

Office of
City Auditor

"The Friendly City"
City of Granville

OFFICERS
Mayor and
City Council

INCORPORATED 1907
GRANVILLE, NORTH DAKOTA 58741

11-18-2011

Public Service Commissioners,

Enclosed are updated copy's of my OQ Task list, the missing evaluation document for some of my qualifications, OQ Task List and qualification sheets for MDU and Southern Cross.

I have been taking online courses through EnergyU. Our new propane commissioner, who has been in the propane industry for several years, and I are working on an evaluation program for these online courses. Unfortunately, we are not finished with this yet. I will send out documents, as soon as they are fully completed if necessary.

Also this week I have been in contact with HA Thompson out of Minot/Bismarck to get certification records for there new "Plant Maintenance Person". Unfortunately, the person that we had come do the work this spring on our plant, is no longer with the company.

As far as vacant spaces on my task list, I am continuing EnergyU online courses, and have plans to attend specialty training re: vaporizers and regulators in June, or July of 2012. (Exact dates have not been set as of yet)

At this time, the City of Granville has no plans of installing new mains, or system uprating. However, I am still in the process of taking courses to get certified and qualified in these areas. With the winter season in full swing, and outside work now limited, I believe I will have all my training completed and up to date by spring if not sooner.

Thank you for your time, and patience as I try to learn, continue my education, and maintain the city all at the same time.



Karlain Drader
Maintenance Person
City of Granville
701-263-1591

OQ TASK LIST

| I. COMMON (all employees) | Date Atnd | Cert Date | Date Atnd | Cert Date | Date Atnd | Cert Date | Recert Yrs | Company | Course | Course |
|---|-----------|-----------|-----------|-----------|-----------|-----------|------------|-------------|--------------------------------|----------------------|
| 1 Vaporization Plant Operations | 07/19/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 1A Operating and Maintaining Direct fired LP Gas Vaporizers | 11/09/10 | 11/10/11 | | | | | 1 | MTI/MDU | Propane Safety Training | |
| 1B Emergency Shutdown of Supply Tank | 05/05/11 | 10/05/11 | | | | | 1 | NPGA/CTEP | Basic Plant Operations | |
| 2 Characteristics and Hazards of Propane | 09/26/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |
| 3 Potential Ignition Sources: Indoor and Outdoor | 09/28/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |
| 4 Recognizing Emergency Conditions | 09/26/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |
| 5 Recognizing and Reporting Propane Gas Leaks | 09/26/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |
| II. FIELD SAFETY | | | | | | | | | | |
| 6 Personal Protective Equipment | 09/26/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |
| 7 Proper Fire-fighting Techniques | 09/26/10 | 10/05/11 | 02/26/11 | 02/26/11 | | | 5 | PERC/CTEP | Basic Practices and principles | ND State Fire School |
| 8 Controlling the Accidental Release of Gas | 11/09/10 | 11/10/10 | | | | | 5 | MTI/MDU | Propane Safety Training | |
| 9 Recognizing Unsafe Meter Sets | 11/21/11 | 11/28/11 | | | | | 5 | MEA/EnergyU | LP-0701 | |
| III. LEAK SURVEY AND RESPONSE | | | | | | | | | | |
| 10 Leak Classification | 11/03/11 | 11/28/11 | | | | | 3 | MEA/EnergyU | KNT LP-1202 | |
| 11 Operating the Combustible Gas Indicator | 11/25/11 | 11/28/11 | | | | | 3 | MEA/EnergyU | KNT-LP 1202 | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|---------------------------------------|---|------------|-----------|------------|-----------|------------|-----------|------------|---------------|--------------------------|--------|
| 12 | Operating the Flame Ionization Unit (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| 13 | Emergency Response and Restoration of Service | 10/13/10 | 10/05/11 | | | | | 3 | PERC/CTEP | Office Personal Training | |
| 14 | Leak Surveys and Patrols | 07/20/10 | 10/05/11 | | | | | 5 | NPGA/CTEP | Gas Check Seminar | |
| IV. CUSTOMER SERVICE | | | | | | | | | | | |
| 15 | Customer Leak Investigation | 07/19/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 16 | Pressure Checks to Establish Gas Service | 07/19/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 17 | Establishing and Disconnecting Gas | 07/09/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| V CONSTRUCTION and MAINTENANCE | | | | | | | | | | | |
| 18 | Atmospheric Corrosion | 05/20/11 | 05/20/11 | | | | | 5 | NACE | CP-1 | |
| 19 | Odorization | 07/19/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 20 | Bar Hole Testing and Purging | 07/19/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 21 | Locating and Marking Facilities | 08/12/10 | 08/12/10 | | | | | 5 | UTA/Whiting | Janet Webster w/UTA | |
| 22 | Excavation and Shoring Safety | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 23 | Plastic Pipe Fusion (Permasert Couplings) | 04/13/11 | 04/13/11 | | | | | 5 | Poly and Perf | FEI/Dan Erbes | |
| 24 | Plastic Pipe Repair (Permasert Couplings) | 04/13/11 | 04/13/11 | | | | | 5 | Poly and Perf | FEI/Dan Erbes | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|---|------------|-----------|------------|-----------|------------|-----------|------------|---------------|--------------------------------|--------|
| 25 | Fusion Qualification (Permasert Couplings) | 04/13/11 | 04/13/11 | | | | | 1 | Poly and Perf | FEI/Dan Erbes | |
| 27 | Joining Steel Pipe | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 28 | Welding Quaification | N/A | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | |
| 29 | Steel Repair Fittings | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 30 | Maintaining Steel Mains | 05/20/11 | 05/20/11 | | | | | 5 | NACE | CP-1 | |
| 31 | Pressure Testing Steel and Plastic Pipelines | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 32 | Purging Safety | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 33 | Cathodic Protection | 09/26/10 | 10/05/11 | 05/14/11 | 05/20/11 | | | 5 | PERC/CTEP | Basic Practices and principles | CP-1 |
| 34 | Tapping/Stopping: 1.25" through 4" Pipe (Permasert) | 04/13/11 | 04/13/11 | | | | | 5 | Poly and Perf | FEI/Dan Erbes | |
| 35 | Installing Mains | | | | | | | 5 | | | |
| 36 | Installing Service | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 37 | Reinforcing Steel and Plastic Mains N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 38 | Abandoning Facilities | 11/17/11 | 11/28/11 | | | | | 5 | MEA/Energy | UKTN LP-1401 | |
| 39 | Safe Vault Entry (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 40 | Inspecting and Maintaining Valves | 09/26/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Basic Practices and principles | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|--|------------|-----------|------------|-----------|------------|-----------|------------|-------------|--------------------|--------|
| 41 | Inspecting Pressure Regulating and Limiting Stations | 11/17/11 | 11/28/11 | | | | | 5 | MEA/EnergyU | KTN LP-0702 | |
| 42 | System Uprating (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 51 | Job Site Protection | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |
| 52 | Backhoe Safety | 07/21/10 | 10/05/11 | | | | | 5 | PERC/CTEP | Vapor Dist Systems | |



FEI QUALIFICATION RECORD

PRODUCT NAME Poly + Perfection

EMPLOYEE NAME Karlain Drader

DATE TRAINED 4-13-11

TRAINING LOCATION Granville City Shop

EMPLOYEE WORK LOCATION Same

LENGTH OF SESSION 30 minutes

NAME OF INSTRUCTOR Dan Erbes w/ FEI

ACCORDING TO FEI —
Joe Faure at
FEI states this
form covers both
Qualification and
evaluation. Contact #
701-845-1113



NACE
INTERNATIONAL



TRAINING &
CERTIFICATION

NACE International Recognizes

Karlain Drader

As a Certified

CP1 - Cathodic Protection Tester

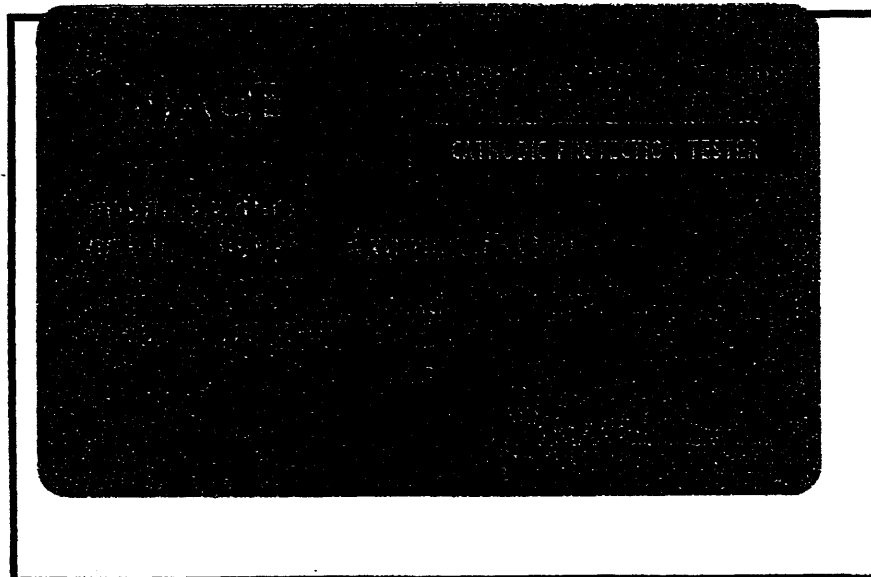
CERTIFICATION NUMBER 33487

Executive Director

Awarded
May 2011



CATHODIC PROTECTION TRAINING & CERTIFICATION PROGRAM





THE CORROSION SOCIETY

July 5, 2011

Karlain Drader
City of Granville
Po Box 39
Granville, ND 58741-0039
United States

Dear Karlain:

The final examinations for the NACE International CP1 - Cathodic Protection Tester course, which were administered on 05/20/2011, have been graded. The results of your exams are as follows:

Written Examination:
Practical Examination:

70

84 -

*Hands on
Test
evaluation*

Passing requires a score of 70% on each portion of the exam. You have acquired 5.0 CEUs for the successful completion of the examinations and now hold certification as a **Cathodic Protection Tester**. This certification will expire three (3) years from the date achieved. Please keep your address updated so that you will receive recertification notices and updates. If you have any questions related to the recertification process, please contact our certification department at 281-228-6241 or visit our web site at www.nace.org.

We wish to express our appreciation for your participation in this NACE educational function and hope you have gained valuable information that will benefit your professional development.

We look forward to your attendance at future NACE offerings. If we may be of any assistance to you in the future, please feel free to contact us at NACE International headquarters.

Sincerely,

A handwritten signature in cursive script that reads "Carol Steele".

Carol Steele
Education Division

Enclosure

NORTH DAKOTA FIREFIGHTER'S ASSOCIATION

**ANNUAL
STATE FIRE SCHOOL**

February 2011

Karlain Drader

Granville F/P Dist

HAS ATTENDED THE FOLLOWING

CLASSES

| | |
|--|----------|
| Propane Emergencies | 08 Hours |
| Ethanol, Alternative Fuels, and Firefighting Foams | 08 Hours |

[Signature]

PRESIDENT

[Signature]

SECRETARY

Company: ~~Select Company~~ MDA

20231(10-94)
(Rev. 2/10)

THIS IS AN IMPORTANT COMPANY RECORD.
— DO NOT DESTROY —

TRAINING ATTENDANCE SHEET

DATE: 11-9-10

TIME: 0930

LOCATION: Hettinger

INSTRUCTOR: Dan Hoeltner w/ MTE

SUBJECT:
Propane Vapor Distribution

WRITTEN MATERIALS:
Propane Safety Training Book

| | |
|---|----------------|
| | Date |
| Scanned | <u>11/9/10</u> |
| Logged on CERCPlus KNT ___ TNG ___ PEF ___ | |
| Logged on JD Edwards | |

ATTENDEES

| | SIGNATURE | NAME (Type or print) | EMPLOYEE NO. | WORK LOCATION |
|-----|------------------------|----------------------|---------------------|---------------|
| 1. | <u>Steve Turner</u> | STEVE TURNER | 1756969 | Hettinger |
| 2. | <u>Allen Carroll</u> | Allen Carroll | 17558 | Mott |
| 3. | <u>Ben Kleinsasser</u> | Ben Kleinsasser | 18956 | Dickinson |
| 4. | <u>Harley Jose</u> | HARLEY JOSE | 17494 | " |
| 5. | <u>Cole Boespflug</u> | Cole Boespflug | 473568 | Bowman |
| 6. | <u>Gerald Schutte</u> | Gerald Schutte | 278968 | Dickinson |
| 7. | <u>Vern Wehri</u> | Vern Wehri | 2874 | Dickinson |
| 8. | <u>FKE KUNTZ</u> | FKE KUNTZ | 215875 | DICKINSON |
| 9. | <u>Kurt Menger</u> | Kurt Menger | 14724 | " |
| 10. | <u>ALAN J STEG</u> | ALAN J STEG | 1740 | " |
| 11. | <u>Corey Thompson</u> | Corey Thompson | 247558 | Dickinson |
| 12. | <u>Nathan Sundt</u> | Nathan Sundt | 476600 | Dickinson |
| 13. | <u>Ed Williams</u> | Ed Williams | 21864 | Dickinson |
| 14. | <u>JON NEUBAUER</u> | JON NEUBAUER | 230338 | DICKINSON |
| 15. | <u>Arland Mueller</u> | Arland Mueller | Fire Chief | Granville |
| 16. | <u>Nancy A Mueller</u> | Nancy A Mueller | City Auditor | Granville ND |
| 17. | <u>Karlain Drader</u> | Karlain Drader | City Dist. Operator | Granville, ND |

(Continued)

Company: ~~Elect Company~~ MDU

20231(10-94)
(Rev. 2/10)

THIS IS AN IMPORTANT COMPANY RECORD.
— DO NOT DESTROY —

TRAINING ATTENDANCE SHEET

DATE: 11-9-10

TIME: 0930

LOCATION: Hettinger

INSTRUCTOR: Dan Heffner

SUBJECT:
Propane Vapor Distribution

WRITTEN MATERIALS:
Propane Safety Training Book

ATTENDEES

| SIGNATURE | NAME (Type or print) | EMPLOYEE NO. | WORK LOCATION |
|-------------------------------|---------------------------------------|-------------------|----------------------|
| <u>Justin Nelson</u> | Justin Nelson | 256861 | New England |
| <u>Kim Obrtsch</u> | KIM OBRTSCH | 3551 | BOWMAN |
| <u>[Signature]</u> | JKE KUNTZ | 215875 | DICKINSON |
| <u>[Signature]</u> | Gerald Schuber | 278968 | Dickinson |
| <u>[Signature]</u> | Vern Wehr | 2874 | Dickinson |
| <u>[Signature]</u> | Corey Thompson | 249558 | Dickinson |
| <u>[Signature]</u> | ALAN J STIEG | 19401 | Dickinson |
| <u>[Signature]</u> | Kurt Monger | 4724 | " |
| <u>[Signature]</u> | Jesse Volk | 49938 | Dickinson |
| <u>[Signature]</u> | LAWRENCE CALLAHAN | 17734 | Dickinson |
| <u>[Signature]</u> | Paul Richy | 474654 | Bismacks-60 |
| * <u>[Signature]</u> | <u>#3 to 8 on Order Sign up Sheet</u> | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |

Due 8-20-10

IV. CETP Performance Evaluation / Employer Record

THIS PAGE MUST BE RETURNED AS SOON AS POSSIBLE, BUT NO LATER THAN 12 MONTHS AFTER TAKING THE CERTIFICATION TEST, TO THE FOLLOWING ADDRESS:

Industrial Training Services, Inc
310 C.C. Lowry Drive
Murray, KY 42071

Employee Information: (print or type) Test Group Number (if known): 17805

Name Karlaia Drader Social Security Number 502-90-7161
Employer City of Granville
Address PO Box 39 103 3rd St SW
City, State: Granville ND Zip Code 58741

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment for the CETP certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform. The Propane Education and Research Council, the National Propane Gas Association, and Industrial Training Services, Inc. assume no liability for my actions, or for my application of the skills assessment performance guides used in this evaluation checklist.

Employee's Signature *Karlaia Drader* Date 7-26-10

Skills Evaluator Information: (print or type)

Name Arland Mueller
Organization/Employer Granville Fire Protection District
Telephone Number 701-728-6864

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks at the indicated level without assistance from me or any other person.

Skill Evaluator's Signature *Arland Mueller* Date 8-16-2010
Arland Mueller 10-5-2011

The employee is qualified to perform the listed operations at the following level:

| Without Direct Supervision | Not Applicable | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Preparing DOT Cylinders for Transportation. 4.2.1a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Preparing ASME Tanks for Transportation. 4.2.2a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Performing Trenching, Digging & Backfilling Operations. 4.2.6a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Installing DOT/ICC Exchange or Stationary Cylinders 4.2.7a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Installing Aboveground ASME Tanks/Installing Manifold ASME Tanks 4.2.8a/4.2.11a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Installing Underground ASME Tanks/Installing Manifold ASME Tanks 4.2.9a/4.2.11a |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Installing Buried Distribution Lines Using PE Tubing & Fittings. 4.2.12a |
| <input checked="" type="checkbox"/> | | Installing Vapor Pressure Regulators. 4.2.15a |
| <input checked="" type="checkbox"/> | | Performing Regulator Flow Pressure Tests 4.2.15b |
| <input checked="" type="checkbox"/> | | Performing Regulator Lock-up Tests 4.2.15c |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cutting, Threading & Assembling Steel Pipe, and Pressure Testing Piping. 4.2.17a/4.2.19a |
| <input checked="" type="checkbox"/> | | Assemble CSST Piping & Pressure Test Piping. 4.2.18a/4.2.19a |
| <input checked="" type="checkbox"/> | | Purging Gas Distribution Lines and Placing Gas Appliances Into Operation. 4.2.21a/4.2.23a |
| <input checked="" type="checkbox"/> | | Performing Gas Distribution System Leak Checks. 4.2.22a |
| <input checked="" type="checkbox"/> | | Communicating Consumer Propane Information to the Customer. 4.2.24a |

After completion of Section IV, "Employer Record," remove pages 19 and 20 from the packet and photocopy. Retain photocopy for your files. Mail original to:
 Industrial Training Services, Inc
 310 C.C. Lowry Drive
 Murray, KY 42071

Cert
25

IV. CETP Performance Evaluation / Employer Record

THIS PAGE MUST BE RETURNED AS SOON AS POSSIBLE, BUT NO LATER THAN 12 MONTHS AFTER TAKING THE CERTIFICATION TEST, TO THE FOLLOWING ADDRESS:

On-line Test Candidates:
CASTLE Worldwide
900 Perimeter Park Drive, Suite G
Morrisville, NC 27560

Paper test Candidates:
Industrial Training Services, Inc.
310 C.C. Lowry Drive
Murray, KY 42071

Employee Information: (print or type) Test Group Number (if known): 18009

Name Karlina Dreder Social Security Number 502-90-7161

Employer City of Granville

Address PO Box 39

City, State: Granville ND Zip Code 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment for the CETP certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform. The Propane Education and Research Council, the National Propane Gas Association, CASTLE Worldwide and Industrial Training Services, Inc. assume no liability for my actions, or for my application of the skills assessment performance guides used in this evaluation checklist.

Employee's Signature Karlina Dreder Date 9-29-10

Skills Evaluator Information: (print or type)

Name Arland G. Mueller

Organization/Employer Fire Chief

Telephone Number 701-728-6864

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks at the indicated level without assistance from me or any other person.

Skill Evaluator's Signature Arland G. Mueller Date 9-29-10
Arland G. Mueller 10-5-11

The employee is qualified to perform the listed operations at the following level:

Without
Direct
Supervision Not
Applicable

| | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Identified NFPA Codes and regulations that apply to propane operations. CETP Module 1.1.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Verify proper product specifications and odorization of propane shipments. CETP Module 1.3.2, 1.4.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Obtained chemical properties, health and safety, and personal protection information from a propane Material Safety Data Sheet. CETP Module 1.3.3, Resources |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Performed a "sniff test" to verify the presence of propane odorant. CETP Module 1.4.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Recognized a gas leak call when a customer called in to report an odor complaint, and followed company policies and procedures. CETP Module 1.4.2 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Recognized an "out-of-gas" call when a customer called in to order a propane delivery, and followed company policies and procedures. CETP Module 1.4.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Recognized a call requiring restoration of service after interruption when a customer called in to request propane delivery at a new or existing customer location, using a different customer account name, and following company policies and procedures. CETP Module 1.4.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Recognized a possible aldehydes/carbon monoxide call when a customer called in to report an odor complaint or to inquire about possible health effects of exposure to propane or to report appliance malfunctions, and followed company policies and procedures. CETP Module 1.5.3 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined the location of emergency equipment and the procedures that apply to emergencies in the bulk plant. CETP Modules 1.6.1, 1.6.2, 1.7.1 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Located and determined proper inspection of fire extinguishers. CETP Module 1.6.3 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Verified required stampings on DOT cylinders. CETP Module 1.8.2. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Filled a DOT Cylinder by Weight CETP Module 1.8.2 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Identify valves, fittings, tubing and piping approved for LP-gas service. CETP Module 1.8.4 |

After completion of Section IV, "Employer Record," remove pages 13 and 14 from the packet and photocopy. Retain photocopy for your files. Mail original to:

On-line Test Candidates:
CASTLE Worldwide
900 Perimeter Park Drive, Suite G
Morrisville, NC 27560

Paper test Candidates:
Industrial Training Services, Inc.
310 C.C. Lowry Drive
Murray, KY 42071*

Section IV: CETP Performance Evaluation / Employer Record (3.1)

For employee certification, Section IV: CETP Performance Evaluation / Employee Record must be received at the appropriate testing center below within 12 months of passing the certification exam. Make a copy for your records and then send the original to:

On-line Test Candidates:

CASTLE Worldwide
P.O. Box 570
Morrisville, NC 27560
Ph: 919-572-6880
Fax: 919-361-2426

Paper Test Candidates:

Industrial Training Services, Inc
310 CC Lowry Drive
Murray, KY 42071
Ph: 270-753-2150 ext 2
Fax: 270-753-9807

The information requested below will be used to assist in locating your records in the CETP database. Please make sure to complete all requested information; we thank you in advance for your assistance

Employee Information: (print or type) Test Group Number (if known): _____

Name Karlain Druder Last Four Digits (only) of Social Security Number _____

Employer City of Granville

Address PO Box 39 Daytime Phone# 701-728-6509

City, State: Granville ND Zip Code 58741

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment for the CETP certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform. The Propane Education and Research Council, the National Propane Gas Association, CASTLE Worldwide and Industrial Training Services, Inc. assume no liability for my actions, or for my application of the skills assessment performance guides used in this evaluation checklist.

Employee's Signature Karlain Druder Date 10-5-11

Skills Evaluator Information: (print or type)

Name Arland Mueller

Organization/Employer Granville Fire Dept / Chief

Telephone Number 701-728-6400

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks at the indicated level without assistance from me or any other person.

Skill Evaluator's Signature Arland Mueller Date 10-5-11

• Send this Section to your testing center •

NPGA Certified Employee Training Program

Performance-Based Skill Assessment Evaluation Packet ■ 2.5 Operating a Vehicle to Deliver/Relocate ASME Tanks

6-2005ed

Page 10

Basic Plant Operations

Name _____ Last Four Digits (only) of Social Security Number _____

(3.1) The employee is qualified to perform the listed operations at the following level:
(N/A option available only as listed in Not Applicable column box(s) below)

| Without Direct Supervision | Not Applicable | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | | Determining ASME Tank Fitness for Continued Service (PDO Module 3.1.2a) |
| <input checked="" type="checkbox"/> | | Applying Safe Handling Practices for Flammable & Combustible Liquids (PDO Module 3.1.3a) |
| <input checked="" type="checkbox"/> | | Injecting Methanol into ASME Tanks (PDO Module 3.1.7a) <i>Know how but delivery driver does this</i> |
| <input type="checkbox"/> N/A | | Testing ASME Tanks for ammonia Contamination (PDO Module 3.1.4a) |
| <input type="checkbox"/> N/A | | Evacuating an ASME Tank Using a Portable or Plant Compressor, or a CTMV Pump (PDO Module 3.1.5a) |
| <input checked="" type="checkbox"/> | | Conducting ASME Tank Vapor Flaring Operations (PDO Module 3.1.9a) |
| <input type="checkbox"/> | | Replacing Valves and Fittings in ASME Tanks (PDO Module 3.1.9a) <i>HA Thompson does this</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Installing Corrosion Protection on an UG ASME Tank (PDO Module 3.1.10a) |
| <input checked="" type="checkbox"/> | | Applying Protective Coatings to Aboveground ASME Tanks (PDO Module 3.1.11a) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Applying Protective Coatings to Aboveground ASME Tanks (PDO Module 3.1.11b) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Preparing an ASME Tank for Transportation (PDO Module 3.1.12a) |

For employee certification, Section IV: CETP Performance Evaluation / Employee Record must be received at the appropriate testing center below within 12 months of passing the certification exam. Make a copy for the training records and then send the original to your testing center:

On-line Test Candidates:

CASTLE Worldwide
P.O. Box 570
Morrisville, NC 27560
Ph: 919-572-6880
Fax: 919-361-2426

Paper Test Candidates:

Industrial Training Services, Inc.
310 CC Lowry Drive
Murray, KY 42071
Ph: 270-753-2150 ext 2
Fax: 270-753-9807

• Send this Section to your Testing Center •

Section IV: CETP Performance Evaluation / Employer Record (3.4)

For employee certification, Section IV: CETP Performance Evaluation / Employee Record must be received at the appropriate testing center below within 12 months of passing the certification exam. Make a copy for your records and then send the original to:

On-line Test Candidates:

CASTLE Worldwide
P.O. Box 570
Morrisville, NC 27560
Ph: 919-572-6880
Fax: 919-361-2426

Paper Test Candidates:

Industrial Training Services, Inc.
310 CC Lowry Drive
Murray, KY 42071
Ph: 270-753-2150 ext. 2
Fax: 270-753-9807

The information requested below will be used to assist in locating your records in the CETP database. Please make sure to complete all requested information; we thank you in advance for your assistance

Employee Information: (print or type) Test Group Number (if known): _____

Name Karlain Drader Last Four Digits (only) of Social Security Number _____

Employer City of Granville

Address PO Box 39 Daytime Phone# 701-728-6369

City, State: Granville ND Zip Code 58741

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment for the CETP certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform. The Propane Education and Research Council, the National Propane Gas Association, CASTLE Worldwide and Industrial Training Services, Inc. assume no liability for my actions, or for my application of the skills assessment performance guides used in this evaluation checklist.

Employee's Signature Karlain Drader Date 10-5-11

Skills Evaluator Information: (print or type)

Name Arland Mueller

Organization/Employer Granville Fire Dept / Chief

Telephone Number 701-728-6400

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks at the indicated level without assistance from me or any other person.

Skill Evaluator's Signature Arland Mueller Date 10-5-2011

• Send this Section to your testing center •

NPGA Certified Employee Training Program

Performance-Based Skill Assessment Evaluation Packet ■ 2.5 Operating a Vehicle to Deliver/Relocate ASME Tanks

6-2005ed

Page 31

Basic Plant Operations

Name _____ Last Four Digits (only) of Social Security Number _____

(3.4) The employee is qualified to perform the listed operations at the following level:
 (N/A option available only as listed in Not Applicable column box(s) below)

Without Direct Supervision Not Applicable

| | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | | Identifying Features and Maintenance Procedures for Bulk Storage Containers. (Lesson 3.4.1a) |
| <input checked="" type="checkbox"/> | | Identifying Bulk Plant Emergency Shutdown Equipment and Periodic Examination Procedures. (Lesson 3.4.3a) |
| <input type="checkbox"/> N/A | | Examining and Maintaining Bulk Plant Hoses. (Lesson 3.4.4a) |
| <input checked="" type="checkbox"/> | | Maintaining Pumps, Strainers & By-Pass Systems. (Lesson 3.4.5a) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Maintaining Compressors. (Lesson 3.4.6a) |
| <input checked="" type="checkbox"/> | | Examining Bulk Plant Electrical Systems. (Lesson 3.4.7a) |
| <input checked="" type="checkbox"/> | | Examining and Maintaining Platform Scales and Liquid Meters (Lesson 3.4.8a) |
| <input checked="" type="checkbox"/> | | Identifying Bulk Plant Security Measures. (Lesson 3.4.9) |

For employee certification, Section IV: CETP Performance Evaluation / Employee Record must be received at the appropriate testing center below within 12 months of passing the certification exam. Make a copy for the training records and then send the original to your testing center:

On-line Test Candidates:

CASTLE Worldwide
 P.O. Box 570
 Morrisville, NC 27560
 Ph: 919-572-6880
 Fax: 919-361-2426

Paper Test Candidates:

Industrial Training Services, Inc.
 310 CC Lowry Drive
 Murray, KY 42071
 Ph: 270-753-2150 ext 2
 Fax: 270-753-9807

• Send this Section to your Testing Center •

My Transcript

*Energy U
courses
online*

*Karlain
Draeder*

VLS Credits

Click the course link to see all of the recorded scores for the course

| <u>Course Name</u> | <u>Score%</u> | <u>Passed</u> | <u>Credits Earned</u> | <u>E</u> |
|---|---------------|---------------|-----------------------|----------|
| <u>KNT LP 1005 - Mechanical Joints</u> | | | | |
| <u>KNT LP 1007 - Flaring Copper Tubing</u> | | | | |
| <u>KNT LP 1201 - Leakage Survey: Distribution and Transmission</u> | 91 | Yes | 0.00 | 11-3-11 |
| <u>KNT LP Abnormal Operating Conditions</u> | | | | |
| <u>KNT LP-0401 Corrosion Monitoring - Atmospheric, External, Internal</u> | | | | |
| <u>KNT LP-0402 Coating Maintenance</u> | | | | |
| <u>KNT LP-0501 Cathodic Protection System Maintenance</u> | | | | |
| <u>KNT LP-0503 Cathodic Protection System: Electrical Connections</u> | | | | |
| <u>KNT LP-0505 Cathodic Protection Systems: Testing Steps</u> | | | | |
| <u>KNT LP-0512 Pipe-to-Soil Testing</u> | | | | |
| <u>KNT LP-0701 Locate, Install, Protect Customer Meters/Regulators</u> | 100 | Yes | 0.00 | 11-21-11 |

My Transcript

*Energy U courses
online*

Karlain Drake

VLS Credits

Click the course link to see all of the recorded scores for the course

| <u>Course Name</u> | <u>Score%</u> | <u>Passed</u> | <u>Credits Earned</u> | <u>E</u> |
|---|---------------|---------------|-----------------------|----------|
| <u>KNT LP 1201 - Leakage Survey: Distribution and Transmission</u> | 91 | Yes | 0.00 | 11-3-11 |
| <u>KNT LP Abnormal Operating Conditions</u> | | | | |
| <u>KNT LP-0702 Customer Regulating, Limiting, Relief Device - Op/Maint</u> | 100 | Yes | 0.00 | 11-17-11 |
| <u>KNT LP-1401 Abandonment or Inactivation of Facilities</u> | 95 | Yes | 0.00 | 11-17-11 |
| <u>KNT LP-1408 - Installation of Plastic Pipe</u> | | | | |
| <u>KNT LP-1427 Valve Maintenance</u> | | | | |
| <u>LP 0702 Customer Regulating, Limiting, and Relief Devices</u> | 70 | No | 0 | 11-14-11 |
| <u>LP 1202 Outside Leakage Investigation</u> | | | | |
| <u>LP 1203 Inside Leakage Investigation</u> | | | | |
| <u>LP 1401 Abandonment or Inactivation of Facilities</u> | 75 | No | 0 | 11-17-11 |
| <u>LP 1421 Installation of Steel Pipe: Repair of Imperfections and Damage</u> | | | | |
| <u>LP 1426 Tapping Steel and Plastic Pipe</u> | | | | |

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Outside Credits

There are currently no outside credits in your transcript.

Total Credits Earned: 0.00

Note: Courses associated with certification programs may only have historical scores if the certification program has been these scores, click on the course link

VLS v6.0.969.1

PERFORMANCE EVALUATION / EMPLOYER RECORD

Employee Information:

Name: Karlain Drader

Employer: City of Granville

Address: PO Box 39

City, State: Granville ND

Zip Code: 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform.

Employee Signature Karlain Drader

Date 11-28-11

Skills Evaluator Information:

Name Arland Mueller

Organization/Employer Granville Fire Dept

Telephone Number 701-728-6864 or 701-626-1746

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks and the indicated level without assistance from me or any other person.

Sill Evaluator's Signature Arland Mueller

Date 11-28-11

Course and/or classes being evaluated on: MEA/Engg LP-0701 Locating, Installing + Protecting Customer Meters + Regulators

Step 1

Identify meter and regulator installation requirements

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify meter and regulator installation requirements:

a. Location

- i. Installed in a readily accessible location that is protected from corrosion and other damage. The upstream regulator in a series may be buried.
- ii. Service regulator(s) installed within a building must be located as near as practical to the point of service line entrance
- iii. Meter(s) installed within a building must be located in a ventilated place and 3 feet from any source of ignition or heat which might damage the meter
- iv. Upstream regulator in a series, (where feasible), must be located outside the building, unless it is located in a separate metering or regulating building

b. Protection from Damage

- i. Service regulator vents and relief vents must terminate outdoors
 - (1) Be located at a place where gas from the vent can escape freely into the atmosphere and away from any opening into the building
 - (2) Be protected from damage caused by submergence in areas where flooding may occur.

c. Installation

- i. Each meter and each regulator must be installed so as to minimize anticipated stresses upon the connecting piping and the meter
- ii. Each regulator that might release gas in its operation must be vented to the outside atmosphere
- iii. Upstream regulator in a series, (where feasible), must be located outside the building, unless it is located in a separate metering or regulating building
- iv. When close all-thread nipples are used, the wall thickness remaining after the threads are cut must meet the minimum wall thickness requirements of this part
- v. Connections made of lead or other easily damaged material may not be used in the installation of meters or regulators

2. Identify relief device installation requirements:

a. Installed so that it can be readily operated to determine if:

- i. The valve is operable
- ii. Can be tested to determine the pressure at which it will operate
- iii. Can be tested for leakage when in the closed position

b. Installed so that the size of the openings, pipe, and fittings located between the system to be protected and the pressure relieving device, and the size of the vent line, are adequate to prevent:

- i. Hammering of the valve
- ii. Impairment of relief capacity
- iii. To minimize anticipated stresses upon the connecting piping and the meter

Step 2

Identify meter(s) and regulator(s) to be installed

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify the meter and regulator(s) to be installed consistent with the customer load

Step 3

Identify meter and regulator installation location

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify the meter and regulator installation location in accordance with requirements identified during Step 1

Step 4

Install meter(s) and regulator(s)

Abnormal Operating Conditions

- Regulator vent located near building opening
- Regulator vent/relief vent not terminated outdoors

Evaluation Criteria

The individual will be able to Install the meter and regulator(s), i.e.:

1. In accordance with the manufacturer's instructions,
2. To electrically isolate the meter, and
3. To meet the requirements identified during Step 1

Step 5

If required, install relief device(s)

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to install relief devices in accordance with the requirements identified during Step 1, i.e.:

1. Installed so that it can be readily operated to determine if:
 - a. The valve is operable
 - b. Can be tested to determine the pressure at which it will operate
 - c. Can be tested for leakage when in the closed position
2. Installed so that the size of the openings, pipe, and fittings located between the system to be protected and the pressure relieving device, and the size of the vent line, are adequate to prevent:
 - a. Hammering of the valve
 - b. Impairment of relief capacity
 - c. To minimize anticipated stresses upon the connecting piping and the meter

Step 6

Test relief valve(s) and regulator(s) in accordance with *Covered Task Summary 0702: Customer Pressure Regulating, Limiting and Relief Device – Operation and Maintenance*

Abnormal Operating Conditions

Refer to Covered Task Summary 0702: Customer Pressure Regulating, Limiting and Relief Device – Operation and Maintenance

Evaluation Criteria

Refer to Covered Task Summary 0702: Customer Pressure Regulating, Limiting and Relief Device – Operation and Maintenance

Step 7

Perform Leak Test in accordance with Covered Task Summary 1301: Leak and Strength Test - Service Lines, Mains, and Transmission Lines

Abnormal Operating Conditions

Refer to Covered Task Summary 1301: Leak and Strength Test - Service Lines, Mains, and Transmission Lines

Evaluation Criteria

Refer to Covered Task Summary 1301: Leak and Strength Test - Service Lines, Mains, and Transmission Lines

Step 8

Recognize and react to Abnormal Operating Condition(s)

Abnormal Operating Conditions

Category: Noncompliance With Procedures, Standards & Other Requirements

- Regulator vent located near building opening
- Regulator vent/relief vent not terminated outdoors

Evaluation Criteria

The individual will be able to:

1. Recognize Abnormal Operating Condition(s) that may be encountered while performing the task
2. React to the Abnormal Operating Condition(s) by:
 - a. Initiating remedial action, or
 - b. Reporting for analysis to determine:
 - i. If remedial action is required, and
 - ii. Remedial action to correct the Abnormal Operating Condition(s)

Step 9

If required, complete documentation

Note: The Q41 consortium recommends that individuals be evaluated on completion of documentation for each covered task that they are qualifying for.

If an individual successfully completes the steps for the task they are being evaluated for they are qualified for the task. Failure to successfully complete this step ***does not*** impact the individual's qualification for the task.

If an individual does not complete this step in accordance with the evaluation criteria they should receive coaching or instruction as appropriate.

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify documentation (records) to be completed
2. Define the required information that is to be recorded
3. Complete the records (paper or computer)
4. Submit the records for retention

PERFORMANCE EVALUATION / EMPLOYER RECORD

Employee Information:

Name: Karlain Drader
Employer: City of Granville
Address: PO Box 39
City, State: Granville ND Zip Code: 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform.

Employee Signature Karlain Drader Date 11-28-11

Skills Evaluator Information:

Name Arland Mueller
Organization/Employer Granville Fire Dept
Telephone Number 701-728-6864 701-626-1746

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks and the indicated level without assistance from me or any other person.

Sill Evaluator's Signature Arland Mueller Date 11-28-11

Course and/or classes being evaluated on: MEA/Energylu LP-0702
Customer Pressure Regulating, Limiting, + Relief
Device. Operations + Maintenance

Step 1

Identify customer pressure regulating, limiting and relief device requirements

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify customer pressure regulating, limiting and relief device requirements, i.e.:

1. Installation of pressure relief and limiting devices
 - a. Installed so that it can be readily operated to determine if:
 - i. The valve is operable
 - ii. Can be tested to determine the pressure at which it will operate
 - iii. Can be tested for leakage when in the closed position
 - b. Installed so that the size of the openings, pipe, and fittings located between the system to be protected and the pressure relieving device, and the size of the vent line, are adequate to prevent:
 - i. Hammering of the valve
 - ii. Impairment of relief capacity
 - iii. To minimize anticipated stresses upon the connecting piping and the meter
2. Location
 - a. Installed in a readily accessible location that is protected from corrosion and other damage. The upstream regulator in a series may be buried.
 - b. Service regulator(s) installed within a building must be located as near as practical to the point of service line entrance
 - c. Each regulator that might release gas in its operation must be vented to the outside atmosphere
 - d. Upstream regulator in a series, (where feasible), must be located outside the building, unless it is located in a separate metering or regulating building
3. Protection from Damage
 - a. Service regulator vents and relief vents must terminate outdoors
 - b. Be located at a place where gas from the vent can escape freely into the atmosphere and away from any opening into the building
 - c. Be protected from damage caused by submergence in areas where flooding may occur

Step 2

Visually inspect customer pressure regulating, limiting and relief devices

Abnormal Operating Conditions

- Atmospheric corrosion
- Hammering
- Set point outside specified range
- Operation unreliable
- Improperly installed
- Dirt, liquids, or other conditions that might impair operation
- Gas leakage
- Damage to piping and equipment

Evaluation Criteria

The individual will be able to visually inspect pressure regulating, limiting, and relief devices and equipment in accordance with the requirements identified during Step 1

Step 3

If required maintain valves in accordance with *Covered Task Summary 1427: Valve Maintenance*

Abnormal Operating Conditions

Refer to Covered Task Summary 1427: Valve Maintenance

Evaluation Criteria

Refer to Covered Task Summary 1427: Valve Maintenance

Step 4

Test customer pressure regulating and limiting devices

Abnormal Operating Conditions

- Equipment mechanical condition deteriorated
- Equipment in unsafe operating condition
- Set point outside specified range
- Operation unreliability
- Does not function at specified pressure

Evaluation Criteria

The individual will be able to test pressure regulating and limiting devices in accordance with the requirements established during Step 1

Step 5

Test customer relief devices

Abnormal Operating Conditions

- Equipment mechanical condition deteriorated
- Equipment in unsafe operating condition
- Set point outside specified range
- Operation unreliability
- Does not function at specified pressure

Evaluation Criteria

The individual will be able to test relief devices in accordance with the requirements identified during Step 1

Step 6

Maintain customer pressure regulating, limiting and relief devices

Abnormal Operating Conditions

- Atmospheric corrosion
- Equipment mechanical condition deteriorated
- Equipment in unsafe operating condition
- Hammering
- Relief capacity impaired
- Inadequate capacity
- Set point outside specified range
- Inability to obtain set point
- Operation unreliability
- Inoperable components
- Does not function at specified pressure
- Abnormally high operating pressure
- Abnormally low operating pressure
- MAOP exceeded
- Improperly installed
- Dirt, liquids, or other conditions that might impair operation
- Gas leakage
- Damage to piping and equipment

Evaluation Criteria

The individual will be able to:

1. Isolate or remove device from service
2. Diagnose and troubleshoot device
3. Perform internal inspection of device
4. Perform required maintenance on device in accordance with manufacturer's instructions
5. Return device to service

Step 7

Check and adjust operating pressure set point(s) of customer pressure regulating, limiting and relief devices

Abnormal Operating Conditions

- Abnormally high operating pressure
- Abnormally low operating pressures
- Oscillating pressure
- Operating pressure set outside allowable range
- MAOP exceeded
- Pressure adjustment cannot be made

Evaluation Criteria

The individual will be able to:

1. Identify locations to check operating pressure set point(s) (inlet, outlet, intermediate stages, etc.)
2. Install pressure gauges or utilize existing permanent gauges, recording charts
3. Compare actual operating pressure set point(s) to specified pressure range set point(s)
4. Locate and operate pressure adjusting components
5. Observe results of adjustments and compare to specified range pressure range set point(s)
6. Continue adjustments as necessary
7. Adjust operating pressure set point(s) to be within specified pressure set point(s) range

Step 8

Recognize and react to Abnormal Operating Conditions

Abnormal Operating Conditions

Category: Cathodic Protection/Corrosion

- Atmospheric corrosion

Category: Component Malfunction

- Hammering
- Operation unreliable
- Inoperable components
- Set point outside specified range
- Inability to obtain set point
- Does not function at specified pressure
- Pressure adjustment cannot be made

Category: Contamination, Damage, Deterioration or Material Defect

- Damage to piping and equipment
- Dirt, liquids, or other conditions that might impair operation
- Equipment mechanical condition deteriorated
- Equipment in unsafe operating condition

Category: Gas Leak/Unexpected Source of Gas

- Gas Leakage

Category: Noncompliance with Procedures, Standards & Other Requirements

- Improperly installed
- Operating pressure set outside allowable range

Category: Pressure Problem

- Abnormally high operating pressure
- Abnormally low operating pressure
- MAOP exceeded
- Inadequate capacity
- Relief capacity impaired
- Oscillating pressure

Evaluation Criteria

The individual will be able to:

1. Recognize Abnormal Operating Condition(s) that may be encountered while performing the task
2. React to the Abnormal Operating Condition(s) by:
 - a. Initiating remedial action, or
 - b. Reporting for analysis to determine:
 - i. If remedial action is required, and
 - ii. Remedial action to correct the Abnormal Operating Condition(s)

Step 9

If required, complete documentation

Note: The Q41 consortium recommends that individuals be evaluated on completion of documentation for each covered task that they are qualifying for.

If an individual successfully completes the steps for the task they are being evaluated for they are qualified for the task. Failure to successfully complete this step ***does not*** impact the individual's qualification for the task.

If an individual does not complete this step in accordance with the evaluation criteria they should receive coaching or instruction as appropriate.

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify documentation (records) to be completed
2. Define the required information that is to be recorded
3. Complete the records (paper or computer)
4. Submit the records for retention

PERFORMANCE EVALUATION / EMPLOYER RECORD

Employee Information:

Name: Karlain Drader

Employer: City of Granville

Address: PO Box ~~#3~~ 39

City, State: Granville, ND

Zip Code: 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform.

Employee Signature Karlain Drader

Date 11-28-11

Skills Evaluator Information:

Name Arland Mueller

Organization/Employer Granville Fire Dept.

Telephone Number 701-728-6864 or 701-626-1746

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks and the indicated level without assistance from me or any other person.

Sill Evaluator's Signature Arland Mueller

Date 11-28-11

Course and/or classes being evaluated on: MEA / Energy U LP 1202
outside Leak Investigation, Pinpointing, + Grading

Step 1

Prompt leakage investigation

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will promptly:

1. Respond and investigate a notice of reported gas leakage,
2. Investigate suspected gas leakage found during surveys, patrols or by other means

Step 2

Perform equipment operation check

Abnormal Operating Conditions

(None identified)

Evaluation Criteria

The individual will, prior to use and periodically, be able to:

1. Perform equipment operation check in accordance with manufacturer's instructions, including:
 - a. Verifying the sampling system is free of obstructions.
 - b. Verifying filters are not obstructing the sample flow.
2. Initiate corrective action for equipment out of specification

Step 3

If hazardous leakage, initiate precautionary actions

Abnormal Operating Conditions

- Hazardous gas leakage

Evaluation Criteria

The individual will be able to initiate precautionary actions at any time that hazardous gas leakage is found, i.e.:

1. Evacuate
2. Control flow of leaking gas and it's migration
3. Ventilate affected premises
4. Determine the full extent of the hazardous area, including the discovery of gas migration and secondary damage
5. Monitor for a change in the extent of the hazardous area
6. Coordinate with fire, police and other public officials the actions to be taken

Step 4

If required, initiate prevention of accidental ignition in accordance with *Covered Task Summary 2011: Prevention of Accidental Ignition*

Abnormal Operating Conditions

Refer to Covered Task Summary 2011: Prevention of Accidental Ignition

Evaluation Criteria

Refer to Covered Task Summary 2011: Prevention of Accidental Ignition

Step 5

If required perform inside leakage investigation in accordance with *Covered Task Summary 1203: Inside Gas Leakage Investigation*

Abnormal Operating Conditions

Refer to Covered Task Summary 1203: Inside Gas Leakage Investigation

Evaluation Criteria

Refer to Covered Task Summary 1203: Inside Gas Leakage Investigation

Step 6

Visually inspect area of leakage

Abnormal Operating Conditions

- Hazardous gas leakage

Evaluation Criteria

The individual will be able to visually inspect the area for evidence of activities that could have contributed to the leakage, and evidence of gas leakage i.e.:

1. Reported gas leakage:
 - a. Check with the reporting individual
 - b. Take an initial bar test at the location of the suspected gas leakage
2. All suspected gas leakage:
 - a. Recent construction activities
 - b. Excavations and trenches along which gas may migrate and vent
 - c. Patches to road surfaces
 - d. Dead grass, dead trees, dead bushes, cracked dry ground
 - e. Location of valve fittings, tees, stubs and connections at which gas leakage is likely
 - f. Etc.

Step 7

Identify the location of buried pipelines in area of leakage

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify the location of buried pipelines, i.e.:

1. Maps and records
2. Dispatch instructions
3. Field observations

Step 8

Identify the location of foreign facilities in area of leakage

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify evidence of foreign facilities within the area of the spread of gas before bar testing, i.e.:

1. Electric
2. Telephone
3. Cable TV
4. Etc.

Step 9

Pinpoint the leak

Abnormal Operating Conditions

- Hazardous gas leakage
- Probe damages pipe
- Probe damages pipe coating
- Multiple leaks
- LP or other gases present
- Gas in a duct or sewer system

Evaluation Criteria

The individual will be able to pinpoint the leak i.e.:

1. Establish outer boundary of leak indications to define the area in which the leak may be located.
2. Initiate bar hole tests at required intervals
3. Making all bar test holes the same depth and size
4. Evenly space the bar holes
5. Take leak detector readings at equal depth
6. Clear leak detector before and between each bar test hole
7. Use leak detector direction of greater concentration of combustible gas
8. Record sustained reading for each of the bar test holes
9. Use only the highest sustained readings, the gas can be traced to its source by identifying the test holes with the highest readings
10. Continue bar test holes at closer intervals, after the initial bar test holes, until the point of maximum concentration is located

11. When underground leakage has been identified, complete additional holes and deeper holes to more closely bracket the area. (For example, test holes may be spaced six feet apart initially and then the six foot spacing between the two highest test holes might be probed with additional test holes, with spacing as close as twelve inches.)
12. Complete additional tests include taking CGI readings at the top of a barhole or using manometer or bubble forming solution to determine which barhole has the greatest positive flow. Other indications are dust particles blowing from the barholes, the sound of gas coming from the barhole or the feel of gas flow on a sensitive skin surface. On occasion, sunlight diffraction can be observed as the gas vents to the atmosphere
13. If the soil retains considerable combustible gas, making it difficult to pinpoint the leakage, the soil shall be exhausted and a recheck shall be made to accurately determine the location and intensity of the leak
14. If gas is venting into an underground conduit or sewer system:
 - a. Investigate to assure it has not traveled beyond expected leak boundary
 - b. Test at available openings to isolate the source. Many times the leak is found at the intersection of the foreign conduit and a gas line. Particular attention should be given to these locations.

Step 10

Grade the leak

Abnormal Operating Conditions

- Hazardous leakage

Evaluation Criteria

The individual will be able to grade identified (found) leaks based on:

1. An evaluation of the location
2. Magnitude of a leak
3. Assign the leak grades and establish the priority of leak repair, i.e.:
 - a. **Grade 1**, a leak that represents an existing or probable hazard to persons or property and requires immediate repair or continuous action until the conditions are no longer hazardous
 - b. **Grade 2**, a leak that is recognized as being non-hazardous at the time of detection, but, requires scheduled repair based on probable future hazard
 - c. **Grade 3**, a leak that is non-hazardous at the time of detection and can be reasonably expected to

remain non-hazardous

Step 11

Recognize and react to Abnormal Operating Conditions

Abnormal Operating Conditions

Category: Gas Leak/Unexpected Source of Gas

- Hazardous gas leakage
- Gas in a duct or sewer system
- Multiple leaks

Category: Noncompliance with Procedures, Standards & Other Requirements

- Probe damaged pipe
- Probe damaged pipe coating

Evaluation Criteria

The individual will be able to:

1. Recognize Abnormal Operating Condition(s) that may be encountered while performing the task
2. React to the Abnormal Operating Condition(s) by:
 - a. Initiating remedial action, or
 - b. Reporting for analysis to determine:
 - i. If remedial action is required, and
 - ii. Remedial action to correct the Abnormal Operating Condition(s)

Step 12

If required, complete documentation

Note: The Q41 consortium recommends that individuals be evaluated on completion of documentation for each covered task that they are qualifying for.

If an individual successfully completes the steps for the task they are being evaluated for they are qualified for the task. Failure to successfully complete this step ***does not*** impact the individual's qualification for the task.

If an individual does not complete this step in accordance with the evaluation criteria they should receive coaching or instruction as appropriate.

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify documentation (records) to be completed
2. Define the required information that is to be recorded
3. Complete the records (paper or computer)
4. Submit the records for retention

PERFORMANCE EVALUATION / EMPLOYER RECORD

Employee Information:

Name: Karlain Drader
Employer: City of Granville
Address: PO Box 39
City, State: Granville NO Zip Code: 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform.

Employee Signature Karlain Drader Date 11-28-11

Skills Evaluator Information:

Name Arland Mueller
Organization/Employer Granville Fire Dept
Telephone Number 701-728-6864 or 701-626-1746

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks and the indicated level without assistance from me or any other person.

Sill Evaluator's Signature Arland Mueller Date 11-28-11

Course and/or classes being evaluated on: MEA/Enegy U LP-1401
Abandonment or Inactivation of Facilities

Step 1

Identify abandonment in place & inactive pipeline requirements

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify abandonment in place and inactive pipeline requirements, i.e.:

1. Disconnected from all sources and supplies of gas
2. Purged of gas, except when the volume of gas is so small that there is no potential hazard
- NA 3. For offshore pipelines, fill with water or inert materials and seal at the pipe ends
- NA 4. For offshore pipeline facility or each abandoned onshore pipeline facility that crosses over, under or through a commercially navigable waterway, the last operator of that facility must file a report upon abandonment of that facility

Step 2

Determine if the segment to be abandoned or inactivated contains a hazardous amount of gas or liquid hydrocarbons

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Perform sampling to determine if the volume of natural gas or liquid hydrocarbons contained within poses a potential hazard
2. Remove hazardous amounts of liquid hydrocarbons
3. Initiate purging if there is a hazardous amount of gas

Step 3

If required, purge in accordance with *Covered Task Summary 1418: Purging*

Abnormal Operating Conditions

Refer to *Covered Task Summary 1418: Purging*

Evaluation Criteria

Refer to *Covered Task Summary 1418: Purging*

Step 4

Disconnect from all sources and supplies of gas

Abnormal Operating Conditions

- Abandoned or inactive segment not disconnected from all sources and supplies of gas

Evaluation Criteria

The individual will be able to disconnect the segment, i.e.:

1. Pipe and facilities to remain in service are not damaged
2. Ends of pipe to remain in service can be prepared for welding or joining for installation of:
 - a. End caps, flanges, mechanical fittings, blind flanges, steel plate, etc.
 - b. Replacement pipe

Step 5

Perform corrosion monitoring for in-service, discontinued service or abandoned segments in accordance with *Covered Task Summary 0401: Corrosion Monitoring – Atmospheric, External, and Internal Corrosion*

Abnormal Operating Conditions

Refer to *Covered Task Summary 0401: Corrosion Monitoring - Atmospheric, External, and Internal Corrosion*

Evaluation Criteria

Refer to *Covered Task Summary 0401: Corrosion Monitoring - Atmospheric, External, and Internal Corrosion*

Step 6

If required, fill pipeline with water, inert materials or other specified material

Abnormal Operating Conditions

- Pipeline not filled with water, inert material or other specified material

Evaluation Criteria

The individual will be able to fill mains or transmission lines with water, inert material or other specified materials

Step 7

If required, cap or tie-in ends of segments to remain in service, by:

1. Welding in accordance with *Covered Task Category 24: Welding*
2. Joining in accordance with *Covered Task Category 10: Joining Covered Task Summaries*

Abnormal Operating Conditions

Refer to *Covered Task Category 24: Welding and Covered Task Category 10: Joining Covered Task Summaries*

Evaluation Criteria

Refer to *Covered Task Category 24: Welding and Covered Task Category 10: Joining Covered Task Summaries*

Step 8

Cap or seal abandoned or inactivated segment ends

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to cap or seal ends of inactive or abandoned segments, by:

1. ~~Welding steel plates or caps~~
2. Installing mechanical fittings, caps or blind flanges
3. Fusing caps
4. Pinching the ends closed
5. Plugging with foam, cement, wood, or earth plug

Step 9

If required, remove above-grade facilities

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Remove above-grade or at grade valves, risers, vault and valve box covers, etc.
2. Fill vault and valve box voids with suitably compacted backfill material

NA

Step 10

If required, abandon service lines in conjunction with main abandonment or inactivation

Abnormal Operating Conditions

- Service lines not abandoned as required

Evaluation Criteria

The individual will be able to abandon services lines, as follows:

1. Curb valves and curb boxes
 - a. All curb valves should be closed.
 - b. The top section of curb boxes located in dirt areas should be removed and the void filled with suitable compacted back-fill material
 - c. Curb boxes set in concrete or asphalt should be filled with suitable compacted backfill material to an appropriate distance from the top of the box and the fill completed with suitable paving material
2. Meter risers and headers
 - a. Should be dismantled
 - b. Removed from the premises
3. Service lines below grade through a basement wall
 - a. The end of the service line should be plugged
 - b. A cap should be installed as close to the face of the wall as practical. It is not necessary to remove pipe from the wall unless required by particular circumstances.
4. Service lines terminating at an outside meter set or an above-grade entrance should be:
 - a. Cut
 - b. Capped at an appropriate depth below grade

Step 11

Recognize and react to Abnormal Operating Condition(s)

Abnormal Operating Conditions

Category: Noncompliance With Procedures, Standards & Other Requirements

- Abandoned or inactive segment not disconnected from all sources and supplies of gas
- Pipeline not filled with water, inert material or other specified material
- Service lines not abandoned as required

Evaluation Criteria

The individual will be able to:

1. Recognize Abnormal Operating Condition(s) that may be encountered while performing the task
2. React to the Abnormal Operating Condition(s) by:
 - a. Initiating remedial action, or
 - b. Reporting for analysis to determine:
 - i. If remedial action is required, and
 - ii. Remedial action to correct the Abnormal Operating Condition(s)

Step 12

If required, complete documentation

Note: The Q41 consortium recommends that individuals be evaluated on completion of documentation for each covered task that they are qualifying for.

If an individual successfully completes the steps for the task they are being evaluated for they are qualified for the task. Failure to successfully complete this step **does not** impact the individual's qualification for the task.

If an individual does not complete this step in accordance with the evaluation criteria they should receive coaching or instruction as appropriate.

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify documentation (records) to be completed
2. Define the required information that is to be recorded
3. Complete the records (paper or computer)
4. Submit the records for retention

PERFORMANCE EVALUATION / EMPLOYER RECORD

Employee Information:

Name: Karlain Drader

Employer: City of Granville

Address: PO Box ~~#3~~ 39

City, State: Granville, ND Zip Code: 58741-0039

Affidavit

I affirm that I am the person who has performed those items checked on this checklist. I acknowledge that the performance checklists used are solely for the purpose of skills assessment certification requirements, and are not intended to replace or modify company operating or safety procedures, and may not be appropriate for use in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my workplace and must exercise care and good judgment, always using appropriate equipment, procedures and tools for the tasks I perform.

Employee Signature Karlain Drader Date 11-28-11

Skills Evaluator Information:

Name Arland Mueller

Organization/Employer Granville Fire Dept.

Telephone Number 701-728-6864 or 701-626-1746

Affidavit

I affirm that I am the person who has administered this checklist, and that I have conducted this employee skills assessment with integrity. I also affirm that the above named employee is the person whose performance I evaluated, and that the above named person performed the checked tasks and the indicated level without assistance from me or any other person.

Sill Evaluator's Signature Arland Mueller Date 11-28-11

Course and/or classes being evaluated on: MEA / Energy U LP 1202
outside leak Investigation, Pinpointing, + Grading

Step 1

Prompt leakage investigation

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will promptly:

1. Respond and investigate a notice of reported gas leakage,
2. Investigate suspected gas leakage found during surveys, patrols or by other means

Step 2

Perform equipment operation check

Abnormal Operating Conditions

(None identified)

Evaluation Criteria

The individual will, prior to use and periodically, be able to:

1. Perform equipment operation check in accordance with manufacturer's instructions, including:
 - a. Verifying the sampling system is free of obstructions.
 - b. Verifying filters are not obstructing the sample flow.
2. Initiate corrective action for equipment out of specification

Step 3

If hazardous leakage, initiate precautionary actions

Abnormal Operating Conditions

- Hazardous gas leakage

Evaluation Criteria

The individual will be able to initiate precautionary actions at any time that hazardous gas leakage is found, i.e.:

1. Evacuate
2. Control flow of leaking gas and it's migration
3. Ventilate affected premises
4. Determine the full extent of the hazardous area, including the discovery of gas migration and secondary damage
5. Monitor for a change in the extent of the hazardous area
6. Coordinate with fire, police and other public officials the actions to be taken

Step 4

If required, initiate prevention of accidental ignition in accordance with *Covered Task Summary 2011: Prevention of Accidental Ignition*

Abnormal Operating Conditions

Refer to Covered Task Summary 2011: Prevention of Accidental Ignition

Evaluation Criteria

Refer to Covered Task Summary 2011: Prevention of Accidental Ignition

Step 5

If required perform inside leakage investigation in accordance with *Covered Task Summary 1203: Inside Gas Leakage Investigation*

Abnormal Operating Conditions

Refer to Covered Task Summary 1203: Inside Gas Leakage Investigation

Evaluation Criteria

Refer to Covered Task Summary 1203: Inside Gas Leakage Investigation

Step 6

Visually inspect area of leakage

Abnormal Operating Conditions

- Hazardous gas leakage

Evaluation Criteria

The individual will be able to visually inspect the area for evidence of activities that could have contributed to the leakage, and evidence of gas leakage i.e.:

1. Reported gas leakage:
 - a. Check with the reporting individual
 - b. Take an initial bar test at the location of the suspected gas leakage
2. All suspected gas leakage:
 - a. Recent construction activities
 - b. Excavations and trenches along which gas may migrate and vent
 - c. Patches to road surfaces
 - d. Dead grass, dead trees, dead bushes, cracked dry ground
 - e. Location of valve fittings, tees, stubs and connections at which gas leakage is likely
 - f. Etc.

Step 7

Identify the location of buried pipelines in area of leakage

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify the location of buried pipelines, i.e.:

1. Maps and records
2. Dispatch instructions
3. Field observations

Step 8

Identify the location of foreign facilities in area of leakage

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to identify evidence of foreign facilities within the area of the spread of gas before bar testing, i.e.:

1. Electric
2. Telephone
3. Cable TV
4. Etc.

Step 9

Pinpoint the leak

Abnormal Operating Conditions

- Hazardous gas leakage
- Probe damages pipe
- Probe damages pipe coating
- Multiple leaks
- LP or other gases present
- Gas in a duct or sewer system

Evaluation Criteria

The individual will be able to pinpoint the leak i.e.:

1. Establish outer boundary of leak indications to define the area in which the leak may be located.
2. Initiate bar hole tests at required intervals
3. Making all bar test holes the same depth and size
4. Evenly space the bar holes
5. Take leak detector readings at equal depth
6. Clear leak detector before and between each bar test hole
7. Use leak detector direction of greater concentration of combustible gas
8. Record sustained reading for each of the bar test holes
9. Use only the highest sustained readings, the gas can be traced to its source by identifying the test holes with the highest readings
10. Continue bar test holes at closer intervals, after the initial bar test holes, until the point of maximum concentration is located

11. When underground leakage has been identified, complete additional holes and deeper holes to more closely bracket the area. (For example, test holes may be spaced six feet apart initially and then the six foot spacing between the two highest test holes might be probed with additional test holes, with spacing as close as twelve inches.)
12. Complete additional tests include taking CGI readings at the top of a barhole or using manometer or bubble forming solution to determine which barhole has the greatest positive flow. Other indications are dust particles blowing from the barholes, the sound of gas coming from the barhole or the feel of gas flow on a sensitive skin surface. On occasion, sunlight diffraction can be observed as the gas vents to the atmosphere
13. If the soil retains considerable combustible gas, making it difficult to pinpoint the leakage, the soil shall be exhausted and a recheck shall be made to accurately determine the location and intensity of the leak
14. If gas is venting into an underground conduit or sewer system:
 - a. Investigate to assure it has not traveled beyond expected leak boundary
 - b. Test at available openings to isolate the source. Many times the leak is found at the intersection of the foreign conduit and a gas line. Particular attention should be given to these locations.

Step 10

Grade the leak

Abnormal Operating Conditions

- Hazardous leakage

Evaluation Criteria

The individual will be able to grade identified (found) leaks based on:

1. An evaluation of the location
2. Magnitude of a leak
3. Assign the leak grades and establish the priority of leak repair, i.e.:
 - a. **Grade 1**, a leak that represents an existing or probable hazard to persons or property and requires immediate repair or continuous action until the conditions are no longer hazardous
 - b. **Grade 2**, a leak that is recognized as being non-hazardous at the time of detection, but, requires scheduled repair based on probable future hazard
 - c. **Grade 3**, a leak that is non-hazardous at the time of detection and can be reasonably expected to

remain non-hazardous

Step 11

Recognize and react to Abnormal Operating Conditions

Abnormal Operating Conditions

Category: Gas Leak/Unexpected Source of Gas

- Hazardous gas leakage
- Gas in a duct or sewer system
- Multiple leaks

Category: Noncompliance with Procedures, Standards & Other Requirements

- Probe damaged pipe
- Probe damaged pipe coating

Evaluation Criteria

The individual will be able to:

1. Recognize Abnormal Operating Condition(s) that may be encountered while performing the task
2. React to the Abnormal Operating Condition(s) by:
 - a. Initiating remedial action, or
 - b. Reporting for analysis to determine:
 - i. If remedial action is required, and
 - ii. Remedial action to correct the Abnormal Operating Condition(s)

Step 12

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If an individual does not complete this step in accordance with the evaluation criteria they should receive coaching or instruction as appropriate.

Abnormal Operating Conditions

(None Identified)

Evaluation Criteria

The individual will be able to:

1. Identify documentation (records) to be completed
2. Define the required information that is to be recorded
3. Complete the records (paper or computer)
4. Submit the records for retention

OQ TASK LIST

| I. COMMON (all employees) | Date Attn'd | Cert Date | Date Attn'd | Cert Date | Date Attn'd | Cert Date | Recert Yrs | Company | Course | Course |
|---|-------------|-----------|-------------|-----------|-------------|-----------|------------|-------------|----------------------------|-------------------------|
| 1 Vaporization Plant Operations | | | | | | | 5 | | | |
| 1A Operating and Maintaining Direct fired LP Gas Vaporizers | | | | | | | 1 | | | |
| 1B Emergency Shutdown of Supply Tank | | | | | | | 1 | | | |
| 2 Characteristics and Hazards of Propane | 04/24/09 | 04/24/09 | | | | | 5 | MEA Modules | MEA Test # KNT 192-0101 | |
| 3 Potential Ignition Sources: Indoor and Outdoor | 04/21/09 | 02/10/11 | | | | | 5 | SCC | Southern Cross Corp Mod 4 | |
| 4 Recognizing Emergency Conditions | | | | | | | 5 | | | |
| 5 Recognizing and Reporting Propane Gas Leaks | 04/27/09 | 02/10/11 | | | | | 5 | SCC | Southern Cross Corp Mod 10 | |
| II. FIELD SAFETY | | | | | | | | | | |
| 6 Personal Protective Equipment | | | | | | | 5 | | | |
| 7 Proper Fire-fighting Techniques | | | | | | | 5 | | | |
| 8 Controlling the Accidental Release of Gas | | | | | | | 5 | | | |
| 9 Recognizing Unsafe Meter Sets | | | | | | | 5 | | | |
| III. LEAK SURVEY AND RESPONSE | | | | | | | | | | |
| 10 Leak Classification | 03/05/11 | 03/05/11 | 04/08/09 | 04/08/09 | | | 3 | MEA Modules | MEA Test # KNT 192-1203 | MEA Test # KNT 192-1201 |
| 11 Operating the Combustible Gas Indicator | 04/21/09 | 02/10/11 | | | | | 3 | SCC | Southern Cross Corp Mod 5 | |

OQ TASK LIST

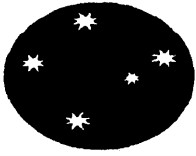
| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|---------------------------------------|---|------------|-----------|------------|-----------|------------|-----------|------------|-------------|----------------------------|--------|
| 12 | Operating the Flame Ionization Unit (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| 13 | Emergency Response and Restoration of Service | | | | | | | 3 | | | |
| 14 | Leak Surveys and Patrols | 04/28/09 | 04/28/09 | | | | | 5 | MEA Modules | MEA Test # KNT 192-1201 | |
| IV. CUSTOMER SERVICE | | | | | | | | | | | |
| 15 | Customer Leak Investigation | 04/28/09 | 04/28/09 | | | | | 5 | MEA Modules | MEA Test # KNT 192-1202 | |
| 16 | Pressure Checks to Establish Gas Service | | | | | | | 5 | | | |
| 17 | Establishing and Disconnecting Gas | | | | | | | 5 | | | |
| V CONSTRUCTION and MAINTENANCE | | | | | | | | | | | |
| 18 | Atmospheric Corrosion | 04/27/09 | 04/27/09 | | | | | 5 | MEA Modules | MEA Test # KNT 192-0401 | |
| 19 | Odorization | | | | | | | 5 | | | |
| 20 | Bar Hole Testing and Purging | 04/28/09 | 02/10/11 | | | | | 5 | SCC | Southern Cross Corp Mod 20 | |
| 21 | Locating and Marking Facilities | 04/28/09 | 04/28/09 | | | | | 5 | MEA Modules | MEA Test # KNT 192-0801 | |
| 22 | Excavation and Shoring Safety | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 23 | Plastic Pipe Fusion | | | | | | | 5 | | | |
| 24 | Plastic Pipe Repair (Pemasert Couplings) | | | | | | | 5 | | | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|---|------------|-----------|------------|-----------|------------|-----------|------------|---------|--------|--------|
| 25 | Fusion Qualification (Permasert Couplings) | | | | | | | 1 | | | |
| 27 | Joining Steel Pipe | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 28 | Welding Qualification | N/A | N/A | N/A | N/A | N/A | N/A | | N/A | N/A | |
| 29 | Steel Repair Fittings | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 30 | Maintaining Steel Mains | | | | | | | 5 | | | |
| 31 | Pressure Testing Steel and Plastic Pipelines | | | | | | | 5 | | | |
| 32 | Purging Safety | | | | | | | 5 | | | |
| 33 | Cathodic Protection | | | | | | | 5 | | | |
| 34 | Tapping/Stopping: 1.25" through 4" Pipe (Permasert) | | | | | | | 5 | | | |
| 35 | Installing Mains | | | | | | | 5 | | | |
| 36 | Installing Service | | | | | | | 5 | | | |
| 37 | | | | | | | | 5 | | | |
| 38 | Abandoning Facilities | | | | | | | 5 | | | |
| 39 | Safe Vault Entry (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 40 | Inspecting and Maintaining Valves | | | | | | | 5 | | | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|--|------------|-----------|------------|-----------|------------|-----------|------------|---------|--------|--------|
| 41 | Inspecting Pressure Regulating and Limiting Stations | | | | | | | 5 | | | |
| 42 | System Uprating | | | | | | | 5 | | | |
| 51 | Job Site Protection | | | | | | | 5 | | | |
| 52 | Backhoe Safety | | | | | | | 5 | | | |



SOUTHERN CROSS CORP.

A S P A R U S Company

MEA OPERATOR QUALIFICATION MODULES (ONLINE)

| MEA TEST # | COURSE DESCRIPTION | Test Date | Evaluation Date | Passed/Failed |
|--------------|---|-----------|-----------------|---------------|
| KNT 192 | Abnormal Operating Conditions | 4/24/09 | Done Online | Passed |
| KNT 192-0101 | Characteristics and Hazards of Natural Gas | 4/24/09 | Done Online | Passed |
| KNT 192-0401 | Corrosion Monitoring- Atmospheric, External, Internal | 4/27/09 | Done Online | Passed |
| KNT 192-0512 | Pipe-to-Soil Testing | 4/27/09 | Done Online | Passed |
| KNT 192-0801 | Locating Pipelines | 4/28/09 | Done Online | Passed |
| KNT 192-0901 | System Patrolling | 4/28/09 | Done Online | Passed |
| KNT 192-1201 | Leakage Survey: Distribution and Transmission | 4/28/09 | Done Online | Passed |
| KNT 192-1202 | Outside Leakage Investigation, Pinpointing, Grading | 4/28/09 | Done Online | Passed |
| KNT 192-1203 | Inside Gas Leakage Investigation | 3/5/11 | Done Online | Passed |
| KNT 192-1404 | Casing Vents and Seals | 3/5/11 | Done Online | Passed |
| KNT 192-2011 | Prevention of Accidental Ignition | 4/29/11 | Done Online | Passed |

SCC OQ Records

| MODULE # | TITLE | Test Date | Evaluation Date | Passed/Failed |
|----------|--|-----------|-----------------|---------------|
| | | | | |
| 1 | What is Gas Leak Survey & Why Do It? | 4/21/2009 | 2/10/2011 | Passed |
| 2 | Identifying Parts of a Gas System | 4/21/2009 | 2/10/2011 | Passed |
| 3 | Characteristics of Natural Gas | 4/21/2009 | 2/10/2011 | Passed |
| 4 | Potential Ignition Sources | 4/21/2009 | 2/10/2011 | Passed |
| 5 | * Combustible Gas Indicators: Theory & Field Use | 4/21/2009 | 2/10/2011 | Passed |
| 6 | Hydrogen Flame Ionization: Theory & Field Use | 4/21/2009 | 2/10/2011 | Passed |
| 7 | Likely Leak and Venting Locations | 4/25/2009 | 2/10/2011 | Passed |
| 8 | Visual Signs of Gas Leakage | 4/25/2009 | 2/10/2011 | Passed |
| 9 | Residential HFI Leak Survey Practices | 4/25/2009 | 2/10/2011 | Passed |
| 10 | Basics of Leak Investigation & Centering | 4/27/2009 | 2/10/2011 | Passed |
| 11 | * Leak Grading | 4/27/2009 | 2/10/2011 | Passed |
| 12 | Basic Drawing Techniques & Leak Report Form 11 | 4/28/2009 | 2/10/2011 | Passed |
| 13 | Reporting System Coverage | 4/28/2009 | 2/10/2011 | Passed |
| 14 | Recognizing Abnormal Conditions | 4/28/2009 | 2/10/2011 | Passed |
| 15 | Corrosion and Leak Survey | 4/28/2009 | 2/10/2011 | Passed |
| 16 | Job Safety | 4/28/2009 | 2/10/2011 | Passed |
| 17 | Facility Locating | 4/28/2009 | 2/10/2011 | Passed |
| 18 | Business District Survey | | | |
| 19 | MFI Survey | 4/28/2009 | 2/10/2011 | Passed |
| 20 | * Probe Bar Survey | 4/28/2009 | 2/10/2011 | Passed |
| 21 | Telephone Bldg. Survey | | | |

Tech Name Owen Fife

Tech Id

3157

OQ TASK LIST

| | I. COMMON (all employees) | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|--------------------------------------|--|------------|-----------|------------|-----------|------------|-----------|------------|---------|--------|--------|
| 1 | Vaporization Plant Operations | | | | | | | 5 | | | |
| 1A | Operating and Maintaining Direct fired LP Gas Vaporizers | | | | | | | 1 | | | |
| 1B | Emergency Shutdown of Supply Tank | | | | | | | 1 | | | |
| 2 | Characteristics and Hazards of Propane | | | | | | | 5 | | | |
| 3 | Potential Ignition Sources: Indoor and Outdoor | | | | | | | 5 | | | |
| 4 | Recognizing Emergency Conditions | | | | | | | 5 | | | |
| 5 | Recognizing and Reporting Propane Gas Leaks | | | | | | | 5 | | | |
| II. FIELD SAFETY | | | | | | | | | | | |
| 6 | Personal Protective Equipment | | | | | | | 5 | | | |
| 7 | Proper Fire-fighting Techniques | | | | | | | 5 | | | |
| 8 | Controlling the Accidental Release of Gas | | | | | | | 5 | | | |
| 9 | Recognizing Unsafe Meter Sets | | | | | | | 5 | | | |
| III. LEAK SURVEY AND RESPONSE | | | | | | | | | | | |
| 10 | Leak Classification | | | | | | | 3 | | | |
| 11 | Operating the Combustible Gas Indicator | | | | | | | 3 | | | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|---------------------------------------|---|------------|-----------|------------|-----------|------------|-----------|------------|---------|--------|--------|
| 12 | Operating the Flame Ionization Unit (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| 13 | Emergency Response and Restoration of Service | | | | | | | 3 | | | |
| 14 | Leak Surveys and Patrols | | | | | | | 5 | | | |
| IV. CUSTOMER SERVICE | | | | | | | | | | | |
| 15 | Customer Leak Investigation | | | | | | | 5 | | | |
| 16 | Pressure Checks to Establish Gas Service | | | | | | | 5 | | | |
| 17 | Establishing and Disconnecting Gas | | | | | | | 5 | | | |
| V CONSTRUCTION and MAINTENANCE | | | | | | | | | | | |
| 18 | Atmospheric Corrosion | | | | | | | 5 | | | |
| 19 | Odorization | | | | | | | 5 | | | |
| 20 | Bar Hole Testing and Purging | | | | | | | 5 | | | |
| 21 | Locating and Marking Facilities | | | | | | | 5 | | | |
| 22 | Excavation and Shoring Safety | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 23 | Plastic Pipe Fusion | | | | | | | 5 | | | |
| 24 | Plastic Pipe Repair (Permasert Couplings) | | | | | | | 5 | | | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|---|------------|-----------|------------|-----------|------------|-----------|------------|---------|----------------|--------|
| 25 | Fusion Qualification (Permasert Couplings) | | | | | | | 1 | | | |
| 27 | Joining Steel Pipe | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 28 | Welding Qualification | 03/31/11 | 03/31/11 | | | | | 1 | MDU | MDU-Paul Riely | |
| 29 | Steel Repair Fittings | N/A | N/A | N/A | N/A | N/A | N/A | 5 | N/A | N/A | |
| 30 | Maintaining Steel Mains | | | | | | | 5 | | | |
| 31 | Pressure Testing Steel and Plastic Pipelines | | | | | | | 5 | | | |
| 32 | Purging Safety | | | | | | | 5 | | | |
| 33 | Cathodic Protection | | | | | | | 5 | | | |
| 34 | Tapping/Stopping: 1.25" through 4" Pipe (Permasert) | | | | | | | 5 | | | |
| 35 | Installing Mains | | | | | | | 5 | | | |
| 36 | Installing Service | | | | | | | 5 | | | |
| 37 | | | | | | | | 5 | | | |
| 38 | Abandoning Facilities | | | | | | | 5 | | | |
| 39 | Safe Vault Entry (N/A) | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 40 | Inspecting and Maintaining Valves | | | | | | | 5 | | | |

OQ TASK LIST

| | | Date Attnd | Cert Date | Date Attnd | Cert Date | Date Attnd | Cert Date | Recert Yrs | Company | Course | Course |
|----|--|------------|-----------|------------|-----------|------------|-----------|------------|---------|--------|--------|
| 41 | Inspecting Pressure Regulating and Limiting Stations | | | | | | | 5 | | | |
| 42 | System Uprating | | | | | | | 5 | | | |
| 51 | Job Site Protection | | | | | | | 5 | | | |
| 52 | Backhoe Safety | | | | | | | 5 | | | |

MDU

Performance Evaluation Criteria – PEF 2403
Non Destructive testing

| | |
|---|--|
| Individual: <i>David Albertson</i> | Employee #: <i>269967</i> |
| Region/Location: <i>Minot</i> | |
| Evaluator: <i>PAUL RIFLY</i> | Date: <i>3-31-11</i> |
| Evaluation Method: <input checked="" type="checkbox"/> Performance on the Job <input type="checkbox"/> Simulation | Qualified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| Steps | Evaluation Criteria | Satisfactory | Unsatisfactory |
|---|---|-------------------------------------|--------------------------|
| <p>Danger:</p> <ul style="list-style-type: none"> • If overcome by vapors; move to fresh air • Eye/Skin contact-flush with water • If ingested, do not induce vomiting. Give large amounts of water. Contact physician immediately. • Do not use near open flames, arcs or other ignition sources. • Do not expose can to temperatures above 120° F | | | |
| 1. Clean Weld | <p>Use Spray Cleaner</p> <ol style="list-style-type: none"> 1. Apply to cool surface 2. Wipe with clean dry cloth 3. Repeat until area is clean | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Apply Penetrant | <ol style="list-style-type: none"> 1. Spray to cover test area 2. Allow one to thirty minutes before removing surface penetrant 3. To remove excess penetrant, spray cleaner on cloth and wipe surface | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Apply Developer | <ol style="list-style-type: none"> 1. Spray test area with a thin, damp, even coat. 2. Allow developing time of five to fifteen minutes, then inspect for red lines which mark cracks and red dots which mark pores. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <p>4. If required, complete documentation</p> <p>If an individual successfully completes the steps for the task they are being evaluated for they are qualified for the task. Failure to successfully complete this step <u>does not</u> impact the individual's qualification for the task.</p> | <p>The individual will be able to:</p> <ol style="list-style-type: none"> 1. Identify documentation (records) to be completed 2. Define the required information that is to be recorded 3. Complete documentation (paper or computer) 4. Submit the records for retention | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**THIS IS AN IMPORTANT COMPANY RECORD.
— DO NOT DESTROY —**

TRAINING ATTENDANCE SHEET

DATE: 31 March 2010

TIME: 1500 hrs

LOCATION: Bismarck Service Center

INSTRUCTOR: Paul Riely

SUBJECT:
2011 Welding Classroom Training

WRITTEN MATERIALS:
20th Edition API 1104

ATTENDEES

| | SIGNATURE | NAME (Type or print) | EMPLOYEE NO. | WORK LOCATION |
|----|------------------------|----------------------|--------------|---------------|
| 1. | <i>David Albertson</i> | David Albertson | 269967 | Minot |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

| | | | | |
|-------|--|--|--|--|
| 19/11 | | | | |
| 20/11 | | | | |
| 21/11 | | | | |
| 22/11 | | | | |
| 23/11 | | | | |
| 24/11 | | | | |
| 25/11 | | | | |
| 26/11 | | | | |
| 27/11 | | | | |
| 28/11 | | | | |



MONTANA-DAKOTA

REQUALIFICATION WELD

Welder: Dave Alberson

Region/Dist: Butte, SD / Minot

Date: 9-1-11

This weld was made in my presence by the above-named welder according to approved welding procedures.

Procedure Name: SMAW 1
Test Pipe Material Grade: Grade B X-42
Filler Metal: Group 1
Welding Direction: Down Hill
Position of Weld Sample: 50 Horizontal fixed
Voltage Range: 21-24
AMP Range: 85-135
Signed: Jill Hanson
Date: 9-1-11

ATTACH TO WELD AND SUBMIT FOR TESTING.



MONTANA-DAKOTA

REQUALIFICATION WELD

Welder: Dave Albertson

Region/Dist: Bozons / Minot

Date: 9-1-11

This weld was made in my presence by the above-named welder according to approved welding procedures.

Procedure Name: OXY/ACT

Test Pipe Material Grade: 1"

Filler Metal: _____

Welding Direction: up

Position of Weld Sample: fixed

Voltage Range: _____

AMP Range: _____

Signed: [Signature]

Date: 9-1-11

ATTACH TO WELD AND SUBMIT FOR TESTING.

Worksheet 2: OXYACETYLENE

OXYACETYLENE

**Montana-Dakota Utilities Co.
WELDER QUALIFICATION TEST**

DATE: 3/31/2011
 WELDER: David Albertson
 EMPLOYEE: 269967 CONTRACTOR NAME:
 REGION: Badlands TOWN: Minot
 TEST LOCATION: Minot
 TESTED BY: Dean Beckler QUALIFIED: yes

WELDING PROCESS USED: OXYACETYLENE
 POSITION: FIXED
 DIRECTION: UPHILL
 TYPE OF WELDING MACHINE:
 PIPE TYPE & GRADE: A53 GR B DIAMETER: 1" WALL THICK: .133"

ROD SPECIFICATIONS AND CHARACTERISTICS

| | TYPE ROD | SIZE | POLARITY | AMPERAGE | VOLTAGE |
|--|----------|------|----------|----------|---------|
| ROOT BEAD HOT PASS FILLER PASS CAP BEAD | GROUP 8 | 1/8" | | | |

TEST COUPON QUALIFICATION

| JOINT TYPE | # OF COUPONS | TENSILE TEST | NICK BREAK | ROOT BEND |
|------------|--------------|--------------|------------|-----------|
| | | | | |

OXYACETYLENE

| | | | | | |
|------------------------------|---|--|--|---|--|
| 1" FIXED | 4 | | | 4 | |
| COMMENTS: ALL COUPONS PASSED | | | | | |

Worksheet 4: WELDSMAW

WELDSMAW

Montana-Dakota Utilities Co.
WELDER QUALIFICATION TEST

DATE: 3/31/11
 WELDER: David Albertson
 EMPLOYEE: 269967 CONTRACTOR NAME:
 REGION: Badlands TOWN: Minot
 TEST LOCATION: Minot
 TESTED BY: Dean Beckler QUALIFIED: Yes

WELDING PROCESS USED: SMAW
 POSITION: HORIZONTAL FIXED
 DIRECTION: DOWNHILL
 TYPE OF WELDING MACHINE: Lincoln 300
 PIPE TYPE & GRADE: A53 GR B DIAMETER: 12" WALL THICK: .250

ROD SPECIFICATIONS AND CHARACTERISTICS

| | TYPE ROD | SIZE | POLARITY | AMPERAGE | VOLTAGE |
|-------------|----------|-------|----------|----------|---------|
| ROOT BEAD | GROUP 1 | 1/8" | RP | 75-130 | 20-40 |
| HOT PASS | GROUP 1 | 1/8" | RP | 75-130 | 20-40 |
| FILLER PASS | GROUP 1 | 5/32" | RP | 75-130 | 20-40 |
| CAP BEAD | GROUP 1 | 5/32" | RP | 90-185 | 20-40 |

TEST COUPON QUALIFICATION

| JOINT TYPE | # OF COUPONS | TENSILE TEST | NICK BREAK | ROOT BEND |
|------------------------------|--------------|--------------|------------|-----------|
| 12" BUTT | 6 | | 4 | 2 |
| 12" BRANCH SERVICE TEES - | 4 | | 4 | |

WELDSMAW

| | | | | | |
|-----------|---|--|--|--|--|
| | | | | | |
| COMMENTS: | ALL COUPONS PASSED API 1104 & DOT PART 192 ACCEPTANCE CRITERIA 2 SERVICE TEES WITH GROUP 1 ROD | | | | |