

## OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

<b>Inspection Date(s):</b>	March 24, 2010
<b>Name of Operator:</b>	Williams Gas Pipeline - West
<b>Operator ID (OPID):</b>	13845 ID 8385
<b>Inspection Location(s):</b>	Spokane South District
<b>Supervisor(s) Contacted:</b>	Tom Grant
<b># Qualified Employees Observed:</b>	3
<b># Qualified Contractors Observed:</b>	

<b>Individual Observed</b>	<b>Title/Organization</b>	<b>Phone Number</b>	<b>Email Address</b>
Troy Daves	Technician 4	509-466-6650	Troy.daves@williams.com
Bob Pruneda	Technician 4	509-466-6650	Bob.pruneda@williams.com
Justin Reynolds	Team Ldr Integrity	509-466-6650	Justin.reynolds@williams.com

*To add rows, press TAB with cursor in last cell.*

<b>PHMSA/State Representative</b>	<b>Region/State</b>	<b>Email Address</b>
Scott Rukke	WA	srukke@utc.wa.gov

*To add rows, press TAB with cursor in last cell.*

**Remarks:**

A table for recording specific tasks performed and the individuals who performed the tasks is on the last page of this form. This form is to be uploaded on to the OQBD for the appropriate operator, then imported into the file.

**9.01 Covered Task Performance**

Verify the qualified individuals performed the observed covered tasks in accordance with the operator's procedures or operator approved contractor procedures.

<b>9.01 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input checked="" type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.02 Qualification Status**

Verify the individuals performing the observed covered tasks are currently qualified to perform the covered tasks.

<b>9.02 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input checked="" type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	
<input type="checkbox"/>		

**9.03 Abnormal Operating Condition Recognition and Reaction**

Verify the individuals performing covered tasks are cognizant of the AOCs that are applicable to the tasks observed.

<b>9.03 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input checked="" type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.04 Verification of Qualification**

Verify the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

<b>9.04 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input checked="" type="checkbox"/>	<b>No Issue Identified</b>	Williams provided all skill set records and qualification information.
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.05 Program Inspection Deficiencies**

Have potential issues identified by the headquarters inspection process been corrected at the operational level?

<b>9.05 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	No headquarters inspection since last inspection
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input checked="" type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### Field Inspection Notes

The following table is provided for recording the covered tasks observed and the individuals performing those tasks.

No	Task Name	Name/ID of Individual Observed			Comments
		Justin Reynolds	Bob Pruneda	Troy Daves	
		Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	
1	CT007 VALVE OPERATION	Y			
2	CT419 CP TEST POINT SURVEY	Y	Y	Y	
3	CT408 RECTIFIER MAINTENANCE		Y	Y	
4	CT709 TESTING RELIEF DEVICES				
5	CT713 GAS DETECTION DEVICES	Y	Y	Y	
6	CT711 INSPECT CONTROL DEVICES	Y	Y	Y	
7					
8					