




Shelby Energy Cooperative, Inc.

Your Touchstone Energy® Partner 

April 14, 2009

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

RECEIVED

APR 20 2009

PUBLIC SERVICE
COMMISSION

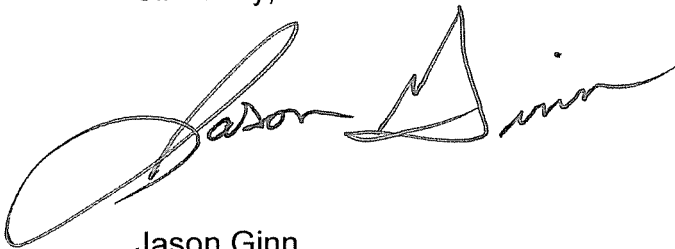
Re: Case No. 2008-0069

Dear Mr Bertelson :

Enclosed is a copy of the safety audits performed at Shelby Energy from March 1, 2008 and March 31,, 2008. 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

International
Cooperative
Bank





Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 3-5-09

Position: OPERATION MANAGER

Time: 11:15 AM

Company: SHelby ENERGY

County: TRIMBLE

Address: 620 OLD FINEHULL RD

Location: BEAY'S RIDGE + 42

SHelbyville Ky 40065

Name of Contractor Observed:

Phone#: 502 633-4420

A + G

Weather Conditions: CLOUDY

Crew Members:

Job Description: GROUND

TONY CLARK

CUT R-O-W

RONNIE O'BANION

CHARLIE WEBSTER

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

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: ~~DATE~~ 3-10-09

Position: OPERATIONS MANAGER

Time: 11:00 AM

Company: SHelby ENERGY

County: HENRY

Address: 1620 OLD FINEVILLE RD

Location: MARSHALLS BOTTOM

Shelbyville, Ky 40065

Name of Contractor Observed:

Phone#: 502 633-4420

ROBINSON TREE SERVICE

Weather Conditions: CLOUDY

Crew Members:

ALVA ROBINSON

Job Description: GROUND CUTTING

DAVID NOSS

R.O.W

STEF HERMENEGILDO CRUZ

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	✓			
Public Hazards Present			✓	
Gaff Guards on Hooks			✓	

Notes/Comments: _____

Job Site Findings Discussed With Crew: YES ✓ NO _____

Corrective Actions Needed: Yes _____ No ✓

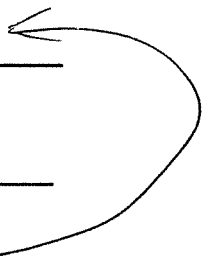
If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: _____

Inspector's Signature: David Martin

Safety & Loss Control Coordinator Signature: Alva Rob

John M. [Signature]



SHELBY ENERGY COOPERATIVE

CONTRACTOR JOB SITE VISIT REPORT

Location # ARDMORE LAKE Date MARCH 17, 2009

Workorder # 4331 Line Supervisor SHOUSE (DHE)

Type of Work: ADDING 3PH. AERIAL CABLE CIRCUIT 25KV TO EXIST. POLE ROUTE

WEATHER = SUNNY, 68°F. 11:15

	Yes	No	N/A	If No Corrective Action Taken
Work Signs/Cones	✓			
Flagman Required/Use			✓	
Hard Hat	✓			
Safety Glasses	✓			
Ear Protection			✓	
Rubber Gloves	✓			
Rubber Sleeves	✓			
Cover-up Material Used	✓			
Fall Protection	✓			
Truck Grounds	✓			
Working Grounds			✓	
Truck Chocks Used	✓			

Notes: WORK OBSERVED BEING PERFORMED IN A NEAT, METHICAL AND PROFESSIONAL MANNER. INSTALLING THREE 4/0 AERIAL CABLE CONDUCTORS BY HENDRIX POLE-BY-POLE METHOD.

INSPECTION PERFORMED BY: R. Adams
V-P & ENGR. MGR.

Job Site Findings Discussed with Crew: Yes No

Line Supervisor's Signature: Walter Shouse

Operations Manager Signature: David G. ...

Safety & Loss Control

I Gave Wayne New Inspections Forms on Jan 13th and asked him to complete them when in field. March 3rd expressed concern to use New Forms again. Wayne Adams

1. The first part of the document is a list of names and addresses.

2. The second part of the document is a list of names and addresses.

3. The third part of the document is a list of names and addresses.

4. The fourth part of the document is a list of names and addresses.

5. The fifth part of the document is a list of names and addresses.

6. The sixth part of the document is a list of names and addresses.

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19. The nineteenth part of the document is a list of names and addresses.

20. The twentieth part of the document is a list of names and addresses.

21. The twenty-first part of the document is a list of names and addresses.



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CO-OP CREW FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 3-19-09

Position: Line Supervisor

Time: 1:20

County: Shelby

Company: Shelby Energy
Address: Old Finchville Rd

Location: _____

Crew Members:

Phone #: 633-4420

Rick Shaw

James Crume

Weather Conditions: 50's
partly cloudy

Job Description: Installing
S/L

Energized Work Being Performed: YES _____ NO Truck#'s 30

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

Notes/Comments: They were working very safe, Dale was using all his PPE.

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: *Rich Shaw*

Inspector's Signature: *Keith Miller*

Safety & Loss Control Coordinator Signature: *[Signature]*



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CO-OP CREW FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 3-19-09

Position: Line Supervisor

Time: 1:45

County: Shelby

Company: Shelby Co.

Location: _____

Address: Old Finchville

Crew Members:

Phone #: 502 (633-4420

Mike Clark

Weather Conditions: partly cloudy

Dale Thomas

Gary Warford

Job Description: Changing OCR

Mike Netherway

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

Overhead Underground Voltage 7200

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

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

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RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Jason GINN

Date: 3-25-09

Position: Safety & Loss Control

Time: 8:40

Company: Shelby Energy

County: Shelby

Address: 620 Old Finchville Rd

Location: Office

Shelbyville Ky 40065

Name of Contractor Observed:

Phone#: 602-643-2778

A+G

Weather Conditions: Rainy & Cool

Crew Members:

50°

Chris Douglass

Job Description: Cutting Down

Lee Douglass

Pine Trees & Chipping Brush

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		✓		Need to Chock Truck anytime Parked

Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	✓			
Public Hazards Present			✓	
Gaff Guards on Hooks			✓	

Notes/Comments: _____

Told Crew Anytime truck is parked without anyone
in Driver Seat That the truck MUST be Chocked

Job Site Findings Discussed With Crew: YES ✓ NO _____

Corrective Actions Needed: Yes _____ No ✓

If Corrective Actions Taken Explain In Detail: _____


Line Supervisor's Signature: Chris Dwyler

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner 

CO-OP CREW FIELD INSPECTION FORM

Inspector: Jason GINN

Date: 3-30-09

Position: Safety & Loss Control

Time: 3:00

County: Shelby

Company: Shelby Energy
Address: 620 Old Finchville Rd
Shelbyville Ky 40065
Phone #: 502-643-2778

Location: Bards town Trail

Crew Members:

Mike Clark

Michael Nethery

Dale Thomas

Gary Warford

Weather Conditions: Sunny 55°

Job Description: Add 2-A-1
in line hang trans +
temp service

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

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: All Trucks Chocked & FR Clothing Being Worn.

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



CONTRACTOR FIELD INSPECTION FORM

Inspector: Jason GINN

Date: 3-30-09

Position: Safety & Loss Control

Time: 1:00

County: Trimble County

Location: Gills Ridge

Company: Shelby Energy

Address: 620 Old Finchville Rd
Shelbyville Ky 40065

Name of Contractor Observed:

Elliot

Phone #: 502-643-2778

Crew Members: Wally Showers

Weather Conditions: Sunny 50°

David Gallagher Jim Burton

Jamie Kizer

Job Description: Changing out
a V-G-4P

Steve Terrill

HOT

Eric Polley

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				
Job procedure covered				
Energy control procedure				
PPE used				
Job hazards				
Emergency procedures				
Special precautions				
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: Crew Using All Covering + Required PPE

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 

CONTRACTOR FIELD INSPECTION FORM

Inspector: Jason Binn

Date: 3-30-09

Position: Safety Loss Control

Time: 2:30

County: Trimble

Location: Abbott Ln

Company: Shelby Energy
Address: 620 Old Fineville Rd
Shelbyville Ky 40065

Name of Contractor Observed:

Elliot

Phone #: 502-643-2778

Crew Members: Josh Lakes

Weather Conditions: cool Windy

Chad

Brian Bingham

Job Description: Change Out
VA-1 to P burned out

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"/>			

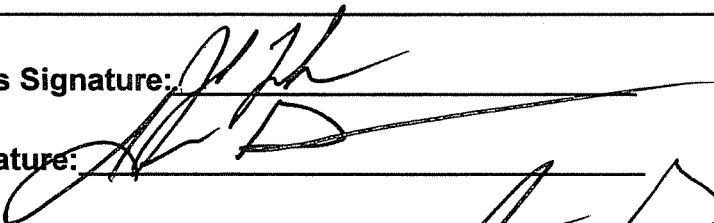
PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves	✓			
Rubber sleeves	✓			
FR Clothing	✓			
Fall protection			✓	
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	✓			
Sleeves	✓			
Line hoses	✓			
Blankets	✓			
Miscellaneous 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: Used Bulldozer to Pull ~~Tree~~
Truck in Field
Working Safe

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: 