



QUALIFICATION EVALUATION

Initial  
 Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

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

Subtask Name Leak Survey – Heath Optical Methane Detector (OMD) Subtask #: 09-04.00

**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 - D-S0350 / S4110 / D-G0054 / D-G0055, Section M-53 / OMD User's Manual, Rev. D	
<b>3. Map Reading:</b>	<input type="checkbox"/>
• Explain and interpret gas map symbols	
• Document maps when finding gas leaks	
<b>4. Equipment Check:</b>	<input type="checkbox"/>
• Batteries check	
• Turn on and off procedures	
• Interpret readout	
• Check out procedures	
• Minor maintenance procedures	
<b>5. Calibration Procedures:</b>	<input type="checkbox"/>
• Daily internal calibration cell check	
• Weekly external calibration cell, calibration check	
• Document paper work	
<b>6. Operation Procedures:</b>	<input type="checkbox"/>
• Understands OMD survey methods and procedures (see below)	
• Survey in unpaved area	
• Survey adjacent to unpaved area	
• Survey wall to wall paved area	
• Survey in street area	
• Document paper work	

**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

1/29/08 version

Mail completed **original** Qualification Evaluation form(s) to [redacted] Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.  
 Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



### Initial/Subsequent Evaluator Instructions

Subtask Name: Leak Survey – Heath Optical Methane Detector (OMD) Subtask#: 09-04.00

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- Gas Standard
- Gas Leak Grades Job Aid
- Routine Survey Job Aid
- OMD User’s Manual, Rev. D

**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 Heath Optical Methane Detector (OMD) 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"> <li>• Map Reading</li> <li>• Equipment Check</li> <li>• Calibration Procedures</li> <li>• Operation Procedures</li> </ul> <p><b>Note:</b> 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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