OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

| Inspection Date(s): | 6/28/2010-7/2/2010 | |
|-----------------------------------|--------------------|--|
| Name of Operator: | Puget Sound Energy | |
| Operator ID (OPID): | 22189 | |
| Inspection Location(s): | King County East | |
| Supervisor(s) Contacted: | Roger Scheetz | |
| # Qualified Employees Observed: | 3 | |
| # Qualified Contractors Observed: | 0 | |

| Title/Organization | Phone Number | Email Address |
|--------------------------------|--|--|
| Pressure Control Technician | 425-766-1256 | robin.hanson@pse.com |
| Pressure Control Technician | 253-291-7822- | mike.downey@pse.com |
| Pressure Control Technician | 253-291-7822 | Chuck.smyth@pse.com |
| | Pressure Control Technician Pressure Control Technician Pressure Control | Pressure Control 253-291-7822- Technician Pressure Control 253-291-7822- |

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

| PHMSA/State Representative | Region/State | Email Address | |
|----------------------------|--------------|---------------------|--|
| Joe Subsits | Washington | jsubsits@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.

| 9.01 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 | |

9.02 Qualification Status

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

| 9.02 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|--------------------------------------|------------------|
| Х | No Issue Identified | |
| | Potential Issue Identified (explain) | |
| | N/A (explain) | |
| | Not Inspected | |
| | | |

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.

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

9.04 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.

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

9.05 Program Inspection Deficiencies

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

| 10 to | 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.

| | | Name/ID of Individual Observed | | | |
|----|------------------------------|--------------------------------|---------------------|------------------------|----------|
| | | Robin Hanson | Mike Downey | Chuck Smyth | |
| | | Correct Performance | Correct Performance | Correct Performance | |
| No | Task Name | (Y/N) | (Y/N) | (Y/N) | Comments |
| 1 | Regulator Station inspection | у | y | у | |
| 2 | | | | | |
| 3 | | | | | : |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |