




Shelby Energy Cooperative

Your Touchstone Energy* Partner 

January 10, 2011

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

RECEIVED

JAN 20 2011

PUBLIC SERVICE
COMMISSION

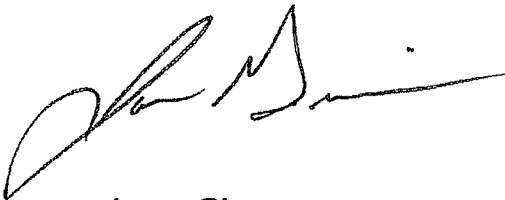
Re: Case No. 2008-0069

Dear Mr Bertelson :

Enclosed is a copy of the safety audits performed at Shelby Energy from December 1, 2010 and December 31, 2010. 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



RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Jason Ginn

Date: 12-1-10

Position: Safety

Time: 8:30

Company: Shelby Energy

County: Trimble

Address: 620 Old Finchville Rd
Shelbyville Ky 40065

Location: Wises Landing

Phone#: 502-643-2228

Name of Contractor Observed:
Kenda II

Weather Conditions: Cloudy
Snow - 27°

Crew Members:
Gary Ellis
~~Ray~~ ~~Frank~~ Rogelio Chapman
Chris Rossner

Job Description: Climbing Tree
& Getting Down

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		✓		Needs Decals
Public Hazards Present			✓	
Gaff Guards on Hooks	✓			

Notes/Comments: _____

Verify 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: *Dary Ellis*

Inspector's Signature: _____

Safety & Loss Control Coordinator Signature: _____



Shelby Energy Cooperative

Your Touchstone Energy® Partner



CO-OP CREW FIELD INSPECTION FORM

Inspector: K. Miller

Date: 12-2-10

Position: Operator's Manager

Time: 3:15

County: Shelby Co.

Company: Shelby
Address: 620 Old Finchatta Rd

Location: _____

Crew Members:

Phone #: 502 (633-4420)

Tim Wolfport

Jeff Scott

Weather Conditions: Cold,
cloudy 34%

Mike Clark

Job Description: U.G.

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"/>			
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"/>		<input checked="" type="checkbox"/>	
Personal Protective Grounds			<input checked="" type="checkbox"/>	



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CO-OP CREW FIELD INSPECTION FORM

Inspector: Jason Ginn

Date: 12-4-10

Position: Safety

Time: 7:00am - 12:00

County: _____

Company: SEC

Location: _____

Address: 620 Oldfitchville Rd

Crew Members:

Shelbyville Ky 40065

Mike Clark

Phone #: 502-643-2278

Rick Shaw

Weather Conditions: Cold Snowy
29°

Chip Wheeler

James Crane

Job Description: Change out
Broken Pole
From Car accident

Benji Bohannon

Kelly Michels

Energized Work Being Performed: YES NO _____

Truck#'s B349V13

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				
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				

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	good			
Sleeves	good			
Line hoses	good			
Blankets	good			

Notes/Comments: All working Safe Wearing all PPE

Great Job in Bad Conditions

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: 12-27-10

Position: Safety

Time: 2:00

County: Shelby

Company: SEC

Location: Adams Pike

Crew Members:

Address: 620 Old Anchville Rd
Shelbyville Ky 40065

Cambren Combs

Phone #: 502-643-2728

Chad Stevens

Weather Conditions: Lo/A 78°

Wyndell Stevens

Tim Embury

Job Description: Reworking Breaker
Pole

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	good			
Sleeves	good			
Line hoses	good			
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: Great Job

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]



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CONTRACTOR FIELD INSPECTION FORM

Inspector: Jason Ginn

Date: 12-27-10

Position: Safety

Time: 3:00

County: Shelby

Company: SEC

Location: Adams Pike

Crew Members:

Address: 620 Old Firehouse Rd

Jeff Neely

Shelbyville Ky 40065

Arion Smith

Phone #: 502-643-2778

Mike Smith

Weather Conditions: Cold 30°

Job Description: Splicing wire

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: Great Job

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]