



QUALIFICATION EVALUATION

- Initial
- Subsequent

|                            |  |                  |
|----------------------------|--|------------------|
| EMPLOYEE FULL NAME (PRINT) |  | Last four of SS# |
|                            |  |                  |

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

Subtask Name Low Pressure Foaming Operations Subtask #: 06-11.00

**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"/> |
| • Gas Standards - C-37, C-37.1, A-39, B-54.1, B-54.2, UO 4832              |                          |
| <b>3. Pipeline Inspection:</b>   | <input type="checkbox"/> |
| • Identify pipeline material   |                          |
| • Identify pipeline pressure   |                          |
| <b>4. Pipeline Preparation:</b>  | <input type="checkbox"/> |
| • Cleaning   |                          |
| • Support pipeline   |                          |
| • Install and inflate bag for pressure / feed check                        |                          |
| <b>5. Identify Foam Injection Equipment &amp; Materials:</b>               | <input type="checkbox"/> |
| • Identify approved polyurethane foam                                      |                          |
| • Identify, set-up, and operate approved foam injection equipment          |                          |
| <b>6. Identify Foam Injection Methods:</b>                                 | <input type="checkbox"/> |
| • Method #1; injecting foam directly into pipeline                         |                          |
| • Method #2; injecting foam into foam injection bag                        |                          |
| • Securing foam slug   |                          |
| <b>7. Cutting &amp; Capping Pipeline:</b>                                  | <input type="checkbox"/> |
| • Identify approved saws, cutting equipment, and minimum cut-off distances |                          |
| • Identify approved end cap methods  |                          |

**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: Low Pressure Foaming Operations Subtask#: 06-11.00

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 Foaming Operations 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"> <li>• Pipeline Inspection</li> <li>• Pipeline Preparation</li> <li>• Identify Foam Injection Equipment &amp; Materials</li> <li>• Identify Foam Injection Methods</li> <li>• Cutting &amp; Capping Pipeline</li> </ul> <p><b>Note:</b><br/>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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