

PUBLIC UTILITIES COMMISSION

320 WEST 4TH STREET, SUITE 500
LOS ANGELES, CA 90013



April 30, 2026

David Sweet
General Manager – PV and ESS
Valley Center Energy Storage

**SUBJECT: General Order (GO) 167-C Audit of Valley Center 54 & 85, Audit Number
ESS2026-01VC**

Dear David Sweet:

On behalf of the Electric Safety and Reliability Branch (ESRB) of the California Public Utilities Commission (CPUC), Emmanuel Salas, Evan Coughran, and Emanuel Pineda of ESRB staff conducted an Energy Storage audit of Valley Center 54 & 85 from March 9 through March 11, 2026.

During the audit, ESRB observed facility operations, inspected equipment, reviewed data, interviewed plant staff, and identified potential violations of General Order (GO) 167-C. A copy of the audit findings itemizing the violations is attached. Please advise me by email no later than May 28, 2026, by providing an electronic copy of all corrective actions and preventive measures taken and/or planned to be taken to resolve the violations.

Your response should include a Corrective Action Plan with a description and completion date of each action and measure completed. For any violations not corrected, please provide the projected completion dates to correct the violations and achieve full compliance with GO 167-C.

Please submit your response to Emmanuel Salas at emmanuel.salas@cpuc.ca.gov. Please note that although Valley Center 54 & 85 has been given 30 days to respond, it has a continuing obligation to comply with all applicable GO 167-C requirements; therefore, the response period does not alter this continuing duty.

The CPUC intends to publish the audit report of Valley Center 54 & 85 on the CPUC website. If you wish to make a claim of confidentiality covering any of the information in the report, you may submit a confidentiality request pursuant to Section 14.4 of GO 167-C, using the heading "General Order 167-C Confidentiality Claim" along with such redactions. The request and redacted version of the audit report should be sent to Emmanuel Salas with a copy to me and the GO-167 inbox GO167@cpuc.ca.gov by May 28, 2026.

Please note that ESRB will also post the Valley Center 54 & 85 audit report response on the CPUC website. If there is any information in your response that you would like us to consider as confidential, we request that in addition to your confidential response, you provide us with a redacted version of your audit response that can be posted on the CPUC website.

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Thank you for your courtesy and cooperation throughout the audit process. If you have any questions concerning this audit, please contact Emmanuel Salas at emmanuel.salas@cpuc.ca.gov or (916) 347-6415.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Hur", is written over a horizontal line.

Stephen Hur, P.E.
Program and Project Supervisor
Electric Safety and Reliability Branch
Safety and Enforcement Division
California Public Utilities Commission

Attachment: CPUC Energy Storage Audit Findings

Cc: Lee Palmer, Deputy Executive Director of Safety and Enforcement Division, Safety
Policy and Water, CPUC
Eric Wu, Program Manager, ESRB, SED, CPUC
Emmanuel Salas, Utilities Engineer, ESRB, SED, CPUC
Evan Coughran, Utilities Engineer, ESRB, SED, CPUC
Emanuel Pineda, Utilities Engineer, ESRB, SED, CPUC

CPUC AUDIT FINDINGS OF VALLEY CENTER 54 & 85 MARCH 9 – MARCH 11, 2026

I. Findings Requiring Corrective Actions.

Finding 1: Job Safety Analysis (JSA) forms are not being completed accurately.

General Order (GO) 167-C, Appendix D, Operation Standard (OS) 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 7: Operation Procedures and Documentation states:

“Operation step wise procedures exist for critical systems and the states of those systems are necessary for the operation of the unit including startup, shutdown, charging, discharging, normal operation, failure detection, alarm response, reasonably anticipated abnormal and emergency conditions, and restoration. Operation procedures and documents are clear and technically accurate, provide appropriate directions, and are used to support safe and reliable facility operation. Procedures are current to the actual methods being employed to accomplish the task and are comprehensive to ensure reliable energy delivery to the transmission grid. Procedure shall be reviewed annually to ensure current procedures are up-to-date and OEM recommendations are implemented”

GO 167-C, Appendix D, OS 12: Operations Conduct states:

“To ensure safety and optimize facility availability, the facility conducts operations systematically, professionally, and in accordance with approved policies and procedures. The facility takes responsibility for personnel actions, assigns personnel to tasks for which they are trained, and requires personnel to follow facility and operation procedures and instructions while taking responsibility for safety. Among other things:

- a) All personnel follow approved policies and procedures. Procedures are current and include a course of action to be employed when an adopted procedure is found to be deficient.*
- b) All operations are performed in a professional manner. Professional conduct applies throughout the facility site at all times.*
- c) All personnel on duty are trained, qualified, and capable of performing their job functions. Personnel are assigned only to duties for which they are properly trained and qualified.*

*d) Personnel take immediate actions to prevent or correct unsafe situations.
Anyone shall have the right to stop work if they see an unsafe condition.”*

GO 167-C, Appendix D, OS 17: Records of Operation states:

“The GAO or ESSO assures that data, reports, and other records reasonably necessary for ensuring proper operation and monitoring of the GA or ESS are collected by trained personnel and retained for at least five years, and longer if appropriate.”

During the documentation review, Electric Safety Reliability Branch (ESRB) inspectors observed multiple JSA forms and identified several instances where Valley Center 54 & 85 (Valley Center) staff completed the forms inaccurately or inconsistently. JSAs are intended to identify potential hazards associated with a task and ensure that appropriate safety controls are implemented prior to work being performed. When these forms are not properly completed, the effectiveness of the pre-task hazard assessment process is diminished.

For example, ESRB inspectors observed that a Lockout/Tagout (LOTO) entry was recorded in the LOTO binder on February 13, 2026, however, the corresponding JSA Pre-Task Plan did not have the “*verify LOTO*” box checked off, suggesting that LOTO verification was not required for the task. This discrepancy indicates that the JSA did not accurately reflect the safety controls implemented for the work being performed. In other cases, JSAs had the “LOTO required” box checked, yet no corresponding LOTO records were found for work performed during that same period. Facility personnel confirmed that no LOTO had actually been conducted for those tasks, indicating that the JSA forms had been completed incorrectly. These inconsistencies create uncertainty regarding whether the appropriate safety controls were evaluated and implemented prior to performing work. Additionally, ESRB inspectors observed that the JSA questionnaire section was left incomplete for the majority of JSAs reviewed. The questionnaire section is intended to guide personnel through key safety considerations, ensuring that common hazards and required precautions are reviewed before work begins. Leaving this section incomplete limits the effectiveness of the JSA process and reduces the ability of the document to serve as a meaningful safety planning tool.

Overall, these observations indicate that JSAs at Valley Center are not being consistently or properly completed. Inaccurate or incomplete JSAs undermine the purpose of the pre-task planning process and may result in hazards not being properly identified or mitigated prior to work activities. Valley Center must ensure that all JSA forms are completed fully and accurately prior to the start of work. This includes properly identifying required safety controls such as LOTO, completing all questionnaire sections, and ensuring that the documented hazards and controls accurately reflect the work being performed. Valley Center must also implement a management review process to verify that JSAs are completed correctly and consistently to ensure the effectiveness of the facility’s pre-task hazard assessment process. Valley Center must submit a plan of action outlining how management at Valley Center will ensure that JSAs are completed accurately and that any discrepancies are promptly identified and addressed.

Finding 2: Emergency and evacuation drill documentation lacks required detail.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 17: Records of Operation states:

“The GAO or ESSO assures that data, reports, and other records reasonably necessary for ensuring proper operation and monitoring of the GA or ESS are collected by trained personnel and retained for at least five years, and longer if appropriate.”

GO 167-C, Appendix D, OS 20: Preparedness for On-Site and Off-Site Emergencies states:

“The GAO or ESSO plans for, prepares for, and responds to reasonably anticipated emergencies on and off the plant site, primarily to protect facility personnel and the public, and secondarily to minimize damage to maintain the reliability and availability of the facility. Among other things, the GAO or ESSO:

- a) Plans for the continuity of management and communications during emergencies, both within and outside the facility;*
- b) Trains personnel in the emergency plan periodically;*
- c) Ensures provision of emergency information and materials to personnel;*
- d) In developing any emergency plans, the GAO and ESSO will coordinate with local emergency management agencies, unified program agencies, and local first response agencies; and*
- e) The owner or operator of each ESS facility shall develop and submit an emergency response and emergency action plan for the ESS that complies with Public Utilities Code, Section 761.3, subdivision (g). The owner or operator of the ESS facility shall submit the emergency response and emergency action plan to the county, local emergency management agencies, local first response agencies, and if applicable, the Authority Holding Jurisdiction (AHJ) and the city where the facility is located.”*

During the documentation review, ESRB inspectors found that evacuation drills and annual emergency drills conducted at Valley Center were only documented through participant sign-in sheets. Documentation did not include the scenario conducted, lessons learned, or any issues identified during the training exercises. Emergency drills are intended to validate emergency procedures, ensure personnel understand their responsibilities during an emergency, and identify opportunities for improvement in emergency response planning.

Valley Center must ensure that future emergency and evacuation drills at Valley Center are fully

documented. Drill documentation must include the scenario conducted, participating personnel, lessons learned, and any issues or corrective actions identified during the exercise to support continuous improvement of emergency preparedness. Valley Center must also revise the Valley Center ESS Emergency Action Plan to include requirements for conducting and documenting evacuation drills, including the required documentation for each drill such as the scenario conducted, participating personnel, lessons learned, and any issues or corrective actions identified during the exercise. Valley Center must submit the updated EAP to ESRB for review and verification.

Finding 3: Annual Spill Prevention, Control, and Countermeasure (SPCC) inspections are not being performed or documented.

GO 167-C, Appendix D, OS 13: Routine Inspections states in part:

“Routine inspections by facility personnel ensure that all areas and critical parameters of facility operations are continually monitored, equipment is operating normally, and that routine maintenance is being performed. Results of data collection and monitoring of parameters during routine inspections are utilized to identify and resolve problems, to improve facility operations, and to identify the need for maintenance. All personnel are trained in the routine inspection procedures relevant to their responsibilities...”

GO 167-C, Appendix D, OS 17: Records of Operation states:

“The GAO or ESSO assures that data, reports, and other records reasonably necessary for ensuring proper operation and monitoring of the GA or ESS are collected by trained personnel and retained for at least five years, and longer if appropriate.”

40 Code of Federal Regulations (CFR) §112.7(e) states in part:

“Conduct inspections and tests required by this part in accordance with written procedures that you or the certifying engineer develop for the facility. You must keep these written procedures and a record of the inspections and tests, signed by the appropriate supervisor or inspector, with the SPCC Plan for a period of three years.”

During the documentation review, ESRB inspectors reviewed the Valley Center SPCC Plan, which states in Section 1.5 that the facility must “*implement and conduct monthly and annual site inspections (40 CFR 112.7[e]).*” Valley Center provided records demonstrating that monthly SPCC inspections are being conducted, however, Valley Center did not provide any documentation of annual SPCC inspections. During the audit, Valley Center personnel were unable to produce records demonstrating that annual SPCC inspections had been completed.

Annual SPCC inspections are required to verify the condition of oil-containing equipment, secondary containment systems, and overall spill prevention measures. Failure to perform and document annual inspections may result in undetected deficiencies and reduces the facility’s ability to demonstrate compliance with its SPCC Plan and applicable regulatory requirements. Valley Center must ensure that annual SPCC inspections are conducted in accordance with the SPCC Plan and applicable regulatory requirements. Valley Center must also ensure that all

annual inspections are properly documented and retained. Valley Center must submit documentation of completed annual SPCC inspections and a process describing how these inspections will be tracked and maintained going forward to ESRB for review and verification.

Finding 4: Infrared (IR) inspection activities are not consistently performed or documented, and IR scan results lack supporting analysis and tracking.

GO 167-C, Appendix C, Maintenance Standard (MS) 9: Conduct of Maintenance states:

“Maintenance is conducted in an effective and efficient manner, so equipment performance and material condition effectively support reliable facility operation.”

GO 167-C, Appendix C, MS 17: Equipment History states:

“Maintenance standards or procedures clearly define requirements for equipment history for the systems and equipment, including, what information or data to collect, how to record data, and how the data are to be used.”

GO 167-C, Appendix D, OS 13: Routine Inspections states in part:

“Routine inspections by facility personnel ensure that all areas and critical parameters of facility operations are continually monitored, equipment is operating normally, and that routine maintenance is being performed. Results of data collection and monitoring of parameters during routine inspections are utilized to identify and resolve problems, to improve facility operations, and to identify the need for maintenance.”

As part of the pre-audit data request, ESRB inspectors requested Hot Spots / IR Inspection Reports. Valley Center provided 2023 IR inspection materials consisting of 28 images and two videos of substation equipment. However, the materials were not accompanied by any supporting documentation, analysis, or summary. ESRB inspectors were unable to determine whether the observed conditions were acceptable, whether any hot spots were identified, or whether any corrective actions were required or tracked.

Additionally, ESRB inspectors requested IR inspection records for 2024 and 2025. Valley Center’s high voltage team stated that no IR inspections were conducted during those years, despite indicating that these inspections are intended to be performed annually. The absence of IR inspections in 2024 and 2025, combined with the lack of documented results analysis for 2023, indicates that IR inspection activities are not being consistently performed or effectively utilized as a predictive maintenance tool.

IR inspections are critical for identifying developing electrical and mechanical issues before equipment failure occurs. Without consistent inspection intervals and proper documentation of results, including identification of deficiencies and follow-up actions, the facility cannot effectively monitor equipment condition or demonstrate that issues are being identified and resolved.

Valley Center must establish and implement a process to ensure that IR inspections are conducted at a defined frequency and that all results are documented with sufficient detail. Documentation must include identification of inspected equipment, date of inspection, evaluation of observed conditions (acceptable or requiring action), and tracking of any identified deficiencies through resolution. Valley Center must also ensure that IR inspection records are stored in a centralized and accessible manner. Valley Center must submit the most recent IR inspection records, along with documentation of the implemented process, to ESRB for review and verification.

Finding 5: Transformer monthly inspection records are incomplete and not consistently maintained.

GO 167-C, Appendix D, OS 13: Routine Inspections states in part:

“Routine inspections by facility personnel ensure that all areas and critical parameters of facility operations are continually monitored, equipment is operating normally, and that routine maintenance is being performed. Results of data collection and monitoring of parameters during routine inspections are utilized to identify and resolve problems, to improve facility operations, and to identify the need for maintenance. All personnel are trained in the routine inspection procedures relevant to their responsibilities...”

GO 167-C, Appendix D, OS 17: Records of Operation states:

“The GAO or ESSO assures that data, reports, and other records reasonably necessary for ensuring proper operation and monitoring of the GA or ESS are collected by trained personnel and retained for at least five years, and longer if appropriate.”

During the documentation review, ESRB inspectors requested transformer inspection records and Valley Center provided Transformer Monthly Inspection Checklist documentation for the generator step-up (GSU) transformer and the auxiliary transformers at Valley Center. Upon review of the 2025 records, ESRB inspectors noted that multiple months of inspection documentation were missing, including March, April, and May inspections.

Routine monthly inspections are necessary to ensure that transformer conditions are regularly monitored and that any developing issues are identified and addressed in a timely manner. Missing inspection records indicate that inspections may not have been consistently performed or that documentation is not being properly maintained. Incomplete records limit the facility’s ability to demonstrate compliance with routine inspection requirements and to verify equipment condition over time.

Valley Center must ensure that transformer inspections are conducted at the required monthly frequency and that all inspection records are properly documented, retained, and readily available for review. Valley Center must also implement a periodic transformer inspection plan or establish a routine work order process to ensure that required monthly inspections are scheduled, completed, and tracked consistently. Valley Center must submit that inspection plan or work order process to ESRB for review and verification.

Finding 6: SPCC Plan contains incorrect oil storage capacity information for intermediate transformers.

GO 167-C, Appendix C, MS 16: Regulatory Requirements states:

“Regulatory compliance is paramount in the operation of the facility. Each regulatory event is properly identified, reported and appropriate action is taken to prevent recurrence.”

GO 167-C, Appendix D, OS 7: Operation Procedures and Documentation states in part:

“Operation procedures and documents are clear and technically accurate, provide appropriate directions, and are used to support safe and reliable facility operation...”

During the documentation review, ESRB inspectors reviewed the SPCC Plan for Valley Center and noted discrepancies in the reported oil storage capacity of intermediate transformers. Specifically, *Table 2: Onsite Oil Storage* lists two intermediate transformers with a capacity of 1,352 gallons each. However, *Table 3: Oil-filled Equipment Discharge Potential* lists these same transformers with a capacity of 676 gallons each. Valley Center staff confirmed that the correct capacity for each transformer is 676 gallons.

Accurate documentation of oil storage capacities is critical. Valley Center must review and revise the SPCC Plan to ensure that all oil storage capacities and technical information are accurate and consistent across all sections of the document. Valley Center must submit the updated SPCC Plan to ESRB for review and verification.

Finding 7: Multiple Thermal Runaway Mitigation (TRM) system gauges were not functioning properly.

GO 167-C, Appendix C, MS 9: Conduct of Maintenance states:

“Maintenance is conducted in an effective and efficient manner, so equipment performance and material condition effectively support reliable facility operation.”

GO 167-C, Appendix C, MS 13: Equipment Performance and Material Condition states:

“Equipment performance and material condition support reliable facility operation. This is achieved using a strategy that includes methods to anticipate, prevent, identify, and promptly resolve equipment performance problems, corrosion, and degradation.”

GO 167-C, Appendix D, OS 13: Routine Inspections states:

“Routine inspections by facility personnel ensure that all areas and critical parameters of facility operations are continually monitored, equipment is operating normally, and that routine maintenance is being performed. Results of data collection and monitoring of parameters during routine inspections are utilized to identify and resolve problems, to improve facility operations, and to identify the need for maintenance. All personnel are trained in the routine inspection procedures relevant to their responsibilities. Among other things, each GAO or ESSO creates, maintains, and implements routine inspections by:

- a) *Identifying systems and components critical to system operation such as, but not limited to, those listed in the guidelines to Operating Standard 28.*
- b) *Establishing procedures for routine inspections that define critical parameters of these systems, describe how those parameters are monitored, and delineate what action is taken when parameters meet alert or action levels.*
- c) *Training personnel to conduct routine inspections.*
- d) *Monitoring and conducting trend analysis from routine inspections.”*

During the field inspection, ESRB inspectors observed that a gauge on the Unit 3A3 TRM system was not functioning properly and was stuck at its maximum reading. A maximum reading on a gauge can indicate an over pressurized system or indicate a valve that has failed and is not properly reading the pressures withing the piping system. Additionally, two TRM system gauges on Unit 1B8 were not functioning properly and were both indicating zero. Non-functional gauges prevent operators and maintenance personnel from accurately monitoring system conditions and verifying proper operation, which may result in undetected abnormal conditions and impact safe and reliable operation. Without proper working gauges Valley Center staff and ESRB inspectors cannot verify the working pressures of the TRM system or see if they are operating within required specification.

Valley Center personnel repaired or replaced the affected gauges prior to the conclusion of the audit. Valley Center must ensure that gauges and instrumentation are routinely inspected and maintained to identify and correct similar deficiencies in a timely manner.

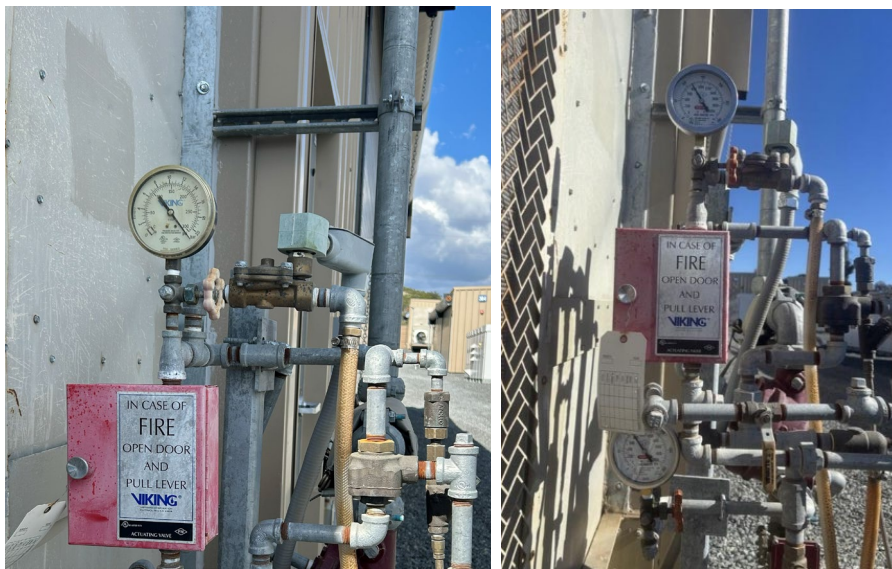


Figure 1: (Left) Pressure gauge on Unit 3A3 TRM system maxed out. (Right) Valley Center replaced the pressure gauge on Unit 3A3 during the audit.



Figure 2: (Left) Both gauges on Unit 1B8 TRM system reading zero. (Right) Valley Center replaced both pressure gauges on Unit 1B8 during the audit.

Finding 8: A Flammable Storage Cabinet Does Not Auto-Close.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 11: Operations Facilities, Tools, and Equipment states in part:

“Facilities and equipment are adequate to effectively support operations activities, including housekeeping, tool storage, and equipment storage...”

National Fire Protection Association (NFPA) 1 60.1.2.23 (d) states:

“Doors shall be well fitted, self-closing, and equipped with a self-latching device.”

During the field inspection, ESRB inspectors observed that a flammable storage cabinet located at Valley Center was not equipped with a self-closing door mechanism. Flammable storage cabinets are intended to limit fire propagation and reduce fire risk by ensuring that cabinet doors close automatically when not actively in use. A cabinet that does not self-close may remain open or unsecured, reducing its effectiveness as a fire protection control and increasing the potential for fire spread.

During the audit, Valley Center ordered a new flammable storage cabinet with a self-closing mechanism and provided a purchase order to ESRB for verification. Valley Center must submit a photo of the newly installed flammable storage cabinet once it arrives on site to ESRB for review and verification.



Figure 3: Flammable material storage cabinet without a self-closing mechanism.

Finding 9: Expired hot stick identified in Valley Center storage shipping container.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 11: Operations Facilities, Tools, and Equipment states:

“Facilities and equipment are adequate to effectively support operations activities, including housekeeping, tool storage, and equipment storage. Physical separation

such as, but not limited to, egress requirements, clearance for electrical equipment, and ESS equipment shall be maintained.”

During the field inspection, ESRB inspectors observed one hot stick with a 2021 test date stored in the inventory shipping container within Valley Center. Hot sticks are critical insulating tools used for electrical safety and must be periodically tested to ensure they maintain their dielectric integrity and provide adequate protection to personnel. Retaining expired hot sticks in available inventory creates the potential for personnel to unknowingly use equipment that no longer meets required safety standards.

Valley Center personnel removed the expired hot stick from the site during the audit. Valley Center must ensure that hot sticks and other insulating tools are properly tracked and maintained in accordance with required testing intervals. Valley Center must ensure that all tools and materials on site, including tools that are not being used by staff, meet safety criteria or are removed from the premises.



Figure 4: Hot stick with 2021 calibration tags found in Valley Center Storage container.



Figure 5: Valley Center removed the hot stick from site before the conclusion of the CPUC audit.

Finding 10: Two Post Indicator Valves (PIV) at the site were not locked and one of them positioned between open/shut.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

National Fire Protection Association (NFPA) 25 13.3.1.3 states:

“Each normally open valve shall be secured by means of a seal or a lock or shall be electrically supervised in accordance with the applicable NFPA standard.”

During the inspection, ESRB inspectors observed that two post indicator valves associated with the fire protection system were not secured with locks. Unsecured valves can compromise the availability and effectiveness of the fire suppression system. Valley Center must ensure that all post indicator valves are maintained in the fully open and secured with appropriate locking or supervisory mechanism. The two PIV’s were locked and correctly positioned during the audit.



Figure 6: (Left) PIV with no locking mechanism. (Right) Valley Center locked the PIV during the audit.



Figure 7: (Left) PIV without a proper locking mechanism. (Right) Valley Center locked the PIV during the audit.

Finding 11: The Valley Center Orientation and Emergency Action Plan (EAP) site maps are not properly reflecting all site fire extinguisher locations.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and

behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 20: Preparedness for On-Site and Off-Site Emergencies states in part:

“The GAO or ESSO plans for, prepares for, and responds to reasonably anticipated emergencies on and off the plant site, primarily to protect facility personnel and the public, and secondarily to minimize damage to maintain the reliability and availability of the facility. Among other things, the GAO or ESSO:

c) Ensures provision of emergency information and materials to personnel”

During the inspection, ESRB inspectors found that the Valley Center site map in the orientation and EAP did not reflect all fire extinguisher locations. A fire extinguisher on the substation gate was missing from the map. This indicator is crucial to ensure that the facility is ready in case of an emergency. It is important that the site map document be reviewed and updated to accurately reflect all fire extinguisher locations. Valley Center must review and update the site maps in the orientation and EAP to accurately reflect all fire extinguisher locations and provide the updated documents to ESRB for review and verification.



Figure 8: Site map is missing second fire extinguisher location indicator.



Figure 9: Fire extinguisher located on the substation gate not indicated on site map.

Finding 12: The facility maps located in the Fire Alarm Control Panel (FACP) and Substation control house contain outdated local emergency contact information.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

GO 167-C, Appendix D, OS 20: Preparedness for On-Site and Off-Site Emergencies states in part:

“The GAO or ESSO plans for, prepares for, and responds to reasonably anticipated emergencies on and off the plant site, primarily to protect facility personnel and the public, and secondarily to minimize damage to maintain the reliability and availability of the facility. Among other things, the GAO or ESSO:

c) Ensures provision of emergency information and materials to personnel”

During the inspection, ESRB inspectors observed that the FACP and Substation facility maps listed an outdated local emergency contact who is no longer employed with Valley Center. Accurate and current emergency contact information is necessary to support effective emergency response and coordination. Valley Center must review and update all emergency contact information to ensure accuracy and availability of current personnel. Valley Center updated the FACP and Substation facility maps during the audit.

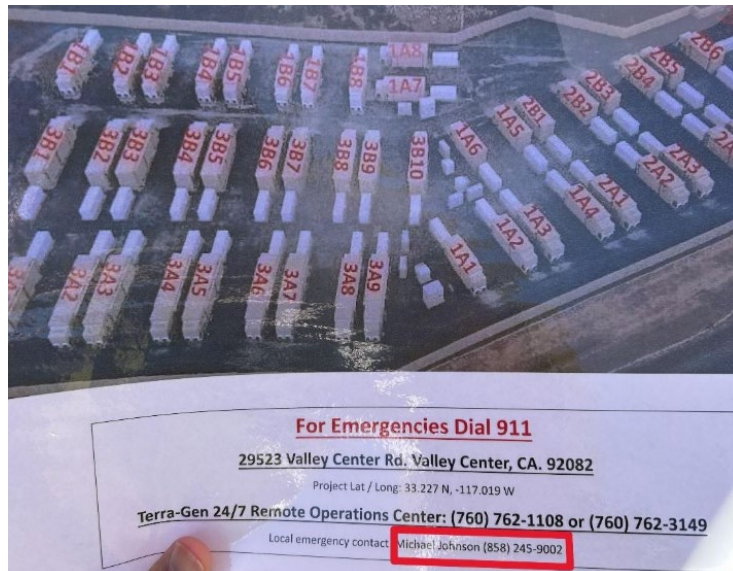


Figure 10: Site map with outdated contact information.



Figure 11: Valley Center updated the site map during the audit.

Finding 13: The FACP Safety Data Sheet (SDS) QR code directs users to an invalid SDS online inventory

GO 167-C, Appendix C, MS 1: Safety states:

“The protection of life and limb for the work force is paramount. The company behavior ensures that individuals at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this priority. The work environment, and the policies and procedures foster such a safety culture, and the attitudes and behaviors of individuals are consistent with the policies and procedures.”

GO 167-C, Appendix C, MS 8: Maintenance Procedures and Documentation states:

“Maintenance procedures and documents are clear and technically accurate, provide appropriate directions, and are used to support safe and reliable facility

operation. Procedures must be current to the actual methods being employed to accomplish the task and are comprehensive to ensure reliable energy delivery to the transmission grid.”

During the site inspection, it was observed that a SDS QR code posted on the FACP door directed users to Pearce’s SDS online inventory. Valley Center no longer has a project services agreement with Pearce and has taken over all operations and maintenance of Valley Center. As a result, SDSs may not be readily accessible or accurate for personnel requiring hazardous information. Accurate and accessible SDS documentation is necessary to support safe handling of hazardous materials and effective emergency response.

Valley Center must review and update the SDS access system to ensure that all QR codes direct users to Valley Center’s current and accurate SDS inventory. Valley Center must verify that SDS documentation is readily accessible, accurate, and maintained in accordance with applicable standards. Valley Center must submit documentation demonstrating completion of these actions, including evidence that the QR codes direct users to the correct SDS inventory and that current SDS documentation is accessible to personnel, to ESRB for review and verification. Valley Center must also ensure that any other QR codes leading to Pearce’s SDS online inventory are removed from the site. Valley Center removed the SDS QR code posted on the FACP door during the audit.



Figure 12: (Left) Pearce QR code posted on the FACP door. (Right) Valley Center removed the QR code from the FACP door during the audit.

Finding 14: Intermediate Bulk Container (IBC) tote on site found not properly labeled indicating contents or empty status.

GO 167-C, Appendix D, OS 1: Safety states:

“The protection of life and limb for the work force is paramount. GAOs and ESSOs have a comprehensive safety program in place at each site. The company’s behavior ensures that personnel at all levels of the organization consider safety as the overriding priority. This is manifested in decisions and actions based on this

priority. The work environment and the policies and procedures foster such a safety culture, and the attitudes and behaviors of personnel are consistent with the policies and procedures.”

O 167-C, Appendix D, OS 8: Plant Status and Configuration states:

“Facility activities are effectively managed, so the facility status and configuration are maintained to support safe, reliable, and efficient operation.”

GO 167-C, Appendix D, OS 11: Operations Facilities, Tools, and Equipment states:

“Facilities and equipment are adequate to effectively support operations activities, including housekeeping, tool storage, and equipment storage. Physical separation such as, but not limited to, egress requirements, clearance for electrical equipment, and ESS equipment shall be maintained.”

During the field inspection, ESRB inspectors observed an IBC tote located on site that did not have any labeling to indicate its contents or whether the container was empty. Proper labeling of containers is necessary to ensure that personnel can readily identify potential hazards and handle materials safely before coming in contact with the material. Unlabeled containers may lead to improper handling, storage, or disposal and can create safety and environmental risks.

Valley Center personnel added a label identifying the contents as non-potable water prior to the conclusion of the audit. Valley Center must ensure that all IBC totes and all containers on site are clearly labeled to identify their contents or indicate that they are empty.



Figure 13: An IBC tote without a label indicating its contents.



Figure 14: Valley Center labeled the tote before the conclusion of the CPUC audit.

Finding 15: Emergency Action Plan (EAP) revision control is not consistent with documented updates.

GO 167-C, Appendix D, OS 7: Operation Procedures and Documentation states in part:

“Operation procedures and documents are clear and technically accurate, provide appropriate directions, and are used to support safe and reliable facility operation. Procedures are current to the actual methods being employed to accomplish the task...”

During the documentation review, ESRB inspectors reviewed the EAP provided prior to the audit and identified that *Table 1: Valley Center Emergency Contacts* was missing a contact. During the site visit, ESRB inspectors were provided with an updated version of the EAP that included the missing contact, however, the revision number on the updated document remained listed as Revision 04, which was the same revision number as the previously provided version that did not include the contact.

Upon further review, ESRB inspectors noted that the revision history table in the updated EAP included an additional entry documenting the inclusion of the missing contact. This indicates that a revision had occurred, but the overall document revision number was not updated to reflect the change. Inconsistent revision control may result in confusion regarding the most current version of critical emergency procedures and may lead personnel to rely on outdated or incomplete information during an emergency.

Valley Center must ensure that all revisions to the EAP are accurately reflected in the document revision number and that the revision history table is consistent with the current version of the document. Valley Center must submit the updated EAP with corrected revision numbering to ESRB for review and verification.

II. List of Documents Reviewed

Category	Reference #	CPUC-Requested Documents
Safety	1	Orientation Program for Visitors and Contractors**
	2	Emergency Response and Emergency Action Plan
	3	Evacuation Map and Plant Layout
	4	Records Demonstrating Coordination with Local Agencies in the Development of the ERP and EAP.
	5	Evacuation Drill Report and Critique (last 3 years)
	6	Records of Emergency Trainings, Table-Top Exercises, and Drills Involving Local First Responders or Other External Agencies
	7	Hazardous Material Communication Program and Hazmat Handling Procedures
	8	SDS for All Hazardous Chemicals
	9	Injury & Illness Prevention Plan (IIPP) (last 3 years)
	10	OSHA Form 300 (Injury Log) and OSHA Form 301 (Incident Report) (last 4 years)
	11	List of all CPUC Reportable Incidents (last 5 years)***
	12	Fire Protection System Test Report and Inspection Record (5 years)
	13	Insurance Report / Loss Prevention / Risk Survey (last 5 years)
	14	Lockout / Tagout Procedure (last 3 revisions, if applicable)
	15	Arc flash Analysis
	16	Confined Space Entry Procedure
	17	Emergency Shutdown or Battery Discharge Protocol
	18	Plant Physical Security and Cyber Security Procedures and Records
	19	Job Safety Analysis Program**
Employee Training	20	Safety Training Records*
	21	Skill-related Training Records*
	22	Certifications for Electrical, Welders, Forklift & Crane Operators*
	23	Hazmat Training Records *
Contractors	24	Latest list of Qualified Contractors*
	25	Contractor Selection / Qualification Procedure
	26	Contractor Certification Records
	27	Contractor Monitoring Program
	28	BESS Maintenance Contract and Operations and Monitoring Contract

Regulatory	29	Air Permit
	30	Water Permit
	31	Spill Prevention Control Plan (SPCC)
	32	Construction Permitting Documents from permitting organizations
	33	Commissioning Documentation (Inspection reports)
O&M	34	Daily Round Sheets / Checklists
	35	Logbook**
	36	List of Open/Backlogged Work Orders*
	37	List of Closed/Retired Work Orders (last 2 years)*
	38	Open/Backlogged Contractor Issues or Tickets
	39	Work Order Management Procedure (last 3 revisions, if applicable)
	40	Computerized Maintenance Management System (Demonstration onsite)**
	41	SCADA system (Demonstration onsite)**
	42	All Root Cause Analyses (if any)
	43	Emergency Generator Test and Maintenance Records (last 5 years)
	44	Substation Battery Test and Maintenance Records (last 5 years)
Battery Energy Storage System	45	Maintenance and Inspection Records for Switchgear/breaker/relays
	46	Inspection and Maintenance Records for PCS (Inverter)
	47	BESS HVAC inspection and maintenance records
	48	Capacity Testing Records and Procedure
	49	Round Trip Efficiency Test Records and Procedure
	50	Thermal Management System Inspection Records
	51	Battery Management System Maintenance and Calibration Records
	52	Battery Protection Unit Inspection and Calibration Records
	53	Battery Health Assessment Report and Procedure
	54	Failure Modes and Effects Analysis (FMEA)
	55	Hazard Mitigation Analysis
	56	Offsite Impacts Analysis
	57	Underwriters Laboratory 9540A Test Reports
	58	BESS Fire Suppression System Inspection, Maintenance, and Testing Records
	59	BESS Fire Suppression System As Built Drawings and Schematics
	60	Operations and Monitoring Setup of the BESS Fire Suppression System (Onsite Demonstration)**
	61	BESS Fire Suppression System Integration with Fire Alarm Panel Design Records or Manuals
	62	BESS Fire Suppression System Standard Operating Procedure or Control Room User Manual

Transformers	63	Medium Voltage Transformer Maintenance and Inspection Records
	64	Maintenance and Inspection Records for Main Transformer(s)
	65	Hot Spots / IR Inspection Reports
	66	Dissolved Gas Analysis Reports
Instrumentation	67	Instrument Calibration Procedures and Records
	68	Fire, Heat, Gas, and Smoke Detection Calibration and Test Records
Test Equipment	69	Calibration Procedures and Records
Documentation	70	Records of all system outages greater than 50 MWs and longer than 72 hours
	71	Record of Thermal Events
	72	Module or Rack level Electrical Schematics
	73	As-Built Construction Drawings including Single Line Diagram
	74	OEM BESS Data/Specification Sheet
	75	Vendor Manuals (BESS, BMS, Inverter)
Spare Parts	76	Spare Parts Inventory List
	77	Shelf-life Assessment Report
Management	78	Employee Performance Review Procedures and Verifications
	79	Organizational Chart
Internal Audit	80	Internal Audit Procedures and Records

Note: If a requested document is not applicable or not available, please indicate as such in your response.

*Provide data in a searchable format such as a searchable PDF, Word Document, Excel Spreadsheet, etc.

** These items may be provided on-site by the first day of the audit.

*** Reportable Incidents that meet GO 167-C Section 9.4 that occurred within the 5 year