.01	107.94	710.29	6.58
Newf 1	115.57	57.33	0.50	160.04	151.98	
Newf 2	105.74	16.05	0.15		94.62	0.64
Newf 3	188.91	206.67	1.09	130.66	68.40	0.52
Newf 4	160.43	194.07	1.21	136.15	152.52	1.12
PACTOLUS 1	189.71	564.06	2.88	186.79	155.63	
PACTOLUS 2	64.72	194.44	3.00	131.87	80.59	
PACTOLUS 4	102.49	454.39	4.43		674.85	3.68
Pelfrey 1	68.54	38.48	0.56		304.84	
Pelfrey 2	188.91	403.77	2.14		289.38	
Pelfrey 3	0.00	0.00	0.00	0.00	0.00	
Sandy Hook 1	101.17	110.77	1.09	109.63	217.62	1.99
Sandy Hook 2	130.02	53.80	0.41	109.83	106.88	0.97
Sandy Hook 3	222.96	392.89	1.76		264.03	
SMFLD LINE 3	0.00	0.00	0.00	0.00	0.00	
Warnock 1	94.88	87.04	0.92		217.95	2.42
Warnock 2	62.00	17.58	0.28	73.45	94.17	
Warnock 3	140.41	724.25	5.16		192.23	
Warnock 4	143.06	528.56	3.69		378.31	2.82
System	146.65	381.30	2.60	124.88	378.40	3.03

5. **Organization Charts:** Please provide Grayson RECC organizational charts, for 2018, 2019, and 2020 to date, that indicate positions and responsibilities. (Bradley)

Please see attached documents and spreadsheet



Request 5 Page 3 of 5 Responsible: Bradley Cherry

2018

First Name	Last Name	Title
Brian	Poling	Mgr of Technical Servivces
Robert	Brown	GIS Technician
Kimberly	Bush	Mgr. Marketing & Member Services
Sherry	Buckler	Mgr of Accounting & Human Resources
Julie	Lewis	Division Assistant - Member Services
Marsha	Thacker	Plant Accountant
Peggy	Wells	Member Services Representative
Peggy	Skaggs	AMI Aministrator
Anita	Bellew	Billing Administrator
Janet	Whitt	Member Services Representative
Beverly	Litteral	Payroll Clerk
Tina	Preece	Energy Advisor
Sherry	Conley	Senior Member Services Representative
Andrea	McCleese	Technical Services Supervisor
Nancy	Madden	Division Assistant - Operations
Sue	Roberts	Cashier
Rebecca	Bender	Member Services Representative
Caitlin	Sexton	Division Assistant - Accounting/Finance
Kyle	Clevenger	Manager of Operations
Mike	Martin	Assistant Manager of Operations
Bradley	Cherry	Manager of Finance & Accounting
Priscilla	Sparks	Executive Assistant
Carol	Fraley	President & CEO
Shane	McDavid	First Class Lineman
Randolph	Brewer	First Class Lineman
Justin	Staniford	Apprentice Lineman - 4th Year
Richard	Easton	Maintenance Leadman
Joseph	Hutchinson	Maintenance Leadman
Christopher	Mosier	Maintenance Leadman
Perry	Sargent	Engineering Party Chief
Roger	Kitchen	Warehouseman
Scott	Speaks	Engineering Party Chief
Mike	Reynolds	Maintenance Leadman
Cheyenne	Holbrook	Maintenance Leadman
, Steve	Bush	Meterman 1st Class
Mike	Blevins	Maintenance Leadman
Jamey	Withrow	Construction Leadman
Herbie	Steagall	Construction Leadman
Bryan	Rogers	First Class Lineman
, Willis	Barker	Mechanic
Steven	Burton	First Class Lineman
Scott	McGuire	Meterman 2nd Class
Ryan	Rice	First Class Lineman
, Donnie	Martin	Groundman

Request 5 Page 4 of 5 Responsible: Bradley Cherry





Request 6 Page 1 of 1 Responsible: Robert Brown/Brian Poling

6. **Engineering:** Please describe all types (e.g., designs, standards, load studies, short-circuit studies, reliability, and maintenance programs, etc.) of engineering work conducted by or for Grayson RECC, and indicate whether performed in-house, Touchstone Energy, or other consultants. Also, indicate any changes in who conducts engineering work since the beginning of 2018.

Leidos - 4 Year Construction Work Plan Distribution Services Solutions (DSS) - ARC Flash study Distribution Services Solutions (DSS) - New Large Power loads 7. **Capital Construction Planning:** Please provide a description of how Grayson RECC identifies the need for capital construction and reliability projects, how project costs are estimated, how the projects are prioritized, how they are approved and budgeted, and how many years out are projects planned (*e.g.*, 3 years, 5 years, and 10 years). Also, indicate any changes in who plans and methods used for capital budgeting since the beginning of 2018.

Capital Construction planning is developed during our Construction Work Plan (CWP) study and based on system voltage drop studies and load studies. The calculations are performed based on a projected system load developed by East Kentucky Power's (EKPC) projected system load for Grayson RECC. The staff, engineering consultant, and RUS Field Representative, Mike Norman, ultimately determine which system peak scenario to use based on historical peaks. Once projects are determined, they are prioritized based on the particular load level the problem is anticipated on occurring from the CWP study, reliability issues and further evaluated at the beginning of each budget as to the immediate need or ability to postpone.

We construct a 4 year work plan but have extended the work plan to 5 and 6 years for the past two work plans.

Cost estimates for the projects are based on historical costs and engineering consultant knowledge of trending costs in particular portions of the work. (i.e. unusual labor increases or material increases).

Request 8 Page 1 of 1 Responsible: Bradley Cherry

8. **Capital Construction Costs:** Please list Grayson RECC's capital construction and reliability projects, the budgeted costs, and the final costs for projects initiated and/or completed during the 2018 and 2019 time period.

Please see attached spreadsheet

9. Capital Construction Management: Please provide a description of how Grayson RECC manages and provides oversight to its capital construction and reliability projects once commenced, who manages the projects, and how management monitors capital project management performance. Describe typical management actions taken to manage approaching missed deadlines or cost overruns. Also, does Grayson RECC use in-house crews, contractor crews, or a mix for capital work? Describe any changes in capital project management since the beginning of 2018.

Grayson uses the Operations Supervisor to manage construction projects once commenced. Operations supervisor oversees these projects on a weekly basis and determines what projects need to be complete each week. Weather related delays are the most typical reason for missed deadlines. Grayson uses contractors for capital projects and utilizes in house crews for routine daily jobs such as meter sets, maintenance, and retirements.

Request 10 Page 1 of 2 Responsible: Brian Poling

10. **Peak Load Forecasts:** Please describe how Grayson RECC forecasts changes in feeder and system peak loads. Please indicate the 2019 peak load forecasted, the actual peak load, and percentage of the actual peak load compared to the normal peak load rating for each feeder and each substation.

Please see attached document

Table 1-9: Seasonal Peaks by Weather Scenario

	Winter P	eak Day Mini	mum Tempe	ratures		Summer Peak Day Maximum Temperatures				res
	Mild	Normal		Extreme			Normal		Extreme	
Degrees	10	0	-8	-11	-16	Degrees	95	98	100	102
Probability	99%	50%	20%	10%	3%	Probability	50%	20%	10%	3%
Occurs Once B	lvery	2 Years	5 Years	10 Years	30 Years		2 Years	5 Years	10 Years	30 Years
	Non-Coinc	cident Winter	Peak Deman	d - MW		Non-	Coincident S	Summer Peal	k Demand - N	МW
Season	Mild	Normal		Extreme		Year	Normal		Extreme	
						2018	56	59	61	64
2018 - 19	69	76	82	84	88	2019	56	60	62	64
2019 - 20	69	76	82	84	88	2020	57	60	62	64
2020 - 21	70	77	83	85	89	2021	57	60	62	64
2021 - 22	70	77	83	85	89	2022	57	60	62	64
2022 - 23	70	77	83	85	89	2023	57	60	62	64
2023 - 24	71	78	83	86	89	2024	57	60	62	64
2024 - 25	71	78	83	86	89	2025	57	60	63	65
2025 - 26	71	78	84	86	89	2026	57	61	63	65
2026 - 27	71	78	84	86	89	2027	58	61	63	65
2027 - 28	71	78	84	86	90	2028	58	61	63	65
2028 - 29	72	79	84	87	90	2029	59	62	64	66
2029 - 30	72	79	85	87	90	2030	59	62	64	66
2030 - 31	72	79	85	87	90	2031	59	62	64	66
2031 - 32	72	79	85	87	91	2032	59	62	65	67
2032 - 33	72	80	85	88	91	2033	60	63	65	67
2033 - 34	72	80	85	87	91	2034	60	63	65	67
2034 - 35	73	80	86	88	91	2035	60	63	66	68
2035 - 36	73	80	86	88	92	2036	61	64	66	68
2036 - 37	74	81	87	89	92	2037	61	64	67	69
2037 - 38	75	82	88	90	94	2038	63	66	68	71

11. Annual O&M Work Planning: Please describe how Grayson RECC plans and budgets its longterm (at least for the annual plan) O&M work; and describe its strategy for most effectively applying in-house full-time workers, seasonal workers, and contractor workers to complete planned and emergent O&M work within budgets. Does Grayson RECC use seasonal part-time workers to supplement its in-house workers during the warm weather season? Any changes since the beginning of 2018?

Grayson uses a four-year work plan and allots work annually for each year. Grayson uses contractors on capital projects and in-house crews to do pole changes and emergent work. If an outage is too big for in-house crews to handle, we will call on the contractor to help with the outage. Grayson does not use seasonal workers anytime of the year.

12. Short-Term O&M Work Planning and Work Management: Please describe Grayson RECC's weekly/daily work management processes for cost-effectively completing annual O&M work tasks according to the annual work plan schedules, while also addressing emergent work. Any changes since the beginning of 2018?

The operations manager assigns work each day to the construction crews, maintenance men and contractor crews. The operations manager determines how much work and the amount of time that it may take to complete. If emergent work would arise, the operations manager will pull a maintenance man or crew to complete the emergent work.

13. O&M Estimation: Please describe how Grayson RECC determines its man-hour estimates assigned for each type of O&M task. Are these estimates used for monitoring crew performance? Any changes since the beginning of 2018?

Grayson uses the experience and knowledge of operation manager to estimate each task. No numerical value is kept on crew performance due to the variables in each task performed.

14. **O&M Work Oversight:** Please describe how Grayson RECC management provides oversight and monitors O&M work productivity and cost control performance of the work management organization and the field crews. Also, describe typical management/supervision actions taken to manage approaching missed deadlines or cost overruns. Any changes since the beginning of 2018?

The Operations Manager makes random crew visits to see how crews are performing. The Assistant Operations Manager as well as the staking engineers visit crews regularly to evaluate the crew performance and reports back to the Operations Manager.

15. **O&M Work Goals**: Does Grayson RECC set job completion and cost performance goals, and key performance indicators (KPIs), for its managers, supervisors, and crew foremen? Are accountabilities assigned and consequences applied when performance goals are not met to a reasonable degree? Any changes since the beginning of 2018?

We do not have any performance indicators that we actively set and monitor.

Request 16 Page 1 of 1 Responsible: Kyle Clevenger

16. O&M Work Crews: Does Grayson RECC use in-house crews, contractor crews, or a mix for O&M work?

Grayson uses both in house crews and contractor crews for operations and maintenance work.

17. **Dispatching First Responders:** Please describe how Grayson RECC identifies outage locations, how first responders are dispatched, and how dispatcher instructions are communicated to first responders, and how work orders are closed. Any changes since the beginning of 2019?

Primarily, outages are defined by members calling into our Outage Management System which predicts the outage device and number of consumers. During work hours, in-house employees dispatch the serviceman assigned to that area. If they decide help is needed, they contact our dispatchers and make the appropriate request. After-hours, Cooperative Response Center (CRC) takes the calls and dispatches the appropriate serviceman.

18. First Responder Availability: Please indicate the numbers of first responders available to respond to emergent outages during regular weekday hours and otherwise. Are these line workers on call out or an on-call status, or is there shift work hours? Explain how Grayson RECC provides reasonably fast response to non-major event member outages. Any changes since the beginning of 2018?

Grayson has six service men who are assigned to six service areas across the Grayson electrical system. Each service man is responsible for their assigned area when an outage occurs. If the service man needs assistance or accumulates several outages, he will request additional help. The construction crews are broke into a north/south region to assist. During normal workday service men may need assistance from another service man to complete an outage or help on a service order. If the outage is too large, a construction crew will assist the service men.

19. Responding to Major Outage Events: Please describe, in general, how Grayson RECC responds to major outage events, such as high wind or ice storms. Does Grayson RECC have a prepared emergency response and restoration plan?

Grayson has an emergency response plan and a team of employees that respond during a major outage event that will gather the amount of damage determined by our service personnel. This will assist the Manager of Operation to determine the number of outside line crews that will be need to repair storm damage in a timely and cost-effective way.

20. System Maps: Please describe whether Grayson RECC uses paper maps, or has a GIS system, for first responder use for outage responses, and for other operations and engineering use; and if the maps or GIS is complete and accurate.

Grayson uses an ESRI based GIS system for servicemen, construction foremen, metering personnel as well and staking engineers. Our maps are complete and our GIS technician keeps them up-to-date. The GIS data is delivered via software on iPads. We also provide maps for GPS units to our contractors (with limited data).

21. Crew Sizes: Please describe typical O&M crew sizes and the range in the numbers of line and substation workers per non-working supervisor, and the range in the numbers of managers to supervisors.

Grayson uses six service men that are assigned to six service areas throughout the electrical system. Grayson staffs two construction crews with a working foreman and three linemen on each crew and a ground man who floats between each crew on a daily basis. Grayson has two engineers, one warehouseman, and a mechanic. The operations manager supervises these men every day. In addition, Grayson has two metermen who are supervised by the Manager of Technical Services. East Kentucky Power owns and maintains the substations throughout our service territory.

22. Hot Line Work: Does RECC line personnel work on energized primary feeders. If so, describe the training involved. Are these line workers in-house or contractors?

Grayson's linemen work on energized structures for new construction taps, line extensions or maintenance on transformers in a safe manner. Grayson uses contractors to do hot work on moving or transferring energized conductors. Training involves our 4-year apprenticeship program, on the job training, and hot line school thru Kentucky's statewide association. In the near future Grayson is committed to doing more in-house hot work.

Request 23 Page 1 of 1 Responsible: Bradley Cherry

23. **O&M Budgets and Actual Spending:** Please indicate Grayson RECC's total O&M budgets and actual O&M spending for 2018 and 2019.

Please see attached spreadsheet

24. **Inspection Programs:** Please describe Grayson RECC's feeder and substation inspection programs, including the types of inspections, who do the inspections (in-house or contractors), the periods between inspections, how inspection results are recorded, and who provides oversight of the programs, who monitors the results, and who prepares CM work orders. Also, indicate any changes in the inspection programs or methods since the beginning of 2018.

Grayson preforms line inspections (in-house) on each feeder that comes out of the substation on a two-year rotation. A Serviceman assigned to one of the six areas will record the findings on a line inspection form and the division secretary enters the data on an Excel spreadsheet. The service man will mark the circuit on a system one-line map in the office that it is complete. As the service men find faults or areas of concern, a service order is created through our member services department to correct the issue. The operations manager and division secretary will monitor the progress of the inspections as well as the service orders that are create for completion.

25. Corrective Maintenance Programs: Please describe Grayson RECC's feeder and substation corrective maintenance (CM) programs including how CM work is prioritized, and the repair-by schedules for each priority. Also, indicate any changes in the CM programs or methods since the beginning of 2018.

Grayson uses the service men to prioritize the emergency of the service order that has been created. We create service orders for line inspections and note on the service order if it needs immediate attention or is a low priority problem. East Kentucky Power owns and maintains substations in our service territory.

26. **Preventive Maintenance Programs:** Please describe Grayson RECC's various feeder and substation program-based and condition-based preventive maintenance (PM) programs and indicate any changes since the beginning of 2018.

Grayson completes preventive maintenance the same way as corrective maintenance. Grayson uses right of way contractors to cut vegetation to prevent trees and shrubs from growing into electrical lines on a 8-year rotation.

27. **Inspections, CMs, and PMs Completion Rate:** Please indicate the percentages of planned feeder and substation inspections completed, the percentages of planned feeder and substation CMs completed, by priority; and the number of scheduled (per PM programs) feeder and substation PMs completed at the end of 2018, and at the end of 2019. Also, indicate the numbers of PM program scheduled substation transformer PMs that were deferred by more than 6 months in 2018 and 2019.

Grayson's Division Secretary of Operations manages an Excel spreadsheet which tracks the completed feeder inspections. Since Grayson uses a two-year rotation on inspection of each distribution feeder out of the substation, we complete each service order as quickly as possible, weather permitting. For example: 2017-2018 we have all service orders completed, and for 2019-2020 we have had five new service orders to complete.

Request 28 Page 1 of 1 Responsible: Kyle Clevenger

28. **CM and PM Oversight:** Who provides oversight of the timely completion of CM and PM work? Describe how scheduled CM and PM task completions are monitored and how tasks are not substantially deferred.

The operations manager oversees the completion of the work. The Division Secretary of Operations monitors the service orders with an Excel spreadsheet and gives an update to the Operations Manager every three months which service orders have not been completed.

- 29. Vegetation Management: Please describe Grayson RECC's vegetation management programs, and the 2018 and the 2019 budgets and actual costs of the programs. Indicate the tree-caused SAIFI indices for 2018 and 2019.
- Circuit cutting is on an eight year rotation.
- Herbicide is applied after one year of growth.
- Followed up in four years for second application.
- Trimming yard trees as needed.
- Hourly crews complete service orders and help with circuit cutting when time allows.
- Herbicide is applied in two different ways, dormant and foliar.
- Dormant is applied in the winter months (September May).
- Foliar is applied during the summer months of (June August).

30. Equipment End-of Life: Please describe Grayson RECC's strategy for identifying when major equipment (e.g., conductors, wood poles, and transformers) is at end of reliable or cost-effective life and describe the general processes for replacing or upgrading that equipment.

Grayson determines the equipment end of life through our line inspections and pole inspections. Conductor evaluations are made based on historical outage data and lineman's experience with that portion of line. We also have a semi-annual inspection on all padmount transformers. 31. **Reliability Programs:** Please describe Grayson RECC's reliability programs (e.g., worst performing feeders, animal protection, lightning protection, automation, adding SCADA, tap fusing, or reclosers, etc.). Also, indicate the budgets and actual O&M and capital spending for reliability program work conducted in 2018 and in 2019. Who provides oversight of the timely and cost-effective completion of reliability work?

Each year the reliability indices are evaluated to determine where attention is required to improve consumer reliability. Based on the outage data, plans are made to correct the worst performing areas.

32. **Inventory Management:** Please describe how Grayson RECC manages, tracks, and charges to appropriate accounts, its line and substation materials and equipment inventory. How does Grayson RECC know exactly the items and quantity of items in its storerooms and trucks? What is the process for retiring obsolete inventory? What are Grayson RECC's processes for ensuring best inventory pricing?

The Purchasing Agent and Warehouseman works together to manage, track, and charge accounts when procuring materials and inventory. As material is needed, the warehouseman will develop a list and forward to the purchasing agent. The purchasing agent, with assistance from the warehouseman, will create a purchase order and order the material. Upon delivery of the material, the warehouseman will check off the material and receipt it to the purchase order. After confirmation of receipt, the purchasing agent will complete the purchase order and prepare a voucher for payment. Our information system (UPN) will adjust the inventory of each item as the material is receipted and paid for.

Our information system maintains a running total of material in our warehouse. Major material is issued from the job print. As the job is checked out, inventory is reduced based on the material pick list. Any adjustments from the print will be corrected by the engineer and the warehouseman will ensure the material is issued back into stock. Minor material is issued as it is distributed from shelf to bin. Shelf stock is maintained and tracked through UPN, bin inventory is managed and tracked visually.

Obsolete inventory is retired through the warehouseman and plant accountant. When obsolete material needs to be retired, the warehouseman will complete an adjustment sheet prepared for by the plant accountant, listing the material and count. It will be sent to the plant accountant for removal from inventory.

To ensure best inventory pricing, periodic bids will be taken on material. When notified of potential price increases on specific material, additional bids may be taken to ensure that Grayson is still receiving the best pricing available Quotes are taken on all major equipment and material as well as any specialty item. Availability and delivery are also considered when bidding material.

33. Worker Skills Training: Please describe how Grayson RECC's line and substation workers are trained and qualified for effective electrical line and substation workplace practices from new hire to journeyman positions. Are some trained for special work (*e.g.*, cable splicing, hot line work, etc.)?

Grayson uses on job training along with four years of apprenticeship through the NUS apprentice training program certified by the Kentucky Department of Labor to train our lineman. We also participate in substation training and restoration with East Kentucky Power Cooperative once a year. The Kentucky Association of Electrical Cooperatives hosts several workshops thru each year that our linemen will participate in. For Example: hot line school, underground school, etc.

34. **Safety Training:** Please describe how Grayson RECC's line and substation workers are trained as qualified electrical workers as required by OSHA, NFPA 70E, and NESC. Describe safety training programs and the oversight processes followed that ensure compliance to the appropriate safety practices. Provide Grayson RECC OSHA safety reports for 2018 and 2019.

Grayson uses online safety training through Kentucky Association of Electric Cooperatives, several in person training classes and once a month safety training. We used the American Public Power safety manual as our adopted safety manual. Also, participate in bucket truck and pole top rescue as well as CPR and first aid. We also participate in the Kentucky Lineman's Rodeo each year to display our safe work practices.

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Responsible: Kyle Clevenger/Mike Martin

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person Describe the case Classify the case Enter the number of (A) (B) (C) (D) (E) (F) CHECK ONLY ONE box for each case based on days the injured or ill Check the "injury" column or choose one type of Case Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected, the most serious outcome for that case: worker was: illness: No. Welder) injury or Loading dock north end) and object/substance that directly injured or made (M) onset of person ill (e.g. Second degree burns on right On job forearm from acetylene torch) All other illnes illness Days away Away Skin Disorder Hearing Loss Death Remained at work transfer or Respiratory Condition (mo./day) from work From Poisoning restriction Work (days) Job transfer Other record-Injury (days) able cases or restriction (2) (3) (4) (5) (1)(6) (G) (H) (1) (J) (K) (L) 11/30/17 Grayson, KY left rotator cup injury due to strain/wear/tear 9* Х over the years Page totals 0 0 0 0 0 0 0 1 0 0 0 0

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Citv

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.



1 of 1

Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US

Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment name

Grayson

Grayson Rural Electric Cooperative Corporation

KY

Injury

(1)

Respiratory Condition

(3)

Poisoning

(4)

Skin Disorder

(2)

Form approved OMB no. 1218-0176

Hearing Loss other illnesses

(5)

₹

(6)

Request 34 Page 3 of 7

Responsible: Kyle Clevenger/Mike Martin

OSHA's Form 300A (Rev. 01/2004) **Summary of Work-Related Injuries and Illnesses**

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	cases with days	Total number of cases with job transfer or	Total number of other recordable
	away from work	restriction	cases
0	0	0	0
(G)	(H)	(1)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of… (M)			
(1) Injury	1	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory			
Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Year 2018 **U.S. Department of Labor** Occupational Safety and Health Administration Form approved OMB no. 1218-0176

stal	olish	ment information			
`	Your e	establishment name <u>Grayson R</u>	Rural Electric Cooperative	Corporation	
ę	Street	109 Bagby Park			
(City	Grayson	State	Kentucky	41143
I	ndust	ry description (e.g., Manufacture Electric Distribution Cooperative			
ę	Standa	ard Industrial Classification (SIC),	if known (e.g., SIC 3715)		
DR 1	North .	American Industrial Classification		336212)	
mpl	loym	ent information			
•	,				
,	Annua	l average number of employees			
	Total h ⁄ear	nours worked by all employees las	st		
Sian	here				
-					
	NIOW	ingly falsifying this document n	nay result in a line.		
		y that I have examined this docun	nent and that to the best o	f my knowledge the entries a	re true, accurate, and
C	comple	ete.			
_					President & CEO
		Company executive			Title
6	606-47	74-5136			
		Phone			Date

OSHA's Form 301 Injuries and Illnesses Incident Report

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable workrelated injury or illness has occurred. Together with the Log of Work-Related injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904. OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains

If you need additional copies of this form, you may photocopy and use as many as you need.

Comple	eted by	Priscilla	Sparks		
Title	Execut	ive Assista	ant		
Phone	606-47	4-2132	Date	1/2/2018	

Information about the employee



- 6) Name of physician or other health care professional Maria B. Sargent APRN and Smith Orthopedics & Sports Medicine
- 7) If treatment was given away from the worksite, where was it given?
 - Facility Our Lady of Bellefonte Primary Care
 - Street 100 Bellefonte Dr.

No

State KY Zip City Grayson 41143

8) Was employee treated in an emergency room? Yes

x No 9) Was employee hospitalized overnight as an in-patient? Yes х

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Page 4 of 7 Responsible: Kyle Clevenger/Mike Martin U.S. Department of Labor

Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Request 34

Information about the case

- 10) Case number from the Log 1 (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness 11/30/2017
- Time employee began work 7:30 AM AM/PM 12)
- 10:45 AM AM/PM x Check if time cannot be determined 13) Time of event
- 14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer keyentry."

climbing poles and jacking wire over the years

- What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, 15) worker fell 20 feet": "Worker was spraved with chlorine when gasket broke during replacement": "Worker developed soreness in wrist over time." climbing poles and jacking wire over the years
- What was the injury or illness? Tell us the part of the body that was affected and how it was 16) affected; be more specific than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome." left shoulder rotator cup injury
- 17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank. repetition use of shoulder
- If the employee died, when did death occur? Date of death

N/A

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW. Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300 (Rev. 01/2004) Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person Describe the case Classify the case Enter the number of (A) (B) (C) (D) (E) (F) CHECK ONLY ONE box for each case based on days the injured or ill Check the "injury" column or choose one type of Case Employee's Name Job Title (e.g. Date of Where the event occurred (e.g. Describe injury or illness, parts of body affected. the most serious outcome for that case: worker was: illness: Welder) Loading dock north end) and object/substance that directly injured or made No. injury or (M) All other illnesses person ill (e.g. Second degree burns on right onset of On iob illness forearm from acetylene torch) Days away Awav Hearing Loss Skin Disorder Death Remained at work transfer or Respiratory Condition (mo./dav) from work From Poisoning restriction Work Job transfer Other record-(days) Injury (days) or restriction able cases (3) (1) (2) (4) (5) (6) (G) (H) (1) (J) (K) (L) Х 5/28/19 109 BAGBY PARK GRAYSON 6 6 hurt ankle walking up stairs MEMBERS' DOG BIT HIM IN LEG WHILE ON MEMBERS' PROPERTY CHANGING METERS 0 Λ Х 11/12/19 Page totals 0 6 0 0 6 0 2 0 0 0 0 0 Injury Respiratory Condition Be sure to transfer these totals to the Summary page (Form 300A) before you post it. Skin Disorder Poisoning Hearing Loss other illnesses Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Citv



KY

Form approved OMB no. 1218-0176

₽

(6)

ne Grayson Rural Electric Cooperative Corporation

Establishment name Grayson F

Gravson

Page 1 of 1

(1)

(2)

(3)

(4)

(5)

Request 34 Page 6 of 7 Responsible: Kyle Clevenger/Mike Martin

OSHA's Form 300A (Rev. 01/2004) Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

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Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	1	0	0
(G)	(H)	(1)	(J)

Number of Days

Total number of days of job transfer or restriction
0
(L)

Injury and Illness Types



Post this Summary page from February 1 to April 30 of the year following the year covered by the form

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Year 2019

U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Establ	lishr	nent information				
Yo	our es	stablishment name <u>Gray</u>	son Rural E	lectric Cooperative C	Corporation	
St	Street 109 Bagby Park					
Ci	ity	Grayson		State	Kentucky	41143
Ind	dustr	y description (e.g., Manufac Electric Distribution Coope		or truck trailers)		
St	tanda	rd Industrial Classification (SIC), if kno	wn (e.g., SIC 3715)		
RN	orth A	merican Industrial Classific	ation (NAIC	CS), if known (e.g., 33	36212)	
nplo	oyme	ent information				
Ar	nnual	average number of employ	vees	44		
	otal h ear	ours worked by all employe	es last	85,150		
gn h	nere					
Kı	nowi	ngly falsifying this docum	ent may re	sult in a fine.		
	certify	that I have examined this o te.	locument ar	nd that to the best of	my knowledge the entrie	s are true, accurate, and
		Company executiv	e			President & CEO Title
60	06-47	4-5136 Phone				30-Jan-20 Date

OSHA's Form 301 **Injuries and Illnesses Incident Report**

Information about the employee

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable workrelated injury or illness has occurred. Together with the Log of Work-Related injuries and Illnesses and the accompanying Summary, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

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If you need additional copies of this form, you may photocopy and use as many as you need.

Date

Completed by

Title

Phone

1) Full Name		10)	Case number from the L
2) Street		11)	Date of injury or illness
City	StateZip	12)	Time employee began w
3) Date of birth		13)	Time of event
 Date hired Male 		14)	What was the employe as the tools, equipment ladder while carrying roo
Female			entry."
professional	he physician or other health care	15)	What happened? Tell u
6) Name of physician or other health care professional			worker fell 20 feet"; "Wo "Worker developed sore
7) If treatment was given	away from the worksite, where was it give	en?	
Facility		16)	What was the injury or
Street			affected; be more specit hand"; "carpal tunnel sy
City	StateZip		
8) Was employee treated	l in an emergency room?	17)	What object or substa
No		17)	"radial arm saw." If this of
9) Was employee hospita	alized overnight as an in-patient?		
		18)	If the employee died, v

Attention: This form contains information relating to employee health and must be used in a manner that Responsible: Kyle Clevenger/Mike Martin protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. **Occupational Safety and Health Administration**

U.S. Department of Labor

Form approved OMB no.	1218-0176

Information about the case

10)	Case number from the Log	(Transfer the case number from the Log after you record the case.)
11)	Date of injury or illness	-
12)	Time employee began work	_ AM/PM
13)	Time of event	AM/PM Check if time cannot be determined
14)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fore the incident occurred? Describe the activity, as we mployee was using. Be specific. Examples: "climbing a

- or material the employee was using. Be specific. Examples: "climbing ofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-
- us how the injury occurred. Examples: "When ladder slipped on wet floor, orker was sprayed with chlorine when gasket broke during replacement"; eness in wrist over time."
- r illness? Tell us the part of the body that was affected and how it was fic than "hurt", "pain", or "sore." Examples: "strained back"; "chemical burn, ndrome.'
- ance directly harmed the employee? Examples: "concrete floor"; "chlorine"; question does not apply to the incident, leave it blank.

If the employee died, when did death occur? Date of death 18)

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