

SAFETY FIRST

Job Site Inspection

Forms & Checklist

Examples

SITE SAFETY MANAGEMENT CHECKLIST

Date: _____

Site Visit Location: _____ Crew or Lead: _____

Department: _____

When arriving onsite, park a safe distance and walk in.	<input type="checkbox"/>
Always have your hard hat, high visibility vest, eye protection & steel toed shoes on. Have hearing protection available.	<input type="checkbox"/>
If 2 or more employees are present at the worksite, review the job site briefing form (usually located on a clip board on the dash of an OPU vehicle outside the hazard zone.) If there is no job site briefing form available outside the hazard zone, then position yourself outside the hazard zone so the site lead or crew members can see you are there. If you are planning to enter the hazard zone, after review of the briefing form, sign onto the form.	<input type="checkbox"/>
Greet the employees and ask to be briefed on the tasks being performed, and if it's a good time to be there. They may have operations happening that you being there would break their concentration.	<input type="checkbox"/>
Look at the site for housekeeping issues.	<input type="checkbox"/>
Do all the employees have their PPE on? (A listing of the PPE required for the job is found on job site briefing form.	<input type="checkbox"/>
Is traffic routed a safe distance away?	<input type="checkbox"/>
Look for good use of ergonomics; not over reaching or lifting heavy objects without help.	<input type="checkbox"/>
Do they have good communication?	<input type="checkbox"/>

Site Visit by: _____ Signature: _____

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ABOUT THE AMERICAN PUBLIC POWER ASSOCIATION & RP₃

The American Public Power Association (APPA) represents not-for-profit, community-owned electric utilities that power homes, businesses and streets in nearly 2,000 towns and cities, serving 48 million Americans. With no divided loyalties, these utilities are focused on a single mission — providing reliable electricity at a reasonable price, while protecting the environment.

APPA's Reliable Public Power Provider (RP₃) designation program recognizes public power utilities that demonstrate leading practices in reliability, safety, work force development, and system improvement. RP₃ utilities are uniquely positioned to convey their commitment to providing reliable and safe electric service to their customers. RP₃ designees have proven themselves to be in accordance with industry standards for best practices in operations and many have seen improved performance through the application process. To achieve RP₃ program designation, a utility must demonstrate that it uses an accepted safety manual, conducts job briefings, and follows safe work practices — among other requirements.

INTRODUCTION

Worker safety is at the core of a public power utility's commitment to service. Safety must begin with top management and be included in all aspects of operations from generation to linework. An important component of a strong safety program at an electric utility is conducting periodic inspections of a work area.

While each utility has unique ways to determine appropriate safety programs for employees, regular job site inspections are seen across the board as a critical way to identify unsafe work conditions and practices which can help prevent accidents.

Inspecting job sites provides an opportunity to determine potential worksite hazards, implement safety, prevent worker injuries, and avoid possible safety violations.

While documentation is not mandatory, many utilities create forms or checklists to ensure that they address all possible hazardous conditions in a jobsite. Taking the extra step to document an inspection helps underscore the utility's commitment to safety and instills responsibility in employees.

The *APPA Safety Manual – 15th Edition*¹ recommends conducting regular inspections to help prevent accidents due to unsafe conditions.

This report, *Safety First: Job Site Inspection Forms and Checklist Examples*, helps public power utilities create checklists that help identify potential safety risks or hazards and foster a culture of safety within a utility. The intent of this report is to highlight a number of approaches in jobsite inspection and safety management.

To create this report, the American Public Power Association compiled forms and checklists submitted through Reliable Public Power Provider (RP₃) program applications. The resources were collected from utilities that received Diamond Designation – the highest level of RP₃ recognition.

¹ APPA Safety Manual, Fifteenth Edition 2012, "Job Briefings", American Public Power Association, Arlington, VA, 22202, www.publicpower.org/safety.

SITE SAFETY MANAGEMENT CHECKLIST

Date: _____

Site Visit Location: _____

Department: _____ Crew or Lead _____

When arriving onsite, park a safe distance and walk in.	
Always have your hard hat, high visibility vest, eye protection & steel toed shoes on. Have hearing protection available.	
If 2 or more employees are present at the worksite, review the job site briefing form (usually located on a clip board on the dash of an OPU vehicle outside the hazard zone.) If there is no job site briefing form available outside the hazard zone, then position yourself outside the hazard zone so the site lead or crew members can see you are there. If you are planning to enter the hazard zone, after review of the briefing form, sign onto the form.	
Greet the employees and ask to be briefed on the tasks being performed, and if it's a good time to be there. They may have operations happening that you being there would break their concentration.	
Look at the site for housekeeping issues.	
Do all the employees have their PPE on? (A listing of the PPE required for the job is found on job site briefing form.	
Is traffic routed a safe distance away?	
Look for good use of ergonomics; not over reaching or lifting heavy objects without help.	
Do they have good communication?	

Site Visit by: _____

Signature

Inspection Report

System ID: XXXX

Category	UTILITY Field Observations
Checklist	UTILITY Field Observation
Division	
Department	
Sub Department	
Work Group	
Investigator	
Date	
Time	
Manager	
Detailed Location	
Number of Items Reviewed:	Number of Deficiencies: % Compliant: --
General Comments	

Checklist 1: UTILITY Field Observation

Topic Did everyone's attitude appear to be positive?

#	Reference #	Description	Status	Comments
2	Behavior Based Safety/Human Performance	Are the colleagues maintaining a positive attitude around each other and about the job task at hand? Was the job task free of negative attitude and behaviors?		

Checklist 1: UTILITY Field Observation

Topic Did the work area have good housekeeping?

#	Reference #	Description	Status	Comments
5	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Was the work site in a clean and orderly enough condition so as not to create a hazard for the employee? Was the site free of obstructions? Trip Hazards? Falling Hazards? Wet Floors? Ect.		

Checklist 1: UTILITY Field Observation

Topic General Safety Observations

#	Reference #	Description	Status	Comments
12	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Was the observation free of specific safety hazards related to UTILITY Policy / Best Practice?		

Checklist 1: UTILITY Field Observation

Topic Is there good communication occurring between colleagues?

#	Reference #	Description	Status	Comments
1	Behavior Based Safety/Human Performance	Are colleagues speaking amongst each other about the job task at hand?		

Checklist 1: UTILITY Field Observation Topic

Topic Was any coaching observed?

#	Reference #	Description	Status	Comments
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Inspection Report

System ID: XXXX

Checklist 1: UTILITY Field Observation

Topic Was any coaching observed?

#	Reference #	Description	Status	Comments
7	Behavior Based Safety/Human Performance	Were the supervisors or crew leaders observing the work of the colleagues? Was there any instruction provided when a colleague had questions?		

Checklist 1: UTILITY Field Observation

Topic Was equipment/tools being operated proficiently?

#	Reference #	Description	Status	Comments
16	Behavior Based Safety / UTILITY Policy / OSHA	Was the equipment being operated in the manner in which it was intended?		

Checklist 1: UTILITY Field Observation

Topic Was the correct PPE being used?

#	Reference #	Description	Status	Comments
8	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Were all colleagues wearing the appropriate PPE needed to perform the job? Hardhats, Safety Glasses, FR Clothing, ect.		

Checklist 1: UTILITY Field Observation

Topic Was the job site briefing complete and accurate?

#	Reference #	Description	Status	Comments
9	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Did all employees understand the task at hand and was it communicated to them from a supervisor? Does the colleague appear to have all facts they need to complete the job? Is the colleague open to suggestions or willing to ask questions about his work?		

Checklist 1: UTILITY Field Observation

Topic Was the site free of damaged tools/equipment?

#	Reference #	Description	Status	Comments
11	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Was all the equipment observed to be free of defects? Were colleagues operating equipment appropriately?		

Checklist 1: UTILITY Field Observation

Topic Was the site free of external distractions?

#	Reference #	Description	Status	Comments
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Inspection Report

System ID: XXXX

Checklist 1: UTILITY Field Observation

Topic Was the site free of external distractions?

#	Reference #	Description	Status	Comments
15	Behavior Based Safety/Human Performance	Were colleagues off their cell phones while performing the job task? Was the site free of outside distractions amongst the colleagues working?		

Checklist 1: UTILITY Field Observation

Topic Was the truck/equipment properly set-up?

#	Reference #	Description	Status	Comments
10	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Was all the equipment & vehicle properly set up to perform the job? Were wheel chocks and cones set out? Were there any obstruction or defective equipment noticed?		

Checklist 1: UTILITY Field Observation

Topic Were all the questions and concerns of the colleagues addressed?

#	Reference #	Description	Status	Comments
3	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Did the colleague feel safe about his job duties and functions? Were the job duties free of noticeable hazards by the colleague?		

Checklist 1: UTILITY Field Observation

Topic Were colleagues focused on their duties?

#	Reference #	Description	Status	Comments
13	Behavior Based Safety/Human Performance	Were the colleagues being intentional with their work? Were their eyes focused on the job task at hand?		

Checklist 1: UTILITY Field Observation

Topic Were procedures being followed appropriately?

#	Reference #	Description	Status	Comments
14	UTILITY Policy / OSHA Regulation / ANSI / NFPA	Was the job duty being carried out in a safe manner? Were colleagues performing their job duties within the guidelines of company policy or regulation?		

Checklist 1: UTILITY Field Observation

Topic Were the weather conditions adequate for the work involved?

#	Reference #	Description	Status	Comments
4	Behavior Based Safety/Human Performance	Were the weather conditions appropriate for the type of work being performed?		

SAFETY AUDIT CHECKLIST
For
OFFICE AREAS

Date: _____

Location: _____

A. Check Office Environment for potential safety risks or hazards such as:

1. Tripping (i.e. material on floor, cords across floor, excessive clutter, carpet or tile disrepair, stair tread disrepair, etc.)
2. Falling objects (i.e. unsecured material on shelves above employees that may pose risk, ceiling tile in disrepair, etc.)
3. Furniture (chairs, desks or file cabinets in disrepair)
4. Electrical extension cords (overloaded, poor condition, etc.)
5. Building Components
 - i. blocked or restricted egress
 - ii. exits (proper signs or exit lights?)
 - iii. fire extinguishers & cabinets (in good condition?)
 - iv. first aid kits (available and stocked?)
 - v. walls (objects protruding > 4 inches?)

B. Interview employees for general understanding and awareness of :

1. Evacuation procedures
2. Medical emergency
3. Reporting hazards

SAFETY AUDIT (SITE VISIT)

Date: _____ Work location: _____

Time: _____

Crew performing work: _____

Person(s) performing audit: _____

Description of work: ☐ Subst. Const. ☐ Subst. Maint. ☐ Relay Maint. ☐ Relay Const. ☐ Transmission ☐ Civil

Other: _____

Hazards associated with work:

☐ Electrical - overhead transmission lines ☐ Electrical - distribution lines ☐ Electrical-buswork ☐ Energized apparatus ☐ Falling
☐ Falling objects ☐ Underground electric ☐ Gas lines ☐ Telephone / cable ☐ Noise ☐ Sharp / pointed edges ☐ Ground Grid/Fence Intact
☐ Weather / wind ☐ Holes / excavations ☐ Pinch points ☐ Snakes / wasps ☐ Slip or trip or uneven ground ☐ Equipment in motion ☐ Heat stress
☐ Heavy objects

Other: _____

Specific work procedures: ☐ Manual or Work Instructions

Other: _____

Interview of crew:

☐ Hazard(s) awareness ☐ Understanding of task to be accomplished

Other: _____

Energy sources:

☐ 345 kV ☐ 138 kV ☐ 69 kV ☐ 34.5 kV ☐ 14.4 kV ☐ 12.5 kV ☐ 7.2 kV ☐ 480 V ☐ 240 V

Minimum approach distances

--	--	--	--	--	--	--	--	--

Other voltages:

--

☐ Induction ☐ Fault on line / apparatus ☐ Lightning ☐ Static

☐ Mechanical ☐ Hydraulic ☐ Pneumatic ☐ Chemical

Other energy sources: _____

Proper Work Practices:

☐ Lockout / Tagout ☐ Clearance(s) ☐ Grounding ☐ Tailboard ☐ Gate

☐ Notify ECC ☐ Barrier ☐ Hole cover ☐ Safe distance ☐ Observer ☐ Visually identify potential energy sources

Other: _____

Personal protective equipment (PPE):

☐ Hard hat ☐ Steel toe boots ☐ Safety glasses ☐ Leather gloves ☐ Hearing protection
☐ Cotton clothing ☐ Harness / lanyard ☐ Rubber gloves / sleeves ☐ Switching suit/Hood ☐ No Jewelry hazards

Other: _____

House inspection:

☐ Relays ☐ Extinguisher ☐ Eye wash ☐ Substation phone ☐ Placards

Observations: _____

Additional information, as necessary:

Signature (Audit Members):

Date: _____

Jobsite Inspection

Checklist

Project/Location: _____

WO#: _____

Job

Lead: _____

Date: _____

Inspection Criteria	Ye s	N o	N/ A
A. General			
1. Tailgate performed and documented?			
2. First aid supplies			
3. Proper house keeping of job site?			
B. Personal Protective Equipment			
1. Hard hats worn by all personnel?			
2. Eye protection and face shield worn as required?			
3. Hearing protection?			
4. Safety harness / Fall protection as required?			
5. Rubber gloves, and sleeves while in approach distance?			
6. FR clothing as required?			
7. High Visibility shirts or vests worn by all personnel?			
C. Electrical Protective Equipment			
1. Energized circuit on non reclose?			
2. Lock out tag out utilized?			
3. De-energized lines grounded?			
4. Test for dead?			
5. Protective truck ground?			
6. Protective cover up?			
D. Traffic control			
1. Work in roadway			
2. Proper sign location?			
3. Traffic controllers/flaggers?			
4. Traffic cones & warning lights?			
E. Confined Space			
1. Proper access?			
2. Ongoing air monitoring?			
3. Rescue equipment on site?			

4. Safety harness, lifeline properly used?			
5. Second person for rescue?			
6. Permit where required?			
7. Communication?			
D. Excavation			
1. Utilities located?			
2. Properly sloped?			
3. Proper shoring?			
4. Proper access in and out of trench?			

Safety Inspection Report

The purpose of this report is to help you identify and correct unsafe work practices (acts) and conditions before an accident occurs. Begin each inspection by making safety observations. Then, conduct a thorough inspection utilizing the checklist. Be sure to follow up on all items needing action.

Use the space below for general safety observations. Look for unsafe behaviors and note them here. Remember, more than 80% of all accidents are caused by unsafe acts of personnel. When unsafe acts are observed, the situation should be corrected immediately.

	O.K.	Action Needed	Comments
Administrative:			
A. OSHA Poster conspicuously displayed.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. OSHA recordkeeping requirements met.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C. Workers trained prior to new or unfamiliar tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Material Handling:			
A. Employees trained in proper lifting methods.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. Equipment provided for heavy or awkward loads.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C. Materials stored to prevent overreaching.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Housekeeping:			
A. Walkways clear of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. Employees clean up as they go.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Floors:			
A. Walking and working surface kept clear.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. Spilled materials cleaned up immediately.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C. Holes in floor repaired or covered.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Machinery and Equipment:			
A. Moving parts guarded.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. Kept in safe operating condition.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C. Operated and inspected per mfg. instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
Hand Tools:			
A. Always inspected before using.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
B. Only used for intended purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
C. Damaged tools repaired or replaced promptly.	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

	O.K.	Action Needed	Comments
Stairs:			
A. Lighting adequate.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Non slip surface.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Handrails secure.	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders:			
A. Proper type for intended use.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Maintained in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Proper ladders used instead of chairs, boxes, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid:			
A. Fully stocked first aid kits.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Emergency telephone numbers posted.	<input type="checkbox"/>	<input type="checkbox"/>	
C. At least one person trained in first aid.	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Action Plan:			
A. Written, covers fire and other emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
B. Communicated to all employees.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Employees designated and trained to implement plan.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Protection:			
A. Fire fighting equipment is serviced and accessible.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Employees instructed in use of fire fighting equipment.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Employees instructed in fire protection procedures.	<input type="checkbox"/>	<input type="checkbox"/>	
Egress:			
A. Exits clearly marked.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Exits accessible.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Exit doors unlocked.	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical:			
A. All equipment either grounded or double insulated.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Extension cords in good repair.	<input type="checkbox"/>	<input type="checkbox"/>	
C. At least 30° clearance around control panels.	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment:			
A. Proper equipment in use where needed.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Properly maintained and stored.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Employees trained in proper usage.	<input type="checkbox"/>	<input type="checkbox"/>	
Health Hazards:			
A. Hazard communication program in place.	<input type="checkbox"/>	<input type="checkbox"/>	
B. Hazardous materials stored and used properly.	<input type="checkbox"/>	<input type="checkbox"/>	
C. Warning and identification signs clearly posted.	<input type="checkbox"/>	<input type="checkbox"/>	

Use this space to list additional items specific to your operations. Use an additional sheet to continue your list if you run out of space.

[illegible]

Conducted by: _____
Reviewed by: _____

Date: _____
Date: _____

IIPP FORM 8

SELF INSPECTION

Page 1 of 4

INSPECTION CHECKLIST

LOCATION: _____

DATE: _____

INSPECTION BY: _____

PURPOSE: To examine and observe the individual locations as to safety conditions and security.

PROCEDURE: The individual should answer all items on the checklist and list detailed comments on all problem or potential problem areas. The checklist is to be submitted to Risk Management for follow-up once completed and acknowledge by the location supervisor.

POSTING REQUIREMENTS:

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Are OSHA notices posted on employee bulletin boards?	_____	_____	_____
2. Are emergency telephone numbers posted for police, fire and ambulance?	_____	_____	_____

SAFETY:

3. Are there an adequate number of exits provided?	_____	_____	_____
4. Are all exits properly marked?	_____	_____	_____
5. Are exits free from obstructions?	_____	_____	_____
6. Is there an emergency lighting system?	_____	_____	_____
7. Does the system appear in operating condition?	_____	_____	_____

HOUSEKEEPING:

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
8. Are the aisles and work areas kept clean and free of tripping hazards?	_____	_____	_____
9. Are tools, nails, and parts kept in proper storage in bins and on pallets?	_____	_____	_____
10. Are exits free from obstructions?	_____	_____	_____
11. Are pallets stored in the flat position?	_____	_____	_____
12. Do pallets appear well constructed and in good condition?	_____	_____	_____
13. Are compressed gas cylinders stored in a dry and well ventilated place?	_____	_____	_____
14. Are oxygen cylinders and flammable gas cylinders stored separately (temp. 130 degrees F)?	_____	_____	_____
15. Are all aisles properly marked?	_____	_____	_____
16. Does the aisle width appear adequate for normal passage?	_____	_____	_____
17. Are the tacks in good condition?	_____	_____	_____
18. Does the pallets placed in the racks appear adequately secured?	_____	_____	_____

ELECTRICAL:

19. Are extension cords and plugs properly grounded?	_____	_____	_____
20. Is the use of extension cords limited?	_____	_____	_____
21. Is the overall condition of the extension cords satisfactory?	_____	_____	_____
22. Are electrical panels kept clear for easy access?	_____	_____	_____
23. Is the area clear of any combustibles?	_____	_____	_____
24. Are power tool electrical cords in good condition?	_____	_____	_____

CONDITION OF EQUIPMENT (IF APPLICABLE):

- | | | | | |
|-----|---|-------|-------|-------|
| 25. | Are tool handles and grips in good condition? | _____ | _____ | _____ |
| 26. | Are guards in position of heat sealers? | _____ | _____ | _____ |
| 27. | Is the heat sealer unit properly grounded? | _____ | _____ | _____ |
| 28. | On <u>compressors</u> and drill presses, are the drive belts properly guarded? | _____ | _____ | _____ |
| 29. | Are operators of the bench grinders and drill presses wearing their eye protection glasses? | _____ | _____ | _____ |
| 30. | Are the table saws equipped with adequate guards? | _____ | _____ | _____ |
| 31. | Are the table saw belts properly enclosed? | _____ | _____ | _____ |
| 32. | Are operators of the table saw required to wear their eye protection glasses? | _____ | _____ | _____ |
| 33. | Are ladders properly stored and in good condition? | _____ | _____ | _____ |

FIRE PROTECTION (IF APPLICABLE):

- | | | | | |
|-----|---|-------|-------|-------|
| 34. | Are storage of flammables: | | | |
| | a) Kept in proper cabinets or rooms? | _____ | _____ | _____ |
| | b) Adequately ventilated? | _____ | _____ | _____ |
| 35. | Is there an adequate amount and type of fire extinguishers available? | _____ | _____ | _____ |
| 36. | Are no smoking signs posted and enforced? | _____ | _____ | _____ |
| 37. | Is there adequate ventilation to the spray paint booth? | _____ | _____ | _____ |
| 38. | Is there no more than a day's supply of paint kept outside the storage room? | _____ | _____ | _____ |
| 39. | How often are locks changed on the doors?
(Should not be less than every three to four years.) | _____ | _____ | _____ |
| 40. | Note last time locks were changed. | _____ | _____ | _____ |
| 41. | When was the last employee terminated? | _____ | _____ | _____ |

SECURITY:

- | | | | | |
|-----|-------------------------------------|-------|-------|-------|
| 42. | How many keys to each door exist? | _____ | _____ | _____ |
| 43. | Note who has the keys to each door. | _____ | _____ | _____ |
| 44. | Other _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

This report was created by the American Public Power Association's Reliable Public Power Provider (RP3) program for the use of APPA members only.

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