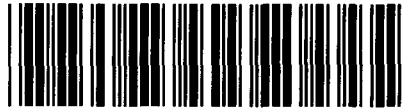


Control Number: 50595



Item Number: 131

Addendum StartPage: 0



**Public Utility Commission of Texas**

**Employee Training Report**

**Required by 16 Texas Admin. Code § 25.97(d)**

RECEIVED  
2020 MAY -6 AM 11:21  
PUBLIC UTILITY COMMISSION  
FILING CLERK

**PROJECT NO.** 50595

**AFFECTED ENTITY:** City of Lelamant

**General Information**

Pursuant to 16 Texas Admin. Code § 25.97(d)(2), not later than the 30th day after the date an affected entity finalizes a material change to a document or training program, the affected entity must submit an updated report. The first report must be submitted not later than May 1, 2020.

**Instructions**

Answer all questions, fill-in all blanks, and have the report notarized in the Affidavit.

**Affidavit**

A representative of the affected entity must swear to and affirm the truthfulness, correctness, and completeness of the information provided by attaching a signed and notarized copy of the Affidavit provided with this form.

**Filing Instructions**

Submit four copies (an original and three copies) of the completed form and signed and notarized Affidavit to:

Central Records Filing Clerk  
Public Utility Commission of Texas  
1701 N. Congress Avenue  
P.O. Box 13326  
Austin, Texas 78711-3326  
Telephone: (512) 936-7180

131

Affected Entity: CITY OF LOLEMAN

PROJECT NO. 50595

1. Provide a summary description of hazard recognition training documents you provide your employees related to overhead transmission and distribution facilities.

[Empty response box for providing a summary description of hazard recognition training documents.]

Affected Entity: CITY OF LOKMAD

PROJECT NO. 50595

2. Provide a summary description of training programs you provide your employees related to the National Electrical Safety Code for construction of electric transmission and distribution lines.

[Empty response box for training programs]

Affected Entity: CITY OF COLEMAN

PROJECT NO. 50595

**AFFIDAVIT**

I swear or affirm that I have personal knowledge of the facts stated in this report or am relying on people with personal knowledge, that I am competent to testify to them, and that I have the authority to submit this report on behalf of the affected entity. I further swear or affirm that all statements made in this report are true, correct, and complete.

David Harrison  
Signature

DAVID HARRISON  
Printed Name

Light P.I.T. Supervisor  
Job Title

CITY OF COLEMAN  
Name of Affected Entity

Sworn and subscribed before me this 29 day of April, 2020  
Month Year

Karen Langley

Notary Public in and For the State of Texas.

My commission expires on 09/17/2023.



# Texas Electric Cooperatives

Your Touchstone Energy® Partner

Part \_\_\_ of \_\_\_

## TEC Loss Control Class Documentation/Programs

Loss Control Specialist Mike Finnell  
Date 3-6-20 Organization City of Coleman

Accidents/Near Miss Discussion: \_\_\_\_\_

AAJB 2005 Ambulance - Fatigal driving

AAJB 2004 Pole on truck - Procedures

AAJB 2006 Fatality - Awareness of surroundings, communication of Hazards, Proper use of equipment

OSHA/Safety Manual References: APPA 503 - Driving, APDA 505.3 - Traffic Control, APPA 115 - Training

Video Presentation/Discussion: \_\_\_\_\_

Technical Training/Presentations: HB 4150 training, Hazard Recognition training, NESC Clearance training

Check Applicable Categories:

<input type="checkbox"/>	OSHA Required Training	<input checked="" type="checkbox"/>	Accident Analysis
<input type="checkbox"/>	Safety Manual Review	<input type="checkbox"/>	Accident Investigation
<input type="checkbox"/>	Pole Top Rescue	<input type="checkbox"/>	Aerial Device Rescue

Comments/Other: \_\_\_\_\_

# Class Roster

Part 1 of 2

White - Office Copy  
 Yellow - Organization Copy

Loss Control Specialist: Mike Finnell

Organization: City of Coleman Date: 3/6/20

Location: Coleman, TX. 754150, Hazard Recognition, NESC classroom Training.

	Print Name	Signature	Classification
1.	Martin Guinenez	Martin Guinenez	Operator / groundsman
2.	Cody Cochran	Cody Cochran	Linesman
3.	DAVID HARRISON	David Harrison	SUPERVISOR
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