

## 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
- ☐ 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.

## II. Safety Checklist *continued*

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?

- ☐ 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 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.)

## 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, 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.

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## II. Safety Checklist *continued*

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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:

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

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## II. Safety Checklist *continued*

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9. Do you conduct annual emergency and disaster drills?

- ☐ Yes  
☐ No

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 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.): _____	

### 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? \_\_\_\_\_

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

**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:** \_\_\_\_\_