



QUALIFICATION EVALUATION

Initial
 Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

Job Title _____ Area _____ Work Location _____
 Subtask Name TDW Shortstop II – 6" to 12" Subtask #: 06-07.00

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-64 / C-64.1, C-20	
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 Valve & Accessories:	<input type="checkbox"/>
• Select and install adapter (if required)	
• Select, install and operate valve	
5. Select Appropriate Tapping Machine & Accessories:	<input type="checkbox"/>
• Select and install flange adapter	
• Select tapping machine	
• Select and install drill into tapping machine	
• Operate tapping machine	
6. Select Appropriate Stopping Machine & Accessories:	<input type="checkbox"/>
• Select, install and operate sweeper	
• Select stopping machine	
• 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	
8. Abnormal Operating Condition:	<input type="checkbox"/>
• Ability to identify abnormal operating condition	
• Ability to resolve abnormal operating conditions	

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] 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:

TDW Shortstop II – 6” to 12”

Subtask#: 06-07.00

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 TDW / Stopple 6” and Greater Test.

Performance

3. – 8.	<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 Valve & Accessories • Select Appropriate Tapping Machine & Accessories • Select Appropriate Stopping Machine & Accessories • Select Appropriate Completion Machine & Accessories • Abnormal Operating Condition <p>Note: Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-8).</p>
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