



QUALIFICATION EVALUATION

- Initial
- Subsequent

EMPLOYEE FULL NAME (PRINT)		SS#

Job Title _____ Area/Work Location _____

Task Name Test / Maintain Relief Devices Task or Subtask #: 16-01.00

Task Objective: Using one or more of the below "Initial Evaluation Methods", demonstrated the ability to test and maintain gas relief devices. 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