5 Year Check In Short Form

Basic Information for the Operator

Operator Name: _Monroe Telephone Company_

Person Completing Form: _DAVID MILLS_

Operator Contact Information: _541-847-5135   dave@monroetel.com_

Utility Type: _Telecommunications_

Pole Owner? _Yes_

Operators in your area (companies with whom you coordinate related to joint use)

Company Name	Utility Type(E/T)	Contact Name	Contact Phone	Contact Email
Pacific Power	E	Diana Winchester	503-813-6590	diana.winchester@ ~~pacificpower~~ Pacificorp.com
Consumers Power	E	Jeffery Carlson	541-929-8630	jeff@cpi.coop

Inspection Plan and Actual Results

Please complete as much of the table below as is appropriate for your assets; at minimum provide data back to 2018.

Year	All Operator Inspections				Pole Owners		Defects		
	Facility Points Planned (attachments subject to inspection	Facility Points Inspected	Poles Planned	Poles Inspected	Poles Owned by Operator	Poles Tested and Treated	Defects Found: Your Responsibility	Defects Found: Attacher Responsibility	Defects You Corrected

)								
5 Year Check In Total			125	125	21	0	0	0	0
2022			50	50	21	0			
2021			50	50	21	0			
2020			50	50	21	0			
2019			50	50	23	0			
2018			50	50	23	0			
10 Year Cycle Total									
2017									
2016									
2015									
2014									
2013									
5 Year Check In Total									
2012									
2011									
2010									
2009									
2008									

Program Summary

1. **Describe your Division 24 inspection program**

2. **Describe how you prioritize repairs** *We prioritize by safety concern. We have so few contacts, we try to take care of Repairs immediately*

3. **Describe how you address immediate hazards for both your conditions and any attacher's conditions** *Fix immediately. Notify attacher ASAP*

4. **Describe how you communicate non-immediate hazard conditions to attachers**
   NJUNS

5. **Describe the state of electronic record keeping you have had over the last five years** *We have cleaned up records with power companies and have all records/poles mapped via excel & .KML files*

6. **Outline your current plans for any automation of inspection, correction or asset information (i.e. GIS plans or changes to your asset management process)**
   No plans

If there are questions about the short form or its deadline, please reach out.

Heide Caswell

Heide.caswell@puc.oregon.gov

503-400-0619

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