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1. Demographics

D.1 Name of person doing this electronic entry:

D.2 Email address of person doing this electronic entry:

D.3 Contact phone number of person doing this electronic entry:

D.4 Name of the system applying for Safety Accreditation:

D.5 Enter today's date (mm/dd/yyyy):

D.6 Name of General Manager/Chief Executive Officer:

D.7 Email address of GM/CEO:

D.8 Name of Board President:

D.9 Name of local System Safety Coordinator:

D.10 Email address of local System Safety Coordinator:

D.11 Name of state Area Administrator for Safety Accreditation:

D.12 Email address of state Area Administrator for Safety Accreditation:

D.13 Give the number of Safety Accreditations that this system has achieved in the past.

N/A

1. Demographics

D.14 Number of members served:

N/A

D.15 Miles of overhead distribution line:

N/A

D.16 Number of distribution poles:

N/A

D.17 Number of transmission poles:

N/A

D.18 Total number of poles, distribution and transmission combined: (Use N/A only if system has no overhead distribution or transmission poles)

N/A

D.19 Number of overhead distribution transformers:

N/A

D.20 Miles of underground distribution lines (Use N/A if system has no underground):

N/A

D.21 Number of underground distribution transformers:

N/A

D.22 Highest distribution phase to phase voltage (numeric answer in volt units):

N/A

D.23 Miles of transmission lines operated:

N/A

D.24 Highest transmission voltage: (numeric answer in volt units)

N/A

1. Demographics

D.25 Number of megawatts generated by this system for sale to members: (Numeric answer with mw units - Systems with more than 25 megawatts should use the Generation RESAP application)

N/A

D.26 Number of substations owned and operated by this system:

N/A

D.27 Total full time employees:

D.28 Number of inside employees:

D.29 Number of outside employees:

D.30 Number of first class/journey level line personnel:

D.31 Number of apprentice level line personnel:

N/A

D.32 Number of employees required to climb poles by job description, assignment, and as needed:

D.33 Number of employees required to operate emergency controls of aerial baskets by job description, assignment, and as needed:

D.34 Number of employees required to hold commercial driver licenses by job description, assignment, and as needed:

D.35 Give the number of employees whose duties require them to work or take objects within 10 feet of voltage greater than 1000 volts but are not permitted to rubber glove in this range, ie. sticking technicians, equipment operators, tree trimmers, etc.

N/A

1. Demographics

D.36 Excluding journey and apprentice level personnel, give the number of employees whose duties require them to work in the vicinity of 50 - 1000 volts, ie. meter techs, load management specialists, electricians, HVAC personnel, engineers, etc.

D.37 Total number of motorized vehicles over 10,000 lbs. Gross Vehicle Weight Rating (GVWR):

D.38 Number of cars, vans, pickups etc. under 10,000 Lbs. GVWR:

D.39 Number of industrial fork lifts:

N/A

D.40 Number of trailers over 10,000 lbs. GVWR:

2. Safety Program, The Plan

2.1 Is Safety addressed as part of the system's strategic plan?

- Yes
- No

2.2 Does the organization have an established Safety Budget each year?

- Yes
- No

2.3 Does this budget include employee safety training, supervisor safety training, personal protective equipment supplies, arc rated clothing, testing of live line tools, testing of insulated PPE, and work zone traffic control equipment at a minimum?

- Yes
- No
- N/A

2.4 System has a designated local safety coordinator to serve as focal point for safety initiatives and compliance resource?

- Yes
- No

2.5 Is a proactive, functioning safety committee in place within this organization?

- Yes
- No

2.6 A broad employee representation from all levels, functions, and authorities is included on this committee?

- Yes
- No
- N/A

2.7 Give the date(mm/dd/yyyy)of the last verifiable minutes of the safety committee.

-
- N/A

2.8 The System participates in statewide or regional efforts for safety training, education, and compliance efforts in order to maintain a standard of safety and health for employees and for insurance and Workers' Compensation common benefits.

- Yes
- No

2.9 Training goals are established for each year at this organization?

- Yes
- No

2.10 Procedures are in place for safety training of individuals when assuming new positions or working with new equipment?

- Yes
- No

2. Safety Program, The Plan

2.11 All employees are evaluated annually on their individual safety performance record.

- Yes
- No

2.12 Crewleaders are held accountable for their safety supervision roles and any injuries and incidents on their job sites?

- Yes
- No

2.13 Safety responsibilities are clearly assigned to managers and supervisors?

- Yes
- No

2.14 Are managers and supervisors, inside and outside, held accountable for injuries and incidents in their departments as a measure of personal and department performance?

- Yes
- No

2.15 Are costs for the injuries and incidents charged back to the responsible departments?

- Yes
- No

2.16 An analysis of injuries/incidents, those involved, and these system rates are accomplished at the end of each calendar year?

- Yes
- No

2.17 Operations supervisors and crewleaders have attended a OSHA 10 hour course to obtain basic understanding of workplace safety practices and compliance?

- Yes
- No

2.18 Do supervisors perform routine safety coaching on the job and at the facility?

- Yes
- No

2.19 What frequency is expected for these job safety coaching events by the system supervisors?

- Weekly
- Two week intervals
- Monthly
- Not established
- N/A

2.20 A safety orientation is a requirement for every new employee or existing employees who move into areas with different safety rules?

- Yes
- No

2. Safety Program, The Plan

2.21 Give the date of the most recent verifiable safety orientation session.

N/A

2.22 Hazard Assessments have been accomplished with input from the affected employees which relate to utility industry priority safety and health issues.

Yes

No

3. Safety and Loss Prevention Policy

3.1 A written Safety/Loss Control Policy is in place?

- Yes
- No

3.2 In this policy, responsibility for safety is assigned to System Manager/CEO?

- Yes
- No

3.3 Give the date (mm/dd/yyyy) of the last review by the Directors of the System's Safety Policy.

N/A

3.4 Does the Directors' last review date of the system's Safety Policy fall within or after this RESAP 3 year review period?

- Yes
- No
- N/A

3.5 Monthly Safety/Loss Control Reports are compiled, distributed, and discussed with the Board of Directors?

- Yes
- No

3.6 Select the average number of Safety/Loss Control Reports prepared in each year of this review period:

- 9 or more Reports
- 5-8 Reports
- 1-4 Reports
- No Reports

3.7 The average number per year of monthly Board Meeting minutes excerpts reflecting that Safety Report discussions were held within the review period:

- 9 or more Minute Excerpts
- 5 - 8 Minute Excerpts
- 1 - 4 Minute Excerpts
- No Minute Excerpts

4. Accident Investigation Procedures

4.1 Written investigation and followup procedures exist for Employee Injury, Property Damage, Motor Vehicle, Public Liability, and Near Miss cases?

- Yes
- No

4.2 From the system's procedure, give the title (ie. Safety Coordinator) of the person assigned to investigate Public Liability Accidents.

N/A

4.3 Has Accident Investigation Training for those assigned these duties been conducted within this review period?

- Yes
- No

4.4 What is the date (mm/dd/yyyy) of this Accident Investigation training session?

N/A

5. Incident Investigation Cases

5.1 Number of employee work related fatalities that occurred at the system in this 3 year review period:

N/A

5.2 Please list the type of accident that caused this fatality(s). (Examples: vehicle accident, electrical contact, fall from elevation, external burn, struck by..., etc.)

N/A

5.3 Please list the primary cause of the fatality(s). (Examples: ran red light, steering tie rod failure, minimum approach violation, failure to test for voltage, failure to ground, etc.)

N/A

5.4 Corrective measures have been taken to prevent reoccurrence.

Yes
 No
 N/A

5.5 Give the date (mm/dd/yyyy) of one document that shows a preventative measure taken following an employee fatality.

N/A

5.6 Number of employee work related, OVER 600 volt, electrical contact accidents that occurred at this system in this review period:

N/A

5.7 List the primary cause(s). (Examples: MAD violation, Failure to test, failure to test the test equipment, failure to ground, failure to tag, lock to lock rule violation, etc.)

N/A

5.8 Corrective measures have been taken to prevent reoccurrence.

Yes
 No
 N/A

5.9 Number of employee work related, UNDER 600 volt, electrical contact accidents that occurred at this system in this review period?

N/A

5.10 List the primary cause(s). (Examples: failure to wear rubber gloves over 50 volts, failure to test, wet/dry vacuum electrical short, failed to lock out circuit, energized meter base, etc.)

5. Incident Investigation Cases

N/A

5.11 Corrective measures have been taken to prevent reoccurrence.

- Yes
- No
- N/A

5.12 Number of work related disabling injury or illnesses that occurred in this period that resulted in hospitalization over 23 hours or more than 25 lost work days?

N/A

5.13 List the body part(s) most affected by these serious injuries/illnesses. (Examples: upper back, lower back, head, shoulder, upper arm, lower arm, hand, finger, upper leg, knee, etc.)

N/A

5.14 List the primary cause(s). (Examples: fall from..., struck by..., improper lifting technique, handling excess weight, over extension, slip on wet floor, cumulative trauma, etc.)

N/A

5.15 Number of vehicle accidents that resulted in an OSHA recordable incident for employees at this system within this review period:

N/A

5.16 Give the date (mm/dd/yyyy) of one vehicle accident that was investigated in this review period.

N/A

5.17 Number of near miss/close call incidents (without injury or property damage) that resulted in a safety rule or work procedure change within this review period:

N/A

5.18 What is the date of one near miss incident that was reported and investigated within the 3 years of this review period?

N/A

5.19 Use one accident investigation from the review period with many of these components or a near miss investigation if no accidents occurred for the following questions. Is a first report of injury/illness included with the system investigation?

- Yes
- No
- N/A

5. Incident Investigation Cases

5.20 What is the injury date (mm/dd/yyyy) on this First Report of Injury/Illness?

N/A

5.21 Is a Police Report included with this investigation?

- Yes
 No
 N/A

5.22 What is the date (mm/dd/yyyy) of this Police Report?

N/A

5.23 Is an Accident Investigation form completed for this incident investigation?

- Yes
 No
 N/A

5.24 What is the investigation date (mm/dd/yyyy) on the form intended to gather accident facts?

N/A

5.25 Does this investigation include a notice to the system insurance carrier?

- Yes
 No
 N/A

5.26 What is the date of the insurance carrier notice?

N/A

5.27 Involved employees are interviewed about the accident facts and these details are included in this event file?

- Yes
 No
 N/A

5.28 Were witness statements included in this investigation?

- Yes
 No
 N/A

5.29 Are appropriate measurements (heights, distances, temperatures, wind, etc.) recorded?

- Yes
 No
 N/A

5. Incident Investigation Cases

5.30 Is a written accident summary and analysis by key people included?

- Yes
- No
- N/A

5.31 Preventative action is taken and documented as followup to the incident analysis?

- Yes
- No
- N/A

5.32 Can an employee discussion of this incident be verified?

- Yes
- No
- N/A

5.33 Has this system experienced a public electrical contact accident within the 3 years of this review period?

- Yes
- No

5.34 If public electrical contacts have occurred in the review period, give the number of people involved.

-
- N/A

6. Reporting Employee Injuries - For 6 Years

6.1 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the FIRST YEAR (6 YEARS AGO) OF THE PAST 6 YEARS?

- Yes
- No
- N/A

6.2 FIRST YEAR total number of deaths recorded:

-
- N/A

6.3 FIRST YEAR total number of cases with days away from work:

-
- N/A

6.4 FIRST YEAR total number of cases with job transfers or restriction:

-
- N/A

6.5 FIRST YEAR year total number of other recordable cases:

-
- N/A

6.6 FIRST YEAR total number of days away from work:

-
- N/A

6.7 FIRST YEAR total number of days for job transfers or restriction:

-
- N/A

6.8 Give the combined average number of employees for the whole system in the FIRST YEAR of this review period.

-
- N/A

6.9 Give the combined total hours worked for all system facilities in the FIRST YEAR of this review period.

-
- N/A

6.10 What is the certifying date on this FIRST YEAR OSHA Summary, 300A, from the largest/main facility? (mm/dd/yyyy)

-
- N/A

6. Reporting Employee Injuries - For 6 Years

6.11 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the SECOND YEAR OF THE PAST 6 YEARS?

- Yes
 No

6.12 SECOND YEAR total number of deaths recorded:

6.13 SECOND YEAR total number of cases with days away from work:

6.14 SECOND YEAR total number of cases with job transfer or restriction:

6.15 SECOND YEAR total number of other recordable cases:

6.16 SECOND YEAR total number of days away from work:

6.17 SECOND YEAR total number of days of job transfer or restriction:

6.18 Give the combined average number of employees for the whole system in the SECOND YEAR of this review period.

6.19 Give the combined total hours worked for all system facilities in the SECOND YEAR of this review period.

6.20 What is the certifying date on this SECOND YEAR OSHA Summary, 300A, from the largest/main facility?
(mm/dd/yyyy)

6.21 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the THIRD YEAR (4 years ago) OF THE PAST 6 YEARS? Please answer the following questions as combined totals from all these sites.

- Yes
 No

6.22 THIRD YEAR total number of deaths recorded:

6. Reporting Employee Injuries - For 6 Years

6.23 THIRD YEAR total number of cases with days away from work:

6.24 THIRD YEAR total number of cases with job transfer or restriction:

6.25 25 THIRD YEAR total number of other recordable cases:

6.26 THIRD YEAR total number of days away from work:

6.27 THIRD YEAR total number of days of job transfer or restriction:

6.28 Give the combined average number of employees for the whole system in the THIRD YEAR of this review period.

6.29 Give the combined total hours worked for all system facilities in the THIRD YEAR of this review period.

6.30 What is the certifying date on this THIRD YEAR OSHA Summary, 300A, from the largest/main facility? (mm/dd/yyyy)

6.31 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the FOURTH YEAR OF THE PAST 6 YEARS? Please answer the following questions as combined totals from all these sites.

- Yes
- No

6.32 FOURTH YEAR total number of deaths recorded:

6.33 FOURTH YEAR total number of cases with days away from work:

6.34 FOURTH YEAR total number of cases with job transfer or restriction:

6.35 FOURTH YEAR total number of other recordable cases:

6. Reporting Employee Injuries - For 6 Years

6.36 FOURTH YEAR total number of days away from work:

6.37 FOURTH YEAR number of days of job transfer or restriction:

6.38 Give the combined average number of employees for the whole system in the FOURTH YEAR of this review period.

6.39 Give the combined total hours worked for all system facilities in the FOURTH YEAR of this review period.

6.40 What is the certifying date on this FOURTH YEAR OSHA Summary, 300A, from the largest/main facility?
(mm/dd/yyyy)

6.41 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the FIFTH YEAR (2 years ago) OF THE PAST 6 YEARS? Please answer the following questions as combined totals from all these sites.

- Yes
- No

6.42 FIFTH YEAR total number of deaths recorded:

6.43 FIFTH YEAR total number of cases with days away from work:

6.44 FIFTH YEAR total number of cases with job transfer or restriction:

6.45 FIFTH YEAR total number of other recordable cases:

6.46 FIFTH YEAR total number of days away from work:

6.47 FIFTH YEAR total number of days of job transfer or restriction:

6.48 Give the combined average number of employees for the whole system in the FIFTH YEAR of this review period.

6. Reporting Employee Injuries - For 6 Years

6.49 Give the combined total hours worked for all system facilities in the FIFTH YEAR of this review period.

6.50 What is the certifying date on this FIFTH YEAR OSHA Summary, 300A, from the largest/main facility? (mm/dd/yyyy)

6.51 Are OSHA Injury/Illness Summaries completed and compiled for all system sites in the SIXTH YEAR (Most Recent Full Calendar Year) OF THE PAST 6 YEARS? Please answer the following questions as combined totals from all sites.

- Yes
- No

6.52 SIXTH YEAR total number of deaths recorded:

6.53 SIXTH YEAR total number of cases with days away from work:

6.54 SIXTH YEAR total number of cases with job transfer or restriction:

6.55 SIXTH YEAR total number of other recordable cases:

6.56 SIXTH YEAR total number of days away from work:

6.57 SIXTH YEAR total number of days of job transfer or restriction:

6.58 Give the combined average number of employees for the whole system in the SIXTH YEAR of this review period.

6.59 Give the combined total hours worked for all system facilities in the SIXTH YEAR of this review period.

6.60 What is the certifying date on this SIXTH YEAR OSHA Summary, 300A, from the largest/main facility? (mm/dd/yyyy)

6.61 Are First Reports of Injury/Illness completed for all incidents (First Aid, Workers' Compensation, or OSHA recordable) that occurred in this review period?

- Yes
- No
- N/A

6. Reporting Employee Injuries - For 6 Years

6.62 Give the date (mm/dd/yyyy) of one sample that would be available for verification.

N/A

6.63 Enter the system's current workers compensation experience modifier.

7. Employee Safety / Education Training

7.1 Are Safety Manuals issued to all employees?

- Yes
- No

7.2 Do employees sign to acknowledge receipt of the system's safety manual?

- Yes
- No

7.3 Give the date of the last signed Safety Rule distribution acknowledgement from the review period.

N/A

7.4 Are pertinent safety rule sections reviewed with each new or newly assigned employee?

- Yes
- No

7.5 Has a formal review of the system's safety rules occurred in this accreditation review period?

- Yes
- No

7.6 First Aid and CPR Training is offered to all employees?

- Yes
- No

7.7 With a goal of 80 - 100% employees holding this training certification, give the number of employees certified in First Aid and CPR in third year of this accreditation review.

7.8 Give the date (mm/dd/yyyy) of one sample First Aid and CPR Training Roster for third year of this review period.

N/A

7.9 With a goal of 90 - 100% participation, Pole Top and Bucket Rescue Training sessions are offered for affected employees annually?

- Yes
- No
- N/A

7.10 Give the number of Pole Top Rescue training participants in the third year of this review period.

7.11 Give the date (mm/dd/yyyy) of one sample Pole Top Rescue Training Roster from the third year of this review period.

N/A

7. Employee Safety / Education Training

7.12 Give the number of Bucket Rescue training participants for the third year of this review period.

7.13 Give the date (mm/dd/yyyy) of one sample Bucket Rescue Training Roster from the third year of this review period.

N/A

7.14 Competent Person training has been completed for trenching/shoring.

- Yes
 No

7.15 Give the most recent date of this Competent Person training for trenching and shoring.

N/A

7.16 Select the range of safety meetings conducted with INSIDE personnel during the third year of this review period?

- 6 - More Meetings
 4 - 5 Meetings
 2 - 3 Meetings
 0 - 1 Meeting

7.17 Give the average number of INSIDE attendees per meeting during the third year of this review period? (80 – 100% participation is recommended)

7.18 Select the range of safety meetings conducted with OUTSIDE personnel during the third year of this review period?

- 8 - More Meetings
 6 - 7 Meetings
 4 - 5 Meetings
 0 - 3 Meetings

7.19 Give the average number of OUTSIDE attendees per meeting during the third year of this review period? (80 – 100% participation is recommended)

7.20 All safety meeting rosters include the topic, date, instructor, and attendee signatures.

- Yes
 No

7.21 Give the date (mm/dd/yyyy) of a representative inside employee safety roster from the third year of this review period.

N/A

7. Employee Safety / Education Training

7.22 Give the date (mm/dd/yyyy) of a representative sample outside employee safety roster from the third year of this review period.

N/A

8. Job Planning and Supervision

8.1 On-the-Job briefings are conducted by the person in charge at the jobsite and all crewmembers sign the document before the job commences?

- Yes
- No

8.2 Does the system's job briefing rules require that "existing hazards, unusual conditions, work procedures, energy source controls, and personal protective equipment be discussed?

- Yes
- No

8.3 Give the date of one verifiable sample of a documented job briefing from the review period.

N/A

8.4 System staking sheets have entry spaces or attachments for description of job to be performed, instructions from property owner, affected utilities contact confirmation, special instructions, and field revisions by the person in charge of the job?

- Yes
- No

8.5 Give the date (mm/dd/yyyy) of one verifiable staking sheet from this review period that shows examples of a few of these uses.

N/A

8.6 Documented Safety Suggestions were submitted by individuals during this review period?

- Yes
- No

8.7 Give the date (mm/dd/yyyy) from within the review period of one documented safety suggestion submitted by an employee.

N/A

9. Hazard Recognition

9.1 During the review period, has a utility Hazard Recognition Training occurred? (90 - 100% participation recommended for this electrical system unsafe condition reporting program)

- Yes
- No

9.2 Give the date of one documented training roster for Hazard Recognition within the review period.

N/A

9.3 A documented hazard report was submitted in this review period with the hazard or danger described and a priority of action determined?

- Yes
- No

9.4 Enter the hazardous condition report date (mm/dd/yyyy).

N/A

9.5 Enter the date (mm/dd/yyyy) repairs were completed for this reported hazard.

N/A

9.6 System participates in an organized state or local "Call Before You Dig" program (Notifying area utilities before excavating) for marking underground utilities?

- Yes
- No

10. Public and Member Safety Education

10.1 Electric service member safety education materials are available and provided in printed and electronic formats.

- Yes
- No

10.2 Electrical safety demonstrations or presentations are conducted for area students, for emergency responders, and for business / civic groups.

- Yes
- No

10.3 Give the date (mm/dd/yyyy) of the last student electrical safety demonstration within this review period.

N/A

11. Regulatory Compliance

11.1 System has evaluated and documented whether or not regulated waste/substances are generated. (ie. universal wastes, PCB logs, special waste, SARA Title III or Community Right to Know Issues)

- Yes
- No

11.2 If generated, regulated waste/substances are disposed in accordance with state and federal regulations.

- Yes
- No
- N/A

11.3 General chemical and small spill handling and cleanup procedures are available in the form of MSDS sheets.

- Yes
- No

11.4 A Spill Prevention Control and Countermeasure Plan (SPCC plan for a variety of oil spills, potentially larger quantity oil spills) is in place.

- Yes
- No

11.5 The SPCC plan is designed, reviewed, and signed as required by management and a registered professional engineer.

- Yes
- No

11.6 Give the date (mm/dd/yyyy) of the most recent review of the system's SPCC plan.

-
- N/A

11.7 PCB (polychlorinated byphenols) spill cleanup procedures are in place.

- Yes
- No

11.8 The PCB spill plan meets the current requirements for testing, cleanup, and disposal.

- Yes
- No

11.9 Training is conducted for handling these applicable types of spill scenarios.

- Yes
- No

11.10 System complies with all current state and federal regulations for underground storage tanks.

- Yes
- No
- N/A

11. Regulatory Compliance

11.11 Hazard Communication (Employee Right-to-Know about workplace chemicals) refresher training is conducted annually.

- Yes
- No

11.12 Give the roster date (mm/dd/yyyy) of the last Chemical Hazard Communication Training in this review period.

- N/A

11.13 All employees involved in Right-of-Way Spraying/Vegetation Control have been properly trained for chemicals used.

- Yes
- No
- N/A

11.14 Give the expiration date (mm/dd/yyyy) of a current state certification card carried for one employee trained in the use of ROW chemicals.

- N/A

12. Insulating Gloves and Sleeves, Use & Testing

12.1 Insulating gloves and sleeves are rated for system voltage to be worked.

- Yes
- No

12.2 According to system safety rules, insulating gloves and sleeves shall be worn "ground to ground" when climbing poles, structures, or ladders into energized work zones.

- Yes
- No

12.3 According to system safety rules, insulating gloves and sleeves shall be worn "lock to lock" for cabinets or enclosures that may contain energized components.

- Yes
- No

12.4 According to system safety rules, insulating gloves and sleeves shall be worn "cradle to cradle" for energized work zones using aerial baskets or aerial manlifts.

- Yes
- No

12.5 According to system safety rules, insulating gloves and sleeves shall also be worn whenever employees are within the reach or extended reach of the minimum approach distances for the rubber glove work method in energized zones between 301 V to 72.5 kV.

- Yes
- No
- N/A

12.6 Select the range for maximum days of field use between lab tests for insulating gloves in system's policy/safety rule.

- 30 Days or less
- 31 - 60 Days
- 61-180 Days
- 180+ Days or Not Specified

12.7 Select the range for maximum number of field use days between lab tests for insulating sleeves in system's policy/safety rule.

- 90 Days or less
- 91 -120 Days
- 121 - 360 Days
- 360+ Days or Not Specified
- N/A

13. Equipment Maintenance and Testing

13.1 Procedures for maintenance and testing diggers, derricks, and aerial baskets meet the manufacturers' service recommendations for vehicle chassis and equipment.

- Yes
- No

13.2 State and federal requirements for annual DOT inspections and testing by qualified person or company are included in the system's maintenance procedures.

- Yes
- No

13.3 Daily inspection of utility vehicles, operating systems, and fixed equipment is accomplished and documented as part of system's work practices (Daily DOT, preflight, visual, etc.).

- Yes
- No

13.4 Checklists of critical servicing and inspection items are completed during monthly scheduled inspection and maintenance work activities.

- Yes
- No

13.5 Give the vehicle number of a unit with a maintenance log that contains all inspection and maintenance details for the last year of the review period.

13.6 Non-destructive, structural integrity testing is performed at what frequency in the review period (N/A applies if manufacturer does not recommend structural integrity testing):

- Three or more/review period
- Twice/review period
- Once/review period
- Not in review period
- N/A

13.7 Dielectric testing for insulated booms is performed at what frequency in the review period:

- Five or more/review period
- Three or four/review period
- Once or twice/review period
- No test in review period

13.8 Repair work is documented after structural and dielectric testing and related inspections?

- Yes
- No
- N/A

13.9 Enter the date of the most recent dielectric inspection form/report for the same vehicle referenced in the maintenance log question.

- N/A

13. Equipment Maintenance and Testing

13.10 Select the documented frequency of electrical testing for personal protective grounds?

- Once or more/year
- Twice/review period
- Once/review period
- Not in review period

13.11 Give identifying number of one personal ground tested for electrical current capacity in this review period.

N/A

13.12 Give the electrical test date within the review period for the same personal protective ground.

N/A

13.13 Select the documented frequency of electrical testing for vehicle grounds.

- Once or more/year
- Twice/review period
- Once/review period
- Not in review period

13.14 Give the date (mm/dd/yyyy) of one vehicle ground inspection/test form within the review period.

N/A

13.15 Barricading is used in lieu of vehicle grounding.

- Yes
- No
- N/A

13.16 Select the system's documented frequency of electrical testing and cleaning for coverup materials in this review period.

- Five or more/review period
- Three or four/review period
- Once or twice/review period
- No testing in review period

13.17 Give the date (mm/dd/yyyy) of one verifiable coverup dielectric test report/form within the review period.

N/A

14. Application Guidelines

14.1 This Safety Accreditation Application should be completed in any 14 consecutive days selected by the system representative within the first 3 calendar months of the year.

14.2 A five point penalty for this application score applies for procrastination beyond these limits.

14.3 The demographic or first section must be completed before any other section in order to facilitate some scoring features later in the application.

14.4 This application can be submitted only after all questions are answered, after all "marked for review" questions are unchecked, and after all report comments are completed.

14.5 Shortly after the submission of this form, a random list of verification documents is generated on-line and will be emailed directly to the system representative.

14.6 These verification documents first must match the document requested on-line and secondly, the document must match the system's on-line question response.

14.7 The system representative shall gather and hold these requested verification documents and present them to the team leader at the time of the system's on-site observation.

14.8 If requested, the system has one opportunity for a "second document request" to either provide the correct document or to provide a substitute verification document.

14.9 Only one verification document can be missing or incorrect without ending the application process.

14.10 Information gathered in this application is used for recommending safety practices, calculation of system incident rates, for verification purposes, for scoring, etc.

14.11 When the "review period" is specified in any question, this window refers to the 3 full calendar years prior to the application date.

14.12 If the "review period" is not specified, the question is not limited to this time frame.

14.13 This application is one of several components in the safety accreditation process. Any misleading, missing, or false information submitted as question responses ends the application process.