



## Department of Energy

Bonneville Power Administration  
P.O. Box 3621  
Portland, Oregon 97208-3621

FREEDOM OF INFORMATION ACT/PRIVACY PROGRAM

February 5, 2018

In reply refer to: FOIA #BPA-2017-00913-F

Alina M. Salo  
Stephenson Law, LLC  
888 SW Fifth, Suite 650  
Portland, OR 97204  
alina@stephensonlawpdx.com

Dear Ms. Salo:

This communication is the Bonneville Power Administration's (BPA) final response to your request for agency records made under the Freedom of Information Act, 5 U.S.C. § 552 (FOIA). Your records request was received by BPA on April 14, 2017 and formally acknowledged on April 24, 2017.

### Request and Clarification

You requested the following in your April 14, 2017 request— date-corrected (shown in brackets) by your April 19, 2017 email to the BPA FOIA Office:

- “1. Any and all documents including (but not limited to) written reports, incident investigation reports or follow-up investigations, related to Sturgeon Electric Company Inc. dba Sturgeon Electric from December 2, 2015 through June 2, [2016]; and,
2. All Bonneville Power Administration (BPA) Forms 6410.15e and 6410.18e that were submitted by Sturgeon Electric Company Inc. dba Sturgeon Electric from December 2, 2015 through June 2, [2016]; and,
3. All BPA Forms 6410.165e that were completed by workers on jobs with Sturgeon Electric Company Inc. dba Sturgeon Electric from December 2, 2015 through June 2, [2016].”

### Response

BPA has conducted electronic searches of records in the following agency offices:

Construction Mgmt & Inspection  
Construction Acquisition Team  
Construction Safety  
Contracts & Strategic Sourcing  
Contract Management Office

BPA has gathered and reviewed the 28 pages of records responsive to your request. Prior to releasing those records, BPA was required by the FOIA to solicit objections to the release of any third-party's information contained in the responsive records set—specifically MYR Group and MacKay Sposito. Those required efforts are complete. In accord with the FOIA, BPA is herein releasing 28 pages of responsive agency records with certain redactions applied to 14 pages, as explained below.

### **Exemption 6**

BPA has applied minimal redactions under 5 USC Sec. 552(b)(6)(Exemption 6) to protect personal privacy. Exemption 6 of the FOIA protects information about individuals in "personnel and medical files and similar files" when the disclosure of such information "would constitute a clearly unwarranted invasion of personal privacy." The application of Exemption 6 requires balancing the public's interest in acquiring the information against the individual's privacy interests. If a significant privacy interest is found to exist, but there is no FOIA public interest in disclosure, the information should be protected. Here, BPA asserts Exemption 6 to withhold a limited amount of information including the employee contractor names on the incident/accident reports, signatures, and telephone numbers which are not related to the business of BPA or the Executive Branch. BPA can find no public interest in the forgoing information and has therefore redacted it under Exemption 6.

### **Records Not Subject to Discretionary Release**

Please be aware that the right of privacy asserted belongs to the individual, not to the agency, and information that falls under Exemption 6 cannot be discretionarily released. Therefore, BPA did not analyze Exemption 6 redactions under any discretionary release guidelines.

### **Certification**

Your FOIA request is now closed with all available agency records provided. Pursuant to 10 C.F.R. § 1004.7(b)(2), I am the individual responsible for the release and redaction determinations described above.

### **Fee**

You previously agreed to pay the applicable fees for processing the above request. The FOIA provides for the assessment of fees for the processing of requests (see 5 U.S.C. § 552(a)(4)(A)(i); see also 10 C.F.R. § 1004.9(a)). For purposes of fee assessment, you have been categorized as a "commercial use" requester. Requesters in this category are charged fees for search, review, and duplication costs associated with the request. BPA estimates a fee at or below the two free hours allowed for by the FOIA. Due to the minimal costs associated with this request, BPA is waiving the applicable fees.

### **Appeal**

This decision, as well as the adequacy of the search, may be appealed within 90 calendar days from your receipt of this letter pursuant to 10 C.F.R. § 1004.8. Appeals should be addressed to:

Director, Office of Hearings and Appeals,  
HG-1, L'Enfant Plaza  
U.S. Department of Energy  
1000 Independence Avenue, S.W.  
Washington, D.C. 20585-1615

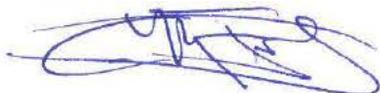
The written appeal, including the envelope, must clearly indicate that a FOIA appeal is being made. You may also submit your appeal to [OHA.filings@hq.doe.gov](mailto:OHA.filings@hq.doe.gov), including the phrase "Freedom of Information Appeal" in the subject line. The appeal must contain all of the elements required by 10 C.F.R. § 1004.8, including a copy of the determination letter. Thereafter, judicial review will be available to you in the Federal District Court either: 1) in the district where you reside; 2) where you have your principal place of business; 3) where DOE's records are situated; or 4) in the District of Columbia.

You may contact BPA's FOIA Public Liaison, Sarah Westenberg, at the address at the letter header for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows:

Office of Government Information Services  
National Archives and Records Administration  
8601 Adelphi Road-OGIS  
College Park, Maryland 20740-6001  
E-mail: [ogis@nara.gov](mailto:ogis@nara.gov)  
Phone: 202-741-5770; Toll-free: 1-877-684-6448; Fax: 202-741-5769

Questions about this communication may be directed to James King, CorSource Technology Group, LLC, at [jjking@bpa.gov](mailto:jjking@bpa.gov) or 503.230.7621.

Sincerely,



C. M. Frost  
Freedom of Information/Privacy Act Officer

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **1-12-15**

Time: **11:44 AM**

Project Title: **Morrow Flat Line Project**

1. Company Name  
**Sturgeon Electric**

2. Location of Incident  
**5/3 AVD20M McNary Morrow Flat #2**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly what happened

**Steve had set a piece of steel on top of a body extension and after set he began stinging in to where he thought he needed to be to unhook rigging. With the headache ball still hooked up to the steel, the headache ball came around the piece of steel coming tight into the rigging that was still attached to on the newly set piece of steel. When it did this it shock loaded the piece of steel with weight of the headache ball putting a slight bow in it.**

5. Explain why it happened

**The operator took it upon himself to move boom tip of crane without a signal man.**

6. Action(s) taken to prevent future recurrence

**We stopped work and coached the operator on always having and using a signalman when performing operations on a crane.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

**(b) (6)**

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

*Len Schulmeister*

b. Title

*Inspector*

c. Date Reviewed

*1-12-16*

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF PERSONAL INJURY, ILLNESS, OR PROPERTY DAMAGE ACCIDENT

BPA Safety Office Use Only: Case Number:

**Privacy Act Statement:** 5 USC § 301, 28 USC § 2671-2680, 31 USC § 240-243 and Executive Order 12009 authorize the collection and maintenance of this information. The primary purpose of this form is to report contractor personal injury, illness, and/or property damage occurrences. The information is authorized to be maintained in Privacy Act system of records DOE-38 (Occupational and Industrial Accident Records). Providing the requested information on this form is voluntary. Authorized routine uses for which this information may be disclosed are listed in the Privacy Act system of records notice for DOE-38, which is published in the Federal Register.

**Instructions: Complete and submit one copy each to: 1-Project Manager; 2-Contracting Office; 3-Safety Office**

**A. Information Regarding Injured Contractor**

1. Name of Contract Employee <b>(b) (6)</b>	2. Job Title <b>Safety Watcher</b>	3. Age <b>(b)</b>	4. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Name and Address of Contracting Company <b>Sturgeon Electric</b>
--	---------------------------------------	----------------------	--	--

6. BPA Org Code Contractor assigned to	7. Name of Project Involved <b>Cable Splice Replacement Bundle</b>	8. Location of Accident <b>Keeler Substation</b>
--	---	---

9. Contract Number <b>47917-014</b>	10. Date of Accident (Month, Day, Year) <b>3/15/16</b>	11. Time of Accident (Specify AM/PM)	12. Time Contract Employee Began Work (Specify AM/PM) Hour <b>07:00</b> Minute <b>00:00</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
--	---	--------------------------------------	---

13. Occupation Status (Check One)		14. Incident Type		15. Injury Type	
<input checked="" type="checkbox"/> (1) Contractor	(1A) If Contractor, Date of Employment <b>December 2015</b>	<input type="checkbox"/> (1) Injury	<input type="checkbox"/> (2) Property Damage	<input type="checkbox"/> (1) Fatal	<input type="checkbox"/> (2) Recordable
<input type="checkbox"/> (2) 3 <sup>rd</sup> Party		<input checked="" type="checkbox"/> (2) Property Damage	<input type="checkbox"/> (3) Property Damage (3 <sup>rd</sup> Party)	<input type="checkbox"/> (3) Lost Time	

16. Total Number of Days away from work	17. Total Number days of Job Restriction	18. Total Number of days of Job Transfer
---	--	--

19. INJURY RECORDED IN CONTRACTOR'S OSHA 300 LOG?  Yes  No

20. What was the Contract Employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the Contract Employee was using. Be specific. (Examples: "climbing a ladder while carrying materials", "spraying chlorine from a hand sprayer", "daily computer key-entry.")

**Performing safety watcher duties**

21. What Happened? Explain how the injury or incident occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet". "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."

**Employee was escorting the forklift down the alley between the MOD's and the PCB'. he looked out the passenger window to assure himself that he was clear of the operator handle and taped the cable boot with his front left tire.**

22. What was the injury or illness? Explain the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome."

**N/A**

23. What object, circumstance, or substance directly harmed the Contract Employee? Examples: "Impact with object", "chemical exposure", "radial arm saw." If this question does not apply to the incident, leave blank or not applicable.

**N/A**

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF PERSONAL INJURY, ILLNESS, OR PROPERTY DAMAGE ACCIDENT

**THE FOLLOWING TO BE COMPLETED BY CONTRACT EMPLOYEE'S SUPERVISOR**

**B. INFORMATION REGARDING 3<sup>RD</sup> PARTY PROPERTY DAMAGE**

1. Name of Property Owner	2. Address of Property Owner
3. Description and Location of Property	4. Nature and Extent of Damage

**C. INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL**

1. Name of Physician or Other Health Care Professional	2. Name and Address Where Treatment Received
--	--

3. Was Contract Employee Treated In An Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Was Contract Employee Hospitalized Overnight As An In-Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

5. Supervisory Opinion (*How could accident have been prevented*) (*Please state Who, What, Where and How*)

6. Please Attach Any Witness Reports (*Place cursor in row (space) below; Toolbar, Insert, File*)

7. Signature ( <i>Foreman or Immediate Supervisor</i> ) <b>(b) (6)</b>	a. Title Electrical Superintendent	b. Phone Number <b>(b) (6)</b>	c. Date 3/15/16
---	---------------------------------------	-----------------------------------	--------------------

8. Preventative Action Taken (*Action taken to prevent a recurrence.*)  
**Brief safety stand down with all crew members to review safety watcher guidelines and protocol. With varied conditions, safety watcher to perform job duties on foot while escorting forklift down alley access road to protect BPA facilities and all employees on site.**

9. Signature ( <i>CO, COTR or Inspector</i> )	a. Date
---	---------

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF PERSONAL INJURY, ILLNESS, OR PROPERTY DAMAGE ACCIDENT

BPA Safety Office Use Only: Case Number:

**Privacy Act Statement:** 5 USC § 301, 28 USC § 2671-2680, 31 USC § 240-243 and Executive Order 12009 authorize the collection and maintenance of this information. The primary purpose of this form is to report contractor personal injury, illness, and/or property damage occurrences. The information is authorized to be maintained in Privacy Act system of records DOE-38 (Occupational and Industrial Accident Records). Providing the requested information on this form is voluntary. Authorized routine uses for which this information may be disclosed are listed in the Privacy Act system of records notice for DOE-38, which is published in the Federal Register.

**Instructions: Complete and submit one copy each to: 1-Project Manager; 2-Contracting Office; 3-Safety Office**

**A. Information Regarding Injured Contractor**

1. Name of Contract Employee <b>(b) (6)</b>	2. Job Title <b>Electrician</b>	3. Age <b>(b) (6)</b>	4. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Name and Address of Contracting Company <b>Sturgeon Electric 1500N.E. Graham Rd. Troutdale, Or. 97060</b>
6. BPA Org Code Contractor assigned to	7. Name of Project Involved <b>Cable Splicing Project</b>	8. Location of Accident <b>Big Eddy Substation 500 Yard</b>		
9. Contract Number <b>47917-014</b>	10. Date of Accident (Month, Day, Year) <b>12-10-15</b>	11. Time of Accident (Specify AM/PM) <b>PM</b>	12. Time Contract Employee Began Work (Specify AM/PM) Hour <b>07:00</b> Minute <b>00:00</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
13. Occupation Status (Check One) <input checked="" type="checkbox"/> (1) Contractor <input type="checkbox"/> (2) 3 <sup>rd</sup> Party		14. Incident Type <input checked="" type="checkbox"/> (1) Injury <input type="checkbox"/> (2) Property Damage <input type="checkbox"/> (3) Property Damage (3 <sup>rd</sup> Party)	15. Injury Type <input type="checkbox"/> (1) Fatal <input checked="" type="checkbox"/> (2) Recordable <input type="checkbox"/> (3) Lost Time	
16. Total Number of Days away from work	17. Total Number days of Job Restriction	18. Total Number of days of Job Transfer		

19. INJURY RECORDED IN CONTRACTOR'S OSHA 300 LOG?  Yes  No

20. What was the Contract Employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the Contract Employee was using. Be specific. (Examples: "climbing a ladder while carrying materials", "spraying chlorine from a hand sprayer", "daily computer key-entry.")

**Employee was stripping back the outer jacket of cables so that he could solder on the ground braid. He was using a razor knife to remove the outer jacket. Cut resistant gloves were supplied and required. He was not wearing the gloves when the incident happened. Instead he was wearing gloves that he had brought to the site.**

21. What Happened? Explain how the injury or incident occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet". "Worker was sprayed with chlorine when gasket broke during replacement", "Worker developed soreness in wrist over time."

**The claim is that he was cut by the copper shield of the conductor, while prepping to solder on the ground braid, not the razor knife.**

22. What was the injury or illness? Explain the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back", "chemical burn, hand", "carpal tunnel syndrome."

**He suffered a cut to the top of his left thumb.**

23. What object, circumstance, or substance directly harmed the Contract Employee? Examples: "Impact with object", "chemical exposure", "radial arm saw." If this question does not apply to the incident, leave blank or not applicable.

**The copper ribbon shield inside the shielded conductor sliced through his glove and into his hand.**

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF PERSONAL INJURY, ILLNESS, OR PROPERTY DAMAGE ACCIDENT

**THE FOLLOWING TO BE COMPLETED BY CONTRACT EMPLOYEE'S SUPERVISOR**

**B. INFORMATION REGARDING 3<sup>RD</sup> PARTY PROPERTY DAMAGE**

1. Name of Property Owner	2. Address of Property Owner
3. Description and Location of Property	4. Nature and Extent of Damage

**C. INFORMATION ABOUT THE PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL**

1. Name of Physician or Other Health Care Professional	2. Name and Address Where Treatment Received
3. Was Contract Employee Treated In An Emergency Room? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4. Was Contract Employee Hospitalized Overnight As An In-Patient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5. Supervisory Opinion (How could accident have been prevented) (Please state Who, What, Where and How)  
**He would have not had the injury if he had used the cut resistant gloves supplied and that the crew was told several times to use.**

6. Please Attach Any Witness Reports (Place cursor in row (space) below; Toolbar, Insert, File)

7. Signature (Foreman or Immediate Supervisor) <b>(b) (6)</b>	a. Title District Manager	b. Phone Number <b>(b) (6)</b>	c. Date 12/14/15
--	------------------------------	-----------------------------------	---------------------

8. Preventative Action Taken (Action taken to prevent a recurrence.)  
**Held a safety meeting again stressing that cut resistant gloves must be used. Employee was terminated for violation of safety policy and failed to wear provided PPE, after being given multiple reminders.**

9. Signature (CO, COTR or Inspector)	a. Date
--------------------------------------	---------

## King,James J (CONTR) - CGI-7

---

**From:** Gardner,Kelly J (BPA) - TEP-TPP-1  
**Sent:** Tuesday, March 15, 2016 10:15 AM  
**To:** Bailey,Jennifer A (BPA) - TFHQ-TPP-3; Singleton,Harold L (BPA) - TFHQ-TPP-3  
**Cc:** Nelsen,Michelle M (BPA) - NSSV-4400-2  
**Subject:** FW: 47917-014 - KEEL incident report 3/15/16  
**Attachments:** b6410 15e.docx; FullSizeRender (3).jpg; FullSizeRender (5).jpg; FullSizeRender.jpg

Jennifer / Loyd,

I am not sure what the protocol is for damage to BPA property and then how to monitor and confirm that BPA has been made whole. How approves the proposal for reparation and then confirms completion of the actions. I assume we will employ hold back on the contract sufficient to support BPA repairing the damage to our satisfaction if MYR is unable to do so – correct?

I assume TETQ has methods/processes in place for this type of activity. I haven't run into it before. Your help in understanding the process is appreciated.

Thank you,

**Kelly Gardner, PMP**

**Sr. Project Manager | Transmission Project Management | TEP**

Office:360.619.6615 Cell:360.606.4247 DATS: 922-71-6615

Email:kjgardner@bpa.gov Mail: TEP-TPP-1

Bonneville Power Administration | Department of Energy

*Please consider the environment before printing this e-mail.*

Ross Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00658/Pages/Home.aspx>

Idaho Falls Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00653/Pages/Home.aspx>

Cable Splicing Replacement Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P01251/SitePages/default.aspx>

Covington Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00733/Pages/Home.aspx>

---

**From:** Gardner,Kelly J (BPA) - TEP-TPP-1  
**Sent:** Tuesday, March 15, 2016 10:12 AM  
**To:** Singleton,Harold L (BPA) - TETQ-TPP-3  
**Cc:** Nelsen,Michelle M (BPA) - NSSV-4400-2 ([mmnelsen@bpa.gov](mailto:mmnelsen@bpa.gov)); Eric Gregg  
**Subject:** FW: 47917-014 - KEEL incident report 3/15/16

Loyd,

How will MYR make BPA whole?

Thank you,

**Kelly Gardner, PMP**

**Sr. Project Manager | Transmission Project Management | TEP**

Office:360.619.6615 Cell:360.606.4247 DATS: 922-71-6615

Email:kjgardner@bpa.gov Mail: TEP-TPP-1

Bonneville Power Administration | Department of Energy

*Please consider the environment before printing this e-mail.*

Ross Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00658/Pages/Home.aspx>

Idaho Falls Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00653/Pages/Home.aspx>

Cable Splicing Replacement Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P01251/SitePages/default.aspx>

Covington Bundle Project

<http://project.bpa.gov/sites/tpmo/OfficialProjectWorkspaceSite/P00733/Pages/Home.aspx>

---

**From:** Holly Dodge [<mailto:HDodge@myrgroup.com>]

**Sent:** Tuesday, March 15, 2016 10:09 AM

**To:** Singleton,Harold L (BPA) - TETQ-TPP-3; 'Eric Gregg'; Gardner,Kelly J (BPA) - TEP-TPP-1;  
[moakland@mackaysposito.com](mailto:moakland@mackaysposito.com)

**Cc:** Drew D. Tolliver; Doug C. Donahue; David (PM) Thomas; Michael C. Lambert

**Subject:** 47917-014 - KEEL incident report 3/15/16

Loyd – As you are aware, we had an incident today at Keeler involving a pickup truck and cable boot PCB 1H. A-858 being damaged by the truck tire. Please see attached BPA incident report and I also left you a message. Please call if you would like to discuss.

Respectfully,

**Holly Dodge**

Estimator / Project Manager

Sturgeon Electric Company, Inc.

503.661.1568 ext 2012 (main)

503.250.4800 (cell)

[hdodge@myrgroup.com](mailto:hdodge@myrgroup.com)

*Confidential and proprietary information of MYR Group Inc. Unauthorized use, disclosure, or reproduction is strictly prohibited.*

*Please consider the environment before printing this e-mail.*

**King,James J (CONTR) - CGI-7**

---

**From:** Singleton,Harold L (BPA) - TFHQ-TPP-3  
**Sent:** Tuesday, March 15, 2016 9:41 AM  
**To:** Beasley II,James W (BPA) - NFC-MODW; Poage,Stephen D (CONTR) - NFC-WHSE-EAST  
**Cc:** Gardner,Kelly J (BPA) - TEP-TPP-1; Nelsen,Michelle M (BPA) - NSSV-4400-2; Pagano,Laura E (CONTR) - NSSV-4400-2; Hoffman,Michael R (BPA) - TETQ-TPP-3; Bailey,Jennifer A (BPA) - TFHQ-TPP-3; Gregg,Eric D (CONTR)  
**Subject:** FW: Insedent at Keeler Sub MYR - no injuries  
**Attachments:** 009.JPG  
**Importance:** High

All,

No report from MYR yet (though I've spoken with their very embarrassed Superintendent). No injuries beyond severe hematomas to MYR's pride, as we consider whether their Safety Watcher needs a Safety Watcher.

Loyd

**From:** Eric Gregg [<mailto:egregg@mackaysposito.com>]  
**Sent:** Tuesday, March 15, 2016 9:02 AM  
**To:** Gardner,Kelly J (BPA) - TEP-TPP-1; Singleton,Harold L (BPA) - TETQ-TPP-3  
**Subject:** Fwd: Insedent at Keeler Sub MYR

Good Morning,

I just got this from our QAR Marty Oakland. MYR is putting the report together as I'm writing this.

Thank You!

----- Forwarded message -----

**From:** Marty Oakland <[moakland@mackaysposito.com](mailto:moakland@mackaysposito.com)>  
**Date:** Tue, Mar 15, 2016 at 8:52 AM  
**Subject:** Insedent at Keeler Sub MYR  
**To:** Eric Gregg <[egregg@mackaysposito.com](mailto:egregg@mackaysposito.com)>, Jacob Howlett <[jhowlett@mackaysposito.com](mailto:jhowlett@mackaysposito.com)>

**MYR Safety Watcher** (b) (6) hit a breaker cable box with his PU while safety watching the fork lift. (See Date & time on picture).

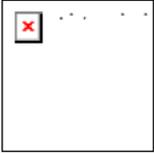
Marty [360-831-3497](tel:360-831-3497)

--

**Eric Gregg**  
Resident Engineer

P 253-326-1186  
7200 NE 41st Street, Suite 100  
Vancouver, WA 98662

MacKay  Sposito



CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **3-30-16**

Time: **9:30 AM**

Project Title: **Morrow Flat Line Project**

1. Company Name

**Sturgeon Electric**

2. Location of Incident

**ALG31M-Morrow Flat**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly **what** happened

**While climbing up legs on tower ALG31 employee felt soreness and tightness in his left knee. Employee continued to work and erect the tower. Employee did not wish to seek medical attention/treatment.**

5. Explain **why** it happened

**Possibly extending his reach further than he should have while climbing tower.**

6. Action(s) taken to prevent future recurrence

**We discussed ways to prevent future over extending while climbing by making sure to be at a proper climbing position/angle. Also reminded everyone that stretching before climbing may alleviate some of the tightness in a body that isnt warmed up.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

b. Title

c. Date Reviewed

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: <b>3-3-16</b>	Time: <b>4:00 PM</b>	Project Title: <b>Morrow Flat Line Project</b>
---------------------	----------------------	--

1. Company Name <b>Sturgeon Electric</b>	2. Location of Incident <b>9/3 ALG40M McNary-Morrow Flat #1</b>
---	--

3. Name(s) of employees involved (*print clearly or type*)  
**(b) (6)**

4. Explain exactly **what** happened  
**While climbing up legs on tower employee felt a pop in his rib cage on his left side which caused soreness for the remainder of the day.**

5. Explain **why** it happened  
**Possibly extending his reach further than he should have.**

6. Action(s) taken to prevent future recurrence  
**We discussed ways to prevent over extending reach while climbing such as climbing up step leg and around or using a piece of equipment. Also reminded everyone that stretching before climbing may alleviate some of the tightness in a body that isnt warmed up.**

7. Reported by ( <i>Name</i> ) ( <i>print clearly or type</i> ) <b>(b) (6)</b>	8. Signature
---	--------------

9. Reviewed by BPA Designated Employee:

a. Name ( <i>print clearly or type</i> )	b. Title	c. Date Reviewed
--	----------	------------------

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **2-11-16**

Time: **3:00 PM**

Project Title: **Morrow Flat Line Project**

1. Company Name

**Sturgeon Electric**

2. Location of Incident

**11/1 AVD47M McNary-Morrow Flat #2**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly **what** happened

**While installing the inner sections of the tower legs (trash rack) a piece of steel that was tied up slipped down and struck the back side of (b) (6)'s hand, no medical attention was required.**

5. Explain **why** it happened

**Steel was not properly secured when lifted into tower and was not identified by employee in the air before he accepted the steel.**

6. Action(s) taken to prevent future recurrence

**We stopped work and discussed double checking rigging and making certain all steel is properly secured when lifting and it is everyone's responsibility to always pay attention and try to identify problem areas.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

b. Title

c. Date Reviewed

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **2-15-16**

Time: **10:00 AM**

Project Title: **Morrow Flat Line Project**

1. Company Name

**Sturgeon Electric**

2. Location of Incident

**17/2 BCF3**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly **what** happened

**Employee working on assembly experiencing pain in right groin area and asked to go to the clinic to have it looked at.**

5. Explain **why** it happened

**Unkown at this time, possibly repetitive motion.**

6. Action(s) taken to prevent future recurrence

**Will update as soon as it is clear.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

b. Title

c. Date Reviewed

**CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS**

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **4-21-16**

Time: **8:00 AM**

Project Title: **Morrow Flat Line Project**

1. Company Name

**Sturgeon Electric**

2. Location of Incident

**17/3 BCF3 McNary-Morrow Flat #1**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly **what** happened

**While installing the conductor kellums on the conductor (b) (6) felt a pain in his left side and may have pulled a muscle. Will update with further information when looked at.**

5. Explain **why** it happened

**The socks are extremely large and there is really no good way to install them in a basket.**

6. Action(s) taken to prevent future recurrence

**Take your time and work as a team as much as possible while installing the kellums.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

b. Title

c. Date Reviewed

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: <b>1-8-16</b>	Time: <b>12:30 PM</b>	Project Title: <b>Morrow Flat Line Project/47917-00013</b>
---------------------	-----------------------	--

1. Company Name <b>Sturgeon Electric</b>	2. Location of Incident <b>1/1 BCE1 Morrow Flat-Jones Canyon #1</b>
---	--

3. Name(s) of employees involved (*print clearly or type*)  
**(b) (6)** and BPA engineering.

4. Explain exactly **what** happened  
**MYR Crew was working on final erection of BCE1 a 32G tower. The crew was working on moving conductor into the new tower location from the old 17/5 which was going to create approximately a 3 degree angle on 17/4 a 4L tangent tower to the east. BPA's lead QAR had a concern with the tranverse load this would put on 17/4. Both he and MYR's foreman called MYR's superintendent to discuss the issue. HDR and BPA structural engineering were also contacted for further direction. MYR's superintendent directed the crew to continue forward with erection until they reached a point where they would have to start transferring additional conductors. After about an hour and a half they reached that point and contacted MYR's superintendent and BPA QAR for further direction. Because no word had been received back from engineering, MYR's superintendent directed the crew to move to BCD5 to avoid downtime. Before moving the BPA QAR requested that the crew move the south phase back to it original position which was completed by the crew.**

**The removal information provided by BPA (drawings for 4L towers) show designs for 1.8k transverse load on each of the 3 phases as well as increased down strain in windy conditions. MYR calculated the field conditions created by transferring the wire to the new tower would have been less that 2.0k total transvese load on 17/4. After BPA & HDR engineering reviewed this specific situation their recommendation was that 17/4 could not withstand any transverse loading which we noted.**

5. Explain **why** it happened  
**MYR was following the loading information provided in 4L drawings. We were unaware of the change in acceptable loading conditions on the 4L tower. The erection procedures were following a detailed erection plan we had submitted before the start of the project and also updated and re-submitted once construction began, it was also directly inline with our three week look ahead and daily work plan.**

6. Action(s) taken to prevent future recurrence  
**We will no longer set structures out of line and continue to communicate our operations in attempt to remedy these type of situations.**

7. Reported by ( <i>Name</i> ) ( <i>print clearly or type</i> ) <b>(b) (6)</b>	8. Signature
---	--------------

9. Reviewed by BPA Designated Employee:		
a. Name ( <i>print clearly or type</i> )	b. Title	c. Date Reviewed

U.S. DEPARTMENT OF ENERGY  
BONNEVILLE POWER ADMINISTRATION

CONTRACTOR'S REPORT OF INCIDENT/NEAR-MISS

Safety Incidents are to be promptly reported by involved employees to their immediate supervisor. The supervisor and employee will complete the **Contractor's Report of Incident / Near-Miss**.

This report will be required for reporting incidents that **DO NOT** involve personal injury, illness, or property damage. **Accidents involving personal injury, illness, or property damage** require filing [BPA F 6410.15e](#) (**Contractor's Report of Personal Injury, Illness, or Property Damage**).

This form will be submitted to the Inspector or Natural Resource Specialist for the project. The form will be submitted to the Contracting Officer and the Safety Office within five (5) working days of such an occurrence.

Date: **2-1-16**

Time: **10:30 AM**

Project Title: **Morrow Flat Project**

1. Company Name

**Sturgeon Electric**

2. Location of Incident

**BCE1**

3. Name(s) of employees involved (*print clearly or type*)

**(b) (6)**

4. Explain exactly **what** happened

**A pocket book grip installed on the .5 inch static and torqued properly, they then came up to within 8' of sag and the grip slipped approximately 1'. The static was immediately safetied and a new pocket book was installed with a preform as a safety and came back up with no issues.**

5. Explain **why** it happened

**From what I can tell it looks to have an indentation of the washer on the underside of the grip, so instead of the washer under the nut on the pocketbook grip it was in between the two halves not allowing for the proper surface pressure on that section of the static in the grip thus causing it to slip under a reduction in applied tension.**

6. Action(s) taken to prevent future recurrence

**We have brought this up to all employees as something to watch for and coached them on the proper installation as well as checking your installation on all rigging thoroughly. We have also pressed the point of the newer hands not being familiar with some rigging installations and we will walk them through the proper methods and also check there installation for correctness.**

7. Reported by (*Name*) (*print clearly or type*)

**(b) (6)**

8. Signature

9. Reviewed by BPA Designated Employee:

a. Name (*print clearly or type*)

b. Title

c. Date Reviewed

## King,James J (CONTR) - CGI-7

---

**From:** Singleton,Harold L (BPA) - TFHQ-TPP-3  
**Sent:** Tuesday, December 15, 2015 12:35 PM  
**To:** Bailey,Jennifer A (BPA) - TFHQ-TPP-3; Hoffman,Michael R (BPA) - TETQ-TPP-3; Gardner,Kelly J (BPA) - TEP-TPP-1; Nelsen,Michelle M (BPA) - NSSV-4400-2  
**Cc:** Poage,Stephen D (CONTR) - NFC-WHSE-EAST; Beasley II,James W (BPA) - NFC-MODW; Robertsen,Robert K (BPA) - NFC-MODW  
**Subject:** RE: Cable Splicing - minor injury report  
**Importance:** High

Update from Holly:

The injured worker **WAS** wearing PPE (blade-resistant gloves) and received the same sort of injury - a cut to his hand. First Aide is being administered onsite. No word as to whether to his injury would require sutures or time off.

Loyd

---

**From:** Bailey,Jennifer A (BPA) - TETQ-TPP-3  
**Sent:** Tuesday, December 15, 2015 11:58 AM  
**To:** Singleton,Harold L (BPA) - TETQ-TPP-3; Hoffman,Michael R (BPA) - TETQ-TPP-3; Gardner,Kelly J (BPA) - TEP-TPP-1; Nelsen,Michelle M (BPA) - NSSV-4400-2  
**Cc:** Poage,Stephen D (CONTR) - NFC-WHSE-EAST; Beasley II,James W (CONTR) - NFC-WHSE-EAST; Robertsen,Robert K (BPA) - NFC-WHSE-EAST  
**Subject:** RE: Cable Splicing - minor injury report  
**Importance:** High

The RE just contacted BPA and indicated that MYR had a 2<sup>nd</sup> hand injury at Knight Substation this morning. No information was provided on extent of the injury or treatment. The RE indicated that proper PPE was not being worn in both cases.

Loyd- Please follow up with the safety office and Holly. Both incidents require a report. I am concerned that eh first incident did not prompt proper PPE use.

### Jennifer A. Bailey - PE

Construction Management and Inspection Supervisor | TETQ-TPP-3

**BONNEVILLE POWER ADMINISTRATION**

[jabailey@bpa.gov](mailto:jabailey@bpa.gov) | P 360-619-6593 | C 503-866-8711

*Please consider the environment before printing this email.*

---

**From:** Singleton,Harold L (BPA) - TETQ-TPP-3  
**Sent:** Thursday, December 10, 2015 4:04 PM  
**To:** Hoffman,Michael R (BPA) - TETQ-TPP-3; Gardner,Kelly J (BPA) - TEP-TPP-1; Nelsen,Michelle M (BPA) - NSSV-4400-2; Bailey,Jennifer A (BPA) - TETQ-TPP-3  
**Cc:** Poage,Stephen D (CONTR) - NFC-WHSE-EAST  
**Subject:** Cable Splicing - minor injury report  
**Importance:** High

All,

Holly Dodge just called and told me a worker sustained a small cut on their thumb – who is now on the way to the hospital, more as a precaution than for treatment.

Holly will follow up with an official report by tomorrow pm.

I just spoke with Stephen Poage to inform the Safety Office.

H. Loyd Singleton, P.E.  
BPA Construction Manager  
Office: 360-619-6309  
Cell: 360-553-8804  
[hlsingleton@bpa.gov](mailto:hlsingleton@bpa.gov)

## King,James J (CONTR) - CGI-7

---

**From:** Beasley II,James W (BPA) - NFC-MODW  
**Sent:** Monday, December 28, 2015 3:12 PM  
**To:** Singleton,Harold L (BPA) - TFHQ-TPP-3; Krause,Rodney V (BPA) - NFC-MODW; Nelsen,Michelle M (BPA) - NSSV-4400-2  
**Cc:** Hoffman,Michael R (BPA) - TETQ-TPP-3; Bailey,Jennifer A (BPA) - TFHQ-TPP-3; Gardner,Kelly J (BPA) - TEP-TPP-1; Poage,Stephen D (CONTR) - NFC-WHSE-EAST; Daniel Wagner (dwagner@mackaysposito.com); Robertsen,Robert K (BPA) - NFC-MODW; Krause,Rodney V (BPA) - NFC-MODW  
**Subject:** RE: Cable Splicing - unsafe/unacceptable work practices

All,

This message is to confirm a discussion just held regarding the need for additional Safety Watchers on this jobsite and the recommendation that the job be shut down until this takes place. The current situation as described below and confirmed by phone conversation is unacceptable. A safety watcher cannot be directing work and cannot be out of sight of the work. This is clearly delineated in contractor safety and health documents **as well as being directly discussed during a phone conference last week.**

8.15.3. A supervisor in charge of a job may not act as a Safety Watcher if there is any possibility of being distracted. Each worker is responsible for asking for a Safety Watcher whenever one is required. In the event of conflicting judgments, the more conservative interpretation shall prevail pending review and resolution by the COTR.

8.15.4. A Safety Watcher shall take a suitable location and give their undivided attention to ensure that no action on the part of the worker(s) being watched can result in violation of the Minimum Approach Distances applicable to workers being watched (Table 1, Table 2 or Table 3). There must be a definite understanding between the Safety Watcher and the person(s) being watched as to when the watching begins and ends. Safety Watchers, who must leave their assigned jobs, shall first make sure that all worker(s) are in the clear and remain in the clear until the Safety Watcher returns or is replaced. Safety Watchers have the authority to halt the work operation whenever any unsafe act or condition is imminent. A red or orange vest shall be worn by the assigned Safety Watcher for all work activities which require the continual presence and observation of a Safety Watcher. It may be worn at the discretion of either the person in charge or the COTR in other situations requiring a Safety Watcher.

**It needs to be further made clear that it is equally unacceptable for there to be any negative ramifications for the person reporting this unsafe condition. If any negative repercussions take place for this person a formal meeting should be convened with management of these companies to make clear that this is also unacceptable. The person reporting this unsafe condition should be commended for making a difficult but necessary call.**

Regards,  
James Beasley  
Contractor Safety Oversight Specialist  
BPA Safety Office

---

**From:** Singleton,Harold L (BPA) - TETQ-TPP-3  
**Sent:** Monday, December 28, 2015 2:10 PM

**To:** Dodge, Holly ([hdodge@myrgroup.com](mailto:hdodge@myrgroup.com))

**Cc:** Hoffman, Michael R (BPA) - TETQ-TPP-3; Bailey, Jennifer A (BPA) - TETQ-TPP-3; Gardner, Kelly J (BPA) - TEP-TPP-1; Poage, Stephen D (CONTR) - NFC-WHSE-EAST; Beasley II, James W (CONTR) - NFC-WHSE-EAST; Daniel Wagner ([dwagner@mackaysposito.com](mailto:dwagner@mackaysposito.com))

**Subject:** Cable Splicing - unsafe/unacceptable work practices

**Importance:** High

Holly,

I just left you a voice message describing what I heard about the situation in the field at Knight today.

MYR's Safety Watcher/Escort at Knight is also the Foreman and the backup QC Manager. He is Safety watch for both MYR's crew and the subcontractor, whose crew is working 250 – 300 feet away from MYR's crew with a field office between the crews obstructing sight lines.

This is unacceptable – which was communicated to everyone during last week's conference call. Safety Watch/Escort are exclusive roles not to be taken on with any other duties. Safety watchers can be escorts only if they have everyone in sight at all times.

Respond ASAP with the changes MYR will place in effect immediately or this work will be stopped.

H. Loyd Singleton, P.E.  
BPA Construction Manager  
Office: 360-619-6309  
Cell: 360-553-8804  
[hlsingleton@bpa.gov](mailto:hlsingleton@bpa.gov)

## King, James J (CONTR) - CGI-7

---

**From:** Hoffman, Michael R (BPA) - TETQ-TPP-3  
**Sent:** Tuesday, March 15, 2016 12:23 PM  
**To:** Nelsen, Michelle M (BPA) - NSSV-4400-2  
**Cc:** Singleton, Harold L (BPA) - TFHQ-TPP-3; Gardner, Kelly J (BPA) - TEP-TPP-1; Olson, Debra K (CONTR) - TFHQ-TPP-3; Olson, Debra K (CONTR) - TFHQ-TPP-3  
**Subject:** Safety Watcher at Keeler

Shelly,

(b) (6) has clearly demonstrated that he is not qualified to perform Safety Watcher duties on this project. It is an unacceptable and unsafe practice to perform Safety Watcher duties from inside a vehicle. I will be asking TOZ to pull (b) (6) energized access permit until MYR can demonstrate to TOZ and my satisfaction that (b) (6) has received additional training. At that time, (b) (6) will need to start the permitting process all over again. I will wait to hear from you before I make this happen. Call me at 360-989-5078.

Debbie,

I will let you know when this happens so you can provide NIRC/CIP required notification and get his badge and key back.

Loyd,

When this happens you need to make sure MYR provides an escort for (b) (6) if they use him in another capacity on this project.

Thank goodness no one was seriously injured!

Regards.

Bonneville  
POWER ADMINISTRATION



*Michael R. Hoffman*

Senior Construction Manager/TETQ-TPP3

[mrhoffman@bpa.gov](mailto:mrhoffman@bpa.gov) | O 360-619-6827 | C 360-989-5078

*Please consider the environment before printing this email.*

## King,James J (CONTR) - CGI-7

---

**From:** Singleton,Harold L (BPA) - TFHQ-TPP-3  
**Sent:** Tuesday, March 15, 2016 1:07 PM  
**To:** Dodge, Holly (hdodge@myrgroup.com); Drew D. Tolliver (DTolliver@myrgroup.com)  
**Cc:** Nelsen,Michelle M (BPA) - NSSV-4400-2; Gardner,Kelly J (BPA) - TEP-TPP-1;  
Hoffman,Michael R (BPA) - TETQ-TPP-3  
**Subject:** Safety Watcher (b) (6)  
**Importance:** High

Holly, Drew,

(b) (6) has clearly demonstrated that he is not qualified to perform Safety Watcher duties on this project, due to his unacceptable and unsafe practice of performing Safety Watcher duties from inside a vehicle. (b) (6) Energized Access Permit will be cancelled tomorrow morning. (b) (6) can regain his Energized Access Permit after demonstrating he has received additional training to the satisfaction of TOZ and the COTR, Michael Hoffman. At that time, (b) (6) will need to start the permitting process all over again. If (b) (6) is to work in another capacity on this job he will require an Escort.

MYR will need to submit the resume/qualifications for their replacement Safety Watcher to the C.O., Shelly Nelson for acceptance.

Please call me if you have questions,

H. Loyd Singleton, P.E.  
BPA Construction Manager  
Office: 360-619-6309  
Cell: 360-553-8804  
[hlsingleton@bpa.gov](mailto:hlsingleton@bpa.gov)



**Department of Energy**  
Bonneville Power Administration  
P.O. Box 491  
Vancouver, WA 98666

December 28, 2015

In reply refer to: NSSV-4400-2

MYR Transmission Service INC.  
1701 Gold Road  
Suite 3-1012  
Rolling Meadows IL 60008

SUBJECT: Master Agreement No. 47917, Release 014, Cable Splicing, STOP WORK ORDER

Dear Holly Dodge:

In accordance with Clause 14-12.4 Stop Work Order, effective immediately, cease all work at Knight Substation under this Release until further notice. Keep all records on costs incurred prior to this point, and any costs incurred related to this Stop Work Order.

You will be notified when work can resume or if there are any changes to this directive.

If you have questions or concerns, please contact me at (360)619-6570.

Sincerely,

Michelle M. Nelsen  
Contracting Officer



**Department of Energy**  
Bonneville Power Administration  
P.O. Box 491  
Vancouver, WA 98666

December 29, 2015

In reply refer to: NSSV-4400-2

MYR Transmission Service INC.  
1701 Gold Road  
Suite 3-1012  
Rolling Meadows IL 60008

SUBJECT: Master Agreement No. 47917, Release 014, Cable Splicing, STOP WORK ORDER LIFTED

Dear Holly Dodge:

The Stop Work Order at Knight Substation for Contract 47917 Release 014 has been lifted based on our conference call on December 29, 2015 at 2:30pm. MYR stated they will have a designated Safety Watcher when required for the Cable Splicing Project.

If you have questions or concerns, please contact me at (360)619-6570.

Sincerely,

Michelle M. Nelsen  
Contracting Officer



03/15/2016 08:33





