

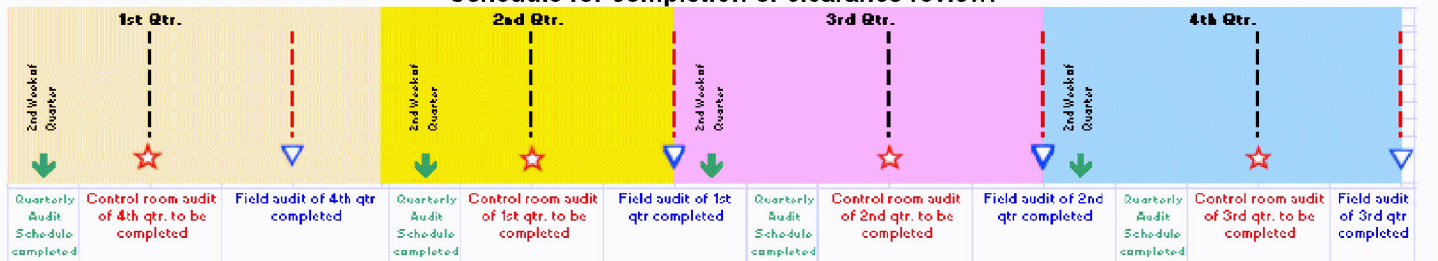


Quarterly List

Quarter: 1st. 2nd. 3rd. 4th. Year: 2009

Area/Department:	Headquarters:		Completed
Process Auditor:	Review Date:		
Field Auditor:	Review Date:		
Clearance Number	Revision Number	Date of Revision	
New System (Identified in Control Room) 100%			<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Standard System (Identified in Control Room) 10% or minimum of 3			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Non-System (Chosen in Field File) Minimum of 6			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Active (100%)			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Schedule for completion of clearance review:



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Gas Clearance Audit Process Review



Quarter: 1st. 2nd. 3rd. 4th. Year: 2009

Area/Department:		Headquarters:	
Process Auditor:		Review Date:	

Item	CLEARANCE PACKAGE	OK	Issue	N/A	Comments
P1	Pull Outlook calendar information for identified clearances. (from quarterly audit schedule) Verify that the clearance was scheduled and updated in Outlook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2	Print copy of completed clearances identified for audit (from the GSO Shared drive) for the previous quarter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P3	Verify that proper approval was obtained with sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4	Verify correct and current operating maps and diagrams were identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5	Verify clearance supervisor identified has current training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6	If applicable, verify estimated blowdown calculations were provided, and entered in the appropriate locations of the clearance form. Verify that the actual pressures and volumes were recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P7	Verify that all required notifications to agencies were made and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P8	Verify that the appropriate information was in the special instructions (i.e. verify that there were no valve operations included as part of the special instructions.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P9	Review all revisions of the clearanace for appropriate use of revision process. Verify that the revision number was kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P10	If applicable, verify that alarm change requirements were documented and followed. Were the alarm changes made and were they returned to normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P11	If welding or tapping was part of the clearance, verify that maximum welding and tapping pressures were provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P12	Verify that all steps identified as key communications steps have proper documentation of completed by and date and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P13	Verify that use of proper tag was indicated in the sequence of operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Note: When the Process review is complete for each of the headquarters, save partially completed audit form to the shared drive and notify the field auditor that office/headquarters if ready for the field portion of the review</i>					

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Copy to:
Superintendent, Gas Maintenance Supervisor, Operations Manager



F4100-10-5
3/2009

Gas Clearance Audit Field Review



Quarter: 1st. 2nd. 3rd. 4th.

Year: 2009

Area/Department:

Headquarters:

Field Auditor:

Review Date:

Item	System Clearances	OK	Issue	N/A	Comments
F1	Pull quality assurance process form from the GSO sharepoint for the appropriate headquarters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F2	Obtain field file copy of the clearances reviewed for that headquarters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3	Compare revision number of field copy to the revision number provided in the Process review.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
F4	Verify that the sequence of operations were not altered with out approval and a new revision number issued.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F5	Verify that the field copy has proper completion documented for each step. Identified key steps will have completed by date and time, all others will be checked complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F6	If clearance was done at a major station with a clearance communication board, verify that the master clearance board Mon on Line Tag is attached to the completed clearance and properly filled out.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non System Clearances					
F7	Pull 6 non-system clearances from the field file that occurred during the previous quarter for review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F8	Verify that the non-system clearance has an approval on the file copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F9	Verify correct and current operating maps and diagrams were identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F10	Verify clearance supervisor identified has current training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F11	Verify that the appropriate information was in the special instructions (i.e. verify that there were no valve operations included as part of the special instructions.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F12	Review all revisions of the clearance for appropriate use of revision process. Verify that the revision number was kept current.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F13	Verify that use of proper tag was indicated in the sequence of operations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F14	Obtain field file copy of the clearances audited for that headquarters.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F15	Verify that the sequence of operations were not altered with out approval and a new revision number issued.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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F16	If clearance was done at a major station with a clearance communication board, verify that the clearance communication board Man on Line Tag is attached to the completed clearance and properly filled out	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Gas Clearance Audit

Field Review



Active Clearances

Note- the audit of the active clearances is not intended to be a full paperwork review. It is an opportunity to verify that the implementation of the clearance is as indicated by the paperwork. This same clearance could come up (and will for a new system clearance) for a full review in the upcoming quarter.

F17	Request a list of active clearances fromj the supervisor and obtain a hard copy of the active clearance for review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F18	Any clearances that are at a major station with a clearance communication board, review the accuracy and completeness of the information on the master clearance board.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F19	When practical walk down all steps in the clearance and verify that the tags indicated in the sequence of operations are all filled out and placed properly in the field.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
F20	During the walk down, verihy that the device in the filed is in the correct position.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Date	Department	Headquarters	Year	Control Room	Field
	2 East Bay	Oakland	2008		
	2 East Bay	Richmond	2009		
	3 Central Coast	Salinas	2010		
	3 De Anza	Cupertino	2011		
	2 Diablo	Concord	2012		
	4 Fresno	Fresno	2013		
	4 Kern	Bakersfield	2014		
	4 Kern	Ridgecrest	2015		
	2 Mission	Hayward			
	7 North Bay	San Rafael			
	7 North Coast	Eureka			
	7 North Coast	Santa Rosa			
	6 North Valley	Redding			
	6 North Valley	Chico			
	1 Peninsula	San Carlos			
	6 Sacramento	Sacramento			
	1 San Francisco	San Francisco			
	3 San Jose	San Jose			
	5 Yosemite	Merced			
	5 Yosemite	Modesto (Stanislaus)			
	6 Sierra	Roseville			
	6 Sierra	Marysville			
	5 Stockton	Stockton			
	GTM&C	Burney			
	Area 1	Willows			
	Area 2	Meridian			
	Area 3	Rio Vista			
	Area 4	Los Medanos			
	Area 5	Mcdonald Island			
	Area 6	Milpitis/Holister			
	Area 7	Tracy			
		Kettleman			
		Kettleman North			
		Hinkley			
		Topock			

