

**OPERATOR INSPECTION-SPECIFIC INFORMATION**

<b>Inspection Date(s):</b>	9-26-2011 through 9-27-2011		
<b>Name of Operator:</b>	KB Pipeline		
<b>OPS Operator ID:</b>	31522		
<b>State/Other ID:</b>			
<b>H.Q. Address:</b> 121 SW Salmon Street Portland, OR 97204	<b>Company Officer:</b>	Bill Nicholson	
	<b>Title:</b>	Sr VP Customer Service, Transmission & Distribution	
	<b>Phone Number:</b>	503.464.8855	
	<b>Fax Number:</b>	503.464.2222	
<b>Web Site:</b>		pill.nicholson@pgn.com	
<b>Employees Covered by OQ Plan:</b>	4		
<b>Contractors Covered by OQ Plan:</b>	1		
<b>Total Mileage Represented:</b>	19		

Persons Interviewed	Title	Phone Number	Email Address
Robert Cosentino	President & CEO, Cosentino Consulting Inc.	360.200.4959	bob@cosentinoconsulting.com
Kathy Davies	Portland General Electric	503.464.7300	Kathy.davies@pgn.com

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

OPS/State Representatives	Region/State
John Haddow	Western PHMSA
Tom Finch	Western PHMSA
Patti Johnson (lead)	WA

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

**Remarks:**

**Mileage Covered by OQ Plan (by Company and State)**

List each company and subsidiary separately, broken down by state (using 2-letter designation). If a company has intrastate and/or interstate mileage in several states, use one row per state. If there are both gas and liquid lines, use both the first and second table. For small gas operators (e.g. master meter, LP), use the third table.

**Jurisdictional to Part 192 (Gas) Mileage**

Company (Gas Operator)	Operator ID	State	Interstate Gathering	Intrastate Gathering	Interstate Transmission	Intrastate Transmission	Interstate Distribution*	Intrastate Distribution*	Remarks
KB Pipeline	31522	WA			18				
KB Pipeline	31522	OR			1				

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

**Jurisdictional to Part 195 (Hazardous Liquid) Mileage**

Company (Liquid Operator)	Operator ID	State	Interstate Transmission	Intrastate Transmission	Remarks
NA					

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

**Jurisdictional to Part 192 (Gas) Mileage – Small Operators**

Company (Small Gas Operator)	Operator ID	State	Small Gas (e.g., master meter)*	LP*	Remarks
NA					

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

1. Supply company name and Operator ID, if not the master operator from the first page (i.e., for subsidiary companies).
2. Use OPS-assigned Operator ID. Where not applicable, leave blank or enter n/a.
3. Use only 2-letter state codes in column #3, e.g., TX for Texas.
4. Enter number of applicable miles in all other columns. (Only positive values. No need to enter 0 or n/a.)
5. \* Please do not include Service Line footage. This should only be MAINS.

**1 - Document Program Plan, Implementing Procedures and Qualification Criteria**

**1.01 Application and Customization of "Off-the-Shelf" Programs**

Does the operator's plan identify covered tasks and does it specify task-specific reevaluation intervals for individuals performing covered tasks? (Associated Protocols: 1.05, 2.01, 5.02)

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <ul style="list-style-type: none"> <li>• <b>KB employee only OQed for emergency actives</b></li> <li>• <b>Gas Line Services Co (same group as Weyerhaeuser) is contractor. They have 4 employees. All maintenance, operations and emergency.</b></li> <li>• <b>All contractors do written AOC before working on the line, after contractor provides there OQ qualifications</b></li> <li>• <b>All contractors have KB employee with them at all times, even for weed whacking</b></li> <li>• <b>FYI: Gave heads up that new construction coming from Feds and is already a WA WAC</b></li> <li>• <b>Use MEA, KB is set up to go immediately to AS B31, if required</b></li> <li>• <b>Reevaluation internals 3 years. Pigging, Welding, clock springs etc do not do use contractors</b></li> <li>• <b>No contractor contract is signed before OQ reviewed.</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**1.02 Contractor Qualification**

Does the operator employ contractor organizations to provide individuals to perform covered tasks? If so, what are the methods used to qualify these individuals and how does the operator ensure that contractor individuals are qualified in accordance with the operator's OQ program plan?

\* Verify that the operator's written program includes provisions that require all contractor and subcontractor individuals be evaluated and qualified prior to performing covered tasks, unless the covered task is performed by a non-qualified individual under the direction and observation of a qualified individual. (Associated Protocols: 1.05, 2.02, 3.02)

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <ul style="list-style-type: none"> <li>• <b>Section 3.3 under Third party personal</b></li> <li>• <b>Section 3.3.4 for observation of non-qualified And Section 5.1.6. During inspection manual was</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	

	<p>updated to observation is one on one.</p> <ul style="list-style-type: none"> <li>• During inspection manual was updated to have Site Specific training..</li> <li>• No SCADA, at gate station there is auto dialer used for anything out of range on all delivery points. ASV, Fisher 2000 in budget.</li> <li>• No overpressure, take at Williams's line pressure.</li> </ul>
Check exactly one box above.	

**1.03 Management of Other Entities Performing Covered Tasks**

Has the operator's OQ program included provisions that require individuals from any other entity performing covered task(s) on behalf of the operator (e.g., through mutual assistance agreements) be evaluated and qualified prior to task performance?

\* Verify that other entities that perform covered task(s) on behalf of the operator are addressed under the operator's OQ program and that individuals from such other entities performing covered tasks on behalf of the operator are evaluated and qualified consistent with the operator's program requirements. (Associated Protocols: 1.05, 2.02)

<input checked="" type="checkbox"/> No Issues Identified	<p>Inspection Notes:</p> <ul style="list-style-type: none"> <li>• NA, no mutual assistance.</li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**1.04 Training Requirements (Initial Qualification, Remedial if Initial Failure, and Reevaluation)**

Does the operator's OQ program plan contain policy and criteria for the use of training in initial qualification of individuals performing covered tasks, and are criteria in existence for re-training and reevaluation of individuals if qualifications are questioned? **(Associated Protocols: 5.02)**

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> • <b>Section 5.5 for all</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**1.05 Written Qualification Program**

Did the operator meet the OQ Rule requirements for establishing a written operator qualification program and completing qualification of individuals performing covered tasks?

- \* Verify that the operator's written qualification program was established by April 27, 2001.
- \* Verify that the written qualification program identified all covered tasks for the operator's operations and maintenance functions being conducted as of October 28, 2002.
- \* Verify that the written qualification program established an evaluation method(s) to be used in the initial qualification of individuals performing covered tasks as of October 28, 2002.
- \* Verify that all individuals performing covered tasks as of October 28, 2002, and not otherwise directed or observed by a qualified individual were qualified in accordance with the operator's written qualification program. **(Associated Protocols: 3.01, 7.01)**

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <b>NA already established</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**2 - Identify Covered Tasks and Related Evaluation Methods**

**2.01 Development of Covered Task List**

How did the operator develop its covered task list?

\* Verify that the operator applied the four-part test to determine whether 49 CFR Part 192 or 49 CFR Part 195 O&M activities applicable to the operator are covered tasks.

\* Verify that the operator has identified and documented all applicable covered tasks. (**Associated Protocols: 8.01**)

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <ul style="list-style-type: none"> <li>Section 4, Reviewed ok. All covered tasks included even those not completed by employees.</li> <li>In Appendix A all task have column which tells who does task. Only task done by KB employees is emergency response.</li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**2.02 Evaluation Method(s) (Demonstration of Knowledge, Skill and Ability) and Relationship to Covered Tasks**

Has the operator established and documented the evaluation method(s) appropriate to each covered task?

\* Verify what evaluation method(s) has been established and documented for each covered task.

\* Verify that the operator's evaluation program ensures that individuals can perform assigned covered tasks.

\* Verify that the evaluation method is not limited to observation of on-the-job performance, except with respect to tasks for which OPS has determined that such observation is the best method of examining or testing qualifications. The results of any such observations shall be documented in writing. (**Associated Protocols: 3.01, 3.02**)

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <b>Historical.</b> <b>Knowledge: written test</b> <b>Skills and ability: are taken into account.</b> <b>For KB employee emergency test, employee starts at office, gets in car, go to site, have gate key, turn valve (and have strength to turn valve) notify appropriate people.</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**2.03 Planning for Mergers and Acquisitions (Due Diligence re: Acquiring Qualified Individuals)**

Does the operator have a process for managing qualifications of individuals performing covered tasks during program integration following a merger or acquisition (applicable only to operators engaged in merger and acquisition activities)?

\* Verify that the OQ program describes the process for ensuring OQ qualifications, evaluations, and performance of covered tasks during the merger with or acquisition of other entities. **(Associated Protocols 3.01 3.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <ul style="list-style-type: none"> <li>• <b>During inspection added section 7.1.6</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**3 - Identify Individuals Performing Covered Tasks**

**3.01 Development/Documentation of Areas of Qualification for Individuals Performing Covered Tasks**

Does the operator's program document the evaluation and qualifications of individuals performing covered tasks, and can the qualification of individuals performing covered tasks be verified?

\* Verify that the operator's qualification program has documented the evaluation of individuals performing covered tasks.

\* Verify that the operator's qualification program has documented the qualifications of individuals performing covered tasks. **(Associated Protocols: 4.02, 7.01)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <ul style="list-style-type: none"> <li>Section 7, keep for 5 years. Reviewed doc for contract employees. Ted Boehl, Vic Meder, Joe Little, Wayne Burnett. Reviewed partially during inspection other provided in 10-2-11 email.</li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**3.02 Covered Task Performed by Non-Qualified Individual**

Has the operator established provisions to allow non-qualified individuals to perform covered tasks while being directed and observed by a qualified individual, and are there restrictions and limitations placed on such activities?

\* Verify that the operator's program includes provisions for the performance of a covered task by a non-qualified individual under the direction and observation by a qualified individual. **(Associated Protocols: 2.01, 2.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <ul style="list-style-type: none"> <li>Section 3.3.4 for observation of non-qualified And Section 5.1.6. During inspection manual was updated to observation is one on one.</li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	



**4 - Evaluate and Qualify Individuals Performing Covered Tasks**

**4.01 Role of and Approach to “Work Performance History Review”**

Does the operator use work performance history review as the sole method of qualification for individuals performing covered tasks prior to October 26, 1999, and does the operator's program specify that work performance history review will not be used as the sole method of evaluation for qualification after October 28, 2002?

- \* Verify that after October 28, 2002, work performance history is not used as a sole evaluation method.
- \* Verify that individuals beginning work on covered tasks after October 26, 1999 have not been qualified using work performance history review as the sole method of evaluation. **(Associated Protocols: 2.02)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <b>NA</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**4.02 Evaluation of Individual’s Capability to Recognize and React to AOCs**

Are all qualified individuals able to recognize and react to AOCs? Has the operator evaluated and qualified individuals for their capability to recognize and react to AOCs? Are the AOCs identified as those that the individual may reasonably anticipate and appropriately react to during the performance of the covered task? Has the operator established provisions for communicating AOCs for the purpose of qualifying individuals?

- \* Verify that individuals performing covered tasks have been qualified in recognizing and reacting to AOCs they may encounter in performing such tasks. **(Associated Protocols 3.01)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <ul style="list-style-type: none"> <li>• <b>Sec 6.1. KB has generic and specific AOC. Generic AOC quiz taken by all contractors before they are allowed to work on line</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**5 - Continued/Periodic Evaluation of Individuals Performing Covered Tasks**

**5.01 Personnel Performance Monitoring**

Does the operator's program include provisions to evaluate an individual if the operator has reason to believe the individual is no longer qualified to perform a covered task based on: covered task performance by an individual contributed to an incident or accident; other factors affecting the performance of covered tasks?

\* Verify that the operator's program ensures re-evaluation of individuals whose performance of a covered task may have contributed to an incident or accident.

\* Verify that the operator has established provisions for determining whether an individual is no longer qualified to perform a covered task, and requires reevaluation.

**(Specific Protocols: 2.02)**

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <ul style="list-style-type: none"> <li>• <b>Section 5.11 C and 2 forms</b></li> <li>• <b>Section 8 for questioned qualifications:</b></li> <li>• <b>Post incident evaluation for and Lost Qualification Form.</b></li> <li>• <b>All triggered by Appendix E</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**5.02 Reevaluation Interval and Methodology for Determining the Interval**

Has the operator established and justified requirements for reevaluation of individuals performing covered tasks?

\* Verify that the operator has established intervals for reevaluating individuals performing covered tasks. **(Associated Protocols: None)**

<input checked="" type="checkbox"/> No Issues Identified	<b>Inspection Notes:</b> <ul style="list-style-type: none"> <li>• <b>3 years. Section 5.1.1. Based on complexity and risk and consequence</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**6 - Monitor Program Performance; Seek Improvement Opportunities**

**6.01 Program Performance and Improvement**

Does the operator have provisions to evaluate performance of its OQ program and implement improvements to enhance the effectiveness of its program?

**(Associated Protocols: None)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: * <b>Section 8. Management of change. Employee's method to communicate suggested changes to management is the comment section of each form. Same as continuing surveillance comment procedure.</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

## 7 - Maintain Program Records

### **7.01 Qualification "Trail" (i.e., covered task; individual performing; evaluation method(s); continuing performance evaluation; reevaluation interval; reevaluation records)**

Does the operator maintain records in accordance with the requirements of 49 CFR 192, subpart N, and 49 CFR 195, subpart G, for all individuals performing covered tasks, including contractor individuals?

- \* Verify that qualification records for all individuals performing covered tasks include the information identified in the regulations.
- \* Verify that the operator's program ensures the retention of records of prior qualification and records of individuals no longer performing covered tasks for at least five years.
- \* Verify that the operator's program ensures the availability of qualification records of individuals (employees, contractors and third party entities) currently performing covered tasks, or who have previously performed covered tasks. **(Associated Protocols: 1.05, 3.01)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <ul style="list-style-type: none"> <li>• <b>Section 7. All records kept in cabinet in KB training room. 5 years. MEA records are electronic from MEA, contractors are MEA and electronic also.</b></li> <li>• <b>All MEA is for knowledge</b></li> </ul> <b>Reviewed</b> <ul style="list-style-type: none"> <li>• <b>Joe Little ok on leak survey KNT 192-01201 # is MEA 1-18-11</b></li> <li>• <b>Joe Little cp 192.0501 and 192.503 1-11 5-16-11 102-0901</b></li> <li>• <b>Joe Little Patrol 192-0901 1-18-11</b></li> <li>• <b>Joe Little cp maint KNT 102-0201 1-19-11 or electric connection..0401 KNT 192 8-14-11</b></li> <li>• <b>Vic Meder on Leak survey 1-15-11</b></li> <li>• <b>Vic Meder on cp 192.0501 and 192.503 1-19-11 and 8-14-11</b></li> <li>• <b>Vic Meder patrol 192.0901 9-19-11</b></li> <li>• <b>Wayne Bennett cp 192.0501 and 192.503</b></li> <li>• <b>Wayne Bennett patrol 192.0901 5-7-11</b></li> <li>• <b>Ted Boehl 192.0501 and 192.503 1-13-11 and 1-10-11</b></li> <li>• <b>Ted Boehl patrol 192.0901 9-19-11</b></li> <li>• <b>Email verified all records in KB file</b></li> </ul>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**8 - Manage Change**

**8.01 Management of Changes (to Procedures, Tools, Standards, etc.)**

Does the operator's OQ program identify how changes to procedures, tools standards and other elements used by individuals in performing covered tasks are communicated to the individuals, including contractor individuals, and how these changes are implemented in the evaluation method(s)?

- \* Verify that the operator's program identifies changes that affect covered tasks and how those changes are communicated, when appropriate, to affected individuals.
- \* Verify that the operator's program identifies and incorporates changes that affect covered tasks.
- \* Verify that the operator's program includes provisions for the communication of changes (e.g., who, what, when, where, why) in the qualification program to the affected individuals.
- \* Verify that the operator incorporates changes into initial and subsequent evaluations.
- \* Verify that contractors supplying individuals to perform covered tasks for the operator are notified of changes that affect task performance and thereby the qualification of these individuals.

**(Associated Protocols 1.04)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <b>Section 8 of plan talked about above</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

**8.02 Notification of Significant Program Changes**

Does the operator have a process for identifying significant OQ written program changes and notifying the appropriate regulatory agency of these changes once the program has been reviewed?

- \* Verify that the operator's written program contains provisions to notify OPS or the appropriate regulatory agency of significant modifications to a program that has been reviewed for compliance.

**(Associated Protocols: None)**

<input checked="" type="checkbox"/> No Issues Identified	Inspection Notes: <b>Section 8.2.6, New manual sent to UTC with edits. New manual Includes significant change address in manual to DC and courtesy to sent to Western region</b>
<input type="checkbox"/> Potential Issues Identified (explain)	
<input type="checkbox"/> N/A (explain)	
<input type="checkbox"/> Not Inspected	
Check exactly one box above.	

1. Wholesale changes made to an OQ Plan or Program, whether due to an overall effort to improve program performance, or due to a merger or acquisition that results in incorporating the best features of the competing plans and programs.
2. Recommend the operator send a letter to accompany the program that addresses the changes made to the program. The official notification should be addressed to headquarters.

**9 – Field Inspection Findings**

**Additional Inspection Notes**



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

**WUTC CARRIER PROFILE REPORT**

COMPANY NAME: A & A MOTORCOACH INC.

CERTIFICATE NO.: CH-224

INSURANCE: Valid insurance on file with WUTC

**SAFETY RATING:** Satisfactory

Carrier profiles are effective for two years from the last inspection.

-last inspection performed by FMCSA 7/20/11

-carrier profile effective through 7/20/13

Please note that a carrier's permit status can change quickly. Suspensions or cancellations are not uncommon. We recommend you regularly check the carrier's permit status on an ongoing basis. To do so, please contact Carolyn Caruso at (360) 664-1244.

Profile Origination Date: 11/2/11