



Focused  n Safety

Contractor Event Reporting
Training Session

Introduction & Session Overview

- Ameren Contractor Program
- Safety1Source
- Event Reporting (definition and requirements)
- System Demonstration
- Next Steps

Contractor Program

- Disparate tracking processes
- Increased interest from Ameren's Board of Directors
- Allow for broader sharing and increased ability to become a learning organization
- Phase 1 of an overall enhanced Contractor Safety Program
 - Accident Investigation
 - Alerts & Communication

Safety1Source

- Ameren's Enterprise-Wide Safety Management System
- Accessible on any internet browser (not required to be on Ameren's system)
- Phase 1 - Contractor Event Reporting (CER)
- Future Phases
 - Enhanced CER/Mobile Application
 - Sub-contractor Reporting
 - Man-hour Reporting
 - Trending/Tracking Data
 - Contact List Management
 - Other identified opportunities

Event Reporting

- **Level 1**

- First Aid Case
- Property/Equip Damage
<\$200

- **Level 2**

- Inadvertent Trip
- Motor Vehicle Incident
- Outage
- Property/Equip Damage >\$200
- Recordable
- Utility Damage

- **Level 3**

- Electrical Contact
- Restricted Duty Case
- LWA

- **Future State**

- Good Catch/Near Miss
- Electronic ADIRT

ADIRT

- Ameren Damage Incident Reporting Tool
 - Paper Form
 - Completed if Level 2 Utility Damage is selected
 - Attached to Safety1 Source Incident Record



Ameren Damage Information Reporting Tool (ADIRT)

Safety1 Source CER Number: Click here to enter text.		Contractor Providing Information: Click here to enter text.	
Part A — Brief Description of Incident: Click here to enter text.		Date of Incident: Click here to enter a date.	
Part B — Ameren Discipline:			
<input type="checkbox"/> Building Services	<input type="checkbox"/> Engineering	<input type="checkbox"/> Gas Transmission	<input type="checkbox"/> Joint Use/Inspection
<input type="checkbox"/> Distribution Substation	<input type="checkbox"/> Environmental	<input type="checkbox"/> GEN Non-Nuclear	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Distribution Vegetation	<input type="checkbox"/> Gas Distribution	<input type="checkbox"/> GEN Nuclear	<input type="checkbox"/> Transmission Line
<input type="checkbox"/> Electric Distribution	<input type="checkbox"/> Gas ROW Clearing	<input type="checkbox"/> IT	<input type="checkbox"/> Transmission Substation
<input type="checkbox"/> Transmission Vegetation	<input type="checkbox"/> Unknown/Other: Click here to enter text.		
Part C — Date and Location of Event:		Where Event Occurred:	
Date of Event (MM/DD/YYYY): Click here to enter a date.		<input type="checkbox"/> City Street	
Street Address: Click here to enter text.		<input type="checkbox"/> Private Business	
Nearest Intersection: Click here to enter text. City: Click here to enter text.		<input type="checkbox"/> Pipeline	
County: Click here to enter text. State: Click here to enter text.		<input type="checkbox"/> State Highway	
		<input type="checkbox"/> Private Land Owner	
		<input type="checkbox"/> Power/Transmission Line	
		<input type="checkbox"/> Unknown/Other: Click here to enter text.	
		<input type="checkbox"/> County Road	
		<input type="checkbox"/> Federal Land	
		<input type="checkbox"/> Interstate Highway	
		<input type="checkbox"/> Private Easement	
		<input type="checkbox"/> Public — Other	
		<input type="checkbox"/> Dedicated Public Utility Easement	
		<input type="checkbox"/> Railroad	
Part D — Affected Facility Information: Was the facility owner a member of One-Call Center? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
What type of facility was damaged?			
• Electric:	• Natural Gas:	• Sewer:	• Water:
<input type="checkbox"/> Street Light	<input type="checkbox"/> Service	<input type="checkbox"/> Sanitary Main	<input type="checkbox"/> Service
<input type="checkbox"/> Secondary	<input type="checkbox"/> Main	<input type="checkbox"/> Sanitary Lateral	<input type="checkbox"/> Main
<input type="checkbox"/> Service	<input type="checkbox"/> Gathering	<input type="checkbox"/> Storm	<input type="checkbox"/> Private
<input type="checkbox"/> Primary			
			• Telecommunications:
			<input type="checkbox"/> Fiber Optics
			<input type="checkbox"/> Cable Television
			<input type="checkbox"/> Phone
			• Miscellaneous:
			<input type="checkbox"/> Chemical Pipeline
			<input type="checkbox"/> Steam
			<input type="checkbox"/> Unknown/Other: Click here to enter text.
Was the facility part of a joint trench? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Part E — Excavation Information:			
Type of Excavation Equipment			
<input type="checkbox"/> Auger	<input type="checkbox"/> Directional Drilling	<input type="checkbox"/> Grader/Scraper	<input type="checkbox"/> Trencher/Plow
<input type="checkbox"/> Backhoe/Track-hoe	<input type="checkbox"/> Vertical Drilling	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Vacuum Equipment
<input type="checkbox"/> Breaker	<input type="checkbox"/> Explosives	<input type="checkbox"/> Jackhammer/Air Spade	<input type="checkbox"/> Unknown/Other: Click here to enter text.
Type of Work Performed			
<input type="checkbox"/> Driveway/Roadway	<input type="checkbox"/> Fencing	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Site Development
<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Pole	<input type="checkbox"/> Spill Remediation
<input type="checkbox"/> Engineering/Survey	<input type="checkbox"/> Grading	<input type="checkbox"/> Sewer (San/Storm)	<input type="checkbox"/> Storm Drain/Culvert
			<input type="checkbox"/> Street Light
			<input type="checkbox"/> Telecommunication
			<input type="checkbox"/> Unknown/Other:
Ground Condition (Select all that apply)			
<input type="checkbox"/> Flowable Fill	<input type="checkbox"/> Hard Surface	<input type="checkbox"/> Rock Backfill	<input type="checkbox"/> Roots
<input type="checkbox"/> Hard Soil	<input type="checkbox"/> Pliable/Normal	<input type="checkbox"/> Rock	<input type="checkbox"/> Saturated
			<input type="checkbox"/> Unknown/Other: Click here to enter text.
Part F — Notification:			
Was the One-Call Center Notified? <input type="checkbox"/> Yes (if yes, Part F is required) <input type="checkbox"/> No Click here to enter text. <input type="checkbox"/> Not required Click here to enter text.			
Which One-Call Center? <input type="checkbox"/> JULIE <input type="checkbox"/> MO One Call <input type="checkbox"/> Other			
What is the original/renewed ticket number? Click here to enter text.			
Dig Up ticket number (if applicable): Click here to enter text.			

Event Reporting Process

- Notify Ameren supervisor when event occurs
- Complete minimum required information in Safety1Source
 - Preliminary – same day in which the event occurred
 - Final – 5 days after the preliminary was entered
- Updating Record
- Notification to Ameren

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Safety **1** Source

Next Steps

- Complete Contact Verification Form
- Lookout for follow up communication by 3/1
 - Safety1 Source Login Information
 - Training Materials
 - Recording of the Webinar
- March 1 Go-Live



Questions?