



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		SS#

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

Task Name Air Mover Operations Task or Subtask #: 07-04.00

**Task Objective:** Using one or more of the below "Initial Evaluation Methods", demonstrated ability to correctly operate air movers when taking a pipeline out of service. Also has demonstrated the ability to identify and take action when an abnormal operating condition exists.

INITIAL EVALUTION METHODS (Check all that apply)

Written Base Test <input type="checkbox"/>	Oral Test <input type="checkbox"/>	Observation by Supervisor <input type="checkbox"/>
Observation by On-The-Job Training <input type="checkbox"/>	Observation by Simulation <input type="checkbox"/>	OTHER - Skill Block Assessments <input type="checkbox"/>
OTHER - Field Performance Audit <input type="checkbox"/>	Observation On-The-Job Performance <input type="checkbox"/>	<input type="checkbox"/>

Note: An original of the appropriate test and/or check-off sheet must be maintained by Learning Services for Distribution Operations and the System Integrity Group for CGT for duration of use plus a minimum of 5 years.

DATE: \_\_\_\_\_ QUALIFIED  NOT QUALIFIED

**Comments / Actions:**

---



---



---



---

\_\_\_\_\_  
EVALUATOR'S NAME  
(LOCAL OPERATING DEPARTMENT)

\_\_\_\_\_  
EVALUATOR'S TITLE / LAN ID

\_\_\_\_\_  
EVALUATOR'S SIGNATURE

\_\_\_\_\_  
EVALUATOR'S NAME  
\*FUNCTIONAL DEPARTMENT AS NEEDED

\_\_\_\_\_  
\*EVALUATOR'S TITLE / LAN ID

\_\_\_\_\_  
\*EVALUATOR'S SIGNATURE

10/9/01 version  
 OM&C/CS - Mail completed form(s) to [redacted] Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.  
 CGT - Mail completed form(s) to [redacted] @ 375 N. Wiget Lane, Walnut Creek, CA.  
 OM&C/CS/CGT - Send copy to LGOQPC