

Control Number: 50595



Item Number: 148

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Public Utility Commission of Texas 2020 JUH 22 AM 9: 56

PLANTING CLARK **Employee Training Report** Required by 16 Texas Admin. Code § 25.97(d)

PROJECT NO. 50595

AFFECTED ENTITY: City of Electra

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

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

Affected Entity: City of Electra	PROJECT NO. <u>50595</u>

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

Do not operate any transmission lines greater than 60 Kilovolts.		

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. 		
Do not operate any transmission lines greater than 60 Kilovolts.			

PROJECT NO. <u>50595</u>

Affected Entity: City of Electra

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.

Steve Bowlin Printed Name

City Administrator

Job Title

City of electra

Name of Affected Entity

Sworn and subscribed before me this 16 day of June

Month

Year



Notary Public in and For the State of $\frac{1}{C}$

My commission expires on

07-23-2022