

NextEra Energy Transmission New York, Inc.

(NEETNY)

Empire State Line

Case 18-T-0499

Appendix U

Report Forms

June 2020



The following report forms are referenced in this EM&CP:

Weekly Report Form

Monthly Report Form

T & E Report Form

Incident Checklist - Oil Spill Response Notification Form

NYS Spill Response Form

Empire State Line Project (ESL)
Case 18-T-0499
NEETNY
Weekly Status Report

Date:

Safety Events:

Environmental Events:

Work Completed This Week:

Civil Work:

Electrical Work:

Component Deliveries:

Installation & Commissioning:

<p>Empire State Line Project (ESL) Case 18-T-0499 NEETNY Weekly Status Report</p>
<p>Date:</p>
<p>General Update Notes:</p>
<hr/>
<p>Issues Requiring Input:</p>
<hr/>
<p>Summary of Upcoming Construction Activities for the next 2 weeks:</p>
<hr/>
<p>Locations of Upcoming Construction Activities for the next 2 weeks:</p>
<hr/>
<p>Report Prepared By:</p>
<p>Date:</p>
<hr/>

Report to be transmitted to DPS Staff, NYSDAM, NYSDEC, and NYSEG

<p>Empire State Line Project (ESL) Case 18-T-0499 NEETNY Monthly Status Report</p>
<p>Date:</p>
<p>Safety Events:</p> <hr/>
<p>Environmental Events:</p> <hr/>
<p>Work Completed This Month:</p> <p>Civil Work:</p> <p>Electrical Work:</p> <hr/>
<p>Component Deliveries:</p> <hr/>
<p>Installation & Commissioning:</p> <hr/>

Empire State Line Project (ESL)
Case 18-T-0499
NEETNY
Monthly Status Report

Date:

General Update Notes:

Issues Requiring Input:

Summary of Upcoming Construction Activities:

Locations of Upcoming Construction Activities:

Report Prepared By:

Date:

Report to be transmitted to DPS Staff, NYSDAM, NYSDEC, and NYSEG.

Empire State Line Project (ESL) Case 18-T-0499 NEETNY T & E Report	
Date: _____	
T & E Species Observed: _____	
Number of Individuals: _____	
Observation date(s) and time(s):	GPS coordinates of each individual observed or the nearest pole number and crossroads location:
Behavior(s) observed:	
Nature of and distance to any Project construction or maintenance activity:	
Identification of the observer(s):	Contact information of the observer(s):
<hr/> T & E Species Observed: _____	
Number of Individuals: _____	
Observation date(s) and time(s):	GPS coordinates of each individual observed or the nearest pole number and crossroads location:
Behavior(s) observed:	
Nature of and distance to any Project construction or maintenance activity:	
Identification of the observer(s):	Contact information of the observer(s):

Empire State Line Project (ESL) Case 18-T-0499 NEETNY T & E Report	
Date: _____	
T & E Species Observed: _____ Number of Individuals: _____	
Observation date(s) and time(s):	GPS coordinates of each individual observed or the nearest pole number and crossroads location:
Behavior(s) observed:	
Nature of and distance to any Project construction or maintenance activity:	
Identification of the observer(s):	Contact information of the observer(s):
T & E Species Observed: _____ Number of Individuals: _____	
Observation date(s) and time(s):	GPS coordinates of each individual observed or the nearest pole number and crossroads location:
Behavior(s) observed:	
Nature of and distance to any Project construction or maintenance activity:	
Identification of the observer(s):	Contact information of the observer(s):

INCIDENT CHECKLIST
OIL SPILL RESPONSE NOTIFICATION FORM
Empire State Line Project (ESL) Case 18-T-0499 NEETNY

*INITIAL NOTIFICATION TO NATIONAL RESPONSE CENTER **MUST NOT BE DELAYED** PENDING
COLLECTION OF ALL INFORMATION*

Date of Incident: _____ **Time of Incident:** _____ AM / PM

PERSON REPORTING

Name: _____ Facility: _____
Position/Title: _____ Ph # _____

AGENCIES/INDIVIDUALS NOTIFIED (with Names & Titles if available):

NYSDEC Spill Number: _____

INCIDENT DESCRIPTION

Source of Incident: _____
Cause of Incident: _____

Affected Media: _____

Location of Incident: _____

Product Released: _____ Total Quantity Released: _____

Product Released in Water? **YES** **NO** Quantity Released to Water: _____

RESPONSE ACTION

Actions Taken to Correct, Control or Mitigate Incident:

IMPACT

Damages to Property:

Number of Injuries: _____ Number of Fatalities: _____
Were there Evacuations? **YES** **NO** Number of Evacuations: _____

Spill Response Form

*** NYSDEC UPDATED SPILL REPORT FORM ***

DEC Region: _____ Spill No.: _____

Spill Name : _____ Lead DEC : _____
Caller Info : _____ Notifier Info : _____

Spill Date: _____ CID#: _____ Call Received Date: _____
Spill Time: _____ Call Received Time: _____

Material Spilled:	Class:	Spilled:	Recovered:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Spill Location: _____ _____ _____	CO: _____	Potential Spiller Info: _____ _____ _____
Contact: _____ Phone: _____		Contact: _____ Phone: _____

Spill Cause: _____ Resource Affected: _____
Source: _____
Waterbody: _____ Spill Reported by: _____

Caller Remarks:

PBS Number:

Tank Number	Tank Size	Test Method	Leak Rate
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Classification: C4 Meets Standards?: _____ EDO: Y - N _____ UST Eligible?: _____
Regional Close Date: _____