

# DOT OPERATOR QUALIFICATION

## QUALIFICATION EVALUATION

|   | Initial    |
|---|------------|
| П | Subsequent |

| EMPLOYEE FULL NAME (PRINT)  |  |              | Last four o                    | f SS# or Employee ID#  |                                |
|---|--|--------------|--------------------------------|------------------------|--------------------------------|
|   |  |              |                                |                        |                                |
| Job Title   |  | Area         | work Location                  |                        |                                |
| Task Name   | Distribution Composite Repair                          |              |                                | Task #:                | 02-08.00                       |
|   |  |              |                                |                        |                                |
| TASK OBJECT these qualification   | IVE: Using one or more of the below "Evaluat criteria. | tion Methods | s", demonstrated the knowledge | e, skill and ability t | to perform this task following |
|   |  |              |                                |                        | Qualified                      |
| 1. Safety Requ  | uirements:   |              |                                |                        |                                |
| <ul> <li>Ability t</li> </ul>   | to identify and resolve abnormal operating con-        |              |                                |                        |                                |
|   | derstand and apply the following Compan                |              | (s):                           |                        |                                |
|   | andards - A-68.1, E-25.0, E-30.0, E-31.0, E-3          | 35.0         |                                |                        |                                |
|   | Procedure – TD-4100P-13                                |              |                                |                        |                                |
| 3. Inspect and  | Prepare pipeline or fitting(s):                        |              |                                |                        |                                |
|   | pipeline material pipeline pressure                    |              |                                |                        |                                |
| Pinpoir   |  |              |                                |                        |                                |
|   | and roughen repair area                                |              |                                |                        |                                |
| 4. Identify rep   |  |              |                                |                        |                                |
|   | expiration date of Trident-Seal Gas Leak Rep           | nair Kit     |                                |                        | <del>-   -</del>               |
|   | proper size repair kit                                 | Juli Pat     |                                |                        |                                |
| 5. Installation   |  |              |                                |                        |                                |
|   | and install proper size repair kit                     |              |                                |                        |                                |
|   | and apply proper coating system for above or           | below groun  | d application                  |                        |                                |
| 6. Test Requir  | ements:  |              |                                |                        |                                |
| Soap T  |  |              |                                |                        |                                |
| EVALUTION METHODS (Check all that apply) Observation On-The-Job Performance  Observation by Simulation  Oral Test  OTHER - Field Performance Observation by On-The-Job Training  Written Base Test  OTHER - Field Performance Comments / Actions: |  |              |                                |                        | d Performance Audit □          |
|   |  |              |                                |                        |                                |
| EVALUATO  | DR'S NAME AND CORP ID                                  | EV           | ALUATOR'S SIGNATURE            |                        | DATE                           |
|   |  |              |                                |                        |                                |

10/5/09 version Mail completed **original** Qualification Evaluation form(s) to Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA. Send copy to OQC (Operator Qualification Coordinator)

1





# Initial/Subsequent Evaluator Instructions

| Task Name: | Distribution Composite Repair | Task#: | 02-08 |  |
|------------|-------------------------------|--------|-------|--|
|            |                               |        |       |  |

Evaluator must provide the following reference material(s):

- Abnormal Operating Conditions (AOC)
- TD-4100P-13
- TD-4100P-13-JA01
- TD-4100P-13-JA02

#### Note:

Using reference material(s) listed above, individuals must answer all questions correctly. If individual cannot provide the correct answer(s) or demonstrate performance after two additional attempts, the Evaluator should refer to the Operator Qualification Basic Plan Manual, Section 1.3.3.3 for further instructions.

### Knowledge

| Criteria # | Requirement  |
|------------|--|
| 1.         | Review Annual Operator Qualification Job Aid and Abnormal Operating Conditions (AOC) |
|            | with individual(s).  |
| 2.         | Provide individual with Distribution Composite Repair Test.                          |

#### Performance

| remonia | ince   |
|---------|--|
| 3. – 6. | Individual must perform checks as required on the Qualification Evaluation for each of these following method(s):  Inspect and prepare pipeline or fitting(s) Identify repair kit Installation Test requirements |
|         | Note:  |
|         | Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted item in Steps 3-6).  |

10/5/09 version

Mail completed **original** Qualification Evaluation form(s) to

Send copy to OQC (Operator Qualification Coordinator)

Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.