



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

Job Title \_\_\_\_\_ Area \_\_\_\_\_ Work Location \_\_\_\_\_

Subtask Name Testing/Inspecting for Adequate Electrical Isolation Subtask #: 03-11.00

**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
<b>1. Safety Requirements:</b>	<input type="checkbox"/>
• Ability to identify and resolve abnormal operating condition(s)	
<b>2. Access, understand and apply the following Company Standard(s):</b>	<input type="checkbox"/>
• UO Standard S4133	
<b>3. Electrical Isolation</b>	<input type="checkbox"/>
• Test for adequate electrical isolation	
• Inspect for adequate electrical isolation	
<b>4. Record Maintenance:</b>	<input type="checkbox"/>
• Demonstrates the ability to correctly maintain all 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:**

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\_\_\_\_\_ 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 [REDACTED] Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.  
 CGT - Mail completed **original** Qualification Evaluation form(s) to [REDACTED] @ 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: Testing/Inspecting for Adequate Electrical Isolation Subtask#: 03-11.00

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- Gas Standard
- Electrical Isolation 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 Testing/Inspecting for Adequate Electrical Isolation Test.

#### Performance

3. – 4.	<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"> <li>• Electrical Isolation</li> <li>• Record Maintenance</li> </ul> <p><b>Note:</b> Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-4).</p>
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