

EMPLOYEE FULL NAME (PRINT)

DOT OPERATOR QUALIFICATION

□ Initial

QUALIFICATION EVALUATION

□ Subsequent	
SS#	
	_

Job Title			Area/W	ork Locatio	n				
Task Name Pipe-	to-Soil Reads					or Subtas	k #:	03-06.00	
Task Objective: Using of soil reading and has a go and take action when an	od understandir	ng of the	cathodic protecti						
INITIAL EVALUTION ME	THODS (Checl	k all that	apply)						
Written Base Te □		Oral Test □			0	Observation by Supervisor □			
Observation by On-The-J		Observation by Simulation □			OTHE	OTHER - Skill Block Assessments			
OTHER - Field Perform	OTHER - Field Performance Audit			Dbservation On-The-Job Performance ☐					
Note: An original of the a Operations and the DATE: Comments / Actions:				ation of use	plus a r		f 5 years		
EVALUATOR'S NAME (LOCAL OPERATING DEPARTMENT)					EVALUATOR'S NAME *FUNCTIONAL DEPARTMENT AS NEEDE				
EVALUATOR'S TITLE / LAN ID					*EVALUATOR'S TITLE / LAN ID				
EVALUATOR'S SIGNATURE				_	*EVALUATOR'S SIGNATURE				

10/9/01 version

OM&C/CS - Mail completed form(s) to Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.

CGT - Mail completed form(s) to 375 N. Wiget Lane, Walnut Creek, CA.

OM&C/CS/CGT - Send copy to LGOQPC

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