# 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.
- 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, 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
15 minutes
30 minutes
45 minutes
1 hour
Other (Please include length and type of the meetings.):

If yes, 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.

25%

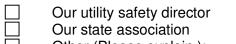
2. Do you use APPA safety training aides or other audiovisual materials or content?

Yes No

If yes, please mark each resource used:

Videos	
APPA Safety Manual	
Internet	
CD Format	
Printed Format	
Other (Please list.):	

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



Other (Please explain.):

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

Please list or attach resumé:

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.)

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
H	
	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, 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.

25%

- 25%
- 8. Has your utility determined the level of arc protection values for FR clothing for employees at your utility?

Yes
No

If **YES**, did your utility conduct the assessment in-house or did you use a consultant?

In-house Consultant

If **YES**, did you or the consultant use (please mark and include supporting documentation for credit):

NESC tables Software (e.g. ArcPro, SKM), which one(s): \_\_\_\_\_ Other, please explain below:

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

9. Do you conduct annual emergency and disaster drills?



If yes, indicate which drill(s) you conduct and when the drill(s) was/were last conducted. Please include a description of the procedures for each drill.

Drill Type	Date Drill Was Last Preformed
Earthquake	
Fire	
Flood	
General Emergency at Utility or in the Field	
Hurricane	
Snow/Ice Storm	
Terrorist Attack	
Tornado	
Other (Please list.):	

#### C – Benchmarking

#### 0-3 points

#### 1. Safety Contest/OSHA 300

- 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.
- Our utility does not participate in either.

#### 2. Incidence Rate

What is your incidence rate? \_\_\_\_\_

Incidence Rate =  $\frac{\text{Total number of cases} \times 200,000}{\text{Total Worker -hours of exposure}}$ 

25%

### **D** - 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:		
Signature:		
Title:		
Utility Name:		