



QUALIFICATION EVALUATION

Initial
 Subsequent

EMPLOYEE FULL NAME (PRINT)		Last four of SS#

Job Title _____ Area _____ Work Location _____

Subtask Name Inspect Vault Subtask #: 18-01.00

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 – Gas Distribution Standard 0446 and CGT 4292	
3. Map Reading:	<input type="checkbox"/>
• Locate and identify vault using operating diagram or facility drawing	
• Verify operating diagram or facility drawing is accurate	
4. Vault Inspection:	<input type="checkbox"/>
• Test vault air quality before removing cover	
• Visual inspection of opening	
• Visual inspection is ladder secure	
• Visual inspection of ladder condition	
• Visual inspection of vault structure	
• Visual inspection of vent piping	
5. Operation Procedure:	<input type="checkbox"/>
• Provide action plan to return vault air quality to acceptable limits, if applicable	
• Document corrective action, if applicable	
• Documentation of inspection 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 _____

CGT - Mail completed **original** Qualification Evaluation form(s) to _____

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



Initial/Subsequent Evaluator Instructions

Subtask Name: Inspect Vault

Subtask#: 18-01.00

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 Inspect Vault 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 • Vault Inspection • Operation Procedure <p>Note: Skill must be demonstrated through simulation or actual field performance. Individual must verbalize each action step (bulleted items in Steps 3-5).</p>
---------	--

6/23/05 version

OM&C/FSD - Mail completed **original** Qualification Evaluation form(s) to [REDACTED]

CGT - Mail completed **original** Qualification Evaluation form(s) to [REDACTED]

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