



UPSHUR RURAL ELECTRIC COOPERATIVE CORPORATION

Safety Trailer Demonstration Form

Available Monday-Friday during business hours

Name of requesting organization: _____

Contact person: _____

Email: _____ Phone: _____

Address of demonstration location: _____

Date of presentation: _____ Time: _____

Will this be part of an event: ____ NO ____ YES.

If "YES", event name, details: _____

Approximate number of observers: _____

Is there a specific age range: _____

All demonstration requests must be approved by Doug Murphy, Russell Barham, and Melissa Reeves before the demonstration can be confirmed.

All demonstrations may be cancelled by Doug Murphy or the Operations Manager on location before or during the safety demonstration should any conditions arise, that could be a risk to anyone involved in, observing, or in the vicinity of the safety demonstration.

For the demonstration: (This section for internal use only)

Emcee: ____ A.N. ____ L.S. _____ Other

Operations supervisor: _____

Speaking lineman: _____

Demonstration lineman: _____

Member services representative: _____

Approved by (please initial): ____ Doug Murphy ____ Russell Barham ____ Melissa Reeves