

Table Of Contents

Cover Sheet	1
Table Of Contents	2
1. Application Guidelines	3
2. Demographics	4
3. Safety Improvement Plan	5
4. Safety Program	6
5. Safety and Loss Prevention Policy	10
6. Accident Investigation Procedures	11
7. Incident Investigation Cases	12
8. Reporting Employee Injuries	14
9. Employee Safety / Education Training	15
10. Job Planning and Supervision	19
11. Hazard Recognition	21
12. Public and Member Safety Education	22
13. Regulatory Compliance	23
14. Insulating Gloves and Sleeves, Use & Testing	25
15. Equipment Maintenance and Testing	26

1. Application Guidelines

- 1.1 This Safety Application should be completed by March 31of the year the formal RESAP assessment is scheduled to be completed in.
- 1.2 The application should be submitted only after all questions have been answered and all comments boxes are completed.
- 1.3 When the application has been submitted; a random list of verification documents will be generated by the system and will be emailed directly to the Area Administrator for review and verification during the on-site assessment.
- 1.4 Verification documents must match the documents requested and the system's on-line question response.
- 1.5 The verification documents should be gathered and presented to the on-site assessment team leader at the time of the system's on-site observation (timing of notification for the verification documents may vary state to state based on local practices).
- 1.6 When the phrase "review period" is referenced in any application question, it refers to the 3 full calendar years prior to the application date.
- 1.7 Information gathered from the application process is just one component of the assessment process and is used for verifying and reviewing cooperative safety practices.

Page: 3 of 28

2. Demographics

D.1 Name of person doing this electronic entry:	
D.2 Job title of person doing this electronic entry:	
D.3 E-mail address of person doing this electronic entry:	

3. Safety Improvement Plan

3.1 H	low is your Safety Improvement Plan created and updated, by a;
0000	Safety Professional (assigned responsibility to administer safety program) Safety Professional, plus one other person assigned to assist Cross-functional safety committee or team Other, specify;
3.2 V	Who in your co-op is responsible for ensuring the implementation and progress of your Safety Improvement Plan?
00000	CEO/GM Department Executive/Manager, specify department; Safety Professional (person assigned to administer your safety program) Cross-functional safety committee or team Other, specify:
3.3 H	low often does your CEO review progress of the Safety Improvement Plan?
00000	Monthly Quarterly Semi-annually (twice a year) Annually Other, specify:
3.4 H	low often does your board review progress of the Safety Improvement Plan?
00000	Monthly Quarterly Semi-annually (twice a year) Annually Other, specify:

4.1 H	How often is Safety reviewed as part of the system's strategic plan?
0000	Every year Every two years Every three years Other, specify:
4.2 l	dentify the method utilized to establish and monitor your annual safety budget:
0000	Separate safety budget for the organization Budgeted for within each functional department Not budgeted separately Other, specify:
4.3 l	dentify the type of safety position that currently serves as focal point for safety initiatives and a compliance resource.
000	Full time safety position/s Coordinates safety activities as part of another job Other, specify:
4.4 V	What is the frequency a safety committee meets on an annual basis?
0	Once a week Once a month
ĕ	Once a quarter
0	Twice a year Other, specify:
4.5 V	Who comprises the safety committee?
000	Representatives from multiple departments Representatives from one department Other, specify:
4.6 F	Provide the date (mm/dd/yyyy) of the last minutes of the safety committee.
4.7 H	How do you establish safety training goals each year for your organization?
	Annual organizational assessment of safety training needs Annual departmental assessment of safety training needs Informal assessment by responsible supervision Other, specify:
4.8 F	How do you evaluate your employees individual safety performance?
000	Part of an annual performance evaluation process Ongoing informal assessment by supervisor All of the above

4.9 How do you hold department managers and supervisors accountable for their safety performance?

Established injury goal for their area of responsibility

Completion of agreed upon safety activities

All of the above

Other, specify:

Other, specify:

4.10	4.10 How often are safety performance measures tracked and monitored by the executive staff?	
	Once a month Once a quarter Twice a year Once a year Other, specify:	
4.11	How often are safety performance measures tracked and monitored by the board of directors?	
	Once a month Once a quarter Twice a year Once a year Other, specify:	
4.12	How often is a detailed analysis of injuries/incidents performed?	
0000	Once a quarter Twice a year Once a year Other, specify:	
4.13	What percent (%) of existing supervisors and crew leaders have completed the OSHA 10 hour course?	
	ria: AP believes it is desirable for co-ops to train all front line leaders, in the OSHA 10 hour course over a planned time e within reasonable budget and time constraints.	
	N/A	
4.14	What frequency is expected for supervisors to perform and document crew field observations?	
00000	Weekly Two week intervals Monthly	
-	Quarterly Other, specify:	
	Quarterly	
	Quarterly Other, specify: What frequency is expected for supervisors to perform and document facility inspections (i.e. vehicle, tools,	
ware	Quarterly Other, specify: What frequency is expected for supervisors to perform and document facility inspections (i.e. vehicle, tools, house, fleet management, etc.)? Weekly Two week intervals Monthly Quarterly	

4.17 How do you educate existing employees who transfer into new positions or when working with new equipment?	
0	Formal safety orientation process
0	Required reading Supervisory mentoring
	All of the above
	Other, specify:
4.18	Provide the date (mm/dd/yyyy) of the most recent new employee safety orientation session.
	N/A
4.19	How are hazard assessments completed in your organization?
Regu	ulatory Reference: OSHA 1910.132(d)(1) and 1910.120.(b)(1)(i)
0	Completed by assigned person with employee input
0	Completed by assigned person Completed by responsible supervisor
ĕ	Other, specify:
4.20	On what basis does your system offer employees a safety incentive if they meet certain safety goals?
•	Based on Lost Time Injury rates
0	Based on an injury rate other than Lost Time Other, specify:
ě	N/A
4 21	What type of safety incentive is provided to employees if they meet the goal?
0	Cash lump sum payment paid out as a percent of pay
0	Cash payment based on a pre-established fixed dollar amount
0	Non-monetary reward (i.e. special event, merchandise, etc.) Other, specify:
ě	N/A
4.22	How often do you perform substation inspections?
Ref:	RUS Bulletin 1724E-300 18.3.1
Ref:	NESC 121, 214, 313 & 411
0	Monthly
	Other, specify: N/A
_	
4.23	Give the date of one substation inspection form completed during this review period.
	N/A
4.24	Give the date of one overhead line inspection form completed during this review period.

■ N/A

4.25 Give the date of one underground unit inspection form completed during this review period.

N/A

5. Safety and Loss Prevention Policy

0	ow often do you review and revise your written Safety/Loss Control Policy? Annually As needed Other, specify:
	o whom does your loss control policy assign primary safety responsibility? General Manager/CEO Other, specify:
5.3 P	rovide the date (mm/dd/yyyy) of the last review by the Board of Directors of the System's Safety Policy.
00000	ow often are Safety/Loss Control Reports compiled and discussed with the Board of Directors? Monthly Quarterly Bi-Annually Annually As needed Other, specify: rovide the date (mm/dd/yyyy) of the last completed Safety/Loss Control Report.
period	ow many monthly Board Meeting minute excerpts reflect that safety was discussed over the last year of this review d: 12 Minute Excerpts 6 Minute Excerpts 4 Minute Excerpts 2 Minute Excerpts Other, specify:

6. Accident Investigation Procedures

6.1 Written investigation and reporting procedures exist for:
Regulatory Reference: OSHA 1904.7
Employee injury, motor vehicle, and near miss casesOther, specify:
6.2 Do you also have written investigation and reporting procedures for:
Property damage and public liabilityOther, specify:
6.3 Provide the title (i.e. Safety Coordinator) of the person assigned the responsibility to investigate Public Liability Accidents.
6.4 Provide the date (mm/dd/yyyy) the last Accident Investigation training session was provided?

7. Incident Investigation Cases

711	When vehicle accidents occur, investigations are conducted:
_	-
9	Within 24 hours
0	Within 48 hours Within 72 hours
ĕ	Other, specify:
	Cutor, Specify.
7.2 F	Provide the date (mm/dd/yyyy) of one vehicle accident that was investigated during this three year review period.
	N/A
	Provide the number of safety rule or work procedure changes that have occurred within the three year review period result of serious (near miss/close call) incidents occurring without injury or property damage:
	N/A
	Provide the date (mm/dd/yyyy) of one accident investigation (or one near miss/close call incident without an accident) occurred during this three year review period?
	N/A
7.5 [Does this accident investigation include a First Report of Injury/Illness report?
Reg	ulatory Reference: OSHA 1904.7 (and if fatality(ies) 1904.39)
	Yes
ĕ	No No
	N/A
7.6 F	Provide the injury date (mm/dd/yyyy) on this First Report of Injury/Illness?
	N/A
7.7 [Does this accident investigation include a Police Report?
	Yes
9	No
	N/A
7.8 F	Provide the date (mm/dd/yyyy) of this Police Report?
	N/A
7.9 [Does this accident investigation include an Accident Investigation form outlining the facts and analysis of the incident?
	Yes
	No
	N/A

7. Incident Investigation Cases

7.10	7.10 Provide the date (mm/dd/yyyy) on this Accident Investigation form?	
	N/A	
7.11	Does this accident investigation include a notice to the system insurance carrier? Yes No N/A	
7.12	Provide the date (mm/dd/yyyy) of the insurance carrier notice?	
	N/A	
7.13	Does this accident investigation include employees interviews (concerning the facts and the details of the accident)? Yes No N/A	
7.14	Does this accident investigation include witness statements? Yes No N/A	
7.15	Does this accident investigation include photographs? Yes No N/A	
_	Does this accident investigation record appropriate measurements (heights, distances, temperatures, wind, etc.)? Yes No N/A	
7.17	Does this accident investigation document the preventative action taken to prevent reoccurrence? Yes No N/A	
7.18 —	Has this system experienced a public electrical contact accident within this three years review period? Yes No	

8. Reporting Employee Injuries

8.1 When are OSHA Injury/Illness Summaries (OSHA Form 300(A)) completed and posted?	
Regulatory Reference: OSHA 1904.29	
February 1 to April 30th of each yearOther, specify:	
8.2 Provide the certifying date on the last OSHA Summary, 300(A), posted at the largest/main facility? (mm/dd/yyyy)	
8.3 First Reports of Injury/Illness are completed for all incidents (First Aid, Workers' Compensation, or OSHA recordable) that occurred during this three year review period?	
Regulatory Reference: OSHA 1904.7, if appropriate	
YesNoN/A	
8.4 Provide the date (mm/dd/yyyy) of a completed First Report of Injury/Illness that occurred within the three year review period.	
■ N/A	

 9.1 To whom are Safety Manuals issued? All employees Field employees Other, specify:
9.2 Employees who receive safety manuals sign an acknowledge receipt?
YesNo
9.3 Provide the date (mm/dd/yyyy) of the last Safety Rule Manual distribution and signed acknowledgement within the three year review period.
■ N/A
9.4 Provide the date (mm/dd/yyyy)of the last formal review of the system's safety rules.
9.5 To whom is First Aid and CPR Training offered?
Regulatory Reference: 1910.269(b)(1) (for personnel working with exposed lines or equipment energized at 50 V or more)
 All employees Employees exposed to energized lines & Equipment Other, specify:
9.6 Provide the (mm/dd/yyyy) of one sample First Aid and CPR Training Roster conducted during this review period.
9.7 How often are Pole Top and Bucket Rescue Training sessions offered to affected employees? Regulatory Reference for 8.9-8.13: OSHA 1910.269
 Annually Other, specify:
9.8 Provide the number of Pole Top Rescue training participants in the third year of this review period.
9.9 Provide the date (mm/dd/yyyy) of one sample Pole Top Rescue Training Roster from the third year of this review period.
9.10 Provide the number of Bucket Rescue training participants for the third year of this review period.

9.11 Provide the date (mm/dd/yyyy) of one sample Bucket Rescue Training Roster from the third year of this review period.	
	N/A
	Provide the number of Competent Person training participants (for trenching/shoring) who have completed training ag this three year review period.
Regi	ulatory Reference: OSHA 1926.650(b)
	N/A
9.13	Provide the date (mm/dd/yyyy) of the most recent Competent Person training for trenching and shoring.
	N/A
9.14	Select the frequency of safety meetings conducted with INSIDE personnel during the third year of this review period?
0000000	Weekly Monthly Every other month Quarterly Semi-annually As needed Other, specify:
9.15 perio	Select the frequency of safety meetings conducted with OUTSIDE personnel during the third year of this review od?
Reg	ulatory Reference: OSHA 1910.269(c)
0000000	Weekly Monthly Every other month Quarterly Semi-annually As needed Other, specify:
9.16	All safety meeting rosters include the topic, date, instructor, and attendee signatures.
	Yes No Other, specify:
9.17	Provide the date(mm/dd/yyyy) of an inside employee safety meeting roster from the third year of this review period.
9.18	Provide the date (mm/dd/yyyy) of an outside employee safety meeting roster from the third year of this review period.

Page: 16 of 28

9.19	A drug/alcohol program is established that applies to all employees and covers the following areas:
	A written policy, supv. training, employee ED & assistance, and testing Other, specify: N/A
	Employees who possess a CDL and operate a CMV over 26,000 lbs. (GVWR) were last provided the initial training educational materials on alcohol and controlled substances misuse on:
Regi	ulatory Reference: 49 CFR 382.601
	N/A
	Provide the last date employees designated to supervise CDL holders were provided at least 60 minutes of initial ing on alcohol misuse and an additional 60 minutes of training on substance abuse.
over	eria: type of training should also be provided, as needed to new supervisors as normal promotions and/or transfers occur time ulatory Reference: 49 CFR 382.603
	N/A
9.22	A drug/alcohol testing program is established per DOT requirements for all CDL drivers that require testing for:
Ref:	49 Code of Federal Regulations Part 382
	Pre-employment; reasonable suspicion; post-accident; random; return-to-duty Other, specify: N/A
9.23	Qualifications for employees who drive CMVs over 26,000 lbs. (GVWR) are evaluated:
- is a	eria: erson is qualified to drive if he/she: at least 21 years old for interstate driving (or 18 years of age for intrastate driving); s a current valid CDL; and, has a current medical examiner's certificate
Regi	ulatory References: 49 CFR 391.11; 49 CFR 391.41
	Annually Other, specify: N/A

9.24 Training and certification of employees who operate power industrial trucks (fork lifts') was last provided and documented on:

Criteria:

Fork lift operators must be trained and certified by their co-op, statewide or other entities.

Prior to operating the fork lift, the employer must evaluate the operator's performance and determine the operator to be competent to operate a fork lift safely.

Co-ops must certify (document) that each operator has received the training and evaluate each operator at least once every three years.

Reference: OSHA 1910.178(I), OSHA 1910.178 (I)(6) and 1910.178 (I)(4)(iii)



N/A

10. Job Planning and Supervision

10.1 Who conducts on-the-job briefings at the jobsite before work begins? Regulatory Reference: OSHA 1910.269(c) Designated person in charge Other, specify: 10.2 On-the-job briefings are documented by all crew members who are present at the briefing. Yes No 10.3 What items are required to be covered as part of a on-the-job briefing? Existing hazards, unusual cond., work procedures, energy source cond. & PPE Other, specify: 10.4 Provide the date of one verifiable documented job briefing from this three year review period. N/A 10.5 System staking sheets have entry spaces or attachments for a description of the job: Yes Θ No Other, specify: 10.6 System staking sheets have entry spaces or attachments for Instructions from the property owner. Yes No Other, specify: 10.7 System staking sheets have entry spaces or attachments for affected utilities contact confirmation Yes \odot No Other, specify: 10.8 System staking sheets have entry spaces or attachments for special instructions and field revisions by the person in charge. Yes \odot No Other, specify: 10.9 Provide the date (mm/dd/yyyy) of one staking sheet from this three year review period that shows examples of a few of these uses. 10.10 Provide the number of documented safety suggestions that were submitted by employees during this three year review period?

10. Job Planning and Supervision

10.11 Provide the date (mm/dd/yyyy) of one documented safety suggestion submitted by an employee during this three year review period.



N/A

11. Hazard Recognition

11.1	How often is Hazard Recognition Training provided to employees?
	At least once every three years to all employees
$\overline{\ominus}$	At least once every three years to all outside employees
	Other, specify:
11.2	Provide the date of the last documented training roster for Hazard Recognition training.
	N/A
11 3	Was a documented hazardous condition report submitted with a hazard described and a follow up action determined
	ng this three year review period?
	Yes
	No
11 /	Provide the hazardous condition report date (mm/dd/yyyy).
11.4	Provide the nazardous condition report date (min/dd/yyyy).
	N/A
11 E	Dravide the deta (mm/dd/ssss) the fellow up detions were completed for this reported become
11.5	Provide the date (mm/dd/yyyy) the follow up actions were completed for this reported hazard.
	N/A
11 6	The system participates in an argenized state or level "Call Defere Vey Dia" program (Netifying area utilities before
	The system participates in an organized state or local "Call Before You Dig" program (Notifying area utilities before vating) for marking underground utilities?
Regu	ulatory Reference: varies by state
	Yes
Ō	No

12. Public and Member Safety Education

12.1 Member service safety education materials are available in:

Printed formatsElectronic formatsBoth formatsOther, specify:

 12.2 For whom are electrical safety demonstrations or presentations conducted? Area students Emergency responders Business civic group Other, specify: 12.3 Provide the date (mm/dd/yyyy) of the last student electrical safety demonstration within this three year review period 	od.

13. Regulatory Compliance

13.1 Provide the date when an evaluation and documentation took place on whether regulated waste/substances are generated by your system (i.e. universal wastes, PCB logs, special waste, SARA Title III or Community Right to Know Issues).	
Regi	ulatory Reference: 40CFRPart 262.10, .10(c), 262.11
13.2	If generated, regulated waste/substances are disposed in accordance with:
	State regulations Federal regulations Local regulations All of the above Other, specify: N/A
13.3 upda	Provide the date (mm/dd/yyyy) that your general chemical and small spill handling cleanup procedures were last ated.
	N/A
	Provide the date (mm/dd/yyyy)that your Spill Prevention Control and Countermeasure Plan (SPCC plan for a variety I spills) was either created or last updated:
	ulatory Reference for SPCC plan: 40 CFR part 112 (Tier I – Appendix G to 40 CFR part 112 & Tier II - 40 CFR part 7, subparts B and C)
	N/A
13.5	The SPCC plan is designed, reviewed, and signed by:
Regi	ulatory Reference for SPCC plan: 40 CFR part 112
	Management w/PE certification (Facilities above Tier I & II) Management (Small facilities - self certify Tier I & II) Other, specify: N/A
13.6	Provide the date (mm/dd/yyyy) that PCB (polychlorinated by phenols) spill cleanup procedures were put in place.
Regi	ulatory Reference for PCBs: 40 CFR 751
13.7	How often is training conducted for handling these types of spill scenarios?
000	Every three years Annually Other, specify:

13. Regulatory Compliance

13.8	Do you have underground storage tanks?	
0	Yes No	
	13.9 Provide the date (mm/dd/yyyy) these tanks were last reviewed for compliance to current state and federal regulations.	
	O How often is Hazard Communication (Employee Right-to-Know about workplace chemicals) refresher training is ucted?	
Regu	ulatory Reference: OSHA 1910.1200(a)(1),(e), and (h)	
000	Every three years Annually Other, specify:	
13.1	1 When are new employees trained to work with a hazardous chemicals?	
0000	At the time of employee's initial work assignment When a new hazard is introduced into the workplace In both cases listed above Other, specify:	
13.12	2 Provide the roster date (mm/dd/yyyy) of the last Chemical Hazard Communication Training in this review period.	
	3 When are employees who are involved in Right-of-Way Spraying/Vegetation Control trained in the proper use of e chemicals.	
0000	At the time of employee's initial work assignment When a new hazard is introduced into the workplace In both cases listed above Other, specify:	
	4 Provide the expiration date (mm/dd/yyyy) of a current state certification card carried for one employee trained in the of ROW chemicals.	
	N/A	

14. Insulating Gloves and Sleeves, Use & Testing

14.1 Provide the insulating rating for the gloves and sleeves used to work on your system voltage.	
	N/A
	Identify your systems safety rule requiring the use of insulating gloves and sleeves to be worn when climbing poles, stures, or ladders into energized work zones.
000	Ground to ground Within minimum approach distance to energized lines & equipment Other, specify:
	Identify your systems safety rule requiring the use of insulating gloves and sleeves when working on cabinets or osures that may contain energized components.
00	Lock to lock Other, specify:
	Identify your systems safety rule requiring the use of insulating gloves and sleeves when working in energized work is using aerial baskets or aerial man-lifts.
000	Cradle to cradle Within minimum approach distance to energized lines & equipment Other, specify:
14.5	Select the range for maximum of field use days between lab tests for insulating gloves in system's policy/safety rule.
Regu	ulatory Reference: OSHA 1901.137(B)(2)(VIII)
	30 Days or less 31 - 60 Days 61 - 180 Days 180 + Days or Not Specified N/A
	Select the range for maximum number of days of field use between lab tests for insulating sleeves in system's y/safety rule.
Appl	icable Regulatory Standards – Same as 13.5
	90 Days or less 91 - 120 Days 121 - 360 Days 360 + Days or Not Specified N/A

15. Equipment Maintenance and Testing

15.1 Procedures for maintenance and testing diggers, derricks, and aerial baskets. Regulatory Reference: 1926.142	
15.2 Stat	te and federal requirements for annual DOT inspections and testing by qualified person or company:
Regulatory Reference: FMCSA 396.3 (if operated intrastate, otherwise state laws apply)	
	e included in established maintenance procedures ther, specify:
	at is the inspection frequency of utility vehicles, operating systems, and fixed equipment that is documented as ystem's normal work practices (Daily DOT, preflight, visual, etc.)?
Regulato	pry Reference: FMCSA 396.3 (with inter/intrastate caveat)
	aily eekly ther, specify:
	tical servicing and inspection items are completed, utilizing what method of tracking during monthly inspection and nance work activities.
FMCSA	396.3 (no interval required by the regulation – interval to be determined by owner.)
_	necklists ther, specify:
	evide the vehicle number of a unit with a maintenance log that contains all inspection and maintenance details for year of this three year review period.
applies if Th Tw Or	at is the frequency for performing non-destructive, structural integrity testing in this three year review period (N/A f manufacturer does not recommend structural integrity testing)? Three or more/review period vice/review period noce/review period
No No	ot in review period A
	at is the frequency for performing dielectric testing for insulated booms in this three review period?
Regulato	ory Reference: OSHA 1910.67(c)(3)
Th	ve or more/review period nree or four/review period nce or twice/review period

No test in review period

15. Equipment Maintenance and Testing

15.8	How soon is repair work documented after structural and dielectric testing and related inspections?
0000	Within one week Within one month Within one quarter Other, specify:
	Other, specify.
15.9	Enter the date of the most recent dielectric inspection form/report for the same vehicle referenced in question (14.5).
15.1	0 Select the documented frequency of electrical testing for personal protective grounds?
9	Once or more/year
0	Twice/review period Once/review period
	Not in review period
15.1 perio	1 Provide identifying number of one personal ground tested for electrical current capacity in this three year review od.
	N/A
15.1 grou	2 Provide the electrical test date (mm/dd/yyyy) within this three year review period for the same personal protective nd.
	N/A
15.1	3 What is the documented frequency of electrical testing for vehicle grounds.
0	Once or more/year
0	Twice/review period Once/review period
ĕ	Not in review period
15.1	4 Provide the date (mm/dd/yyyy) of one vehicle ground inspection/test form within the review period.
	N/A
15.1	5 Barricading is used in lieu of vehicle grounding.
Regi	ulatory Reference: OSHA 1910.333(c)(3)(iii)(C)
	Yes
0	No Other, specify:
	Other, specify.
15.1 perio	6 What is the documented frequency of electrical testing and cleaning for cover-up materials in this three year review od?
•	Five or more/review period
0	Three or four/review period Once or twice/review period
ĕ	Other, specify:

15. Equipment Maintenance and Testing

