# OPERATOR QUALIFICATION FIELD INSPECTION PROTOCOL FORM

| Inspection Date(s):               | July 15, 2011                       |
|-----------------------------------|-------------------------------------|
| Name of Operator:                 | Tidewater Terminal                  |
| Operator ID (OPID):               | 31051                               |
| Inspection Location(s):           | Pasco, WA                           |
| Supervisor(s) Contacted:          | Pat Jensen, Ron McClary, Mark Davis |
| # Qualified Employees Observed:   | 2                                   |
| # Qualified Contractors Observed: | 0                                   |

| Individual Observed | Title/Organization | Phone<br>Number | Email Address     |
|---------------------|--------------------|-----------------|-------------------|
| Tim Berry           | Maintenance Lead   | 509-547-7701    | www.tidewater.com |
| Damon Remus         | Facility Operator  | 509-547-7701    | www.tidewater.com |
|                     |                    |                 |                   |
|                     |                    |                 |                   |

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

| Joe Subsits | Western / Washington | jsubsits@utc.wa.gov |
|-------------|----------------------|---------------------|
| Dave Cullom | Western / Washington | dcullom@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.

| ľ | Inspection Results an X in exactly one cell below) | Inspection Notes  |
|---|--|---|
|   | No Issue Identified                                | Relief valve testing was not listed as a covered task. This will be written up as a probable violation. |
| X | 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                                      |                  |
|   |  |                  |

### 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.

| and a part of | 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?

|   | 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 |                           |                           |                                      |
|----|--|--------------------------------|---------------------------|---------------------------|--------------------------------------|
|    |  | Tim Berry                      | Damon Remus               |                           |                                      |
| No | Task Name  | Correct Performance (Y/N)      | Correct Performance (Y/N) | Correct Performance (Y/N) | Comments                             |
| 1  | Pipe to Soil Reads                               | Yes                            |                           |                           |                                      |
| 2  | Pressure Relief Set-<br>point Verification       |                                | Yes                       |                           | Set point 269# on the inbound        |
| 3  | Rectifier<br>Maintenance                         | Yes                            |                           |                           |                                      |
| 4  | Valve testing and operation                      |                                | Yes                       |                           | inbound gas and D215 valve operation |
| 5  | Breakout Tank<br>High & High-High<br>Alarm Tests |                                | Yes                       |                           |                                      |
| 6  | Rectifier Output<br>Potential - AOC              | Yes                            |                           |                           |                                      |
| 7  | Calculate Rectifier Output Amp via a shunt.      | Yes                            |                           |                           |                                      |
| 8  | Tank Inspection -<br>Monthly                     |                                | Yes                       |                           |                                      |

# **Operations and Maintenance Records Review**

If performing an operations and maintenance records review in the course of your inspection, please review a sample of the qualifications of the individuals performing those O&M tasks that are covered under Operator Qualification and check the records for compliance to 192.807 or 195.507.

## PHMSA (OQ) Field Inspection Form 15 (Rev. 4) May 17, 2007)

| 192.807 | Records supporting an individual's current qualifications shall be maintained   | Sat.     | Unsat. | Not     |
|---------|---|----------|--------|---------|
| or      | while the individual is performing the covered task. Records of prior   |          |        | Checked |
| 195.507 | qualification and records of individuals no longer performing covered tasks shall be retained for a period of five years. | х        |        | :       |
|         |   | <b>v</b> |        |         |
|         | Comments:   |          |        |         |
|         |   |          |        | :       |
|         |   |          |        |         |