



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		SS#

Job Title _____ Area/Work Location _____

Task Name Leak Survey / Investigation Task or Subtask #: 09-00.00

Task Objective: Using one or more of the below "Initial Evaluation Methods", demonstrated ability to recognize, report and take actions on a possible gas leak. 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]
 CGT - Mail completed form(s) to [REDACTED]
 OM&C/CS/CGT - Send copy to LGOQPC