



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		SS#

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

Task Name Inspect / Test / Maintain Gas Detection / Alarms Task or Subtask #: 13-01.00

**Task Objective:** Using one or more of the below "Initial Evaluation Methods", demonstrated ability to inspect, test and maintain gas detection devices and systems. Also has demonstrated the ability to identify and take action when an abnormal operating condition exits.

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:**

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

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

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

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

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

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

10/9/01 version  
 OM&C/CS - Mail completed form(s) to [REDACTED]  
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 OM&C/CS/CGT - Send copy to LGOQPC