

DOT OPERATOR QUALIFICATION

QUALIFICATION EVALUATION						□ Initial □ Subsequent		
EMPLOYEE FULL NAME (PRINT)						SS#		
		,						
Job Title		Area	a/Work Lo	ocation _				
ask Name Inspect and Maintain Transmission Line				Τε	ask or	Subtask #:	08-01.00	
Task Objective: Using one or more conditions encountered during a pipintegrity. Also has demonstrated the	eline pa	atrol that may have a	an immed	iate or long	g-tern	n impact on pul	olic safety and pipeline	
INITIAL EVALUTION METHODS (C	Check a	all that apply)						
Written Base Test □				Oral Test □			Observation by Supervisor □	
Observation by On-The-Job Training ☐		Observation by Simulation				OTHER - Skill Block Assessments		
OTHER - Field Performance Audit □	<u> </u>			formance				
Note: An original of the appropriate Operations and the System Ir								
DATE:		QUALII	FIED		ПОИ	ΓQUALIFIED		
Comments / Actions:								
EVALUATOR'S NAME (LOCAL OPERATING DEPARTMENT)				*FU	EVALUATOR'S NAME *FUNCTIONAL DEPARTMENT AS NEEDED			
EVALUATOR'S TITLE / LAN ID				<u>-</u>	*E\	VALUATOR'S	TITLE / LAN ID	
EVALUATOR'S SIGNATURE					*E	*EVALUATOR'S SIGNATURE		

10/9/01 version OM&C/CS - Mail completed form(s) to CGT - Mail completed form(s) to OM&C/CS/CGT - Send copy to LGOQPC Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA. @ 375 N. Wiget Lane, Walnut Creek, CA. 1