



QUALIFICATION EVALUATION

Initial
 Subsequent

| | | |
|----------------------------|--|------------------|
| EMPLOYEE FULL NAME (PRINT) | | Last four of SS# |
| | | |

Job Title _____ Area _____ Work Location _____

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

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 |
|--|--------------------------|
| 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"/> |
| • Gas Standard – UO Standard S5351, CGT 4432 and Gas Standard & Specification H70 | |
| 3. Map Reading: | <input type="checkbox"/> |
| • Locate & identify relief using operating diagram or facility drawing | |
| • Verify operating diagram or facility drawing is accurate | |
| 4. Inspection & Operation: | <input type="checkbox"/> |
| • Inspect associated piping conditions for leakage & corrosion | |
| • Operate relief isolation valve and lubricate if applicable | |
| • Check mechanical operation and range ability of relief | |
| • Calibrate and check operation of control system (controller, positioner, etc.) if applicable | |
| • Return relief to proper operating set point | |
| • Verify relief isolation valve has been returned to normal operation and locked in the open position, if applicable | |
| 5. Operation Procedures: | <input type="checkbox"/> |
| • Knowledge of relief device and related component troubleshooting procedure | |
| • Documentation of relief test / maintenance completed | |

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

6/23/05 version

OM&C/FSD - Mail completed **original** Qualification Evaluation form(s) to _____ Room B101 @ 3301 Crow Canyon Rd, San Ramon, CA.

CGT - Mail completed **original** Qualification Evaluation form(s) to _____ @ 375 N. Wiget Lane, Walnut Creek, CA.

OM&C/FSD/CGT - Send copy to LGOQPC (Local Gas Operator Qualification Plan Coordinator)



Initial/Subsequent Evaluator Instructions

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

Evaluator must provide the following reference material(s):

- Abnormal Operating Condition (AOC) Job Aid
- Gas Standard

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 Test / Maintain Relief Devices Test. |

Performance

| | |
|---------|--|
| 3. – 5. | <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"> • Map Reading • Inspection & Operation • Operation Procedures <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 3-5).</p> |
|---------|--|

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