



DOT OPERATOR QUALIFICATION

QUALIFICATION EVALUATION

Initial
 Subsequent

| | | |
|----------------------------|--|------------------|
| EMPLOYEE FULL NAME (PRINT) | | Last four of SS# |
|----------------------------|--|------------------|

Job Title _____ Area _____ Work Location _____

Subtask Name Rectifier Maintenance Subtask #: 03-10.00

SUBTASK OBJECTIVE: Using one or more of the below "Evaluation Methods", demonstrated the knowledge, skill and ability to perform this task following these qualification criteria.

| | | Qualified |
|----|---|--------------------------|
| 1. | Safety Requirements: | <input type="checkbox"/> |
| | • Ability to identify and resolve abnormal operating condition(s) | |
| 2. | Access, understand and apply the following Company Standard(s): | <input type="checkbox"/> |
| | • UO Standard S4133 and S4126 | |
| 3. | Rectifiers: | <input type="checkbox"/> |
| | • Understand how the rectifier functions as part of the cathodic protection system | |
| | • Understands the components of the rectifier (including reverse current switch, diodes, grounding, etc.) | |
| | • Demonstrates the ability to clean | |
| | • Demonstrates the ability to troubleshoot and make adjustments | |
| | • Demonstrates the ability to repair and/or replace rectifiers/components | |
| 4. | Pipe Insulation through a Casing: | <input type="checkbox"/> |
| | • Troubleshoot to determine if there is a casing short | |
| 5. | Record Maintenance: | <input type="checkbox"/> |
| | • Demonstrates the ability to correctly maintain cathodic protection records | |

EVALUATION METHODS (Check all that apply)

Observation On-The-Job Performance Observation by Simulation Oral Test
Observation by On-The-Job Training Written Base Test OTHER - Field Performance Audit

Comments / Actions: _____

EVALUATOR'S NAME AND CORP ID

EVALUATOR'S SIGNATURE

DATE

6/23/05 version
OM&C/FSD - Mail completed original Qualification Evaluation form(s) to _____ Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.
CGT - Mail completed original Qualification Evaluation form(s) to _____ @ 375 N. Wiget Lane, Walnut Creek, CA.
OM&C/FSD/CGT - Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



Initial/Subsequent Evaluator Instructions

Subtask Name: Rectifier Maintenance Subtask#: 03-10.00

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- Gas Standard
- Corrosion Control Rectifier Troubleshooting Job Aid
- How to Troubleshoot a Universal Rectifier Job Aid

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 Rectifier Maintenance Test. |

Performance

| | |
|---------|--|
| 3. – 7. | <p>Individual must perform checks as required on the Qualification Evaluation for each of these following method(s):</p> <ul style="list-style-type: none"> • Rectifiers • Utilization of Cathodic Protection Forms • Resurvey Cathodic Protection Areas • Pipe Insulation through a Casing • Record Maintenance <p>Note: Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-7).</p> |
|---------|--|

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