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Shelby Energy Cooperative

PUBLIC SERVICE  
COMMISSION

Your Touchstone Energy<sup>®</sup> Partner



February 10, 2011

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

Re: Case No. 2008-0069

Dear Mr Bertelson :

Enclosed is a copy of the safety audits performed at Shelby Energy from January 1, 2010 and January 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](mailto:jason@shelbyenergy.com).

Sincerely,

Jason Ginn

Safety & Loss Control  
Coordinator





# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CONTRACTOR FIELD INSPECTION FORM

Inspector: Kerth Miller

Date: 1-4-11

Position: Operation / Maint

Time: 1:40 PM

County: Shelby

Company: Shelby Energy  
Address: 620

Location: Dover

Name of Contractor Observed:

Elliott

Phone #: 502/633-4420

Crew Members: Bob [Signature]

Weather Conditions: Sunny  
28

Christopher [Signature]

Job Description: Conversion  
Dover Rd.

Scotty New

Poles and wire

Michael [Signature]

Energized Work Being Performed: YES  NO  Truck #'s 1  
Overhead  Underground  Voltage \_\_\_\_\_

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: Michael K...

Inspector's Signature: Justin R. Miller

Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CO-OP CREW FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 1-4-2011

Position: Operation / Manager

Time: \_\_\_\_\_

Company: Shelby Energy

County: \_\_\_\_\_

Address: \_\_\_\_\_

Location: \_\_\_\_\_

Crew Members:

Phone #: \_\_\_\_\_

[Signature]

Weather Conditions: Sunny /  
Cloud 80°

Jeff Scott

Benji Bohannon

Job Description: SPAN of over  
head primary -  
Also underground

Energized Work Being Performed: YES \_\_\_\_\_ NO  Truck#s 13, 9, 17

Overhead  Underground  Voltage \_\_\_\_\_

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: Good rate, clean 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]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CO-OP CREW FIELD INSPECTION FORM

Inspector: Keith Miller

Date: 1-4-2011

Position: Operation M

Time: 5:40 P.M.

County: Shelby

Geogegan  
Adams  
Orphan

Company: Shelby Co

Location: \_\_\_\_\_

Crew Members: \_\_\_\_\_

Address: 620 Old Knuckville

Shelbyville Ky 40065

Wendell Stephens

Phone #: 502-643-3500

502 683-4420 office

Chad Stephen

Weather Conditions: Cold -  
28°

Tim Hembree

Job Description: Hot work  
mounting hot phases

Energized Work Being Performed: YES  NO  Truck#'s 2

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

Notes/Comments: Good safe worked 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]





# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## CONTRACTOR FIELD INSPECTION FORM

Inspector: Keith Muller

Date: 1-5-2011

Position: Operation Manager

Time: 1:30

County: Henry

Company: Shelby Energy

Location: OBEN Ln

Address: 620 Old Finchville Rd  
Shelbyville, Ky 40065

Crew Members:

Phone #: 502-633-4426

Walter W. Hammer

Weather Conditions: Cold 29°  
Sunny

[Signature]

Job Description: Conversion  
3/0 Job

Energized Work Being Performed: YES  NO  Truck#s 29054

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				
Flagman required				
Flag person used				
Flag person properly equipped				
Traffic cones in place				
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"/>			
Safety glasses	<input checked="" type="checkbox"/>			
Rubber gloves	<input checked="" type="checkbox"/>			
Rubber sleeves	<input checked="" type="checkbox"/>			
FR Clothing	<input checked="" type="checkbox"/>			
Fall protection	<input checked="" type="checkbox"/>			
Rubber Goods Inspections	Yes	No	N/A	If No--Corrective Action Taken
Gloves	<input checked="" type="checkbox"/>			
Sleeves	<input checked="" type="checkbox"/>			
Line hoses	<input checked="" type="checkbox"/>			
Blankets	<input checked="" type="checkbox"/>			
Miscellaneous Observations	Yes	No	N/A	If No--Corrective Action Taken
Shelby Energy Decals In Place	<input checked="" type="checkbox"/>			
Proper Clearances	<input checked="" type="checkbox"/>			
Rolling Grounds in Place			<input checked="" type="checkbox"/>	
Public Hazards Present			<input checked="" type="checkbox"/>	

Notes/Comments: Good Job / check on (SAG)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Site Findings Discussed With Crew: YES  NO

Corrective Actions Needed: Yes  No

If Corrective Actions Taken Explain In Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Line Supervisor's Signature: Mark Charles

Inspector's Signature: Kevin Miller

Safety & Loss Control Coordinator Signature: [Signature]

Check, leaving pole in ground for easement

CRem km



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Shane Bolin

Date: 1-20-11

Position: Field Sup

Time: 8:14 A

Company: SEE

County: Shelby

Address: \_\_\_\_\_

Location: Popes Corner Rd

Name of Contractor Observed:

Phone#: 220-7016

Kendall

Weather Conditions: 32° F

Crew Members:

chance of snow

Gary Ellis

Job Description: Trimming Row

Ashley Cobb Sr

Chris Keller

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: \_\_\_\_\_

Crew was set, 10 cones & signage  
set up 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: Harry Ellis

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]



# Shelby Energy Cooperative

Your Touchstone Energy® Partner



## RIGHT OF WAY FIELD INSPECTION FORM

Inspector: Shane Palm

Date: 1-20-11

Position: Field Sup

Time: 8:20 A

Company: SEC

County: Shelby

Address: \_\_\_\_\_

Location: Popes Corner Rd

Name of Contractor Observed:

Phone#: 220-7016

Kendall

Weather Conditions: 32° F

Crew Members:

Chance of Snow

Ronnie O'Banion

Job Description: Trimming ROW

Bryan Lewis

Eddie Dickson

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: \_\_\_\_\_

Signage & cones set up in visible  
site. Crew set and ready for work.

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 Bonner

Inspector's Signature: [Signature]

Safety & Loss Control Coordinator Signature: [Signature]