

### DOT OPERATOR QUALIFICATION

#### QUALIFICATION EVALUATION

|   | Initial    |
|---|------------|
| П | Subsequent |

| EMPLOYEE FULL NAME (PRINT)  Last four of SS# |   |                                  |                                      |  |
|--|---|----------------------------------|--------------------------------------|--|
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
| Job  | Title A   | rea Work Location                |                                      |  |
|  |   |                                  |                                      |  |
| Sub  | Subtask Name Low Pressure / Semi-High Bagging Operations Subtask #: 06-08.0                         |                                  |                                      |  |
|  |   |                                  |                                      |  |
| CIII   | BTASK OBJECTIVE: Using one or more of the below "Evaluation   | Mothodo" domanatrated the know   | uladaa akill and ahilitu ta narfarm  | this took  |
|  | ving these qualification criteria.  | iviethods, demonstrated the know | viedge, skill and ability to perform | IIIIS IdSK                                       |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      | Qualified  |
| 1.   | Safety Requirements:     Ability to identify and resolve abnormal operating condition(s)            |                                  |                                      |  |
| 2.   | Access, understand and apply the following Company Standa   | rd(s):                           |                                      | <del>                                     </del> |
|  | <ul> <li>Gas Standards - C-37, A-39, UO 4832</li> </ul>   | (-)-                             |                                      |  |
| 3.   | Identify Pipeline Material and Pipeline Pressure:   |                                  |                                      |  |
|  | Verify pipeline material  |                                  |                                      |  |
| 4.   | Verify pipeline pressure     Select Appropriate Bag & Accessories:                                  |                                  |                                      | +  |
| 4.   | Select bag  |                                  |                                      | +  |
|  | Test bag  |                                  |                                      |  |
| 5.   | Select Appropriate Sweeping Tool:   |                                  |                                      |  |
|  | Select and install sweeping tool  |                                  |                                      |  |
| 6.   | Operate sweeping tool     Install Bag:  |                                  |                                      | +  |
| 0.   | Install and inflate bag(s) in the appropriate sequence  |                                  |                                      | + -  |
| 7.   | Remove Bag:   |                                  |                                      |  |
|  | Deflate and remove bag in the appropriate sequence  |                                  |                                      |  |
|  | Purge facilities in the appropriate sequence  |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
| EV   | LUTION METHODS (Check all that apply)   |                                  |                                      |  |
|  |   | imulation D                      | Oral Test □                          |  |
|  | Observation On-The-Job Performance  Observation by Simulation  Oral Test  OTHER - Field Performance |                                  |                                      | Audit 🗆  |
|  | ,   |                                  |                                      |  |
| Cor  | nments / Actions:   |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  |   |                                  |                                      |  |
|  | EVALUATOR'S NAME AND CORP ID  | EVALUATOR'S SIGNATURE            | DATE                                 |  |
|  |   |                                  |                                      |  |

6/23/05 version

1

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)

Material Redacted GTR0009682





# Initial/Subsequent Evaluator Instructions

| Subtask<br>Name: | Low Pressure / Semi-High Bagging Operations | Subtask#: | 06-08.00 |
|------------------|---|-----------|----------|
|                  |   |           |          |

# 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 Low Pressure / Semi-High Bagging Operations Test.            |
|           |  |

#### Performance

| Periorillar | Performance  |  |
|-------------|--|--|
| 3. – 7.     | Individual must perform checks as required on the Qualification Evaluation for each of these following method(s):  Identify Pipeline Material and Pipeline Pressure Select Appropriate Bag & Accessories Select Appropriate Sweeping Tool Install Bag Remove Bag |  |
|             | Note:  Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-7).  |  |
|             | verbalize each action step (bulleted items in oteps 5-7).  |  |

6/23/05 version

2

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)