



QUALIFICATION EVALUATION

Initial
 Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

Job Title _____ Area _____ Work Location _____

Subtask Name Operate Top Tapping / Plugging Equip. (3/4" to 4") Subtask #: 06-02.00

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 Standards - C-16.3, C-16.4, C-27, C-25, C-23, C-20.2	
3. Identify Line Stopper Fitting, Pipeline Material and Pipeline Pressure:	<input type="checkbox"/>
• Verify pipeline material	
• Verify pipeline pressure	
• Determine type and pressure rating of line stopper fitting	
4. Select Appropriate Valves & Accessories:	<input type="checkbox"/>
• Determine when to use center punch	
• Select and install valve adapter (if required)	
• Select, install and operate valve	
5. Select Appropriate Tapping Machine & Accessories:	<input type="checkbox"/>
• Select tapping machine	
• Select and install machine adapter (if required)	
• Select and install drill into tapping machine	
• Operate tapping machine	
6. Select Appropriate Stopping Machine & Accessories:	<input type="checkbox"/>
• Select, install & operate sweeper	
• Select stopping machine	
• Select and install machine adapter (if required)	
• Select and install stopper into stopping machine	
• Operate stopping machine	
7. Select Appropriate Completion Machine & Accessories:	<input type="checkbox"/>
• Select completion machine	
• Select and install inserter into completion machine	
• Select and install extractor into completion machine	
• Operate completion machine	

EVALUTION 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

9/5/08 version

Mail completed **original** Qualification Evaluation form(s) to [redacted] Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.
Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



Initial/Subsequent Evaluator Instructions

Subtask Name: Operate Top Tapping / Plugging Equip. (3/4" to 4") Subtask#: 06-02.00

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 Operate Top Tapping / Plugging Equipment (3/4" to 4") 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"> • Identify Line Stopper Fitting, Pipeline Material and Pipeline Pressure • Select Appropriate Valves & Accessories • Select Appropriate Tapping Machine & Accessories • Select Appropriate Stopping Machine & Accessories • Select Appropriate Completion Machine & Accessories <p style="text-align: center;">Note:</p> <p>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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