

**LG&E AND KU SERVICES COMPANY  
Contractor Safety Management  
Project Specific Hazard Analysis**

This Hazard Analysis form and the required subsequent Hazard Mitigation Plan shall be completed by the contractor's designee and shall be submitted to The Company's authorized representative and forwarded to the facility's Health and Safety Specialist prior to the initiation of any work.

Work description and location:

LG&E AND KU SERVICES COMPANY Proponent:

Estimated Total Work Days:

Estimated Work Force #:

**Equipment Related Compliance and Safety**

Will the contractor use any of the following or be exposed to its use by another group:

	<b>Work directly with it:</b>		<b>May be exposed to its use by others:</b>	
Abrasive Wheel Machinery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aerial Work Platform Operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Barricades	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Excavation Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cranes: overhead <input type="checkbox"/> mobile <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forklift Operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ground Fault Protection (GFI's/GFCI's)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grounding devices and processes (static)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hand Tools / Power Tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Specific Hazardous Substances Compliance and Safety**

Anhydrous Ammonia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Arsenic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bloodborne Pathogens (Applies to all)	Yes <input type="checkbox"/>			
DOT Hazardous Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EPA Hazardous Waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explosive Gasses, Vapors, or dusts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazard Communication (Applies to all)	Yes <input type="checkbox"/>			
Hexavalent Chromium (Hot Work)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>(Mandatory contact with station H&amp;SS)</b>	
MSDS's supplied on all materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Ionizing Radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lead or other toxic metal concerns	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other / Specify	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Personal Protective Hazard**

Which of the following PPE will be required?

- Electrical protective equipment Yes  No
- Low voltage gloves (Class 0, 50-600 volts) Yes  No
- Boundary Distances Established and Enforced Yes  No
- Arc Flash PPE Yes  No
- Class 2 600 -15kv gloves/sleeves Yes  No
- Rubber insulated blankets/hoses Yes  No
- What will the exposed voltage level be?
- Eye Protection with side shields (at all times) Yes
- Goggles: directly vented  indirectly vented  Yes  No
- Face Shield Yes  No
- Fall Protection or Prevention Yes  No
- Gloves (Appropriate to the specific task) Yes  No
- Life lines (horizontal or vertical) Yes  No
- Foot Wear: steel toes  electrical hazard rated  Yes  No
- Hard Hats (Applies to all) Yes  No
- Hearing Protection (Reduction to <85db. required) Yes  No
- PFD (personal flotation device) Yes  No
- Respiratory Protection Yes  No
- Portable ventilation equipment Yes  No

**Identify the respiratory hazard**

Will the contractor have exposure to:

- Total dust Yes  No
- Silica Yes  No
- Arsenic / Flyash Yes  No
- Asbestos Yes  No
- Hexavalent Chromium Yes  No
- Lead Yes  No
- SO<sub>2</sub> Yes  No
- Others / specify Yes  No

Has air monitoring been arranged? Yes  No

Has air monitoring been discussed with the facility's Health & Safety Specialist? Yes  No

**Work/Safety Procedural Requirements**

**Work directly with it:**

**May be exposed to its use by others:**

- Bulk Chemical Unloading Yes  No  Yes  No
- Compressed Gas Cylinders Yes  No  Yes  No
- Confined Space Entry Yes  No  Yes  No
- Specify:
- CPR & First Aid (under 1910.269, > 50 volts) Yes  No
- Mobile Crane Operator Physicals (3 yr req) Yes  No
- DOT Commercial Driver's License Yes  No
- Excavation / Trenching and Shoring Yes  No  Yes  No
- Explosion Hazard (Deslagging / Blasting) Yes  No  Yes  No
- Fire Protection (Hot work, welding & alike) Yes  No  Yes  No

**Work/Safe Procedural Requirements****Work directly with it?****May be exposed to its use by others**

Lifting and Rigging

Yes  No Yes  No 

Lockout/Tagout

Yes  No 

Grounding Procedures

Yes  No 

Equipment required to be isolated (list):

Marine Standard

Yes  No 

Scaffold Competent Builder

Yes  No Yes  No 

Scaffold Competent User

Yes  No Yes  No 

Suspended Scaffolding

Yes  No Yes  No 

Work Zone Traffic Safety

Yes  No Yes  No **Permits**

Are there any permits indicated with outside agencies?

Yes  No 

Asbestos removal, building permits, work zones, RR crossing, environmental impact, etc.)

Detail:

Are there any OSHA related permits?

Yes  No 

(Permit Required Confined Space Entry, Dig permits and alike)

Detail:

**Work Area Lighting**

Additional lighting devices will be needed

Yes  No **Further instructions:***For each Yes box checked, a Hazard Mitigation Plan must be submitted along with this Hazard Analysis prior to the initiation of any work.**Name of the contracted firm:***Lesshafft Electric DBA Meiners Electric***Name of the Buyer's Health & Safety designee completing this Hazard Analysis:***L. Kirk Berglund, Safety Director***Date:**Phone number***502-802-3732**