

## II. Safety Checklist

25%

### A – Safety Manual Use & Adoption

0-5 points

1. Safety Manual

- ☐ Our utility uses APPA's *Safety Manual*, the \_\_\_\_ (number) edition. APPA's current Safety Manual is the 14<sup>th</sup> Edition. Older Safety Manuals considered out of date will not attain full credit.
- ☐ Our utility does not use APPA's *Safety Manual*, but we have attached a copy of the manual we do use.
- ☐ Our utility does not use a safety manual but we can prove our safety practices and have included an explanation of our innovative approach.

2. Adoption

- ☐ Our utility has adopted the Safety Manual identified above. We have included supporting documentation that formally communicates the adoption.
- ☐ Our utility has not adopted the Safety Manual.
- ☐ Our utility does not use a safety manual; please refer to the explanation provided above in Section A.1.

### B – Safe Work Practices

0-17 points

1. Do you conduct regular employee safety meetings?

- ☐ Yes
- ☐ No

If yes, please include a sample attendee list from one of your safety meetings along with an agenda or outline and any handouts or materials for that meeting.

If yes, how often do you hold the meetings?

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☐ Other (Please include frequency of the meetings.): \_\_\_\_

If yes, how long do the meetings last?

- ☐ 15 minutes
- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 1 hour
- ☐ Other (Please include length of the meetings.): \_\_\_\_

## II. Safety Checklist (continued)

25%

2. Do you use APPA safety training aides or other audiovisual materials or content?

- ☐ Yes  
☐ No

If yes, please describe each category used.

- ☐ Videos  
☐ APPA Safety Manual  
☐ Internet  
☐ CD Format  
☐ Printed Format  
☐ Other (Please list.): \_\_\_\_\_

3. Who provides and/or oversees your safety program training?

- ☐ Our utility safety director  
☐ Our state association  
☐ Other (Please explain.): \_\_\_\_\_

What type of qualifications or credentials does the person have who provides your safety program training?

Please list:

4. Does management participate in the planning and/or conducting of any safety training initiatives?

- ☐ Yes  
☐ No

If yes, please specify all levels of involvement by checking the relevant box(es) below:

- ☐ General Manager  
☐ Utility Director  
☐ City Administrator  
☐ Electric Superintendent  
☐ Chief Executive Officer (CEO)  
☐ Chief Operating Officer (COO)  
☐ Chief Financial Officer (CFO)  
☐ Human Resources  
☐ Operations & Maintenance  
☐ Other: \_\_\_\_\_(Please list.)

## II. Safety Checklist (continued)

25%

5. Do you provide safety recognition to employees who demonstrate safe work practices?

- ☐ Yes  
☐ No

If yes, please provide a description of the recognition:

- ☐ Cash  
☐ Savings Bond  
☐ Clothing  
☐ Employee of the Month  
☐ Celebratory Lunches or Other Meals  
☐ Other (Please explain.): \_\_\_\_\_

6. Do you provide annual refresher training for OSHA-related issues?

- ☐ Yes  
☐ No

If yes, please specify each type:

- ☐ CPR  
☐ Pole-top rescue  
☐ Bucket-truck rescue  
☐ HazMat  
☐ Confined Space rescue  
☐ Other: \_\_\_\_\_

7. Do you provide portable defibrillators for employees?

- ☐ Yes

If yes, please check off the box(es) which reflect where your defibrillators are located:

- ☐ Office locations (Please list.):  
☐ Line trucks/crews  
☐ Meter vehicles  
☐ Generation stations  
☐ Other locations (Please list.): \_\_\_\_\_

- ☐ No

If no, please include a description of the approach you use to address situations such as heart palpitations or heart attacks for which defibrillators are designed to assist.

8. Do you conduct annual emergency and disaster drills?

- ☐ Yes  
☐ No

## II. Safety Checklist *continued*

25%

If you answered yes to question #8, please indicate which drill(s) you conduct and when the drill(s) was last conducted. Please include a description of the procedures for each drill.

	Drill Type	Date Drill Was Last Performed
<input type="checkbox"/>	Earthquake	
<input type="checkbox"/>	Fire	
<input type="checkbox"/>	Flood	
<input type="checkbox"/>	General Emergency at Utility or in the Field	
<input type="checkbox"/>	Hurricane	
<input type="checkbox"/>	Snow/Ice Storm	
<input type="checkbox"/>	Terrorist Attack	
<input type="checkbox"/>	Tornado	
<input type="checkbox"/>	Other (Please list.): _____	

9. Does your utility conduct arc hazard assessments to determine the level of arc protection values for FR Clothing? **(For Information only – non-scoring)**

- ☐ Yes  
☐ No

If no, please include a description of how your utility determines an employees' arc protection value for FR Clothing.

## II. Safety Checklist *continued*

25%

### C – Benchmarking

0-3 points

- ☐ Our utility participates in APPA's Safety Contest, and submitted the required annual report form for the most recent contest.
- ☐ Our utility does not participate in APPA's Safety Contest, but we have attached a copy of our OSHA 300 form for the most recent calendar year.

### Comments About the Safety Section

Use this area of the checklist to provide any additional information about your utility's commitment to safety or to provide feedback to APPA on the safety section or checklist.

Submitted By: \_\_\_\_\_

Utility Name: \_\_\_\_\_