

LIVE LINE TOOLS

You are already aware that working on live lines can be very dangerous. If you are involved in this type of work, it is important that you are properly trained before going near energized lines or equipment. Additionally, it is imperative to adhere to appropriate safety precautions for live line tools and that you use the right tools for the job.

Live line tools should be tested, at minimum, every 2 years. If the integrity of the tool is found to be compromised, it must be tagged and removed from service. Whenever tools are repaired or refinished, they must be deemed safe via a retest before use. Note: You should only use live line tools that are approved by your employer. Talk to your supervisor if you have any questions.

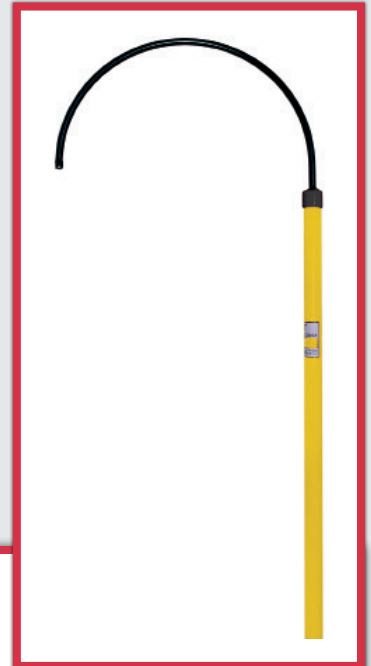
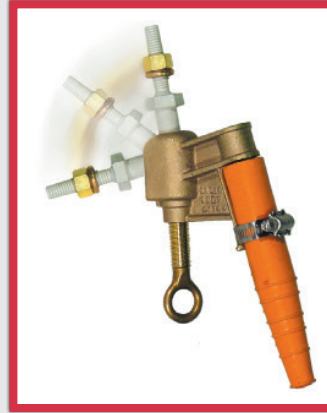
Prior to using live line tools, make sure that they are clean and dry. If you discover any defect in the tool, do not use it. Never use live line tools in adverse weather.

Avoid laying live line tools on the ground or lean them against sharp objects, such as barbed wire fences. For this you should use special tool holders or tarpaulins.

Do not use live line tools on lines of #6 copper, #6 ACSR, #8A copperweld or smaller, unless continuity of service is absolutely necessary. In the event live line work is deemed necessary, obtain appropriate authorization before beginning work.

Only use clean and dry synthetic ropes whenever you are working on energized lines or conductors. You should also make sure that you use link sticks between energized lines or conductors for all voltages.

Whenever live line tools are not in use, keep them in a canvas bag or weatherproof container designated for live line tools. Make sure to store live line tools in dry warm places.



DISCUSSION QUESTIONS

How often should live line tools be tested?

What should you do if the integrity of a live line tool has been compromised?

When should you never use live line tools?

Where should you keep live line tools when they are not in use?

SAFETY TALK ATTENDANCE ROSTER



COMPANY: _____ JOB/DEPT: _____

DATE: ___/___/___ TIME: _____

TOPICS ADDRESSED: _____

EMPLOYEE'S SIGNATURES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
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EMPLOYEE SUGGESTIONS AND RECOMMENDATIONS: _____

ACTION TAKEN: _____

Supervisor's Signature

___/___/___
Date

Safety Coordinator's Signature

___/___/___
Date