



QUALIFICATION EVALUATION

Initial
 Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

Job Title _____ Area _____ Work Location _____

Subtask Name Soap Test / Stand-up Test Subtask #: 04-01.00

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"/>
• Gas Standard - A-34, General order 112E	
3. Inspection:	<input type="checkbox"/>
• Inspect all new, replaced, and reconnect pipelines and facilities that transport natural gas	
• Inspect all steel welds	
• Inspect all plastic fusion	
4. Equipment:	<input type="checkbox"/>
• Gauges	
• Recorder gauges	
• Leak Detection Soap	
5. Test Requirement:	<input type="checkbox"/>
• Proposed M.A.O.P.	
• Component to be tested	
• Type of test	
• Design Pressure	
• Test Medium	
• Maximum Test Pressure	
• Minimum Test Pressure	
• Duration of Test	
• Type of Test	
6. Test Records Required:	<input type="checkbox"/>
• Test chart	
• Job estimate form	
• Gas service record form	
• A Forms	

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 [REDACTED]

CGT - Mail completed **original** Qualification Evaluation form(s) to [REDACTED]

OM&C/FSD/CGT - Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



Initial/Subsequent Evaluator Instructions

Subtask Name:

Soap Test / Stand-up Test

Subtask#: 04-01.00

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- Gas Standard

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 Soap Test / Stand-up Test.

Performance

3. – 6.	<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"> • Inspection • Equipment • Test Requirement • Test Records Required <p>Note: Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-6).</p>
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