

Safety Performance Scorecard (Sub- Relay)

Contractor Name: _____

BU: _____ State: _____ Date: _____

Contractor Type: Substation (Electrical, Site, Foundation or Other) and Relay

Service Center / Grid: _____ Project: _____

Observer: _____ Observer Signature: _____ W.O.# _____

Crew Lead: _____ Crew Lead Signature: _____

Task being Observed _____

Task being Observed		Quality of Observation	
Row		1 - 5 (see below rating explanation)	N/A = Not Applicable
1.0 Hazard Assessment			
1	1.1 Tailboard /Job Hazard Assessment Completed		
2	1.2 Job Hazards Prioritized, Identified and Documented		
3	Key Observation Points: Slips, Trips, & Falls, Animal Bite Exposure, Ergonomic Issues, Fatal 5 Hazards, Other (identified)		
4	1.4 How Effective is Mitigation Plan / Steps to Control Hazards		
5	1.5 Each Crew member has clear understanding of work activity		
6	1.6 Emergency Plan Discussed:		
	Substation Name, Physical Location, Emergency Phone Numbers, Route of Egress, etc.		
	Nearest Hospital, Who should be notified		
2.0 Work Zone Protection			
7	2.1 TOC/DOC Notified Upon Entering and Exiting Substation		
8	2.2 Substation and/or Switchyard Gates are Locked or Barricaded & Public clear of worksite		
9	2.3 Barricading Equipment/Barricades Installed Between Worker and Energized Equipment		
10	2.4 Workers Clear From Line of Fire		
11	2.5 Housekeeping (Including Vehicles and Equipment at Jobsite)		
12	2.6 Is a clearance properly executed by certified individual		
13	2.7 Crane/Boom Truck/manlift Inspection Performed		
3.0 Work Activities			
14	3.1 Proper Switching, Tagging, Clearance, Testing, Grounding & Flagging processes being followed		
15	3.2 Minimum of 4/0 grounds utilized. Larger or parallel required when available fault current is higher than 43kA		
16	3.3 Backfeed and Induced Voltage Opportunities Identified and Eliminated		
17	3.4 All Sources (PT fuses, metering, SS trans, etc.) Between Protective Grounds are Open and Tagged		
18	3.5 Proper Cover up Installed		
19	3.6 Proper Rigging, Lifting, Hand Signals, and Good Communication Being Utilized		
20	3.7 If More Than One Crew Present (Contract or ETR), Lead(s) are Identified and Communication is Occurring		
21	3.8 All Proper PPE In Use		
22	3.9 Clearance Properly Established & Documented on Clearance Order Form		
4.0 Personnel			
23	4.1 Crew Following Safe Work Practices		
24	4.2 Crew Members Qualified for Task Being Performed		
25	4.3 Crew Focused on Task at Hand		
26	4.4 Crew Following Tailboard and Job Hazard Analysis plan		
27	4.5 Crew Lead Demonstrated Leadership Ability		
28	4.6 Crew has all PPE (Rubber Goods, Hot Sticks and Rubber Gloves, etc.) up to date		
29	4.7 Crew has a Safety Improvement Plan is in Place and Being Followed		
5.0 Training		No. of emp in crew	Were any employees not in compliance Y/N
5.1	All Crew Members Have Completed PowerSafe Training and Have Their Card on Their Person	30)	33)
5.2	All Crew Members Know and Understand the Fatal Five Rules	31)	34)
5.3	All Crew Members Have Completed Safety Orientation/Substation Awareness Training	32)	35)
36	5.4 Clearance Holder is Qualified to Hold Clearance and is in the TOC/DOC Database	yes	No

Positive Comments: _____

Crew Members: _____

Crew Member signatures: _____

1 = Unsatisfactory - need improvement immediately / 2 = Unsatisfactory - need improvement in 30 days / 3 = In Compliance - with OSHA & Entergy safety rules / 4 = Exceed Compliance - with OSHA & ENTERGY safety rules / 5 = Exceptional - above OSHA & Entergy safety rules