# Annual Performance Measurements 2011.02.17



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#### Performance Measurement Guidelines

- 2.1 Updating the performance measurement data collection form on an annual basis is an important leadership commitment component of the new Rural Electric Safety Achievement Program (RESAP).
- 2.2 Updating this data annually will enable participating cooperatives to understand their individual performance trends and how they compare from a benchmarking perspective in several different comparative areas.
- 2.3 This data will also allow for standardized reporting for the national program in many various categories to assist our understanding of progress and to help identify possible opportunities for improvement on a continual basis.
- 2.4 You should update the performance measurement data shortly after the injuries rates are finalized and tabulated for the posting of the OSHA 300(A) summary form at the beginning of February.
- 2.5 It is recommended that tracking of vehicle accidents and vehicle mileage becomes an assigned responsibility within each cooperative and is tracked and logged on a continual basis throughout the year. This will simplify the task of making annual updates.
- 2.6 The performance measurement data form can be completed by entering the RESAP online system through Cooperative.com. Complete this by following these steps:
- 1. Log into Cooperative.com
- 2. Go to Interest Areas
- 3. From this drop-down menu, select Safety
- 4. Select Rural Electric Safety Achievement Program (RESAP)
- 5. Click on the RESAP online system button
- 6. Select Performance Measurement Form
- 7. Complete data collection questions and submit
- 2.7 For the 2011 safety data update, participating cooperatives are asked to update three separate forms, one for each calendar year 2010, 2009 and 2008.
- 2.8 This additional data input will only be required for the first year of the program; thereafter updates will only be for the prior calendar year and should be fairly straightforward.
- 2.9 This three-year update will allow for a strong base of comparative data across the nation at the start of the program and greatly enhance our understanding of safety results.

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- 2.10 All participating system must complete the performance measurement data form in the first quarter of 2011.
- 2.11 Safety Performance Measurements Resources

Safety Performance Measurements Resources:

https://www.cooperative.com/InterestAreas/safety/resap/Pages/SafetyImprovementPlan.aspx

# Demographics

D.1 Type of cooperative entering performance data.  Distribution G&T Statewide Association	
D.2 If Distribution type, number of meters served.	
If Statewide or G&T, please select N/A.	
<ul><li>N/A</li><li>D.3 Name of person entering the information.</li></ul>	
D.4 E-mail address of the person entering the information.	

# OSHA 300A - Data Entry

4.1 Year covered by OSHA 300A form and other information requested.		
4.2 Number of fatalities (OSHA 300A-G, total all system facilities)		
4.3 Please list the type of accident that caused this fatality(s)		
<ul> <li>Vehicle Accident</li> <li>Electrical Contact</li> <li>Fall</li> <li>Electrical Flash</li> <li>Burn Non-electrical</li> <li>Struck by Object</li> <li>Crushed</li> <li>Other (specify primary cause)</li> <li>Multiple Fatality Incidents (specify each cause)</li> <li>N/A</li> </ul>		
4.4 Please list the primary cause of this fatality(s).		
<ul> <li>Inadequate cover</li> <li>Minimum approach violation</li> <li>Faailure to test for voltage</li> <li>Failure to wear rubber gloves</li> <li>Failure to wear rubber sleeves</li> <li>Failure to wear PPE (all other PPE)</li> <li>Failure to ground</li> <li>Failure to lock out / tag out</li> <li>Other (specify primary cause)</li> <li>Multiple Fatality Incidents (specify each cause)</li> <li>N/A</li> </ul>		
4.5 Number of cases with days away from work (OSHA 300A - H, total all system	m facilities).	
4.6 Number of cases with job transfers or restrictions (OSHA 300A - I, total all s	ystem facilites).	
4.7 Number of other recordable injuries (OSHA 300A - J, total all system facilities	es).	
4.8 Total number of days away from work (OSHA 300A - K, total all system facil	lities).	
4.9 Total number of days of job transfer or restriction (OSHA 300A - L, total all s	system facilities).	

# OSHA 300A - Data Entry

4.10 Total hours worked by all employees (OSHA 300A - under Employee Information, total all system facilities).
4.11 Average number of employees (OSHA 300A - under Employee Information, total all system facilities).

# Vehicle Accident Data Entry

5.1 Number of vehicle accidents (see RESAP criteria, total all system facilities).	
5.2 Number of licensed motor vehicles that operate on public roads (co-op owned or leased vehicles – total all system facilities).	
5.3 Number of miles driven (co-op owned or leased vehicles - see RESAP criteria, total all system facilities).  If your organization doesn't not yet collect this information, please select N/A.	
■ N/A	

6.1 Worker compensation - Experience Modification Rate (EMR); used for determining worker compensation premiums

durin	6.2 Number of employee, work related electrical contacts, OVER 600 volts, that occurred during this year.	
6.2 N		
631	ist the primary cause for first incident.	
_		
	inadequate cover minimum approach violation failure to test failure to wear rubber gloves failure to wear rubber sleeves failure to wear PPE (all other PPE) failure to ground failure to lock out / tag out failure to locate UG cable other (specify primary cause) multiple fatality incidents (specify each cause) N/A	
6.4 T	Type of work being performed for first incident - work level 1.	
	new construction	
9	system improvement	
0	replacement service restoration	
ĕ	maintenance	
	other (specify type of work)	
	N/A	
6.5 T	Type of work being performed for first incident - work level 2.	
9	OH UG	
0	OH service	
ĕ	UG service	
0	Substation	
9	Meter connect/disconnect	
0	install	
ĕ	inspection	
9	other (specify type of work)	
	N/A	
6.6 L	ist the body part where contact was made for first incident.	
	head	
9	shoulder	
0	elbow upper arm	
ŏ	lower arm	
ĕ	hand	

upper back

	knee foot other (specify body part)
6.7 L	minimum approach violation failure to test failure to wear rubber gloves failure to wear rubber sleeves failure to wear PPE (all other PPE) failure to ground failure to lock out / tag out failure to locate UG cable
6.8 T	replacement service restoration maintenance
000	Meter connect/disconnect install inspection
6.10	List the body part where contact was made for second incident.  head shoulder elbow upper arm lower arm hand upper back lower back upper leg knee foot other (specify body part) N/A

6.11 Number of employee, work related electrical contacts, LESS THAN 600 volt, that occurred during this year. 6.12 List the primary cause for first incident. inadequate cover minimum approach violation failure to test failure to wear rubber gloves failure to wear rubber sleeves failure to wear PPE (all other PPE) failure to ground failure to lock out / tag out  $\Theta$ failure to locate UG cable  $\odot$ other (specify primary cause) multiple fatality incidents (specify each cause) 6.13 Type of work being performed for first incident - work level 1. new construction  $\odot$ system improvement replacement service restoration maintenance other (specify type of work) N/A 6.14 Type of work being performed for first incident - work level 2. OH UG OH service UG service Substation Meter connect/disconnect install inspection other (specify type of work) N/A 6.15 List the body part where contact was made for first incident.

$\bigcirc$	nead
$\odot$	shoulder
	elbow
$\odot$	upper arm
$\odot$	lower arm
$\odot$	hand
$\odot$	upper back
$\odot$	lower back
$\odot$	upper leg
$\odot$	knee
	foot

other (specify body part)

N/A

6.16 List the primary cause for second incident.		
inadequate cover minimum approach violation failure to test failure to wear rubber gloves failure to wear rubber sleeves failure to wear PPE (all other PPE) failure to ground failure to lock out / tag out failure to locate UG cable other (specify primary cause) N/A		
6.17 Type of work being performed for second incident - work level 1.		
<ul> <li>new construction</li> <li>system improvement</li> <li>replacement</li> <li>service restoration</li> <li>maintenance</li> <li>other (specify type of work)</li> <li>N/A</li> </ul>		
6.18 Type of work being performed for second incident - work level 2.		
<ul> <li>OH</li> <li>UG</li> <li>OH service</li> <li>UG service</li> <li>Substation</li> <li>Meter</li> <li>connect/disconnect</li> <li>install</li> <li>inspection</li> <li>other (specify type of work)</li> <li>N/A</li> </ul>		
6.19 List the body part where contact was made for second incident.		
<ul> <li>head</li> <li>shoulder</li> <li>elbow</li> <li>upper arm</li> <li>lower arm</li> <li>hand</li> <li>upper back</li> <li>lower back</li> <li>upper leg</li> <li>knee</li> <li>foot</li> <li>other (specify body part)</li> <li>N/A</li> </ul>		
6.20 List the primary cause for third incident.		

inadequate cover

minimum approach violation

failure to test failure to wear rubber gloves

	Opcomo / tooldent b
	failure to wear rubber sleeves failure to wear PPE (all other PPE) failure to ground failure to lock out / tag out failure to locate UG cable other (specify primary cause) more than three incidents (specify each cause) N/A
6.21	Type of work being performed for third incident - work level 1.
	new construction system improvement replacement service restoration maintenance other (specify work performed) more than three incidents (specify each cause) N/A
6.22	Type of work being performed for third incident - work level 2.
	OH UG OH service UG service Substation Meter connect/disconnect install inspection other (specify type of work) more than three incidents (specify each cause) N/A
6.23	List the body part where contact was made for third incident.
000000000000000	head shoulder elbow upper arm lower arm hand upper back lower back upper leg knee foot other (specify body part) more than three incidents (specify each cause) N/A