



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS# or Employee ID#

Job Title _____ Area _____ Work Location _____

Task Name F. S. Leak Investigation Task #: 09-03.00

TASK 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
1. Safety Requirements:	<input type="checkbox"/>
• Ability to identify and resolve abnormal operating condition(s)	
2. Access, understand and apply the following Company Standard(s):	<input type="checkbox"/>
• UO Standard S6434 and WP6434-01 Gas Leak & Odor Investigation	
3. Gas Leak and Odor Response:	<input type="checkbox"/>
• Know how to investigate Gas Main or Service Leak	
• Know how to investigate Area Odor	
4. Equipment Check:	<input type="checkbox"/>
• Batteries check	
• Calibrations	
• Turn on and off procedures	
• Interpret readout	
• Check out procedures	
• Minor maintenance procedures	
• Mix proper ratio of leak solution to water (Code #49-5178)	
5. Leak Causes & Probable Sources:	<input type="checkbox"/>
• Underground	
• Above ground	
6. Check for Migration of Natural Gas:	<input type="checkbox"/>
• Sewer vents	
• Water meter boxes	

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:

_____ EVALUATOR'S NAME AND CORP ID _____ EVALUATOR'S SIGNATURE _____ DATE

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FS - Mail completed **original** Qualification Evaluation form(s) to _____
 Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



Initial/Subsequent Evaluator Instructions

Task Name: F. S. Leak Investigation Task#: 09-03.00

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- UO Standard S6434 and WP 6434-01

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 F. S. Leak Investigation Test.

Performance

3. – 6.	<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"> Gas Leak and Odor Response Equipment Check Leak Causes & Probable Sources Migration of Natural Gas <p style="text-align: center;">Note:</p> <p>Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-6).</p>
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