




Shelby Energy Cooperative, Inc.

Your Touchstone Energy® Partner 

July 13, 2009

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

RECEIVED

JUL 15 2009

**PUBLIC SERVICE
COMMISSION**

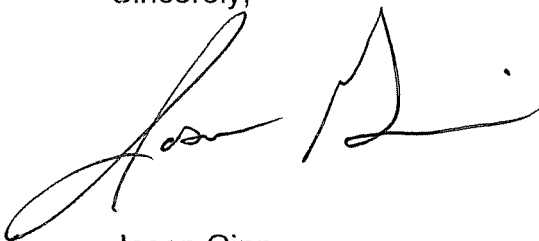
Re: Case No. 2008-0069

Dear Mr Bertelson :

Enclosed is a copy of the safety audits performed at Shelby Energy from June 1, 2009 and June 30, 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: 6-1-09

Position: OPERATIONS Manager

Time: 2:00

County: Carroll

Company: Shelby Energy

Location: VANCE RD

Address: 620 OLD FINCHVILLE RD

Shelbyville, Ky 40065

Phone #: 502-633-9420

Crew Members:

MIKE CLARK

Michael W. Harty

GARY BARFORD

Weather Conditions: SUNNY

Job Description: SAGGING WIRE

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"/>		<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"/>			

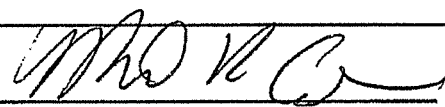
PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	✓			
Safety glasses	✓			
Rubber gloves			✓	
Rubber sleeves			✓	
FR Clothing	✓			
Fall protection	✓			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves			✓	
Sleeves			✓	
Line hoses			✓	
Blankets			✓	


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: 

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: 6-1-09

Position: OPERATIONS MANAGER

Time: 2:30

Company: Shelby Energy

County: Henry

Address: 620 OLD FINEVILLE RD

Location: MILL CREEK RD

SHELBYVILLE, KY 40065

Name of Contractor Observed:

Phone#: 502-633-4420

ROBINSON TREE SERVICE

Weather Conditions: Sunny

Crew Members:

Job Description: DOZING ROW

ALVA ROBINSON

DAVID DOSS

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: *Alva Robinson*

Inspector's Signature: *David [unclear]*

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



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CONTRACTOR FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 6-9-09

Position: OPERATIONS MANAGER

Time: 11:30

County: HENRY

Location: Hwy 202

Company: SHelby ENERGY

Address: 620 OLD FINCHVILLE RD
SHelbyville, Ky 40065

Name of Contractor Observed:

DAVIS H. RILLIOT

Phone #: 502 633-4420

Crew Members: Wally

Weather Conditions: SUNNY

DAVID G.

BRADLEY

Job Description: COVERING
CONDUCTOR ON TAKE-OFF
POLE - Pulling in Rope

JIM BURTON

JAMIR K

ERIC

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: _____

Job Site Findings Discussed With Crew: YES NO _____
 Corrective Actions Needed: Yes _____ No
 If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: William M. M...
 Inspector's Signature: David M...
 Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 6-9-09

Position: OPERATIONS MANAGER

Time: 2:00 P.M

Company: SHelby ENERGY COOP.

County: TRIMBLE

Address: 620 OLD FINCHVILLE RD

Location: PECKS P.KE # 421N

SHelbyville, Ky 40065

Name of Contractor Observed:

Phone#: 502 633-4420

A+G TREE SERVICE

Weather Conditions: SUNNY

Crew Members:

Job Description: CHIPPING

Tony Clark

Limbs

RANDY O'BRIEN

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: OBSERVED CREW.
ALL PPR IN USE. CREW WORKING SAFELY


Line Supervisor's Signature: [Signature]

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner 

CO-OP CREW FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 6-16-09

Position: Safety Instructor

Time: 10:30

County: _____

Company: KAEC

Location: _____

Address: _____

Crew Members:

Phone #: 502 523 5407

Mike Clark

Weather Conditions: Rain

Benji Bohannon

~~James~~ Mike

Job Description: _____

Dale Thomas

Terminating Ung. Primary & Sec. Cable

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:

Crew 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: MOV Co

Inspector's Signature: Bill Massey

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner 

CO-OP CREW FIELD INSPECTION FORM

Inspector: DAVID MARTIN

Date: 6-17-09

Position: OPERATIONS MANAGER

Time: 10:25

County: Shelby

Location: Webb RD

Company: SHelby ENERGY

Crew Members:

Address: 620 Old Finckville Rd

RICK SHAW

Shelbyville, Ky 40065

Phone #: 502-~~538-4444~~

JAMES CRUMR

633-4420

Weather Conditions: _____

Job Description: Pulling in
UNDERGROUND SERVICE

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

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			✓	

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: Rich Shaw

Inspector's Signature: David Martinez

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Jason Ginn

Date: 6-30-09

Position: Safety Loss Control/loss

Time: 10:50

Company: ~~AT&G~~ Shelby Energy

County: Trimble

Address: 620 Old Frenchville Rd

Location: 421 N

Shelbyville Ky 40065

Name of Contractor Observed:

Phone#: 502-643-2778

A+G

Weather Conditions: Cloudy 75°

Crew Members:

Job Description: Cutting ROW

Tony Clark

with Bucket Truck &

Ronnie Obanow

Chipping Brush

Darrin Adams

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 <input checked="" type="checkbox"/>	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: _____

Crew doing excellent Job wearing all
 Safety equipment & following all safety Rules

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, Inc.

Your Touchstone Energy® Partner 

Date: June 16, 2009

Company Involved: A & G Tree Service

Employees Involved: Chris Douglas (foreman)

Robert Pevley

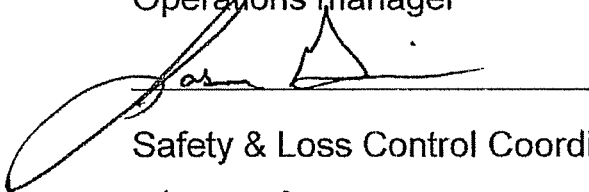
Violation: Robert Pevley was working from a bucket truck cutting ROW and was found to not be wearing any fall restraint.

Actions Taken: Crew was sent home for the rest of the day without pay due to our concern for this type of violation. Their company was notified of the situation and the fact that the violation and our actions that were taken.

Notes: It is the first time this crew has had a violation of this nature. The employee in violation has only worked with us for a short time and was explained that if found in this violation again he would be terminated of his employment with Shelby Energy Cooperative.



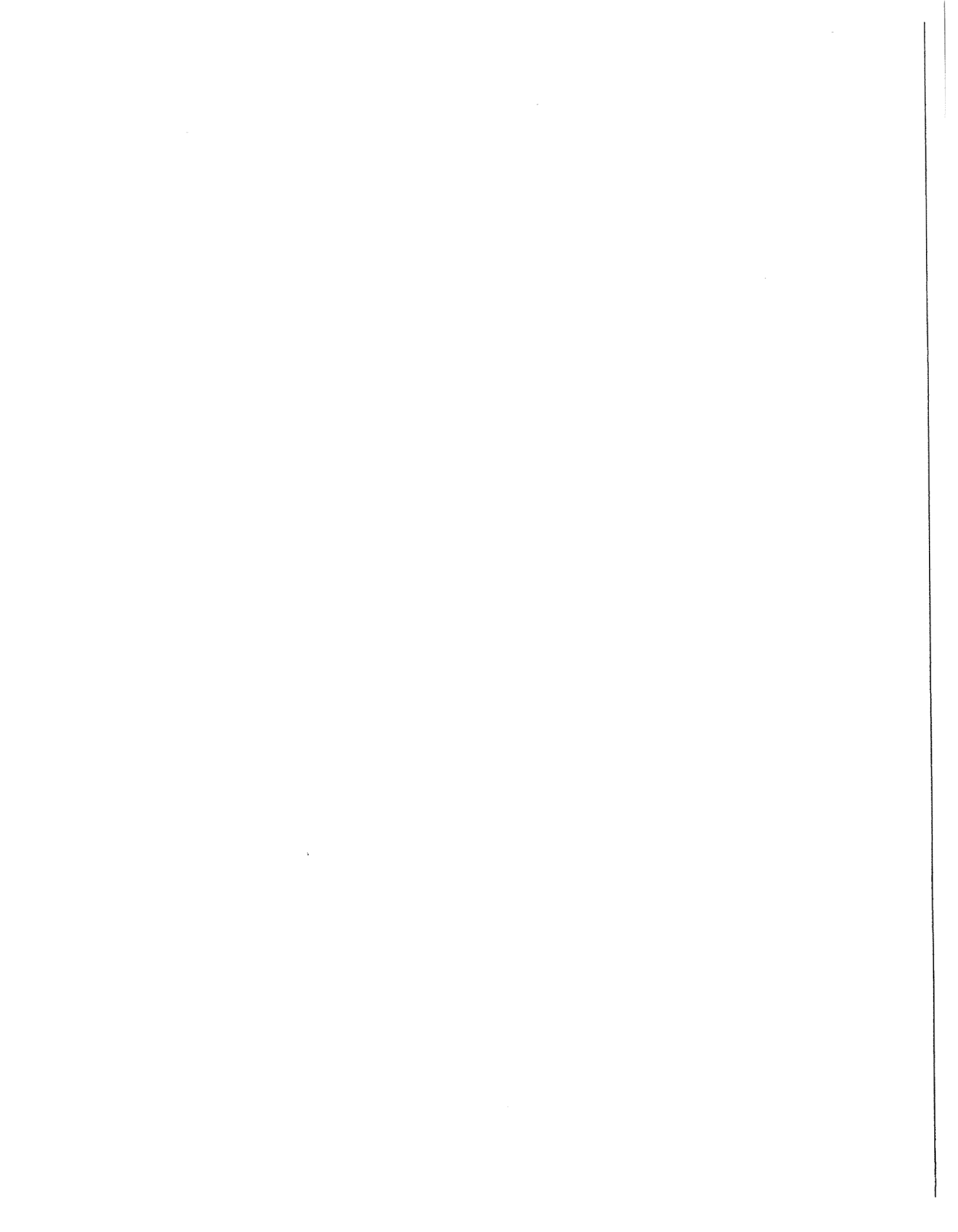
Operations manager



Safety & Loss Control Coordinator

6-16-09

Date





Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Bill Massey

Date: 6-16-09

Position: Safety Instructor

Time: 9:00 am

Company: Ky Assoc. of Electric Coops

County: Shelby

Address: Louisville

Location: Cooper LN

Name of Contractor Observed:

Phone#: 502 523-5407

A+G

Weather Conditions: Cloudy

Crew Members:

Chris Douglas

Job Description: Trimming Trees

Robert Pevley

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"/>		See Attached Letter For Actions Taken
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		✓		Issued new signs
		✓		
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: Man in Bucket
needs harness


Line Supervisor's Signature: Cheri Wylee

Inspector's Signature: _____

Safety & Loss Control Coordinator Signature: Bill Mawey
Jason Quinn



Shelby Energy Cooperative, Inc.

Your Touchstone Energy® Partner 

David Martin
Operations Manager
Shelby Energy Cooperative Inc.



Mr. Anderson,

I am writing this letter due to the concern of some safety issues that have occurred in the past 6 months. This crew has been written up for safety glasses and wheel chocks not in use. On most inspections they have been using all PPE and working safely. The crew does a good job and we wish to continue their service, but we would like some reinforcement from you to insure they continue to work in a safe manner. Thanks for your cooperation and we appreciate the fine service you provide for us.

Thanks
David Martin



*Gayle w/ ATG called Me 6-15-09
Call # 770-230-2228*

www.shelbyenergy.com


620 Old Finchville Road • Shelbyville, Kentucky 40065-1714
Shelby Co. (502) 633-4420 • Trimble Co. (502) 255-3260 • Henry Co. (502) 845-2845

10/10/10

10/10/10



Shelby Energy Cooperative

Your Touchstone Energy® Partner 

RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Jason Ginn

Date: 12-11-08

Position: Safety & Loss Control Coord

Time: 9:25

Company: Shelby Energy

County: Carroll

Address: 620 Old Fineville
Shelbyville Ky 40065

Location: Kings Ridge

Phone#: 502-643-2778

Name of Contractor Observed:

AG

Weather Conditions: Cold Cloudy
25°

Crew Members:

Ronnie Obenion

James Mc Guire

Job Description: Cutting

Charlie Webster

Undergrowth

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses		<input checked="" type="checkbox"/>		passed out glasses
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:

Passed Out New Clear Safety Glasses to
all workers

Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail:

Line Supervisor's Signature: Ronnie Benjamin

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]



Shelby Energy Cooperative

Your Touchstone Energy® Partner



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: TONY Dempsey

Date: 12-29-08

Position: MANAGER of Safety

Time: 1:15 pm

Company: Owen Electric

County: Trimble

Address: PO Box 400

Location: _____

Owenton, Ky 40359

Name of Contractor Observed:

Phone#: 502-563-3548

AEG Tree

Weather Conditions: Clear 50°

Crew Members:

Job Description: Trimming out
service

JUAN Aguilare
Eddie Dixon
Tony Clark

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		✓		<u>informed crew to check</u>

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

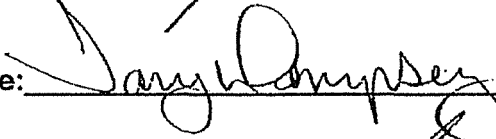
Notes/Comments: _____

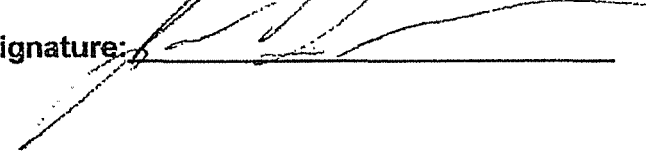
Job Site Findings Discussed With Crew: YES NO

Corrective Actions Needed: Yes No

If Corrective Actions Taken Explain In Detail: _____
 explained need for truck to be checked
 when parked

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: Bill Massey

Date: 5-19-09

Position: Safety Instructor

Time: 1:30 pm

Company: HAEC

County: Trimble

Address: Louisville

Location: Morton Ridge

Name of Contractor Observed:

Phone#: _____

A+C

Weather Conditions: Sunny

Crew Members:

Ronnie Obannon

Job Description: Tree Trimming

PPE Being Used	Yes	No	N/A	If No--Corrective Action Taken
Hard hat	<input checked="" type="checkbox"/>			
Safety glasses		<input checked="" type="checkbox"/>		Explained need for eye prot
Fall protection/harness			<input checked="" type="checkbox"/>	
Harness Attached to Boom			<input checked="" type="checkbox"/>	
Ear Plugs/ Ear Muffs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Discussed Safety Issue
Chaps	<input checked="" type="checkbox"/>	<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"/>			Explained Importance of truck chock

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: _____

Crew needs to wear chaps
when putting on the ground.
Need safety glasses.
Truck needs to be choaked

Job Site Findings Discussed With Crew: YES NO _____

Corrective Actions Needed: Yes _____ No

If Corrective Actions Taken Explain In Detail: _____

Line Supervisor's Signature: Ronnie Barber

Inspector's Signature: Bill Massey

Safety & Loss Control Coordinator Signature: _____