

# Field Visit Safety Audit

## General Information

<input type="checkbox"/> Announced	Test Person	Storm Restoration
<input checked="" type="checkbox"/> Unannounced		
	<b>Auditor</b>	<b>Job Activity</b>
2024-06-05	29 Maureen Ave, Randolph, ME 04346	Different Person
<b>Date</b>	<b>Location</b>	<b>Supervisor</b>
Time: 19:46:00		
<b>Time</b>		

## Crew

<b>Employees</b>
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## Additional Crew

**Vehicle / Equipment**

Item	Yes	No	N/A	Notes
Proper Vehicle Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wheel Chocks in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outriggers in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Lights in Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Signs Used and Proper Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Cones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bucket Liner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning & Testing Log Book	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle Inspection Book (Up-To-Date)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Backup Alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Personal Protective Equipment**

Item	Yes	No	N/A	Notes
Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Face Shield	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Retardant Clothing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Toe Boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leather Work Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Traffic Vest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber Sleeves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall Protection(Use & Inspection)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Protectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hand Line / Safety Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air Monitoring / Sniffer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slings Inspected (Condition Acceptable Y/N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Work Area**

Item	Yes	No	N/A	Notes
Flagman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stop/Slow Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keep Pedestrians Out of Harms Way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Area Guards / Barriers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Atmospheric Test Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material/Equipment Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area Policed After Job Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"Safe Zone" Established	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Safety Equipment

Item	Yes	No	N/A	Notes
First Aid Kit (Up To Date)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher (Monthly Inspection)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rubber Hoses/Rubber Blankets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pole Guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Truck/Barricade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Switching & Tagging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Space Rescue Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## The Job

Item	Yes	No	N/A	Notes
Pre-Job Briefing (Send Weekly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stretching Exercise (Daily)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weekly Safety Mtgs. (Send Weekly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Comments

Testing new submissions

## GPS Location

[Map](#)

## Images

**What are the hazards associated with the job? Circle**

Electrical	Mechanical	Gravity	Kinetic	Other
Electrical Contact <input checked="" type="checkbox"/>	Equipment Failure <input checked="" type="checkbox"/>	Falling from height <input checked="" type="checkbox"/>	Traffic <input checked="" type="checkbox"/>	Confined Space <input checked="" type="checkbox"/>
Arc Flash Level <input checked="" type="checkbox"/>	Pinch Points <input checked="" type="checkbox"/>	Falling Objects <input checked="" type="checkbox"/>	Altering Strains <input checked="" type="checkbox"/>	Weather <input checked="" type="checkbox"/>
Back Feed <input checked="" type="checkbox"/>	Rigging/Crane <input checked="" type="checkbox"/>	Ladders <input checked="" type="checkbox"/>	Shifting loads <input checked="" type="checkbox"/>	Public Safety <input checked="" type="checkbox"/>
Grounding <input checked="" type="checkbox"/>	Loaded springs <input checked="" type="checkbox"/>	Climbing obstructions <input checked="" type="checkbox"/>	Vehicle stability <input checked="" type="checkbox"/>	Fatigue <input checked="" type="checkbox"/>
Induced Voltages <input checked="" type="checkbox"/>	Chainsaw/Pole saw <input checked="" type="checkbox"/>	Manholes/Openings <input checked="" type="checkbox"/>	Equipment contact <input checked="" type="checkbox"/>	Distractions <input checked="" type="checkbox"/>
EPZ/MAD Zones <input checked="" type="checkbox"/>	Power Tools <input checked="" type="checkbox"/>	Terrain/Slip/Trips <input checked="" type="checkbox"/>	Kick Back <input checked="" type="checkbox"/>	Ticks <input checked="" type="checkbox"/>
Equipment contact <input checked="" type="checkbox"/>		Fall Protection <input checked="" type="checkbox"/>	Rotating Machinery <input checked="" type="checkbox"/>	

Topics to be Covered with All Crew Members-Check off and discuss all that apply

Inspect ALL Rubber Gloves/Sleeves prior to use  Rubber gloves/Sleeves for Voltage  Work Procedures Involved

Energy Source Controls  Personal Protective Grounding Procedures  EPZ/GROUNDING

Induction Hazard Present (Document in PPA)  Induction Mitigation Steps (Document in PPA)

Inspect Adjacent structures prior to work  Personal Protective Equipment  Special PPE specific to the job (Document in PPA)

Tagging/Tag Placement  Heavy Base Distorted Owners  Altering Strains  Dust Control Measures

Inspect ALL Lifting/Rigging Equipment prior to use  Do you have good communication coverage

Inspect ALL Climbing and Fall Protection Gear prior to use  Screen Covers for voltage, reach and touch distances

All Working Connections Clean & Well Insulated  2 pole/structure safe to climb  Cook Up for Widow makers

Other: \_\_\_\_\_

Nominal Voltage (kV)	Common Minimum Voltages	Distance When Practical	OSHA M.A.D. Phase to Ground	OSHA M.A.D. Phase to Phase
0 to 0.750	0-600	2'-1"	1.0'	1.0'
750 to 5.0	240/415/60	2'-1"	2.0'	2.0'
5.1 to 15.0	2700/12,470	3'	2.5'	2.25'
15.1 to 36.0	13,800/34,500	4'	2.5'	2.52'

Potential Problem Analysis (PPA)-What could go wrong?

Task	Potential Problem	Possible Causes	Mitigation	Contingency Plan
GROUNDING	Hot line	Back feed	7050	Stop ✓
COMMUNICATION	Bad Cell phone coverage			
Cutting	Sound energy	Wks ahead	splice seal	TRC crew

Attendees please sign legibly:

Employee #	Signature	Employee #	Signature
1 10209	Dustin Wood	7 26790	W
2 161735	Michelle Cummings	8 19268	Mike White
3 138294	Wade Sapp	9 16117	Mark Jones
4 1253334	Wade Sapp	10	
5 10209	Wade Sapp	11	
6 11011	Wade Sapp	12	

**Storm Restoration Job Briefing**  
Recognize, Document, Review & Re-Evaluate if Anything Changes  
Follow ALL PPE Work Zone Requirements-A new Job Briefing required if situation changes

Customer: 207 Date: 11/17/23  
 Storm #: 528 Job Briefing Completed by: Wade S  
 Crew Leader: D. Sapp

**IN CASE OF EMERGENCY CALL 911**  
 Nearest Hospital: Medical Center for Health & Medical Center  
 Nearest Fire: Fire Station

Communication Availability:  Cellular Phone  Satellite Phone  Other \_\_\_\_\_

Name	City/Team	Public #	Chief & Voltage	Work Location & Job Description
Wade Sapp	10209	25024	7050	TRC - Get TRC's Tools, Make Ready, Check GPS for location

BEWARE OF OTHER CREWS WORKING IN AREA