

RFP Appendix A-4.2 - Contractor Health, Safety and Environmental Requirements

Contractor: _____

Applicability

The health, safety and environmental requirements below apply to all contractors performing work at all PacifiCorp worksites. The contractor named above (hereinafter, Contractor) shall also ensure compliance with these requirements by all of its subcontractors of every tier. Any, and all training required in order for Contractor's personnel and the personnel of Contractor's subcontractors to comply with these requirements shall be received by those personnel prior their performance of applicable work. All such training shall be at Contractor's expense.

Security

Contractor shall be responsible for the security of all contractor-furnished material and equipment, as well as any PacifiCorp-furnished material and equipment received by Contractor.

The PacifiCorp project manager or other on-site PacifiCorp project supervisory personnel (hereinafter, PacifiCorp Supervisor) may require identification of persons entering or leaving PacifiCorp sites or project sites. PacifiCorp may also require searches of vehicles entering or leaving its sites or project sites. PacifiCorp-owned project materials may only be removed from project sites with prior express written approval from the PacifiCorp Supervisor.

Contractor shall each day provide the PacifiCorp Supervisor the number of contractor personnel working on the project and when, where, and what work will occur.

Personal Protective Equipment Requirements

On all PacifiCorp work sites including pre-bid meetings and job walks.

Contractor shall ensure that their employees are provided with and wear;

- Non-Metallic Hard Hat satisfying ANSI Z89.1-2003 Class E
- Safety Glasses with Side Shields, satisfying ANSI Z87.1 -2003
- Safety Footwear, satisfying ANSI Z-41/ ASTM F2413 with a class 75 rating
- Synthetic clothing should not be worn on any PacifiCorp worksite where energized work may be performed

When work is to be performed by Contractor on Electrical Equipment that is or may become energized, at 50 volts or greater, or within the area of a Sub-Station, Contractors employees shall wear, at a minimum:

- Long sleeve FR Shirts with an ATPV of 8.0 cal/cm² for shirt fabrics), with sleeves rolled down and buttoned. Note: Shirts or clothing with a higher ATPV may be required for

work on some equipment at those sites where indicated by signage. Consult with PacifiCorp Supervisor to determine applicability of higher levels of protection.

When setting or removing meters from energized meter bases Contractors employees shall utilize;

- Face Shields that satisfy ANSI Z87.1 -2003

Tools, Equipment and Safety Supplies

Except as specifically noted elsewhere in the contract, Contractor shall provide all tools, equipment and supplies, including safety supplies, to perform the work in a safe and appropriate manner.

Safety, Health and Environmental Accident and Damage Prevention

Prior to starting any work, Contractor shall inspect the project site to ensure Contractor fully recognizes and understands all health, safety, and environmental site conditions. Contractor shall also, prior to starting work, review and understand all health, safety, and environmental laws, regulations, permit conditions, and requirements applicable to performance of Contractor's project work.

Prior to start of any work, Contractor shall ensure that each of its employees and its subcontractors are fully informed concerning all applicable safety, health, environmental and security regulations and project requirements, as well as all pertinent health, safety or environmental site conditions.

Contractor shall ensure, through health, safety & environmental discussions each day that all workers present are fully informed concerning all applicable safety, health, environmental and security regulations and project requirements, as well as all pertinent health, safety or environmental site conditions or potential injurious exposures. Contractor shall ensure all workers at each of Contractor's PacifiCorp work locations each day participate in these discussions on the health and safety aspects and potential environmental impacts of the day's work. Such meetings or discussions shall be repeated any time there are changes in the work group or work conditions resulting in new hazards or new potential exposures. These meetings shall be documented on a contractor provided form. Example *Tailboard forms* are attached for your reference. These documents shall be retained with project documentation and available to the PacifiCorp Supervisor.

Contractor shall conduct operations in such a manner as to prevent or control the risk of bodily harm to persons, environmental damage or releases, and/or damage to property. Unsafe, unhealthful and environmentally threatening conditions shall be addressed immediately. Records shall be generated of all such conditions and all steps undertaken to mitigate them.

Contractor shall ensure that when working on or in the area of energized, unguarded electrical equipment, or equipment that may become energized at 50 volts or above, that such work is performed by Qualified Persons. When work that is typically completed by non-high voltage electrical contractor is being performed they shall provide a Qualified Person to act as a safety watch and be responsible to monitor all work of non-qualified workers, on a continuous basis, stop any work that could create a hazard, and ensure all safety rules are observed. The qualified person shall ensure that a job briefing is conducted with the persons under his care before each job

Contractor shall ensure compliance with all applicable requirements set forth in OSHA, DOSH, DOT, EPA or any other applicable Federal, state and/or local regulations. Such responsibility shall apply to both its operations and those of its subcontractors. When a PacifiCorp Supervisor notices infractions of safety, health or environmental requirements and notifies Contractor, Contractor shall immediately correct the condition and record the actions taken to make such corrections.

In the event Contractor fails to promptly correct any noted infraction of safety, health, or environmental requirements, or if there is a safety or environmental incident, a PacifiCorp Supervisor may order a suspension of the work via the *Health, Safety or Environmental Incident Notice*. When satisfactory corrective action is complete, an order to resume work will be issued by a PacifiCorp Supervisor. Contractor shall not be entitled to any extension of time or any claim for damage or excess costs by reason of a notice of infraction, a suspension order, or any corrective action. Failure of PacifiCorp to order discontinuance of Contractor's operations shall not relieve Contractor of its responsibility for the safety of personnel and property.

Contractor is responsible for the manner in which all tools and equipment are stored, handled transported, and used, and for the proper use of safety equipment and devices necessary to safeguard personnel at the site, including those of PacifiCorp and other contractors.

Contractor will furnish its personnel with personal protective equipment, appropriate to the specific work activity, in accordance with applicable regulations and PacifiCorp site rules. All of its personnel shall wear appropriate protective equipment for the tasks undertaken.

All vehicles shall have seats firmly secured and adequate for the number of occupants to be carried. Personnel shall not ride in or upon any moving vehicle, except in a seat or other space specifically designed for human occupancy and in the manner for which it was designed. Seat belts and anchorages meeting the requirements of 49 CFR Part 571 (Department of Transportation, Federal Motor Vehicle Safety Standards) shall be installed in all motor vehicles and shall be used by all occupants at all times when the vehicle is in motion.

Tobacco-Free Workplace Policy

PacifiCorp is a Tobacco-Free Work Place. Tobacco use is prohibited in all PacifiCorp buildings, facilities or property. The policy applies to any person on property subject to the control of PacifiCorp. See the attached Tobacco-Free Workplace Policy.

Site control

Contractor shall furnish and utilize safety devices and equipment as appropriate to secure the jobsite and safeguard its personnel, as well as PacifiCorp and subcontractor personnel and members of the public.

Contractor shall at all times maintain the jobsite in the safest condition reasonably possible. At all times, it shall be Contractor's duty to correct or arrange to give warning of any hazardous condition. Appropriate precautions and security shall be established by Contractor to protect the public from site hazards and to reduce the site's potential as an attractive nuisance.

Barriers, barricade tapes and signs shall identify unsafe conditions. Danger area signs and barricades shall be designated by a predominantly red color. Danger area barricade tape shall be red and shall be lettered with either "DANGER" or "DANGER - DO NOT ENTER."

Caution area signs, barricades, and barricade tape shall be designated by a predominantly yellow color. Caution area barricade tape shall be yellow and shall be lettered with "CAUTION."

Barricades and barricade tape and/or flagging shall have properly completed information signs attached in a conspicuous location at each entry point stating the date, reason for the barricade and the person to contact for additional information. Signs, barricades, or other precautionary material shall be removed immediately upon termination of the hazard.

PacifiCorp uses a protective switching and tagging procedure to ensure systems are safe prior to work being performed on them. Contractor shall familiarize its personnel and the personnel of its subcontractors with the *Switching Terminology* and the *Switching Order Processing Policy* documents, and shall follow all Dispatch and Grid Dispatch procedures appropriate for the work.

In the event of an incident requiring outside assistance, Contractor's personnel shall call 911 (local county dispatch emergency number) in order to receive the appropriate emergency assistance.

All accidents and fires are to be reported to Dispatch and to the PacifiCorp Supervisor. The person that reports the emergency must give his name, state the nature of the emergency and the location of the emergency. The Dispatcher and the PacifiCorp Supervisor will log the event and notify PacifiCorp Risk Management.

In the event of a fire, accident, or evacuation emergency, Contractor must assemble and account for its personnel. Upon completion of an accurate personnel count, Contractor is to report the status of its personnel to the PacifiCorp Supervisor.

Incident Reporting

Contractor shall maintain an accurate record of all cases of property damage and of death, occupational diseases, or injury to its employees or to any third parties that are related to performance of work under the contract. All such incidents shall promptly be reported to the PacifiCorp Supervisor on a *Contractor Incident Report*.

Weekly Reporting

Additionally every Wednesday before 1PM Contractor shall provide either electronically or via fax a copy of the *Contractor Safety Report* of any incidents that have occurred since the previous report. If no incidents have occurred a Copy of the *Contractor Safety Report* shall be submitted denoting no incidents. This is required whenever contractor has any personnel working on any PacifiCorp property. *Contractor Safety Report* is attached for your use.

In the event of an environmental release, Contractor's personnel shall immediately contact the Spill Hotline answering service at (800) 947-7455. In addition, all environmental incidents shall be reported to the PacifiCorp Supervisor.

Hazardous Materials

Contractor's personnel and those of its subcontractors are required at all times to be familiar with and abide by all provisions of the OSHA Hazard Communication Standard and SARA Title III, Emergency Planning and Community Right-to-know Act (EPCRA) rules.

Cleanup

Contractor shall keep the work area, including storage areas used by it, free from accumulation of waste and trash.

Contractor is solely responsible for the transport, storage, security, handling, use, removal, disposal, and all other aspects of materials it brings to, causes to have brought to, or receives at the jobsite. Contractor shall promptly remove all of its unused material (unless desired by Company to be left on site) and all of its generated waste and shall leave none behind at completion of the project. Upon completion of the work, Contractor shall leave the work area in a condition satisfactory to PacifiCorp.

In the event of Contractor's failure, within a reasonable time, to satisfactorily clean the area, PacifiCorp may, after written notice to Contractor, perform the clean-up and removal at Contractor's expense.

Health, Safety and Environmental Violations

All health, safety and environmental violations with respect to work performed by Contractor, or its subcontractors of any tier, must be corrected by Contractor. Contractor shall be solely liable for all costs, including government-imposed penalties, associated with health, safety, and/or environmental violations attributable to Contractor or its subcontractors.

Abnormal or Hidden Hazards

Contractor shall inspect the project site to ascertain all site abnormalities and hidden hazards. Contractor shall make note of these abnormalities and hidden hazards, shall determine methods for addressing them and shall record such determinations. Contractor shall inform its personnel and its subcontractors of the abnormalities and hidden hazards and its determinations in their regard. All notes, records of determinations, etc. with regard to site abnormalities and hidden hazards shall be copied for and provided to the PacifiCorp Supervisor.

Subcontractors

These requirements apply to all subcontractors. It is the responsibility of Contractor to inform all its subcontractors regarding the applicable work rules and security, environmental, health, and safety requirements prior to the start of any subcontracted work, and to train such subcontractors if necessary. PacifiCorp will provide copies of these requirements to subcontractors upon request.

Contractor Acknowledgement

The undersigned Contractor representative hereby acknowledges receipt of these requirements. Contractor represents that it has reviewed and understands these requirements, and will abide by and enforce these requirements with its personnel and those of its subcontractors.

CONTRACTOR

Name: _____

Title: _____

Signature: _____

Date: _____



TOBACCO-FREE WORKPLACE POLICY

No individuals, whether employees, contractors, vendors, visitors or guests, are allowed to smoke or use tobacco products on the premises of any PacifiCorp facility or property, whether owned or leased. This prohibition includes offices, field facilities, company vehicles and aircraft, garages, parking lots, lawns and sidewalks. Where approved, the company will identify tobacco-use areas at its power generation and mining facilities for use during authorized break periods.

Note: For represented employees, a collective bargaining agreement may supersede this policy.

REPORTING

Employees are expected to report violations of the company's tobacco-free workplace policy to their supervisor or a human resources representative. Failure to comply with the tobacco-free workplace policy will result in discipline, up to and including termination of employment. Smoking in the workplace is a violation of law in certain states and may carry civil penalties for those who violate such laws.

PROTECTION AGAINST RETALIATION

Retaliation against any person who, in good faith, reports a violation of this policy or participates in an investigation of smoking or the use of tobacco products in the workplace is prohibited. If the company finds retaliation has occurred, individuals who engaged in the retaliatory behavior may be subject to discipline, up to and including termination of employment, regardless of whether the original complaint is substantiated.

These policies supersede and revoke any and all past policies and practices, oral and written representations, or statements regarding terms and conditions of employment concerning the subject matter covered herein. PacifiCorp reserves the right to add to, delete, change or revoke these policies at any time, with or without notice. These policies do not create a contract between PacifiCorp and any employee, nor do they create any entitlement to employment or any benefit provided by PacifiCorp to its employees.

CAUTION! This document may be out of date if printed.

Company Name: *Example Only - Do Not Duplicate*

TAILBOARD AND RISK ASSESSMENT

Job Description: _____ GPS Coordinates: _____

Job Location: _____

Facility Point # _____

Order Number: _____

EMERGENCY PHONE NUMBER: _____

***"NOT GROUNDED
NOT DEAD"***

Use back of form for additional comments, if needed

JOB PLANNING

<table border="0"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Job plan review</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other work groups (contractors)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>APM / RMD (Resource Manual) review</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Grounding manual review</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>PPE (FR clothing, hearing, footwear, eyewear, hard hats, safety vests and other PPE)</td> </tr> </table>	YES	NA		<input type="checkbox"/>	<input type="checkbox"/>	Job plan review	<input type="checkbox"/>	<input type="checkbox"/>	Other work groups (contractors)	<input type="checkbox"/>	<input type="checkbox"/>	APM / RMD (Resource Manual) review	<input type="checkbox"/>	<input type="checkbox"/>	Grounding manual review	<input type="checkbox"/>	<input type="checkbox"/>	PPE (FR clothing, hearing, footwear, eyewear, hard hats, safety vests and other PPE)	<table border="0"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Fall protection</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Confined space, trenching/shoring</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Non-standard construction</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Proper rigging & pulling equip</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Inspection of tools & equipment</td> </tr> </table>	YES	NA		<input type="checkbox"/>	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>	<input type="checkbox"/>	Confined space, trenching/shoring	<input type="checkbox"/>	<input type="checkbox"/>	Non-standard construction	<input type="checkbox"/>	<input type="checkbox"/>	Proper rigging & pulling equip	<input type="checkbox"/>	<input type="checkbox"/>	Inspection of tools & equipment	<table border="0"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Communication check (radio, other)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Health Hazards / MSDS</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Environmental clean-up</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Job assignments</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Weather, (lightning) terrain & other considerations (slips, trips & falls)</td> </tr> </table>	YES	NA		<input type="checkbox"/>	<input type="checkbox"/>	Communication check (radio, other)	<input type="checkbox"/>	<input type="checkbox"/>	Health Hazards / MSDS	<input type="checkbox"/>	<input type="checkbox"/>	Environmental clean-up	<input type="checkbox"/>	<input type="checkbox"/>	Job assignments	<input type="checkbox"/>	<input type="checkbox"/>	Weather, (lightning) terrain & other considerations (slips, trips & falls)
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N/A Not applicable

SWITCHING REVIEW

Substation _____ Circuit # _____ Voltage(s) _____

<table border="0"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NA</th> <th></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Hold</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Assurance</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Clearance</td> </tr> </table>	YES	NA		<input type="checkbox"/>	<input type="checkbox"/>	Hold	<input type="checkbox"/>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	<input type="checkbox"/>	Clearance	<table border="0"> <tr> <td>Recloser # _____</td> <td>De-energized test? <input type="checkbox"/></td> <td>Voltage detector <input type="checkbox"/></td> <td>Buzzing <input type="checkbox"/></td> </tr> <tr> <td>Open point(s)? _____</td> <td colspan="3">Clearance point(s)? _____</td> </tr> </table>	Recloser # _____	De-energized test? <input type="checkbox"/>	Voltage detector <input type="checkbox"/>	Buzzing <input type="checkbox"/>	Open point(s)? _____	Clearance point(s)? _____			<table border="0"> <tr> <td>Compass / switch order # _____</td> </tr> <tr> <td>Grounding method used? _____</td> </tr> </table>	Compass / switch order # _____	Grounding method used? _____
YES	NA																							
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Open point(s)? _____	Clearance point(s)? _____																							
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POTENTIAL HAZARDS & PLANNED CONTROL MEASURES

Points checked "YES" below must include a brief outline of planned control measures

<table border="0"> <tr> <th style="text-align: center;">YES</th> <th style="text-align: center;">NA</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NA	<input type="checkbox"/>	<input type="checkbox"/>	How is electrical apparatus or equipment being isolated, disabled or modified? _____
YES	NA				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	What is the minimum approach distance? _____ Type of cover-up / barrier required? _____			
<input type="checkbox"/>	<input type="checkbox"/>	What is the potential back feed or induction? _____			
<input type="checkbox"/>	<input type="checkbox"/>	What are the hazardous deteriorated facilities? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Traffic control measures put in place? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle grounding / barricading plan? _____			
<input type="checkbox"/>	<input type="checkbox"/>	Other potential hazards or safety considerations? _____			

RE-TAILBOARD

Note reasons for re-tailboarding, include initials of individual responsible for job planning and anyone new to the crew.

Re-Tailboard: _____

Initials: _____ - _____

Re-Tailboard: _____

Initials: _____ - _____

SIGN OFF

CREW INITIALS: _____

TAILBOARD CONDUCTED BY: _____ TIME: _____ GF: _____ DATE: _____

SIGNATURE

DATE: _____ MGR: _____ DATE: _____

SIGNATURE

Underground Work

Company Name: *Example Only - Do Not Duplicate*

TAILBOARD AND RISK ASSESSMENT

Job Description: _____ GPS Coordinates: _____

Job Location: _____

Order Number: _____

Facility Point #: _____

**"NOT GROUNDED
NOT DEAD"**

EMERGENCY PHONE NUMBER: _____

Use back of form for additional comments, if needed

JOB PLANNING

YES	NA		YES	NA		YES	NA	
<input type="checkbox"/>	<input type="checkbox"/>	Job plan review	<input type="checkbox"/>	<input type="checkbox"/>	Confined space & shoring	<input type="checkbox"/>	<input type="checkbox"/>	Environmental clean-up
<input type="checkbox"/>	<input type="checkbox"/>	Other work groups (contractors)	<input type="checkbox"/>	<input type="checkbox"/>	Escape Plan	<input type="checkbox"/>	<input type="checkbox"/>	Proper rigging & pulling equip
<input type="checkbox"/>	<input type="checkbox"/>	Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	Rescue Plan	<input type="checkbox"/>	<input type="checkbox"/>	Non-standard construction
<input type="checkbox"/>	<input type="checkbox"/>	Grounding Manual review	<input type="checkbox"/>	<input type="checkbox"/>	Air test acceptable	<input type="checkbox"/>	<input type="checkbox"/>	Communication check (radio, other)
<input type="checkbox"/>	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>	<input type="checkbox"/>	Permit /Non-permit	<input type="checkbox"/>	<input type="checkbox"/>	Health Hazards / MSDS
<input type="checkbox"/>	<input type="checkbox"/>	Inspection of tools & equipment	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle grounding / barriers	<input type="checkbox"/>	<input type="checkbox"/>	Job assignments
<input type="checkbox"/>	<input type="checkbox"/>	PPE (FR clothing, hearing, footwear, eyewear, hard hats, safety vests and other PPE)	<input type="checkbox"/>	<input type="checkbox"/>	Gates & fences secure	<input type="checkbox"/>	<input type="checkbox"/>	Weather, (lightning) terrain & other considerations (slips, trips & falls)

N/A -- Not applicable

SWITCHING REVIEW

Substation(s) _____ Circuit Number(s) _____ Voltage(s) _____

Substation(s) _____ Circuit Number(s) _____ Compass / Switch order # _____

YES	NA		YES	NA	
<input type="checkbox"/>	<input type="checkbox"/>	Hold	<input type="checkbox"/>	<input type="checkbox"/>	Recloser Number _____
<input type="checkbox"/>	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	<input type="checkbox"/>	De-energized test? _____
<input type="checkbox"/>	<input type="checkbox"/>	Clearance	<input type="checkbox"/>	<input type="checkbox"/>	Open point(s) _____
			<input type="checkbox"/>	<input type="checkbox"/>	Clearance point(s) _____
			<input type="checkbox"/>	<input type="checkbox"/>	Voltage detector _____
			<input type="checkbox"/>	<input type="checkbox"/>	Buzzing _____
					Grounding method used? _____

POTENTIAL HAZARDS & PLANNED CONTROL MEASURES

Points checked "YES" below must include a brief outline of planned control measures

YES	NA	
<input type="checkbox"/>	<input type="checkbox"/>	What is the minimum approach distance? _____ Type of cover-up / barrier required? _____
<input type="checkbox"/>	<input type="checkbox"/>	How is electrical apparatus or equipment being isolated, disabled or modified? _____
<input type="checkbox"/>	<input type="checkbox"/>	What is the potential back feed or induction? _____
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<input type="checkbox"/>	<input type="checkbox"/>	Other potential hazards or safety conditions? _____

RE-TAILBOARD

Note reasons for re-tailboarding, include initials of individual responsible for job planning and anyone new to the crew.

Re-Tailboard: _____ Initials: _____ - _____

Re-Tailboard: _____ Initials: _____ - _____

SIGN OFF

CREW INITIALS: _____

TAILBOARD CONDUCTED BY: _____ TIME: _____ GF: _____ DATE: _____

SIGNATURE

DATE: _____ MGR: _____ DATE: _____

SIGNATURE

SIGNATURE

System Operations

Company Name: - Example Only - Do Not Duplicate -**TAILBOARD AND RISK ASSESSMENT**

Order Title: _____

Equipment Description: _____

Job Location: _____

GPS Coordinates: _____

EMERGENCY PHONE NUMBER: _____

**"EVERYONE'S INTENTION
SHOULD BE PREVENTION"**

Use back of form for additional comments, if needed

JOB PLANNING

YES	NA		YES	NA		YES	NA	
<input type="checkbox"/>	<input type="checkbox"/>	Job plan review	<input type="checkbox"/>	<input type="checkbox"/>	Confined space & shoring	<input type="checkbox"/>	<input type="checkbox"/>	Environmental clean-up
<input type="checkbox"/>	<input type="checkbox"/>	Other work groups (contractors)	<input type="checkbox"/>	<input type="checkbox"/>	Proper rigging & pulling equip	<input type="checkbox"/>	<input type="checkbox"/>	Gates & fences secure
<input type="checkbox"/>	<input type="checkbox"/>	Safety Manual	<input type="checkbox"/>	<input type="checkbox"/>	Inspection of tools & equipment	<input type="checkbox"/>	<input type="checkbox"/>	Non-standard construction
<input type="checkbox"/>	<input type="checkbox"/>	Grounding Manual review	<input type="checkbox"/>	<input type="checkbox"/>	Mobile substation barriers	<input type="checkbox"/>	<input type="checkbox"/>	Communication check (radio, other)
<input type="checkbox"/>	<input type="checkbox"/>	Fall protection	<input type="checkbox"/>	<input type="checkbox"/>	Chemicals (acid, SF6, PCB's)	<input type="checkbox"/>	<input type="checkbox"/>	Health hazards / MSDS
<input type="checkbox"/>	<input type="checkbox"/>	PPE review (FR clothing, hearing footwear, eyewear, hard hats and other PPE)	<input type="checkbox"/>	<input type="checkbox"/>	Vermin droppings & other contamination	<input type="checkbox"/>	<input type="checkbox"/>	Job assignments
						<input type="checkbox"/>	<input type="checkbox"/>	Weather, (lighting) terrain & other considerations (slips, trips & falls)

N/A -- Not applicable

SWITCHING REVIEW

YES	NA	Compass / Switch order number? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Hold	De-energized test? <input type="checkbox"/> Voltage detector <input type="checkbox"/> Buzzing
<input type="checkbox"/>	<input type="checkbox"/>	Assurance	Grounding method used? _____
<input type="checkbox"/>	<input type="checkbox"/>	Clearance	Clearance point(s)? _____

Comments or unusual switching: _____

POTENTIAL HAZARDS & PLANNED CONTROL MEASURES

Note: Points checked "YES" below include a brief outline of the planned control measures

YES	NA	
<input type="checkbox"/>	<input type="checkbox"/>	What is the minimum approach distance? _____ Type of cover-up / barrier required? _____
<input type="checkbox"/>	<input type="checkbox"/>	How is electrical apparatus or equipment being isolated, disabled or modified? _____
<input type="checkbox"/>	<input type="checkbox"/>	What are the potential induced currents, voltages and back feed? _____
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle grounding / barricading plan? _____
<input type="checkbox"/>	<input type="checkbox"/>	Stored energy device, spring, air, capacitor, mechanical, other? _____
<input type="checkbox"/>	<input type="checkbox"/>	Other potential hazards or safety considerations? _____

RE-TAILBOARD

Note reasons for re-tailboarding, include initials of individual responsible for job planning and anyone new to the crew.

Re-Tailboard:	_____	Initials: _____
Re-Tailboard:	_____	Initials: _____

SIGN OFF

CREW INITIALS: _____	TIME: _____	GF: _____	DATE: _____
TAILBOARD CONDUCTED BY: _____	DATE: _____	MGR: _____	DATE: _____

SIGNATURE

SIGNATURE

Contractor Safety Report

Report is due by **1:00 p.m. each Wednesday**. Please complete form and fax to 503-813-7190 or email to ContractorSafetyInfo@pacificorp.com.

Contractor Name:

Report Date:

Company Contact Name and Number:

☐ **There are no new incidents to report.**

Incident 1

<input type="checkbox"/> Vehicle Incident – Preventable	<input type="checkbox"/> OSHA Recordable Incident	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Vehicle Incident – Non-Preventable	<input type="checkbox"/> Lost Time Incident	<input type="checkbox"/> Circuit Interruption

Employee name:

Date of incident:

Location of incident:

**Name, title, phone number
of person submitting information:**

Description:

**Actions taken to ensure
incident does not reoccur:**

Incident 2

<input type="checkbox"/> Vehicle Incident – Preventable	<input type="checkbox"/> OSHA Recordable Incident	<input type="checkbox"/> Near Miss
<input type="checkbox"/> Vehicle Incident – Non-Preventable	<input type="checkbox"/> Lost Time Incident	<input type="checkbox"/> Circuit Interruption

Employee name:

Date of incident:

Location of incident:

**Name, title, phone number
of person submitting information:**

Description:

**Actions taken to ensure
incident does not reoccur:**

Health, Safety or Environmental Incident Notice

(To be issued to Contractor's Representative by the Project Manager)

This serves as formal written notice to Contractor of an observed Health, Safety or Environmental infraction. Repeat and/or additional infractions may result in termination of work in accordance with contractual agreements. Any cost incurred as a result of this notice shall be to Contractor's account.

CONTRACTOR: _____

SITUATION: _____

First verbal notice given to _____
(Name and company of person receiving verbal notice of infraction)

by _____ on _____
(Name of person giving verbal notice) (Date verbal notice FIRST given)

Work suspension ordered? Yes ____ No ____

Work suspension released. Date _____ Time _____

PLANNED CORRECTIVE ACTION (This section is to be completed by Contractor):

Expected completion date: _____ Date completed: _____

PERSON GIVING WRITTEN NOTICE

Name: _____

Signature: _____

PERSON RECEIVING WRITTEN NOTICE

Name: _____

Signature: _____

Date: _____

cc: Power Delivery Health, Safety & Environment Department
Procurement