

CONTRACTOR JOB BRIEFING FORM

Contractor Name:			
Contractor Mailing Address:			
Contractor Superintendent:		Telephone No.:	
<u>PUD CONTACT INFO</u>			
Project Manager: Ben Phillips 360-565-3267 (office) 360-775-9507 (cell)			
Inspector: Richard Christianson 360-460-2571 (cell)			
Dispatch: 360-565-3206 (business hours) 360-808-1279 (after hours)			
Date:	Location: Jobsite	Contract #:	
Weather Conditions:			
Foreman:		Telephone No.:	
Operation to be Performed: Transmission/Distribution rebuild			
Job Status:	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Emergency
	<input type="checkbox"/> New Construction		<input type="checkbox"/> Other:
Briefing Type:	<input type="checkbox"/> Pre-Job	<input type="checkbox"/> On Jobsite	<input type="checkbox"/> Other:
Department:	<input type="checkbox"/> Substation	<input type="checkbox"/> Transmission	<input type="checkbox"/> Distribution
	<input type="checkbox"/> Other		
Job Hazards:	<input type="checkbox"/> Energized Equip.	<input type="checkbox"/> Falling	<input type="checkbox"/> Hazards to Public
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Enclosed/Confined Spaces	
	<input type="checkbox"/> Driving	<input type="checkbox"/> Toxins	
	<input type="checkbox"/> Other Hazards:		
Work Procedures:	<input type="checkbox"/> Standard Operating Procedures		<input type="checkbox"/> Safety Manual
	<input type="checkbox"/> Contact with Other Entities		<input type="checkbox"/> Grounding
	<input type="checkbox"/> Other Procedures:		
Special Precautions:	<input type="checkbox"/> Locates (Status)	<input type="checkbox"/> Confined Space Permit	
	<input type="checkbox"/> Other Crews	<input type="checkbox"/> Other Precautions:	
Energy Source Controls:		<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> SCADA
		<input type="checkbox"/> Other:	
PPE Requirements:	<input type="checkbox"/> Hard Hats	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Footwear
	<input type="checkbox"/> Hearing	<input type="checkbox"/> Chem. Cover-up	<input type="checkbox"/> Retrieval Equip.
	<input type="checkbox"/> Gloves	<input type="checkbox"/> Other:	
OSHA: 1910.269(a)(3) & 1926.950(c)	<input type="checkbox"/> Nominal Voltages	<input type="checkbox"/> Max. Switching Transient Voltages	
	<input type="checkbox"/> Induced Voltages	<input type="checkbox"/> Ground Conductors	
	<input type="checkbox"/> Poles (condition)	<input type="checkbox"/> Supply, comm. & control conductors	
		<input type="checkbox"/> Environmental factors	
Clallam PUD 69KV Transmission line will be de-energized			
Clallam PUD 12.5KV Distribution line will be energized			
Nominal Transmission Voltage of 115 kV = 522 kV maximum switching – transient voltage			
Nominal Transmission Voltage of 69KV = 313 kV maximum switching – transient voltage			
Nominal Distribution Voltage of 12.5 kV = 49 kV maximum switching – transient voltage			
Pole test and treat data available upon request			
All transmission and distribution poles are installed with #6 copper ground wire. Verify integrity			

of each ground as necessary.

Transmission and distribution one-line drawings have been provided

Crew Signatures (print name and sign next to it):

Notes:
