



Operator:	
Operator Address:	
Candidate Name:	
SSN / Employee Number:	
Verifier's Name:	

Directions: This Performance Checklist details the knowledge, skills and abilities to perform the job located in the header of this document. Prior to unsupervised performance of any task associated with or operating equipment detailed on this document, the operator must be signed off by a subject matter expert (SME)/Verifier.

For a candidate to be qualified for any task, an individual must demonstrate a score of 80% of the total knowledge requirements of this checklist. Meeting the knowledge requirement, the individual may then proceed to the Performance section of the checklist. A candidate is required to complete all performance items with 100% accuracy on the Performance section of this checklist and complete all AOC items with 100% accuracy on the Abnormal Operating Conditions section of this checklist for a verified status.

Recommended Training materials and references:

1. eWebOOQ Module 504B Soldering
2. DOT §192.469
3. Company Operating Procedures

Step	Knowledge	Verifier's Signature
KNOWLEDGE SECTION OF THE PERFORMANCE CHECKLIST (The candidate must respond to the following knowledge statements to the satisfaction of the verifier.)		
504A K10	State the name for a device used to generate cathodic protection current.	
	Remarks:	Date:
504A K20	Discuss the use of bonding wires.	
	Remarks:	Date:
504A K30	State the purpose of a flint type-sparking gun.	
	Remarks:	Date:
504A K40	State the name for a device used to isolate an exothermic weld from soil, preventing corrosion.	
	Remarks:	Date:
504A K50	State the name for the bottom powder of an exothermic weld shot used to ignite the welding powder.	

Step	Knowledge	Verifier's Signature
	Remarks:	Date:
504A K60	State the purpose of the steel disk.	
	Remarks:	Date:
504A K70	State the name for the metallic wire used to determine the level of cathodic protection.	
	Remarks:	Date:
504A K80	State the name for the container that holds shot powder and wire in place on the pipe for exothermic welding.	
	Remarks:	Date:
504A K90	State the purpose of welding powder.	
	Remarks:	Date:
504A K100	State the DOT regulation that requires each pipeline under cathodic protection to have sufficient test stations or other contact points for electrical measurement to determine the adequacy of cathodic protection.	
	Remarks:	Date:
504A K110	Discuss how a test station may be installed to: <ul style="list-style-type: none"> • Obtain readings only, • Monitor a bond or an anode installation, • Monitor a coupon. 	
	Remarks:	Date:
504A K120	Explain how and why, when specifying the location for the test station, consideration must be given in relation to vandalism and aesthetics.	
	Remarks:	Date:
504A K130	State what should be done when it is impractical to install a test station.	
	Remarks:	Date:
504A K140	State the equipment that the technician will need to have on hand to locate test stations.	
	Remarks:	Date:



EVALUATION SECTION OF THE CHECKLIST KNOWLEDGE, PERFORMANCE, AND ABNORMAL OPERATING CONDITIONS (The candidate must secure signatures for the following sections from the verifier.)				
Candidate		Verifier		
Section				
Knowledge	A candidate is required to complete all knowledge items. An overall score of 80% of the total entries on the Knowledge section of this checklist is required for a verified status.	P <input type="checkbox"/>	F <input type="checkbox"/>	Date:
		Verifier:		
Performance	A candidate is required to complete all performance items with 100% accuracy on the Performance section of this checklist for a verified status.	P <input type="checkbox"/>	F <input type="checkbox"/>	Date:
		Verifier:		
Abnormal Operating Conditions	A candidate is required to complete all AOC items with 100% accuracy on the Abnormal Operating Conditions section of this checklist for a verified status.	P <input type="checkbox"/>	F <input type="checkbox"/>	Date:
		Verifier:		

I have read the required materials and understand my responsibilities as an operator of this equipment or as an employee completing this task. I have received training to operate this equipment or perform this task safely and efficiently, and to the standards set forth by company, industry, state, or federal guidelines.

Employee Signature

Date

This Performance Checklist has been reviewed for completeness and correctness and signature of candidate verified.

Operator Representative

Date