OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

Inspection Date(s):	November 4, 2009
Name of Operator:	Cascade Natural Gas
Operator ID (OPID):	31522
Inspection Location(s):	Kitsap County, WA
Supervisor(s) Contacted:	Russ Iverson, GM
# Qualified Employees Observed:	3
# Qualified Contractors Observed:	0

Individual Observed	Title/Organization	Phone Number	Email Address
Mr. Les Iles	Svc. Mech. A/CNG	206.381.6734	
Mr. Morgan Gray	Backhoe Opr./CNG	206.381.6734	
Mr. Dean Jackson	Svc. Mech. A/CNG	206.381.6734	

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

Region/State	Email Address
Washington	szuehlke@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.

	Inspection Results an X in exactly one cell below)	Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.02 Qualification Status

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

	Inspection Results an X in exactly one cell below)	Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
·	N/A (explain)	
	Not Inspected	
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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.

9.03 Inspection Results (type an X in exactly one cell below)		Inspection Notes	
X	No Issue Identified	- Section 1997 - Sect	
	Potential Issue Identified (explain)		
	N/A (explain)		
	Not Inspected		

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.

9.04 Inspection Results (type an X in exactly one cell below)		Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

9.05 Program Inspection Deficiencies

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

	Inspection Results an X in exactly one cell below)	Inspection Notes
X	No Issue Identified	
	Potential Issue Identified (explain)	
	N/A (explain)	
	Not Inspected	

Field Inspection Notes

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

		N	Name/ID of Individual Observed		
		Les Iles	Morgan Gray	Dean Jackson	
No	Task Name	Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	Comments
1	Regulator Station R-Lockup	Y			
2	Leak Survey	Y			
3	Atmospheric Corrosion Survey		Y		
4	Pipe to Soil Read		Y		
5	Odor Call Investigation			Y	
6	Gas Service/Main Locate			Y	
7					
8					