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PUBLIC SERVICE  
COMMISSION

330 Eastern Bypass, Suite Box 309, Richmond, KY 40475

TO: Kentucky Public Service Commission  
Attention: Joel Grugin  
211 Sower Blvd  
Frankfort, KY 40602

Case No. 2012-00362

June 20, 2014

The following documentation is being submitted by RussMar Logistics, LLC. on behalf of the Tompkinsville Natural Gas System.

Documents Included:

1. Annual OQ Documentation

\*A hard copy of the above mentioned documents were mailed to the Kentucky Public Service Commission, Attention Joel Grugin on June 20, 2014 by Joe Orazen of RussMar Logistics, LLC.

Sincerely,  
Joe Orazen  
606-305-6436



**Joe Orazen**  
*Operations Manager*  
Cell 606-305-6436  
Tel 859-623-0112  
Fax 859-626-0822  
jorazen@yahoo.com

2371 Irvine Rd. Richmond, KY 40475

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# INDUSTRIAL TRAINING SERVICES, INC.

310 CC Lowry Drive • Murray KY 42071 • 270-753-2150 • [www.ITS-training.com](http://www.ITS-training.com)

**JASON O WARREN  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## Test Results For:

**OQ CH-1 Install Customer Gas Meter and Regulator Sets**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1869**

**Test Number: 7638**

**Test Group No: 7640**

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## IV. Employer Record

### OQ Task CH-1

#### Install Customer Gas Meter and Regulator Sets

#### Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Auss Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Jason Warren Date 3-18-14

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> (CH-1.1) Joining of Pipe – Threaded Joints (0721)	2
2.	<input type="checkbox"/> (CH-1.2) Joining of Pipe – Flange Assembly (0731)	2
3.	<input type="checkbox"/> (CH-1.3) Installation of Customer Meters and Regulators – Residential and Small Commercial (1161)	2
4.	<input type="checkbox"/> (CH-1.4) Install Customer Meters – Large Commercial and Industrial (1171)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

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8572-422-028

*Industrial Training Services, Inc.*  
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Murray, KY 42071



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2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CH-2 Install Customer Gas Service Lines

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1743

Test Number: 7649

Test Group No: 7640

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## IV. Employer Record

OQ Task CH-2

Install Customer Gas Service Lines

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

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Employee's Signature Jason Warren Date 3-18-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

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Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
Enter Number From List Below		
1. <input type="checkbox"/>	(CH-2.1) Installation of Steel Pipe in a Ditch. (0861)	<input checked="" type="checkbox"/> 2
2. <input type="checkbox"/>	(CH-2.2) Installation of Plastic Pipe In a Ditch. (0901)	<input checked="" type="checkbox"/> 2
3. <input type="checkbox"/>	(CH-2.3) Installation of Tracer Wire. (0941)	<input checked="" type="checkbox"/> 2
4. <input type="checkbox"/>	(CH-2.4) Inspected and assured the correct performance of backfilling operations. (0981)	<input checked="" type="checkbox"/> 2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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Chris Sligh  
 Industrial Training Services, Inc.  
 310 C. C. Lowry Drive  
 Murray, KY 42071 • 270-753-2150



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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## **Test Results For:**

**OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1781**

**Test Number: 7660**

**Test Group No: 7640**

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## IV. Employer Record

OQ Task CL-1a

### Hot Tapping Pipelines Using Self-Tapping Tees

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

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Employee's Signature Jason Warren Date 3-18-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

<b>TASK/OPERATIONS</b>		<b>Method of Skill/Ability Verification</b>
		<b>Enter Number From List Below</b>
1.	(CL-1a.1) Tapping a Pipeline With a Built-In Cutter. (1101)	<b>2</b>
<b>Method of Knowledge Verification</b>	<b>Method of Skill/Ability Verification Observed During:</b>	
<ul style="list-style-type: none"><li>• Written Exam</li></ul>	<ol style="list-style-type: none"><li>1. Performance on the Job</li><li>2. Simulation</li></ol>	

---

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Murray, KY 42071*



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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

**Test Results For:  
OQ CL-3a Monitor Odorant Levels**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 2070**

**Test Number: 7669**

**Test Group No: 7640**

---



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## IV. Employer Record

---

OQ Task CL-3a

Monitor Odorant Levels

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mor

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

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Employee's Signature Jason Warren Date 3-19-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

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Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

**TASK/OPERATIONS**

**Method of Skill/Ability Verification**

Enter Number From List Below

1. (CL-3a.1) Odorization – Periodic Sampling. (1211)

**2**

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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---

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

*Chris Smith  
Business Instruction Services  
858-484-3113*



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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-2 Locate and Mark Underground Pipeline Facilities**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 1750**

**Test Number: 7671**

**Test Group No: 7640**

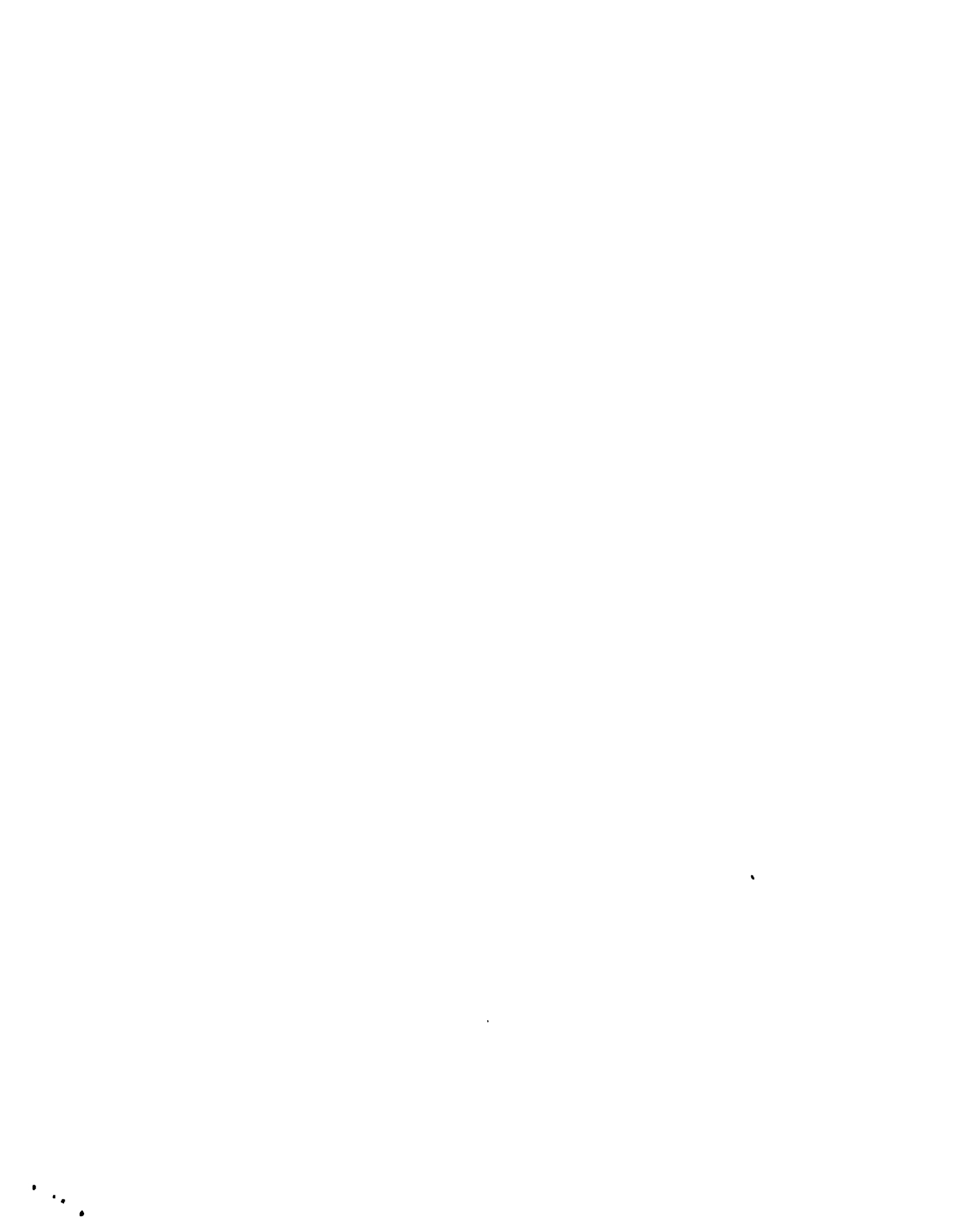
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## IV. Employer Record

QQ Task CM-2

### Locate and Mark Underground Pipeline Facilities

#### Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

#### Affidavit

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Employee's Signature Jason Warren Date 3-19-14

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### Affidavit

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Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> (CM-2.1) Locate underground pipelines. (1291)	<b>2</b>
2.	<input type="checkbox"/> (CM-2.2) Install and maintain pipeline markers. (1301)	<b>2</b>
3.	<input type="checkbox"/> (CM-2.3) Temporarily mark underground pipeline facilities.	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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 Murray, KY 42071 • Phone: 270-753-2150



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

**Test Results For:  
OQ CM-3 Pressure Testing Gas Pipelines**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1625**

**Test Number: 7679**

**Test Group No: 7640**

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## IV. Employer Record

### OQ Task CM-3

#### Pressure Testing Gas Pipelines

##### Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

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Employee's Signature Jason Warren Date 3-18-14

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATION	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CM-3.1) Pressure Test: Nonliquid Medium – MAOP Less Than 100 psi. (0561)	2
2. <input type="checkbox"/>	(CM-3.2) Pressure Test: Nonliquid Medium – MAOP Greater Than or Equal to 100 psi. (0571)	2
3. <input type="checkbox"/>	(CM-3.3) Pressure Test: Liquid Medium. (0581)	2
4. <input checked="" type="checkbox"/>	(CM-3.4) Leak Test at Operating Pressure. (0591)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

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**Industrial Training Services, Inc.**  
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 Murray, KY 42071



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-5 Inspect, Service and Operate Line Valves**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 1658**

**Test Number: 7686**

**Test Group No: 7640**

---



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## IV. Employer Record

OQ Task CM-5

Inspect, Service, and Operate Line Valves

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5676

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

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Employee's Signature Jason Warren Date 3-19-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

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Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CM-5.1) Manually Opening and Closing Valves.(0301) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	Enter Number From List Below <input type="checkbox"/> 2
2.	<input type="checkbox"/> (CM-5.2) Adjust and Monitor Flow or Pressure – Manual Valve Operation. (0311) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input type="checkbox"/> 2
3.	<input type="checkbox"/> (CM-5.3) Valve – Visual Inspection and Partial Operation. (0331) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input type="checkbox"/> 2
4.	<input type="checkbox"/> (CM-5.4) Valve – Preventive Maintenance. (0341) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input type="checkbox"/> 2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the job
2. Simulation

---

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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

**Test Results For:  
OQ CM-7 Prevent Accidental Ignition**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 1587**

**Test Number: 7693**

**Test Group No: 7640**

---



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## Test Results For:

**OQ CM-8 Make Field Repairs on Gas Pipelines**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 3706**

**Test Number: 7705**

**Test Group No: 7640**

---



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## IV. Employer Record

OQ Task CM-8

Make Field Repairs on Gas Pipelines

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

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Employee's Signature Jason Warren Date 3-17-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/17/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1. <input type="checkbox"/>	(CM-8.1) Visual Inspection of Installed pipe and components for mechanical damage. (0201)	<b>2</b>
2. <input type="checkbox"/>	(CM-8.2) Measure and Characterize Mechanical Damage on Installed Pipe and Components. (0211)	<b>2</b>
3. <input type="checkbox"/>	(CM-8.3) Visually inspect pipe and components prior to installation. (0641)	<b>2</b>
4. <input type="checkbox"/>	(CM-8.4) Install mechanical clamps and sleeves - bolted. (1041)	<b>2</b>
5. <input checked="" type="checkbox"/>	(CM-8.5) Fit-up of weld type repair sleeves. (1051)	<input type="checkbox"/>
6. <input checked="" type="checkbox"/>	(CM-8.6) Install composite sleeves. (1061)	<input type="checkbox"/>
7. <input checked="" type="checkbox"/>	(CM-8.7) Repair of steel pipe by grinding. (1071)	<input type="checkbox"/>
8. <input type="checkbox"/>	(CM-8.8) Squeeze off plastic pipe. (1141)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance on the Job
2. Simulation

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Murray, KY 42071*



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-10 Abandon or Deactivate Gas Pipeline Facilities**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1733**

**Test Number: 7716**

**Test Group No: 7640**

---



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## IV. Employer Record

OQ Task CM-10

### Abandon or Deactivate Gas Pipeline Facilities

#### Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Jason Warren Date 3-18-14

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> (CM-10.1) Abandon/deactivate mains.	2
2.	<input type="checkbox"/> (CM-10.2) Abandon/deactivate service lines.	2
3.	<input type="checkbox"/> (CM-10.3) Temporary Isolation of Service Lines and Service Discontinuance. (1201)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

---

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





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JASON O WARREN  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

GDS 10.4 Maintaining a Safe Working Environment While Excavating  
(Competent Person)

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 2259

Test Number: 7727

Test Group No: 7640

---



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## IV. Employer Record

GDS 10.4

**Maintaining a Safe Working Environment While Excavating (Competent Person) According to OSHA 29 CFR**

**Employee Information (Please Print):**

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Buss Mor

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Jason Warren Date 3-17-14

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/17/14

The employee is qualified under 49 CFR 192 and company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1. <input type="checkbox"/>	Verified the correct marking of permanently marked underground pipeline facilities. (5051)	<b>2</b>
2. <input type="checkbox"/>	Verified the correct marking of temporarily marked underground pipeline facilities. (5061)	<b>2</b>
3. <input type="checkbox"/>	Damage prevention during excavation activities by or on behalf of the operator. 10.4.3 (1321)	<b>2</b>
4. <input type="checkbox"/>	Damage prevention inspection during third party excavation or encroachment activities as determined necessary by operator. 10.4.4 (1331)	<b>2</b>
5. <input type="checkbox"/>	Provide or assure adequate support during operator initiated excavation activities. 10.4.5 (1341)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. On-the-Job Training
3. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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**Industrial Training Services, Inc.**  
 310 C. C. Lowry Drive • 270-753-2150  
 Murray, KY 42071

# RussMar Logistics, LLC.

## ALLEN LIVINGOOD

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR	2/6/2014	2/6/2015
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR	2/6/2014	2/6/2015
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	3/17/2014	3/17/2017
H-1	INSTALL METER & REGULATOR	3 YEAR	3/18/2014	3/18/2017
H-2	INSTALL SERVICE LINES	3 YEAR	3/18/2014	3/18/2017
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURIED PIPELINES	3 YEAR		
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	3/18/2014	3/18/2017
L-2	PURGING GAS LINES	3 YEAR		
L-3A	MONITOR ODORANT LEVELS	3 YEAR	3/19/2014	3/19/2017
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	12/13/2013	12/13/2016
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR	3/19/2014	3/19/2017
M-3	TESTING PIPELINES	3 YEAR	3/18/2014	3/18/2017
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	3/19/2014	3/19/2017
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	3/17/2014	3/17/2017
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	3/17/2014	3/17/2017
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	3/18/2014	3/18/2017
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	3/17/2014	3/17/2017

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
CI-1	PERFORMING PIPE TO SOIL SURVEYS ON COATED BURIED PIPELINES	3 YEAR	12/14/2013	12/14/2016
CI-4	INSPECT EXTERNAL CONDITIONS OF EXPOSED BURIED METAL PIPING	3 YEAR	12/14/2013	12/14/2016
CI-5	INSPECT & MAINTAIN RECTIFIERS	3 YEAR	12/14/2013	12/14/2016
CI-7	INSTALL TEST LOADS TO MONITOR & CONTROL EXTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-8	INSTALL & TEST INSULATION TO CONTROL EXTERNAL CORROSION BY ELECTRICAL ISOLATION	3 YEAR	12/14/2013	12/14/2016
CI-9	INSPECT FOR EVIDENCE OF INTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-10	INSPECT & MONITOR EXPOSED PIPING FOR ATMOSPHERIC CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-11	INSTALLING SACRIFICIAL ANODES & TEST STATIONS	3 YEAR	12/13/2013	12/13/2016
CI-13	IDENTIFY PROCEDURES BASIC TO INSPECTING, APPLYING, & REPAIRING PIPELINE COATINGS	3 YEAR	12/13/2013	12/13/2016

GDS 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FUEL GAS CODE NFPA	3 YEAR	2/6/2014	2/6/2017
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This card certifies that

**Jason Warren - RussMar Logistics**

has been tested and evaluated according to the requirements of D.O.T. 49  
CFR Part 192.265 and applicable Plastic Fusion/Mechanical Joining  
Procedures.

Evaluation Method:

Written Exam

Observation

2/7/14

2/7/15

QUALIFIED

EXPIRES

*Chris Fitch*  
EVALUATOR

Bluegrass Instructional Services  
3438 McClure Road - Winchester, KY 40391  
859-494-3173 - sligh c@gmail.com

- OQ F-1.1 Butt Fuse PE Pipe
  - Manual
  - Hydraulic
  - Medium Density
  - High Density
- OQ F-1.2 Socket Fuse PE Pipe
  - Medium Density
  - High Density
- OQ F-1.3 Sidewall Fuse PE Pipe
  - Medium Density
  - High Density
- OQ F-1.4 Electrofuse Couplings
- OQ F-1.5 Electrofuse Saddle Fittings
- OQ F-2 Join PE Pipe w/Mechanical Fittings
  - Compression(F-2.1)
  - Stab(F-2.2)
  - Bolted(F-2.3)
  - Mech. Compression(F-2.4)
  - Mech. Saddle(F-2.5)





<u>EXPIRES</u>	<u>TASK</u>
3/17/17	<input checked="" type="checkbox"/> OQ CG-1 : Excavating/Backfilling
3/18/17	<input checked="" type="checkbox"/> OQ CH-1 : Install/Repair/Replace M & R Sets
3/18/17	<input checked="" type="checkbox"/> OQ CH-2 : Install/Repair/Replace Service Lines
3/18/17	<input checked="" type="checkbox"/> OQ CL-1a : Tap Pipelines (Self-Tapping Only)
3/19/17	<input checked="" type="checkbox"/> OQ CL-3a : Monitor Odorant Levels
3/19/17	<input checked="" type="checkbox"/> OQ CM-2 : Locate & Mark Pipelines
3/18/17	<input checked="" type="checkbox"/> OQ CM-3 : Pressure Test Pipelines
3/19/17	<input checked="" type="checkbox"/> OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	<input checked="" type="checkbox"/> OQ M-7 : Prevent Accidental Ignition/AOC's
3/17/17	<input checked="" type="checkbox"/> OQ CM-8 : Install/Repair/Replace Main Lines
3/18/17	<input checked="" type="checkbox"/> OQ CM-10 : Abandon/Deactivate Pipelines
3/17/17	<input checked="" type="checkbox"/> GDS 10.4 : Competent Person

This certifies that Jason Warren - 5626

of RussMar Utility Management Logistics

has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a  in the corresponding box.

3/19/14 

DATE BLUEGRASS INSTRUCTIONAL SERVICES  
3438 McClure Rd., Winchester, KY 40391  
859-494-3173 / silgh.c@gmail.com





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JASON O WARREN  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ UF1-UF2 Join Plastic Pipe

Test Date: 02/06/2014

Pass/Fail: Pass

Test Key #: 2075

Test Number: 2809

Test Group No: 7485

---



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## IV. Employer Record

OQ Task UF-1 & UF-2

Join Plastic Pipe

Employee Information (Please Print):

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name RussMar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Jason Warren Date 2-6-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/6/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATION	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(UF-1.1) Joining of Plastic Pipe – Butt Fusion: Manual (0751) <input checked="" type="checkbox"/> Medium Density <input checked="" type="checkbox"/> High Density	2
2. <input type="checkbox"/>	(UF-1.2) Joining of Plastic Pipe – Butt Fusion: Hydraulic (0761) <input checked="" type="checkbox"/> Medium Density <input checked="" type="checkbox"/> High Density	2
3. <input type="checkbox"/>	(UF-1.3) Joining of Plastic Pipe - Sidewall Heat Fusion (0771) <input checked="" type="checkbox"/> Medium Density <input checked="" type="checkbox"/> High Density	2
4. <input type="checkbox"/>	(UF-1.4) Joining of Plastic Pipe – Socket Heat Fusion (0791) <input checked="" type="checkbox"/> Medium Density <input checked="" type="checkbox"/> High Density	2
5. <input type="checkbox"/>	(UF-1.5) Joining of Plastic Pipe – Electrofusion (0781)	2
6. <input type="checkbox"/>	(UF-2.1) Joining of Pipe – Non-Bottom Out Compression Couplings. (0691)	2
7. <input type="checkbox"/>	(UF-2.2) Joining of Pipe – Bottom Out Compression Couplings. (0701)	2
8. <input type="checkbox"/>	(UF-2.3) Joining of Plastic Pipe – Stub Fittings. (0681)	2
9. <input type="checkbox"/>	(UF-2.4) Joining of Pipe – Compression Couplings. (0711)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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Murray, KY 42071*



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JASON O WARREN  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CG-1 Verify Excavating and Backfilling Operations That Minimize  
Excavation Damage to Pipeline Facilities

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 2016

Test Number: 7627

Test Group No: 7640

---



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## IV. Employer Record

---

OQ Task CG-1

**Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities**

**Employee Information (Please Print):**

Name Jason Warren

Last 4 Digits of Social Security Number 5626

Company Name Russ Mor

Company Mailing Address 2371 Irvine Rd

City Richmond State KY Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Jason Warren Date 3-17-14

---

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/17/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CG-1.1) Verified the correct marking of permanently marked underground pipeline facilities. (5051)	2
2. <input type="checkbox"/>	(CG-1.2) Verified the correct marking of temporarily marked underground pipeline facilities. (5061)	2
3. <input type="checkbox"/>	(CG-1.3) Inspected and assured the correct performance of backfilling activities. (0981)	2
4. <input type="checkbox"/>	(CG-1.4) Assured the performance of damage prevention activities during excavation activities by or on behalf of the operator. (1321)	2
5. <input type="checkbox"/>	(CG-1.5) Damage prevention inspections during third party excavation or encroachment activities as determined necessary by operator. (1331)	2
6. <input type="checkbox"/>	(CG-1.6) Provided or assured adequate pipeline support during operator initiated excavation activities. (1341)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

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

# RussMar Logistics, LLC.

## ALLEN LIVINGOOD

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELO ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-OESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	3/17/2014	3/17/2017
H-1	INSTALL METER & REGULATOR	3 YEAR	3/18/2014	3/18/2017
H-2	INSTALL SERVICE LINES	3 YEAR	3/18/2014	3/18/2017
I-1	MONITOR CORROSION CONTROL METHODS USEO ON BURRIED PIPELINES	3 YEAR		
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	3/18/2014	3/18/2017
L-2	PURGING GAS LINES	3 YEAR		
L-3A	MONITOR ODORANT LEVELS	3 YEAR	3/19/2014	3/19/2017
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	12/13/2013	12/13/2016
M-2	LOCATE & MARK UNDOERGROUND FACILITIES	3 YEAR	3/19/2014	3/19/2017
M-3	TESTING PIPELINES	3 YEAR	3/18/2014	3/18/2017
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	3/19/2014	3/19/2017
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	3/17/2014	3/17/2017
M-8	MAKE FIELO REPAIRS ON OISTRIBUTION LINES	3 YEAR	3/17/2014	3/17/2017
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	3/18/2014	3/18/2017
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	3/17/2014	3/17/2017

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
CI-1	PERFORMING PIPE TO SOIL SURVEYS ON COATED BURIED PIPELINES	3 YEAR	12/14/2013	12/14/2016
CI-4	INSPECT EXTERNAL CONDITIONS OF EXPOSEO BURIED METAL PIPING	3 YEAR	12/14/2013	12/14/2016
CI-5	INSPECT & MAINTAIN RECTIFIERS	3 YEAR	12/14/2013	12/14/2016
CI-7	INSTALL TEST LOADS TO MONITOR & CONTROL EXTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-8	INSTALL & TEST INSULATION TO CONTROL EXTERNAL CORROSION BY ELECTRICAL ISOLATION	3 YEAR	12/14/2013	12/14/2016
CI-9	INSPECT FOR EVIDENCE OF INTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-10	INSPECT & MONITOR EXPOSED PIPING FOR ATMOSPHERIC CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-11	INSTALLING SACRIFICIAL ANODES & TEST STATIONS	3 YEAR	12/13/2013	12/13/2016
CI-13	IDENTIFY PROCEDURES BASIC TO INSPECTING, APPLYING, & REPAIRING PIPELINE COATINGS	3 YEAR	12/13/2013	12/13/2016

GDS 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FUEL GAS CODE NFPA	3 YEAR	2/6/2014	2/6/2017
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7  
a

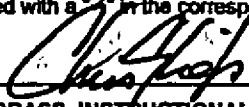
EXPIRES	TASK
3/17/17	<input checked="" type="checkbox"/> OQ CG-1 : Excavating/Backfilling
3/18/17	<input checked="" type="checkbox"/> OQ CH-1 : Install/Repair/Replace M & R Sets
3/18/17	<input checked="" type="checkbox"/> OQ CH-2 : Install/Repair/Replace Service Lines
3/18/17	<input checked="" type="checkbox"/> OQ CL-1a : Tap Pipelines (Self-Tapping Only)
3/19/17	<input checked="" type="checkbox"/> OQ CL-3a : Monitor Odorant Levels
3/19/17	<input checked="" type="checkbox"/> OQ CM-2 : Locate & Mark Pipelines
3/18/17	<input checked="" type="checkbox"/> OQ CM-3 : Pressure Test Pipelines
3/18/17	<input checked="" type="checkbox"/> OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	<input checked="" type="checkbox"/> OQ M-7 : Prevent Accidental Ignition/AOC's
3/17/17	<input checked="" type="checkbox"/> OQ CM-8 : Install/Repair/Replace Main Lines
3/18/17	<input checked="" type="checkbox"/> OQ CM-10 : Abandon/Deactivate Pipelines
3/17/17	<input checked="" type="checkbox"/> GDS 10.4 : Competent Person

This certifies that Allen Livingood - 3159

of RussMar Utility Management Logistics

has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a "X" in the corresponding box.

3/19/14



DATE BLUEGRASS INSTRUCTIONAL SERVICES  
3438 McClure Rd., Winchester, KY 40391  
859-494-3173 / sligh.c@gmail.com





# **INDUSTRIAL TRAINING SERVICES, INC.**

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**ALLEN LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CG-1 Verify Excavating and Backfilling Operations That Minimize  
Excavation Damage to Pipeline Facilities**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 2016**

**Test Number: 7633**

**Test Group No: 7640**

---



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under IACET guidelines.

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## IV. Employer Record

---

### OQ Task CG-1

#### Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities

##### Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

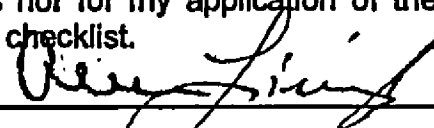
Company Name RussMar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky. Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-17-14

---

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/17/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
Enter Number From List Below		
1. <input type="checkbox"/>	(CG-1.1) Verified the correct marking of permanently marked underground pipeline facilities. (5051)	<b>2</b>
2. <input type="checkbox"/>	(CG-1.2) Verified the correct marking of temporarily marked underground pipeline facilities. (5061)	<b>2</b>
3. <input type="checkbox"/>	(CG-1.3) Inspected and assured the correct performance of backfilling activities. (0981)	<b>2</b>
4. <input type="checkbox"/>	(CG-1.4) Assured the performance of damage prevention activities during excavation activities by or on behalf of the operator. (1321)	<b>2</b>
5. <input type="checkbox"/>	(CG-1.5) Damage prevention inspections during third party excavation or encroachment activities as determined necessary by operator. (1331)	<b>2</b>
6. <input type="checkbox"/>	(CG-1.6) Provided or assured adequate pipeline support during operator initiated excavation activities. (1341)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

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**ALLEN LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## **Test Results For:**

**OQ CH-1 Install Customer Gas Meter and Regulator Sets**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1869**

**Test Number: 7634**

**Test Group No: 7640**

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## IV. Employer Record

### OQ Task CH-1

#### Install Customer Gas Meter and Regulator Sets

#### Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Allen Livingood Date 3-18-14

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 858-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CH-1.1) Joining of Pipe – Threaded Joints (0721)	2
2. <input type="checkbox"/>	(CH-1.2) Joining of Pipe – Flange Assembly (0731)	2
3. <input type="checkbox"/>	(CH-1.3) Installation of Customer Meters and Regulators – Residential and Small Commercial (1161)	2
4. <input type="checkbox"/>	(CH-1.4) Install Customer Meters – Large Commercial and Industrial (1171)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CH-2 Install Customer Gas Service Lines

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1743

Test Number: 7645

Test Group No: 7640

---



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## IV. Employer Record

OQ Task CH-2

Install Customer Gas Service Lines

Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-18-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CH-2.1) Installation of Steel Pipe in a Ditch. (0861)	2
2.	<input type="checkbox"/> (CH-2.2) Installation of Plastic Pipe in a Ditch. (0901)	2
3.	<input type="checkbox"/> (CH-2.3) Installation of Tracer Wire. (0941)	2
4.	<input type="checkbox"/> (CH-2.4) Inspected and assured the correct performance of backfilling operations. (0981)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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Chris Smith  
**Industrial Training Services, Inc.**  
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 Murray, KY 42071 • 502-894-8288



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2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris

## Test Results For:

OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1781

Test Number: 7656

Test Group No: 7640

---



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## IV. Employer Record

OQ Task CL-1a

Hot Tapping Pipelines Using Self-Tapping Tees

Employee Information (Please Print):

Name Allen Livingston

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-18-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

<b>TASK/OPERATIONS</b>		<b>Method of Skill/Ability Verification</b>
		<b>Enter Number From List Below</b>
1.	(CL-1a.1) Tapping a Pipeline With a Built-In Cutter. (1101)	<b>2</b>
<b>Method of Knowledge Verification</b>		<b>Method of Skill/Ability Verification Observed During:</b>
<ul style="list-style-type: none"><li>• Written Exam</li></ul>		<ol style="list-style-type: none"><li>1. Performance on the Job</li><li>2. Simulation</li></ol>

---

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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## **Test Results For:**

**OQ CL-3a Monitor Odorant Levels**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 2070**

**Test Number: 7667**

**Test Group No: 7640**

---



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#### IV. Employer Record

---

OQ Task CL-3a

Monitor Odorant Levels

Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

#### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-19-14

---

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature  Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

TASK/OPERATIONS	Method of Skill/Ability Verification
1. (CL-3a.1) Odorization – Periodic Sampling. (1211)	Enter Number From List Below
Method of Knowledge Verification	Method of Skill/Ability Verification Observed During:
• Written Exam	1. Performance on the Job 2. Simulation

2

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After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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Industrial Training Services  
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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ UM-1 Performing Patrol and Leakage Surveys on Gas Pipeline  
Facilities

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 1715

Test Number: 4894

Test Group No: 7261

---



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#### IV. Employer Record

---

OQ Task UM-1

**Perform Patrol and Leakage Surveys on Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159


Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 12-13-2013

---

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature  Date 12/13/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(UM-1.1) Outside gas leak investigation. (1241)	<input type="checkbox"/>
2. <input type="checkbox"/>	(UM-1.2) Walking gas leakage survey. (1261)	<input type="checkbox"/>
3. <input checked="" type="checkbox"/>	(UM-1.3) Mobile gas leakage survey – flame ionization. (1271)	<input type="checkbox"/>
4. <input checked="" type="checkbox"/>	(UM-1.4) Mobile gas leakage survey – optical methane. (1281)	<input type="checkbox"/>
5. <input type="checkbox"/>	(UM-1.5) Inspect pipeline surface conditions – patrol right-of-way or easement. (1311)	<input type="checkbox"/>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance on the Job
2. On-the-Job Training
3. Simulation

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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## **Test Results For:**

**OQ CM-2 Locate and Mark Underground Pipeline Facilities**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 1750**

**Test Number: 7673**

**Test Group No: 7640**

---



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## IV. Employer Record

### OQ Task CM-2

#### Locate and Mark Underground Pipeline Facilities

#### Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky. Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-19-14

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature  Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CM-2.1) Locate underground pipelines. (1291)	2
2.	<input type="checkbox"/> (CM-2.2) Install and maintain pipeline markers. (1301)	2
3.	<input type="checkbox"/> (CM-2.3) Temporarily mark underground pipeline facilities.	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## **Test Results For:**

**OQ CM-3 Pressure Testing Gas Pipelines**

**Test Date: 03/18/2014**

**Pass/Fail: Pass**

**Test Key #: 1625**

**Test Number: 7675**

**Test Group No: 7640**

---



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## IV. Employer Record

---

**OQ Task CM-3**

**Pressure Testing Gas Pipelines**

**Employee Information (Please Print):**

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russ Mar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky. Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-18-14

---

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/18/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATION	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> (CM-3.1) Pressure Test: Nonliquid Medium – MAOP Less Than 100 psi. (0561)	<b>2</b>
2.	<input type="checkbox"/> (CM-3.2) Pressure Test: Nonliquid Medium – MAOP Greater Than or Equal to 100 psi. (0571)	<b>2</b>
3.	<input type="checkbox"/> (CM-3.3) Pressure Test: Liquid Medium. (0581)	<b>2</b>
4.	<input type="checkbox"/> (CM-3.4) Leak Test at Operating Pressure. (0591)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-5 Inspect, Service and Operate Line Valves**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 1658**

**Test Number: 7688**

**Test Group No: 7640**

---



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## IV. Employer Record

OQ Task CM-5

Inspect, Service, and Operate Line Valves

Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address \_\_\_\_\_

City Richmond State Ky. Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-19-14

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services,

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature  Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CM-5.1) Manually Opening and Closing Valves.(0301) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	Enter Number From List Below <input style="border: 1px solid black; padding: 2px 5px;" type="text" value="2"/>
2.	<input type="checkbox"/> (CM-5.2) Adjust and Monitor Flow or Pressure – Manual Valve Operation. (0311) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input style="border: 1px solid black; padding: 2px 5px;" type="text" value="2"/>
3.	<input type="checkbox"/> (CM-5.3) Valve – Visual Inspection and Partial Operation. (0331) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input style="border: 1px solid black; padding: 2px 5px;" type="text" value="2"/>
4.	<input type="checkbox"/> (CM-5.4) Valve – Preventive Maintenance. (0341) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	<input style="border: 1px solid black; padding: 2px 5px;" type="text" value="2"/>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the job
2. Simulation

---

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RUSSMAR  
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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

**Test Results For:  
OQ CM-7 Prevent Accidental Ignition**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 1587**

**Test Number: 7699**

**Test Group No: 7640**

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2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-8 Make Field Repairs on Gas Pipelines**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 3706**

**Test Number: 7701**

**Test Group No: 7640**

---



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## IV. Employer Record

**OQ Task CM-8**

**Make Field Repairs on Gas Pipelines**

**Employee Information (Please Print):**

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-17-14

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/17/14

The employee is qualified according to company standards to perform the tasks listed below as indicated: -

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	<b>Enter Number From List Below</b>	
1. <input type="checkbox"/>	(CM-8.1) Visual inspection of installed pipe and components for mechanical damage. (0201)	<b>2</b>
2. <input type="checkbox"/>	(CM-8.2) Measure and Characterize Mechanical Damage on Installed Pipe and Components. (0211)	<b>2</b>
3. <input type="checkbox"/>	(CM-8.3) Visually inspect pipe and components prior to installation. (0641)	<b>2</b>
4. <input type="checkbox"/>	(CM-8.4) Install mechanical clamps and sleeves - bolted. (1041)	<b>2</b>
5. <input checked="" type="checkbox"/>	(CM-8.5) Fit-up of weld type repair sleeves. (1051)	<input type="checkbox"/>
6. <input checked="" type="checkbox"/>	(CM-8.6) Install composite sleeves. (1061)	<input type="checkbox"/>
7. <input checked="" type="checkbox"/>	(CM-8.7) Repair of steel pipe by grinding. (1071)	<input type="checkbox"/>
8. <input type="checkbox"/>	(CM-8.8) Squeeze off plastic pipe. (1141)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

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ALLEN LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1733

Test Number: 7712

Test Group No: 7640

---



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## IV. Employer Record

OQ Task CM-10

**Abandon or Deactivate Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-18-14

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/10/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CM-10.1) Abandon/deactivate mains.	2
2. <input type="checkbox"/>	(CM-10.2) Abandon/deactivate service lines.	2
3. <input type="checkbox"/>	(CM-10.3) Temporary Isolation of Service Lines and Service Discontinuance. (1201)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**GDS 10.4 Maintaining a Safe Working Environment While Excavating  
(Competent Person)**

**Test Date: 03/17/2014**

**Pass/Fail: Pass**

**Test Key #: 2259**

**Test Number: 7723**

**Test Group No: 7640**

---



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Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-1 Performing Pipe-to-Soil Potential Surveys on Effectively Coated  
Buried or Submerged Pipelines

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2658

Test Number: 4899

Test Group No: 7264

---



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#### IV. Employer Record

---

QQ Task CI-1

**Perform Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines**

**Employee Information (Please Print):**

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky. Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Frederick A. Livingood Date 11-14-13

---

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

**TASK/OPERATIONS**

**Method of Skill/Ability Verification**

Enter Number From List Below

1. (CI-1.1) Measure Structure to Electrolyte Potential.  
(0001)



**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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Murray, KY 42071*

*Chris Stigh  
Bluesair Instructional Services  
858-484-3133*



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-4 Inspect the External Conditions of Exposed Buried Metal Piping to  
Determine if Repair or Replacement is Necessary

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2027

Test Number: 4900

Test Group No: 7264

---



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## IV. Employer Record

### OQ Task CI-4

Inspect the External Condition of Exposed Buried Metal Piping to Determine if Repair or Replacement is Necessary

Employee Information (Please Print):

Name Frederick A. Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky. Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 11-14-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CI-4.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	<b>2</b>
2. <input type="checkbox"/>	(CI-4.2) Measure External Corrosion. (0171)	<b>2</b>
3. <input type="checkbox"/>	(CI-4.3) Determine Appropriate Remedial Measures for Corrosion Control and Notification of Proper Personnel. (5131)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-5 Inspect and Maintain Rectifiers

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1806

Test Number: 4902

Test Group No: 7264

---



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## IV. Employer Record

---

### OQ Task CI-5

#### Inspect and Maintain Rectifiers

#### Employee Information (Please Print):

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky. Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature *Frederick A. Livingood* Date 11-14-13

---

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature *Chris Sligh* Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASKS/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-5.1) Inspect Rectifier and Obtain Readings. (0101)	<input checked="" type="checkbox"/> 2
2.	<input type="checkbox"/> (CI-5.2) Maintain Rectifiers. (0111)	<input checked="" type="checkbox"/> 2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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

828-484-3173  
 Industrial Training Services  
 Chris Smith



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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-7 Install Test Leads to Monitor and Control External Corrosion

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2094

Test Number: 4905

Test Group No: 7264

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## IV. Employer Record

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**OQ Task CI-7**

**Install Test Leads to Monitor and Control External Corrosion**

**Employee Information (Please Print):**

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky. Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 11-14-13

---

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-7.1) Installation and Maintenance of Mechanical Electrical Connections. (0041)	2
2.	<input type="checkbox"/> (CI-7.2) Installation of Exothermic Electrical Connections. (0051)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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Murray, KY 42071*

Chris Sligh  
 Business Instructional Services  
 529-494-3173



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RUSSMAR  
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RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CI-8 Install and Test Insulation to Control External Corrosion by  
Electrical Isolation**

**Test Date: 12/14/2013**

**Pass/Fail: Pass**

**Test Key #: 2055**

**Test Number: 4906**

**Test Group No: 7264**

---



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## IV. Employer Record

OQ Task CI-8

Install and Test Insulation to Control External Corrosion by Electrical Isolation

Employee Information (Please Print):

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russman

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Frederick A. Livingood Date 11-14-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CI-8.1) Inspect or Test Cathodic Protection Electrical Isolation Devices. (0071)	<b>2</b>
2. <input type="checkbox"/>	(CI-8.2) Install Cathodic Protection Electrical Isolation Devices. (0081)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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*Chris Elliott  
Business Instructional Services  
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RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chrls  
Proctor: Sligh, Chrls

## Test Results For:

OQ CI-9 Inspect for Evidence of Internal Corrosion

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2067

Test Number: 4908

Test Group No: 7264

---



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## IV. Employer Record

OQ Task CI-9

Inspect for Evidence of Internal Corrosion

Employee information (Please Print):

Name Frederick Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 11-14-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CI-9.1) Insert and Remove Coupons/Probes for Internal Corrosion Monitoring. (0131)	<b>2</b>
2. <input type="checkbox"/>	(CI-9.2) Visual Inspection for Internal Corrosion. (0161)	<b>2</b>
3. <input type="checkbox"/>	(CI-9.3) Measure Internal Corrosion. (0181)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-10 Inspect and Monitor Exposed Piping for Evidence of  
Atmospheric Corrosion

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1734

Test Number: 4911

Test Group No: 7264

---



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## IV. Employer Record

OQ Task CI-10

Inspect and Monitor Exposed Piping for Evidence of Atmospheric Corrosion

Employee Information (Please Print):

Name Frederick A. Livingood

Last 4 Digits of Social Security Number 3159

Company Name Russmar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Frederick A. Livingood Date 11-14-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-10.1) Visual Inspection for Atmospheric Corrosion. (0141)	2
2.	<input type="checkbox"/> (CI-10.2) Measure Atmospheric Corrosion. (0191)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

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---

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

822-424-3133  
 Business Instructional Services  
 Chris Sligh



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FREDERICK A LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475 .

Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris

## Test Results For:

OQ CI-11 Installing Sacrificial Anodes and Test Stations

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 2086

Test Number: 4913

Test Group No: 7264

---



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under IACET guidelines.

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## IV. Employer Record

OQ Task CI-11

Install Sacrificial Anodes and Test Stations

Employee Information (Please Print):

Name Frederick A. Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

X Employee's Signature Frederick A. Livingood Date 12-13-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 12/13/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> (CI-11.1) Install Sacrificial Anodes. (5071)	2
2.	<input type="checkbox"/> (CI-11.2) Installation and Maintenance of Mechanical Electrical Connections. (0041)	2
3.	<input type="checkbox"/> (CI-11.3) Installation of Exothermic Electrical Connections. (0051)	2
4.	<input type="checkbox"/> (CI-11.4) Inspect and Monitor Galvanic Ground Beds/Anodes. (0031)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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

858-104-3133



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FREDERICK A LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-13 Identify Procedures Basic to Inspecting, Applying, and Repairing  
Pipeline Coatings

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 2464

Test Number: 4915

Test Group No: 7264

---



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## IV. Employer Record

OQ Task CI-13

Identify Procedures Basic to Inspecting, Applying, and Repairing Pipeline Coatings

Employee Information (Please Print):

Name Frederick A. Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Frederick A. Livingood Date 12-13-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 12/13/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1. <input type="checkbox"/>	(CI-13.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	<input checked="" type="checkbox"/>
2. <input type="checkbox"/>	(CI-13.2) Coating Application and Repair – Brushed or Rolled. (0991)	<input checked="" type="checkbox"/>
3. <input checked="" type="checkbox"/>	(CI-13.3) Coating Application and Repair – Sprayed. (1001)	<input type="checkbox"/>
4. <input type="checkbox"/>	(CI-13.4) External Coating Application and Repair – Wrapped. (1011)	<input checked="" type="checkbox"/>
5. <input type="checkbox"/>	(CI-13.5) Pipe Surface Preparation for Coating Application. (5541)	<input checked="" type="checkbox"/>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

Chris Smith  
Industrial Training Services

---

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---

FREDERICK A LIVINGOOD  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: PEARSON, TIMOTHY  
Proctor: PEARSON, TIMOTHY

**Test Results For:**

GDS 3.6 Maintaining Compliance with the National Fuel Gas Code NFPA  
#54

Test Date: 02/06/2014

Pass/Fail: Pass

Test Key #: 2087

Test Number: 2662

Test Group No: 7481

---

**This test result does not meet the skills and ability requirement of the Code of Federal Regulations Part 192 for Operator Qualification.**

• • • •

## IV. Employer Record

### GDS 10.4

#### Maintaining a Safe Working Environment While Excavating (Competent Person) According to OSHA 29 CFR

##### Employee Information (Please Print):

Name Allen Livingood

Last 4 Digits of Social Security Number 3159

Company Name RussMar

Company Mailing Address 2371 Irvine Rd.

City Richmond State Ky Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature  Date 3-17-14

##### Evaluator Information (Please Print):

Name \_\_\_\_\_

Organization/Employer Chris Sligh  
Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature  Date 3/17/14

The employee is qualified under 49 CFR 192 and company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> Verified the correct marking of permanently marked underground pipeline facilities. (5051)	2
2.	<input type="checkbox"/> Verified the correct marking of temporarily marked underground pipeline facilities. (5061)	2
3.	<input type="checkbox"/> Damage prevention during excavation activities by or on behalf of the operator. 10.4.3 (1321)	2
4.	<input type="checkbox"/> Damage prevention inspection during third party excavation or encroachment activities as determined necessary by operator. 10.4.4 (1331)	2
5.	<input type="checkbox"/> Provide or assure adequate support during operator initiated excavation activities. 10.4.5 (1341)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. On-the-Job Training
3. Simulation

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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 Industrial Training Services, Inc.  
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 Murray, KY 42071

# RussMar Logistics, LLC.

## JESSE EMBERTON

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	11/19/2012	11/19/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	11/12/2012	11/12/2015
H-2	INSTALL SERVICE LINES	3 YEAR	11/12/2012	11/12/2015
I-1	MDNITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/13/2012	11/13/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/19/2012	11/19/2015
L-2	PURGING GAS LINES	3 YEAR	11/19/2012	11/19/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/13/2012	11/13/2015
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	11/19/2012	11/19/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/13/2012	11/13/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	11/20/2012	11/20/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR		





**Operator Qualification / OQ Tasks**

OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012
OQ CM-1 1-2, 5 SIM	on 11/13/2012
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012
OQ CM-8 1-4, 7 SIM	on 11/13/2012
OQ CL-1A ALL SIM	on 11/19/2012
OQ UM-7	on 11/19/2012
OQ CG-1 ALL SIM	on 11/19/2012
OQ CL-2 1 SIM	on 11/19/2012
OQ CM-10 ALL SIM	on 11/20/2012

\*Qualifications are good for three years from date qualified

---

**Operator Qualification Card**

This certifies that Eddie L. Bennett, City of  
Thompkinsville has been evaluated and determined  
qualified to perform the OQ tasks as indicated on the back  
of this card.

Qualifications conducted by "ARC Randolph &  
Associates, LLC" instructors L. Hinkle & G. Wills at the  
request of MARTIN CONTRACTING with whom copies  
of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668

---

**Operator Qualification / OQ Tasks**

OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012
OQ CM-1 1-2, 5 SIM	on 11/13/2012
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012
OQ CM-8 1-4, 7 SIM	on 11/13/2012
OQ CL-1A ALL SIM	on 11/19/2012
OQ UM-7	on 11/19/2012
OQ CG-1 ALL SIM	on 11/19/2012
OQ CL-2 1 SIM	on 11/19/2012
OQ CM-10 ALL SIM	on 11/20/2012

\*Qualifications are good for three years from date qualified

---

**Operator Qualification Card**

This certifies that Jesse W. Emberton, City of  
Thompkinsville has been evaluated and determined  
qualified to perform the OQ tasks as indicated on the back  
of this card.

Qualifications conducted by "ARC Randolph &  
Associates, LLC" instructors L. Hinkle & G. Wills at the  
request of MARTIN CONTRACTING with whom copies  
of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668



Industrial Training Services  
 Official Transcript Request  
 CONFIDENTIAL

RECEIVED 11-21-12

Last Name	First Name	MI	Company Name	Test Date	P/F	Instructor #	Test Name	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM



Industrial Training Services  
Official Transcript Request  
CONFIDENTIAL

RECEIVED 11-21-12

WARREN JASON O MARTIN CONTRACTING 11/12/2012 P HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM



Industrial Training Services  
 Official Transcript Request  
 CONFIDENTIAL

Received: 11/30/12

Last Name	First Name	MI	Company Name	Test Date	P/F	Instructor	Test Name	Skill
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del> City of Knoxville	11/19/2012	P	WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	F	WILLS	OQ UM-7 Prevent Accidental Ignition	
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CF-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CF-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ UM-7 Prevent Accidental Ignition	
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM

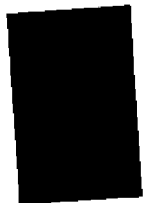




# RussMar Logistics, LLC.

## MICHAEL CASEY CHELF

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR	2/6/2014	2/6/2015
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR	2/6/2014	2/6/2015
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	2/16/2012	2/16/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	2/17/2012	2/17/2015
H-2	INSTALL SERVICE LINES	3 YEAR	2/17/2012	2/17/2015
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	2/16/2012	2/16/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	2/17/2012	2/17/2015
L-2	PURGING GAS LINES	3 YEAR	2/17/2012	2/17/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR		
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	2/17/2012	2/17/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR		
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	2/16/2012	2/16/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	2/16/2012	2/16/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	2/16/2012	2/16/2015
1401	MAINTAIN SAFE WORKING ENVR. WHILE EXC. (COMPETENT PERSON)	3 YEAR	2/17/2012	2/17/2015





This card certifies that

**Casey Chelf - RussMar Logistics**

has been tested and evaluated according to the requirements of D.O.T. 49 CFR Part 192.285 and applicable Plastic Fusion/Mechanical Joining Procedures.

Evaluation Method:

Written Exam

Observation

2/7/14

2/7/15

QUALIFIED

EXPIRES

*Casey Chelf*  
EVALUATOR

Bluegrass Instructional Services  
3438 McClure Road · Winchester, KY 40391  
859-494-3173 · sligh.c@gmail.com

- OQ F-1.1 Butt Fuse PE Pipe
  - Manual
  - Hydraulic
  - Medium Density
  - High Density
- OQ F-1.2 Socket Fuse PE Pipe
  - Medium Density
  - High Density
- OQ F-1.3 Sidewall Fuse PE Pipe
  - Medium Density
  - High Density
- OQ F-1.4 Electrofuse Couplings
- OQ F-1.5 Electrofuse Saddle Fittings
- OQ F-2 Join PE Pipe w/Mechanical Fittings
  - Compression(F-2.1)
  - Stab(F-2.2)
  - Bolted(F-2.3)
  - Mech. Compression(F-2.4)
  - Mech. Saddle(F-2.5)





# INDUSTRIAL TRAINING SERVICES, INC.

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**MICHAEL C CHELF  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

**Test Results For:  
OQ UF1-UF2 Join Plastic Pipe**

**Test Date: 02/06/2014**

**Pass/Fail: Pass**

**Test Key #: 2075**

**Test Number: 2815**

**Test Group No: 7485**

---



As an IACET Authorized Provider,  
Industrial Training Services, Inc. offers  
CEUs for its programs that qualify  
under IACET guidelines.

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**MICHAEL C CHELF**

**Co. Code: 12260**  
**Instructor: Sligh, Chris**  
**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UG-1 Verifying Excavating and Backfilling Operations that Minimize  
Excavation Damage to Pipeline Facilities**

**Test Date: 02/16/2012**

**Pass/Fail: Pass**

**Test Key #: 1665**

**Test Number: 7977**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.31	93.75	4	4





**IV. Employer Record**

**Group # 5017**

**OQ Task UG-1**

**Verifying Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification	
1.	<input type="checkbox"/>	Verified the correct marking of permanently marked underground pipeline facilities. (OQS UG-1.1)	2
2.	<input type="checkbox"/>	Verified the correct marking of temporarily marked underground pipeline facilities. (OQS UG-1.2)	2
3.	<input type="checkbox"/>	Verified the proper performance of excavating operations that prevent damage to pipeline facilities. (OQS UG-1.3)	2
4.	<input type="checkbox"/>	Verified the proper performance of backfilling operations that prevent damage to pipeline facilities. (OQS UG-1.4)	2

Enter Number From List Below

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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Murray, KY 42071*



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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UH-1 Install Domestic Gas Meter and Regulator Sets**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1644**

**Test Number: 7982**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
97.50	100.00	4	4



**IV. Employer Record**

**Group # 5017**

**OQS Task UH-1**

**Install Domestic Gas Meter and Regulator Sets**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City State Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

TASK/OPERATIONS		Method of Skill/Ability Verification
		Enter Number From List Below
1.	Install Domestic Gas Meter and Regulator Sets (OQ UH-1.1)	2
<b>Method of Knowledge Verification</b>		<b>Method of Skill/Ability Verification Observed During:</b>
1. Written Exam		1. Performance in the field
		2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UH-2 Install Domestic Gas Service Lines**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1648**

**Test Number: 7987**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4





**IV. Employer Record**

**Group # 5017**

**OQ Task UH-2**

**Install Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATION	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	Install Service Lines Underground. (OQ UH-2.1)	<input type="checkbox"/> 2
2. <input checked="" type="checkbox"/>	Install Service Lines Under Buildings Served. (OQ UH-2.2)	<input type="checkbox"/>
3. <input checked="" type="checkbox"/>	Install Service Lines Under Buildings Not Served. (OQ UH-2.3)	<input type="checkbox"/>
4. <input type="checkbox"/>	Install Service Line Valves. (OQ UH-2.4)	<input type="checkbox"/> 2
5. <input type="checkbox"/>	Connect Service Lines to Main Piping (Tap Location). (OQ UH-2.5)	<input type="checkbox"/> 2
6. <input type="checkbox"/>	Connect Service Lines to Main Piping (Compression-Type Connections to Main). (OQ UH-2.6)	<input type="checkbox"/> 2
7. <input type="checkbox"/>	Connect Service Lines to Main Piping (Connection to Cast Iron or Ductile Iron Mains). (OQ UH-2.7)	<input type="checkbox"/> 2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance in the field
2. Simulation

---

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UI-1 Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Test Date: 02/16/2012**

**Pass/Fail: Pass**

**Test Key #: 1692**

**Test Number: 7992**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
96.67	97.78	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UI-1**

**Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/12

The employee is qualified under 49 CFR 192 and company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	<b>Enter Number From List Below</b>	
1. <input type="checkbox"/>	Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	2
2. <input checked="" type="checkbox"/>	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using Pipe-To-Soil Potential (Electrical) Survey. (OQ UI-1.2)	□
3. <input checked="" type="checkbox"/>	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using a Surface Potential Survey. (OQ UI-1.3)	□
4. <input type="checkbox"/>	Examine the External Conditions of Exposed Buried Metal Piping to Determine if Repair or Replacement is Necessary. (OQ UI-1.4)	2
5. <input checked="" type="checkbox"/>	Inspect Rectifiers. (OQ UI-1.5)	□
6. <input checked="" type="checkbox"/>	Inspect interference current bonds. (OQ UI-1.6)	□
7. <input type="checkbox"/>	Install Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)	2
8. <input type="checkbox"/>	Install Insulation to Control External Corrosion by Electrical Isolation (Basic). (OQ UI-1.8)	2
9. <input type="checkbox"/>	Inspect/Monitor for Evidence of Internal Corrosion (49 CFR, 192.475). (OQ UI-1.9)	2
10. <input type="checkbox"/>	Inspect/Monitor Exposed Piping for Evidence of Atmospheric Corrosion. (OQ UI-1.10)	2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UL-1 Tapping Pipelines Under Pressure**

**Test Date:02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1649**

**Test Number: 7997**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
91.92	91.18	4	4





**IV. Employer Record**

**Group # 5017**

**OQS Task UL-1**

**Tap Pipelines Under Pressure**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City State Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1. <input type="checkbox"/>	Tap plastic piping using self tapping tee. (OQ UL-1.1)	<input type="checkbox"/> 2
2. <input type="checkbox"/>	Tap steel piping using self tapping tee. (OQ UL-1.2)	<input type="checkbox"/> 2
3. <input checked="" type="checkbox"/>	Tap steel piping using "Skinner" Tapping Tool. (OQ UL-1.3)	<input type="checkbox"/>
4. <input checked="" type="checkbox"/>	Tap steel piping using Mueller "L" Tapping Machine 2" - 12". (OQ UL-1.4)	<input type="checkbox"/>
5. <input type="checkbox"/>	Tap steel piping using Williamson T-18 or T-101 Drilling Machine for 1/4" - 4" hole size. (OQ UL-1.5)	<input type="checkbox"/> 2
6. <input checked="" type="checkbox"/>	Tap steel piping using Williamson T-203 Drilling Machine for 6" - 10" pipe. (OQ UL-1.6)	<input type="checkbox"/>
7. <input checked="" type="checkbox"/>	Tap steel piping using Mueller D - 4 Drilling Machine for 1 1/4" - 2" hole sizes. (OQ UL-1.7)	<input type="checkbox"/>
8. <input checked="" type="checkbox"/>	Tap steel piping using Mueller Drilling Machine for 2" - 12" pipe. (OQ UL-1.8)	<input type="checkbox"/>

**Method of Knowledge Verification.**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UL-2 Purge Gas Lines (Small & Large Diameter)**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1643**

**Test Number: 8003**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UL-2**

**Purge Gas Lines**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City State Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
Enter Number From List Below		
1.	<input type="checkbox"/> Purge Gas Pipelines of Air Using Gas. (OQ UL-2.1)	2
2.	<input type="checkbox"/> Purge Gas Pipelines of Gas Using Air. (OQ UL-2.2)	2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-3 Testing Domestic Gas Service Lines**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1641**

**Test Number: 8008**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4





**IV. Employer Record**

**Group # 5017**

**OQ Task UM-3**

**Testing Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

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Employee's Signature Michael Chelf Date 2-17-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

**TASK/OPERATIONS**

**Method of Skill/Ability Verification**

Enter Number From List Below

1. Test Service Lines. (OQ UM-3.1)

**2**

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance in the field  
2. Simulation

---

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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-7 Prevent Accidental Ignition**

**Test Date: 02/16/2012**

**Pass/Fail: Pass**

**Test Key #: 1639**

**Test Number: 8012**

**Test Group No: 5017**

---

**Overall Result for This Group**

---

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
94.45	96.30	4	4

---





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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-8 Making Field Repairs on Natural Gas Pipelines**

**Test Date:02/16/2012**

**Pass/Fail: Pass**

**Test Key #:1638**

**Test Number: 8017**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
93.27	92.31	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UM-8**

**Make Field Repairs on Natural Gas Pipelines**

**Employee Information (Please Print):**

Name Michael Casey Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Michael Casey Date 2-16-12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	Perform field repair of damages/imperfections by an acceptable method. OQ UM-8.1	<input type="checkbox" value="2"/>
2. <input checked="" type="checkbox"/>	Perform field repair of welds by an acceptable method. OQ UM-8.2	<input type="checkbox"/>
3. <input type="checkbox"/>	Perform field repair of leaks by an acceptable method. OQ UM-8.3	<input type="checkbox" value="2"/>
4. <input checked="" type="checkbox"/>	Make field repairs on cast iron pipelines using encapsulation. OQ UM-8.4	<input type="checkbox"/>

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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 Murray, KY 42071





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**MICHAEL C CHELF**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UM-10 Abandon or Deactivate Gas Pipeline Facilities**

**Test Date: 02/16/2012**

**Pass/Fail: Pass**

**Test Key #: 1637**

**Test Number: 8022**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.46	95.46	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UM-10**

**Abandon or Deactivate Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

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Employee's Signature Michael Chelf Date 2-16-17

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/17

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> Abandon/deactivate mains. (OQ UM-10.1)	Enter Number From List Below <input type="checkbox"/> 2
2.	<input type="checkbox"/> Abandon/deactivate service lines. (OQ UM-10.2)	<input type="checkbox"/> 2
3.	<input type="checkbox"/> Discontinue service to customers. (OQ UM-10.3)	<input type="checkbox"/> 2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance in the field
2. Simulation

---

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

# RussMar Logistics, LLC.

## MARVIN ANDERSON

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	2/17/2012	2/16/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	2/17/2012	2/17/2015
H-2	INSTALL SERVICE LINES	3 YEAR	2/17/2012	2/17/2015
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURIED PIPELINES	3 YEAR	2/17/2012	2/16/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	2/17/2012	2/17/2015
L-2	PURGING GAS LINES	3 YEAR	2/17/2012	2/17/2015
L-3A	MONITOR ODORANT LEVELS	3 YEAR	3/19/2014	3/19/2017
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	5/28/2013	5/28/2016
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR	3/19/2014	3/19/2017
M-3	TESTING PIPELINES	3 YEAR	2/17/2012	2/17/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	3/19/2014	3/19/2017
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	2/17/2012	2/16/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	2/17/2012	2/16/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	2/17/2012	2/16/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	2/17/2012	2/17/2015

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
CI-1	PERFORMING PIPE TO SOIL SURVEYS ON COATED BURIED PIPELINES	3 YEAR	12/14/2013	12/14/2016
CI-4	INSPECT EXTERNAL CONDITIONS OF EXPOSED BURIED METAL PIPING	3 YEAR	12/14/2013	12/14/2016
CI-5	INSPECT & MAINTAIN RECTIFIERS	3 YEAR	12/14/2013	12/14/2016
CI-7	INSTALL TEST LOADS TO MONITOR & CONTROL EXTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-8	INSTALL & TEST INSULATION TO CONTROL EXTERNAL CORROSION BY ELECTRICAL ISOLATION	3 YEAR	12/14/2013	12/14/2016
CI-9	INSPECT FOR EVIDENCE OF INTERNAL CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-10	INSPECT & MONITOR EXPOSED PIPING FOR ATMOSPHERIC CORROSION	3 YEAR	12/14/2013	12/14/2016
CI-11	INSTALLING SACRIFICIAL ANODES & TEST STATIONS	3 YEAR	12/13/2013	12/13/2016
CI-13	IDENTIFY PROCEDURES BASIC TO INSPECTING, APPLYING, & REPAIRING PIPELINE COATINGS	3 YEAR	12/13/2013	12/13/2016

GDS 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FLIEL GAS CODE NFPA	3 YEAR	2/6/2014	2/6/2017
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This certifies that **Marvin Anderson**  
of **Martin Contracting**  
has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a "P" in the corresponding box.

*5/28/13* *Chris L. Lough*  
DATE BLUEGRASS INSTRUCTIONAL SERVICES  
3438 McClure Rd., Winchester, KY 40391  
859-494-3173 [Llough.c@gmail.com](mailto:Llough.c@gmail.com)

<u>EXPIRES</u>	<u>TASK</u>
	<input type="checkbox"/> OQ UG-1 : Excavating/Backfilling
	<input type="checkbox"/> OQ UH-1 : Install/Repair/Replace M & R Sets
	<input type="checkbox"/> OQ UH-2 : Install/Repair/Replace Service Lines
	<input type="checkbox"/> OQ UI-1 : Apply/Monitor Corrosion Control
	<input type="checkbox"/> OQ UL-1 : Tap Pipelines (Self-Tapping Only)
	<input type="checkbox"/> OQ UL-2 : Purge Pipelines
<i>5/28/16</i>	<input checked="" type="checkbox"/> OQ UM-1 : Patrol & Leakage Surveys
	<input type="checkbox"/> OQ UM-3 : Pressure Test Pipelines
	<input type="checkbox"/> OQ UM-7 : Prevent Accidental Ignition/AOC's
	<input type="checkbox"/> OQ UM-8 : Install/Repair/Replace Main Lines
	<input type="checkbox"/> OQ UM-10 : Abandon/Deactivate Pipelines





EXPIRES	TASK
_____	<input type="checkbox"/> OQ UG-1 : Excavating/Backfilling
_____	<input type="checkbox"/> OQ UH-1 : Install/Repair/Replace M & R Sets
_____	<input type="checkbox"/> OQ UH-2 : Install/Repair/Replace Service Lines
_____	<input type="checkbox"/> OQ UI-1 : Apply/Monitor Corrosion Control
_____	<input type="checkbox"/> OQ UL-1 : Tap Pipelines (Self-Tapping Only)
_____	<input type="checkbox"/> OQ UL-2 : Purge Pipelines
<u>5/28/16</u>	<input checked="" type="checkbox"/> OQ UM-1 : Patrol & Leakage Surveys
_____	<input type="checkbox"/> OQ UM-3 : Pressure Test Pipelines
_____	<input type="checkbox"/> OQ UM-7 : Prevent Accidental Ignition/AOC's
_____	<input type="checkbox"/> OQ UM-8 : Install/Repair/Replace Main Lines
_____	<input type="checkbox"/> OQ UM-10 : Abandon/Deactivate Pipelines

This certifies that Marvin Anderson

of RussMar Utility Management Logistics

has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a  in the corresponding box.

5/28/13
*Chris Rich*  
 DATE \_\_\_\_\_

**BLUEGRASS INSTRUCTIONAL SERVICES**  
 3438 McClure Rd., Winchester, KY 40391  
 859-494-3173 / sligh.c@gmail.com



3/19/17  OQ CM-2 : Locate & Mark Pipelines

3/19/17  OQ CM-8 : Inspect & Operate Pipeline Valves

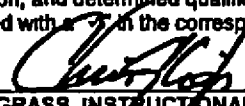
This certifies that Marvin Anderson - 2554

of RussMar Utility Management Logistics

has been evaluated per the conditions and guidelines as set forth by DOT 49 CFR, Part 192 & the KY Public Service Commission using materials and procedures provided by Industrial Training Services & the KY Gas Association, and determined qualified to perform the tasks as indicated with a  in the corresponding box.

3/19/14

DATE

  
BLUEGRASS INSTRUCTIONAL SERVICES  
3438 McClure Rd, Winchester, KY 40391  
859-494-3173 / algh.c@gmail.com





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MARVIN ANDERSON

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UG-1 Verifying Excavating and Backfilling Operations that Minimize  
Excavation Damage to Pipeline Facilities**

Test Date:02/16/2012

Pass/Fail: Pass

Test Key #: 1665

Test Number: 7979

Test Group No: 5017

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.31	93.75	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UG-1**

**Verifying Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1.	<input type="checkbox"/> Verified the correct marking of permanently marked underground pipeline facilities. (OQS UG-1.1)	<input type="checkbox"/> 2
2.	<input type="checkbox"/> Verified the correct marking of temporarily marked underground pipeline facilities. (OQS UG-1.2)	<input type="checkbox"/> 2
3.	<input type="checkbox"/> Verified the proper performance of excavating operations that prevent damage to pipeline facilities. (OQS UG-1.3)	<input type="checkbox"/> 2
4.	<input type="checkbox"/> Verified the proper performance of backfilling operations that prevent damage to pipeline facilities. (OQS UG-1.4)	<input type="checkbox"/> 2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

---

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





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**Co. Code: 12260**  
**Instructor: Sligh, Chris**  
**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UH-1 Install Domestic Gas Meter and Regulator Sets**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1644**

**Test Number: 7983**

**Test Group No: 5017**

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
97.50	100.00	4	4

1

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## IV. Employer Record

Group # 5017

OQS Task UH-1

### Install Domestic Gas Meter and Regulator Sets

#### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City

State

Zip

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 17 FEB 12

#### Evaluator Information (Please Print):

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

TASK/OPERATIONS		Method of Skill/Ability Verification
1.	Install Domestic Gas Meter and Regulator Sets (OQ UH-1.1)	2
<b>Method of Knowledge Verification:</b>		<b>Method of Skill/Ability Verification Observed During:</b>
1. Written Exam		1. Performance in the field
		2. Simulation

---

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**MARVIN ANDERSON**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UH-2 Install Domestic Gas Service Lines**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1648**

**Test Number: 7988**

**Test Group No: 5017**

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4



## IV. Employer Record

Group # 5017

### OQ Task UH-2

#### Install Domestic Gas Service Lines

#### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City

State

Zip

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 17 FEB 12

#### Evaluator Information (Please Print):

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATION	Method of Skill/Ability Verification
	Enter Number From List Below	
1.	<input type="checkbox"/> Install Service Lines Underground. (OQ UH-2.1)	<input type="checkbox"/> 2
2.	<input checked="" type="checkbox"/> Install Service Lines Under Buildings Served. (OQ UH-2.2)	<input type="checkbox"/>
3.	<input checked="" type="checkbox"/> Install Service Lines Under Buildings Not Served. (OQ UH-2.3)	<input type="checkbox"/>
4.	<input type="checkbox"/> Install Service Line Valves. (OQ UH-2.4)	<input type="checkbox"/> 2
5.	<input type="checkbox"/> Connect Service Lines to Main Piping (Tap Location). (OQ UH-2.5)	<input type="checkbox"/> 2
6.	<input type="checkbox"/> Connect Service Lines to Main Piping (Compression-Type Connections to Main). (OQ UH-2.6)	<input type="checkbox"/> 2
7.	<input type="checkbox"/> Connect Service Lines to Main Piping (Connection to Cast Iron or Ductile Iron Mains). (OQ UH-2.7)	<input type="checkbox"/> 2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

- Observed During:**
1. Performance in the field
  2. Simulation

---

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Murray, KY 42071*





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**MARVIN ANDERSON**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UI-1 Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Test Date:02/16/2012**

**Pass/Fail: Pass**

**Test Key #:1692**

**Test Number: 7993**

**Test Group No: 5017**

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
96.67	97.78	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UI-1**

**Monitor Corrosion Control Methods Used on Buried Metal Pipelines**

**Employee Information (Please Print):**

Name MARVIN Anderson

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature *Marvin Anderson* Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature *Chris Sligh* Date 2/16/12

The employee is qualified under 49 CFR 192 and company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	<b>Enter Number From List Below</b>	
1. <input type="checkbox"/>	Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	<input checked="" type="checkbox"/>
2. <input checked="" type="checkbox"/>	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using Pipe-To-Soil Potential (Electrical) Survey. (OQ UI-1.2)	<input type="checkbox"/>
3. <input checked="" type="checkbox"/>	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using a Surface Potential Survey. (OQ UI-1.3)	<input type="checkbox"/>
4. <input type="checkbox"/>	Examine the External Conditions of Exposed Buried Metal Piping to Determine if Repair or Replacement is Necessary. (OQ UI-1.4)	<input checked="" type="checkbox"/>
5. <input checked="" type="checkbox"/>	Inspect Rectifiers. (OQ UI-1.5)	<input type="checkbox"/>
6. <input checked="" type="checkbox"/>	inspect interference current bonds. (OQ UI-1.6)	<input type="checkbox"/>
7. <input type="checkbox"/>	Install Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)	<input checked="" type="checkbox"/>
8. <input type="checkbox"/>	Install Insulation to Control External Corrosion by Electrical Isolation (Basic). (OQ UI-1.8)	<input checked="" type="checkbox"/>
9. <input type="checkbox"/>	Inspect/Monitor for Evidence of Internal Corrosion (49 CFR, 192.475). (OQ UI-1.9)	<input checked="" type="checkbox"/>
10. <input type="checkbox"/>	Inspect/Monitor Exposed Piping for Evidence of Atmospheric Corrosion. (OQ UI-1.10)	<input checked="" type="checkbox"/>

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

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Murray, KY 42071*



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**MARVIN ANDERSON**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UL-1 Tapping Pipelines Under Pressure**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1649**

**Test Number: 7998**

**Test Group No: 5017**

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
91.92	91.18	4	4



**IV. Employer Record**

**Group # 5017**

**OQS Task UL-1**

**Tap Pipelines Under Pressure**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City

State

Zip

***Affidavit***

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Mar Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

***Affidavit***

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/12/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	Tap plastic piping using self tapping tee. (OQ UL-1.1)	<input type="checkbox"/> 2
2. <input type="checkbox"/>	Tap steel piping using self tapping tee. (OQ UL-1.2)	<input type="checkbox"/> 2
3. <input checked="" type="checkbox"/>	Tap steel piping using "Skinner" Tapping Tool. (OQ UL-1.3)	<input type="checkbox"/>
4. <input checked="" type="checkbox"/>	Tap steel piping using Mueller "L" Tapping Machine 2" - 12". (OQ UL-1.4)	<input type="checkbox"/>
5. <input type="checkbox"/>	Tap steel piping using Williamson T-18 or T-101 Drilling Machine for 1/4" - 4" hole size. (OQ UL-1.5)	<input type="checkbox"/> 2
6. <input checked="" type="checkbox"/>	Tap steel piping using Williamson T-203 Drilling Machine for 6" - 10" pipe. (OQ UL-1.6)	<input type="checkbox"/>
7. <input checked="" type="checkbox"/>	Tap steel piping using Mueller D - 4 Drilling Machine for 1 1/4" - 2" hole sizes. (OQ UL-1.7)	<input type="checkbox"/>
8. <input checked="" type="checkbox"/>	Tap steel piping using Mueller Drilling Machine for 2" - 12" pipe. (OQ UL-1.8)	<input type="checkbox"/>

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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 Murray, KY 42071





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**MARVIN ANDERSON**

**Co. Code: 12260**

**Instructor: Silgh, Chris**

**Proctor: Silgh, Chris**

**Test Results For:**

**OQ UL-2 Purge Gas Lines (Small & Large Diameter)**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1643**

**Test Number: 8002**

**Test Group No: 5017**

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**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UL-2**

**Purge Gas Lines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

***Affidavit***

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Mai Poles Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

***Affidavit***

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	Purge Gas Pipelines of Air Using Gas. (OQ UL-2.1)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>
2. <input type="checkbox"/>	Purge Gas Pipelines of Gas Using Air. (OQ UL-2.2)	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text" value="2"/>

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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**MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

**Test Results For:  
OQ CL-3a Monitor Odorant Levels**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 2070**

**Test Number: 7668**

**Test Group No: 7640**

---



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## IV. Employer Record

---

OQ Task CL-3a

Monitor Odorant Levels

Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 EEVINE RD

City Richmond State KY Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 3-19-14

---

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

TASK/OPERATIONS	Method of Skill/Ability Verification
1. (CL-3a.1) Odorization – Periodic Sampling. (1211)	<b>2</b>
Method of Knowledge Verification	Method of Skill/Ability Verification Observed During:
• Written Exam	1. Performance on the Job 2. Simulation

---

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**MARVIN D ANDERSON**

**Co. Code: 27961**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-1 Performing Patrol and Leakage Surveys on Gas Pipeline  
Facilities**

**Test Date: 05/28/2013**

**Pass/Fail: Pass**

**Test Key #: 1715**

**Test Number: 1391**

**Test Group No: 5791**



**IV. Employer Record**

**Group # 5791**

**OQ Task UM-1**

**Performing Patrol and Leakage Surveys on Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name MARTIN CONTRACTING / RUSSMAR

Company Mailing Address 2371 IRVINE RD.

City RICHMOND State KY Zip \_\_\_\_\_

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature [Signature] Date 28 May 13

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature [Signature] Date 5/28/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification		
1.	<input type="checkbox"/>	Perform patrol and leakage surveys on gas distribution pipeline facilities. (OQ UM-1.1)	Enter Number From List Below	2
2.	<input type="checkbox"/>	Perform patrol and leakage surveys on gas transmission pipeline facilities. (OQ UM-1.2)		2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chrls  
Proctor: Sligh, Chrls

## Test Results For:

OQ CM-2 Locate and Mark Underground Pipeline Facilities

Test Date: 03/19/2014

Pass/Fail: Pass

Test Key #: 1750

Test Number: 7672

Test Group No: 7640

---



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## IV. Employer Record

### OQ Task CM-2

#### Locate and Mark Underground Pipeline Facilities

##### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2731 IRVINE RD

City Richmond State Ky Zip 40475

#### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 3-19-14

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CM-2.1) Locate underground pipelines. (1291)	<b>2</b>
2. <input type="checkbox"/>	(CM-2.2) Install and maintain pipeline markers. (1301)	<b>2</b>
3. <input type="checkbox"/>	(CM-2.3) Temporarily mark underground pipeline facilities.	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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**MARVIN ANDERSON**

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-3 Testing Domestic Gas Service Lines**

**Test Date: 02/17/2012**

**Pass/Fail: Pass**

**Test Key #: 1641**

**Test Number: 8007**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
100.00	100.00	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UM-3**

**Testing Domestic Gas Service Lines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City State Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 17 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR, SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/17/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

**TASK/OPERATIONS**

**Method of Skill/Ability Verification**

Enter Number From List Below

1. Test Service Lines. (OQ UM-3.1)

**2**

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field  
2. Simulation

---

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**MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## **Test Results For:**

**OQ CM-5 Inspect, Service and Operate Line Valves**

**Test Date: 03/19/2014**

**Pass/Fail: Pass**

**Test Key #: 1658**

**Test Number: 7687**

**Test Group No: 7640**

---



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## IV. Employer Record

### OQ Task CM-5

#### Inspect, Service, and Operate Line Valves

##### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSS MAR

Company Mailing Address 2371 IRVINE RD

City Richmond State Ky Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 3-19-14

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 3/19/14

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1. <input type="checkbox"/>	(CM-5.1) Manually Opening and Closing Valves.(0301) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	2
2. <input type="checkbox"/>	(CM-5.2) Adjust and Monitor Flow or Pressure – Manual Valve Operation. (0311) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	2
3. <input type="checkbox"/>	(CM-5.3) Valve – Visual Inspection and Partial Operation. (0331) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	2
4. <input type="checkbox"/>	(CM-5.4) Valve – Preventive Maintenance. (0341) a. Ball <input checked="" type="checkbox"/> b. Plug <input checked="" type="checkbox"/> c. Gate <input checked="" type="checkbox"/>	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the job
2. Simulation

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**MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: PEARSON, TIMOTHY  
Proctor: PEARSON, TIMOTHY**

**Test Results For:**

**GDS 3.6 Maintaining Compliance with the National Fuel Gas Code NFPA  
#54**

**Test Date: 02/06/2014**

**Pass/Fail: Pass**

**Test Key #: 2087**

**Test Number: 2663**

**Test Group No: 7481**

---

**This test result does not meet the skills and ability requirement of the Code of Federal  
Regulations Part 192 for Operator Qualification.**





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MARVIN ANDERSON

**Co. Code: 12260**

**Instructor: Sligh, Chris**

**Proctor: Sligh, Chris**

**Test Results For:**

**OQ UM-7 Prevent Accidental Ignition**

**Test Date: 02/16/2012**

**Pass/Fail: Pass**

**Test Key #: 1639**

**Test Number: 8013**

**Test Group No: 5017**

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
94.45	96.30	4	4





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MARVIN ANDERSON

Co. Code: 12260

Instructor: Silgh, Chris

Proctor: Silgh, Chris

**Test Results For:**

**OQ UM-8 Making Field Repairs on Natural Gas Pipelines**

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1638

Test Number: 8018

Test Group No: 5017

---

**Overall Result for This Group**

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
93.27	92.31	4	4



**IV. Employer Record**

**Group # 5017**

**OQ Task UM-8**

**Make Field Repairs on Natural Gas Pipelines**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City State Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-434-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 2/16/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> Perform field repair of damages/imperfections by an acceptable method. OQ UM-8.1	2
2.	<input checked="" type="checkbox"/> Perform field repair of welds by an acceptable method. OQ UM-8.2	
3.	<input type="checkbox"/> Perform field repair of leaks by an acceptable method. OQ UM-8.3	2
4.	<input checked="" type="checkbox"/> Make field repairs on cast iron pipelines using encapsulation. OQ UM-8.4	

Enter Number From List Below

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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MARVIN ANDERSON

Co. Code: 12260

Instructor: Silgh, Chris

Proctor: Silgh, Chris

**Test Results For:**

OQ UM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #: 1637

Test Number: 8023

Test Group No: 5017

---

**Overall Result for This Group**

---

<b>Mean:</b>	<b>Median:</b>	<b># Above Mastery:</b>	<b># In Group:</b>
95.46	95.46	4	4

---



**IV. Employer Record**

**Group # 5017**

**OQ Task UM-10**

**Abandon or Deactivate Gas Pipeline Facilities**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name

Company Mailing Address

City

State

Zip

*Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the performance guides used in this evaluation checklist.

Employee's Signature [Signature] Date 16 FEB 12

**Evaluator Information (Please Print):**

Name CHRIS SLIGH

Organization/Employer BLUEGRASS INSTR. SVC

Telephone Number 859-494-3173

*Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature [Signature] Date 2/16/12

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification		
1.	<input type="checkbox"/>	Abandon/deactivate mains. (OQ UM-10.1)	Enter Number From List Below	2
2.	<input type="checkbox"/>	Abandon/deactivate service lines. (OQ UM-10.2)		2
3.	<input type="checkbox"/>	Discontinue service to customers. (OQ UM-10.3)		2

**Method of Knowledge Verification**

1. Written Exam

**Method of Skill/Ability Verification**

**Observed During:**

1. Performance in the field
2. Simulation

---

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RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris

## Test Results For:

OQ CI-1 Performing Pipe-to-Soil Potential Surveys on Effectively Coated  
Buried or Submerged Pipelines

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2658

Test Number: 4898

Test Group No: 7264

---



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## IV. Employer Record

---

### OQ Task CI-1

**Perform Pipe-to-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines**

#### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSS MAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KY Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

---

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services


Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1.	(CI-1.1) Measure Structure to Electrolyte Potential. (0001)	

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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*Chris Sligh  
Bluesix Instructional Services  
859-494-3173*





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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-4 Inspect the External Conditions of Exposed Buried Metal Piping to  
Determine if Repair or Replacement is Necessary

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2027

Test Number: 4901

Test Group No: 7264

---



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## IV. Employer Record

---

### OQ Task CI-4

Inspect the External Condition of Exposed Burled Metal Piping to Determine if Repair or Replacement is Necessary

#### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KY Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

---

#### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-4.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	2
2.	<input type="checkbox"/> (CI-4.2) Measure External Corrosion. (0171)	2
3.	<input type="checkbox"/> (CI-4.3) Determine Appropriate Remedial Measures for Corrosion Control and Notification of Proper Personnel. (5131)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

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Industrial Training Services, Inc.  
310 C. C. Lowry Drive  
Murray, KY 42071  
820-484-3133



# INDUSTRIAL TRAINING SERVICES, INC.

310 CC Lowry Drive • Murray KY 42071 • 270-753-2150 • www.ITS-training.com

MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-5 Inspect and Maintain Rectifiers

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1806

Test Number: 4903

Test Group No: 7264

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CEUs for its programs that qualify  
under IACET guidelines.

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## IV. Employer Record

---

### OQ Task CI-5

#### Inspect and Maintain Rectifiers

##### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State Ky Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

---

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASKS/OPERATIONS	Method of Skill/Ability Verification
		<i>Enter Number From List Below</i>
1. <input type="checkbox"/>	(CI-5.1) Inspect Rectifier and Obtain Readings. (0101)	<input checked="" type="checkbox"/> 2
2. <input type="checkbox"/>	(CI-5.2) Maintain Rectifiers. (0111)	<input checked="" type="checkbox"/> 2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

---

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

850-484-3173  
Bluesea Industrial Services  
Chris Elgin





# INDUSTRIAL TRAINING SERVICES, INC.

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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

QQ CI-7 Install Test Leads to Monitor and Control External Corrosion

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2094

Test Number: 4904

Test Group No: 7264

---



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## IV. Employer Record

### OQ Task CI-7

#### Install Test Leads to Monitor and Control External Corrosion

##### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KY Zip 40475

#### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature [Signature] Date 11-14-13

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

#### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature [Signature] Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-7.1) Installation and Maintenance of Mechanical Electrical Connections. (0041)	2
2.	<input type="checkbox"/> (CI-7.2) Installation of Exothermic Electrical Connections. (0051)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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---

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

Chris Sligh  
 Bluegrass Instructional Services  
 820-484-3113



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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-8 Install and Test Insulation to Control External Corrosion by  
Electrical Isolation

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2055

Test Number: 4907

Test Group No: 7264

---



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## IV. Employer Record

### OQ Task CI-8

#### Install and Test Insulation to Control External Corrosion by Electrical Isolation

##### Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSS MAR

Company Mailing Address 2371 IRVINE RD

City Richmond State Ky Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

##### Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
Enter Number From List Below		
1.	<input type="checkbox"/> (CI-8.1) Inspect or Test Cathodic Protection Electrical Isolation Devices. (0071)	2
2.	<input type="checkbox"/> (CI-8.2) Install Cathodic Protection Electrical Isolation Devices. (0081)	2

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

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

Industrial Training Services  
 828-484-2173





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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris

## Test Results For:

OQ CI-9 Inspect for Evidence of Internal Corrosion

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2067

Test Number: 4909

Test Group No: 7264

---



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## IV. Employer Record

### OQ Task CI-9

#### Inspect for Evidence of Internal Corrosion

##### Employee Information (Please Print):

Name MARVIN ANDERSON  
Last 4 Digits of Social Security Number 2554  
Company Name RUSSMAR  
Company Mailing Address 2371 IRVINE RD  
City Richmond State KY Zip 40475

#### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

##### Evaluator Information (Please Print):

Name Chris Sligh  
Organization/Employer Bluegrass Instructional Services  
Telephone Number 859-494-3173

#### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 11/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
	Enter Number From List Below	
1. <input type="checkbox"/>	(CI-9.1) Insert and Remove Coupons/Probes for Internal Corrosion Monitoring. (0131)	<b>2</b>
2. <input type="checkbox"/>	(CI-9.2) Visual Inspection for Internal Corrosion. (0161)	<b>2</b>
3. <input type="checkbox"/>	(CI-9.3) Measure Internal Corrosion. (0181)	<b>2</b>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

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 Murray, KY 42071  
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**MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Silgh, Chris  
Proctor: Silgh, Chris**

## Test Results For:

**OQ CI-10 Inspect and Monitor Exposed Piping for Evidence of  
Atmospheric Corrosion**

**Test Date: 12/14/2013**

**Pass/Fail: Pass**

**Test Key #: 1734**

**Test Number: 4910**

**Test Group No: 7264**

---



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## IV. Employer Record

OQ Task CI-10

Inspect and Monitor Exposed Piping for Evidence of Atmospheric Corrosion

Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 5554

Company Name RUSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KY Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 11-14-13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 12/14/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
1.	<input type="checkbox"/> (CI-10.1) Visual Inspection for Atmospheric Corrosion. (0141)	2
2.	<input type="checkbox"/> (CI-10.2) Measure Atmospheric Corrosion. (0191)	2

Enter Number From List Below

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

---

After completion of Section IV, "Employer Record," remove section from the packet and photocopy. Retain photocopy for your files. For third party verification and database reporting service, mail original to:

---

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

Chris Slight  
 Business Instructional Services  
 858-404-3153





# INDUSTRIAL TRAINING SERVICES, INC.

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MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475

Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris

## Test Results For:

OQ CI-11 Installing Sacrificial Anodes and Test Stations

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 2086

Test Number: 4912

Test Group No: 7264

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•  
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## IV. Employer Record

**OQ Task CI-11**

**Install Sacrificial Anodes and Test Stations**

**Employee Information (Please Print):**

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KV Zip 40475

### *Affidavit*

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 13 DEC 13

**Evaluator Information (Please Print):**

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### *Affidavit*

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 12/13/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CI-11.1) Install Sacrificial Anodes. (5071)	<input checked="" type="checkbox"/>
2. <input type="checkbox"/>	(CI-11.2) Installation and Maintenance of Mechanical Electrical Connections. (0041)	<input checked="" type="checkbox"/>
3. <input type="checkbox"/>	(CI-11.3) Installation of Exothermic Electrical Connections. (0051)	<input checked="" type="checkbox"/>
4. <input type="checkbox"/>	(CI-11.4) Inspect and Monitor Galvanic Ground Beds/Anodes. (0031)	<input checked="" type="checkbox"/>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification  
Observed During:**

1. Performance on the Job
2. Simulation

---

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Murray, KY 40277

828-44-3113



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**MARVIN ANDERSON  
RUSSMAR  
2371 IRVINE RD  
RICHMOND, KY 40475**

**Co. Code: 29199  
Instructor: Sligh, Chris  
Proctor: Sligh, Chris**

## Test Results For:

**OQ CI-13 Identify Procedures Basic to Inspecting, Applying, and Repairing  
Pipeline Coatings**

**Test Date: 12/13/2013**

**Pass/Fail: Pass**

**Test Key #: 2464**

**Test Number: 4914**

**Test Group No: 7264**

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## IV. Employer Record

### OQ Task CI-13

Identify Procedures Basic to Inspecting, Applying, and Repairing Pipeline Coatings

Employee Information (Please Print):

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number 2554

Company Name RUSSMAR

Company Mailing Address 2371 IRVINE RD

City Richmond State KY Zip 40475

### Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in all circumstances. I acknowledge that I am responsible for recognizing hazards and abnormal conditions in my work place and must exercise care and good judgment; always using appropriate equipment, procedures and tools for tasks I perform. Industrial Training Services, Inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Marvin Anderson Date 13 DEC 13

Evaluator Information (Please Print):

Name Chris Sligh

Organization/Employer Bluegrass Instructional Services

Telephone Number 859-494-3173

### Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the tasks at the indicated level.

Evaluator's Signature Chris Sligh Date 12/13/13

The employee is qualified according to company standards to perform the tasks listed below as indicated:

Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number From List Below
1. <input type="checkbox"/>	(CI-13.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	<input checked="" type="checkbox"/>
2. <input type="checkbox"/>	(CI-13.2) Coating Application and Repair – Brushed or Rolled. (0991)	<input checked="" type="checkbox"/>
3. <input checked="" type="checkbox"/>	(CI-13.3) Coating Application and Repair – Sprayed. (1001)	<input type="checkbox"/>
4. <input type="checkbox"/>	(CI-13.4) External Coating Application and Repair – Wrapped. (1011)	<input checked="" type="checkbox"/>
5. <input type="checkbox"/>	(CI-13.5) Pipe Surface Preparation for Coating Application. (5541)	<input checked="" type="checkbox"/>

**Method of Knowledge Verification**

- Written Exam

**Method of Skill/Ability Verification Observed During:**

1. Performance on the Job
2. Simulation

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

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---

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 Murray, KY 42071*



# RussMar Logistics, LLC.

## EDDIE BENNETT

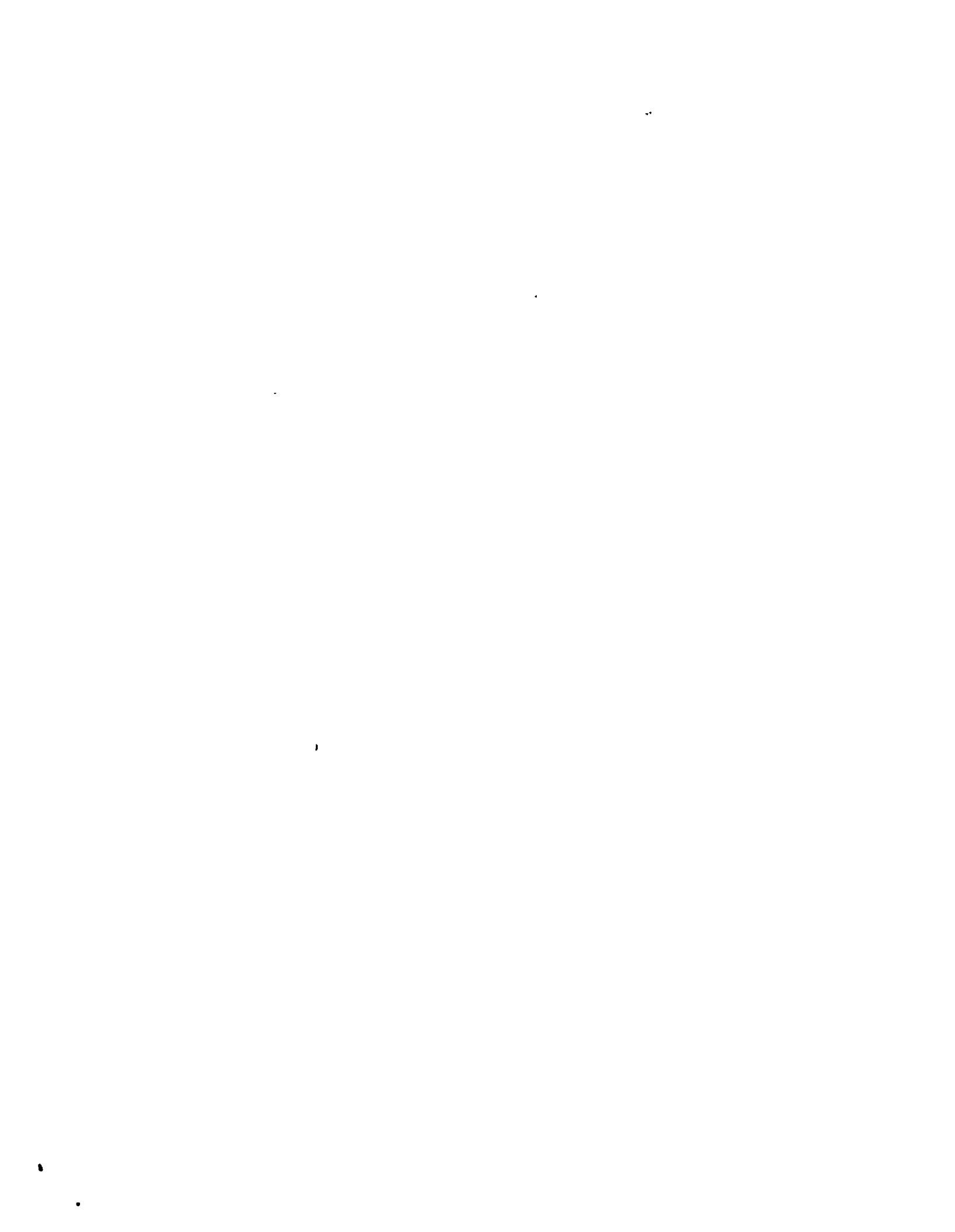
TASK NUMBER	CDVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	INSPECT EXCAVATION/BACKFILLING ACTIVITIES	3 YEAR	11/19/2012	11/19/2015
H-1	INSTALL METER & REGULATOR	3 YEAR	11/12/2012	11/12/2015
H-2	INSTALL SERVICE LINES	3 YEAR	11/12/2012	11/12/2015
I-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/13/2012	11/13/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/19/2012	11/19/2015
L-2	PURGING GAS LINES	3 YEAR	11/19/2012	11/19/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/13/2012	11/13/2015
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	11/19/2012	11/19/2015
M-8	MAKE FIELD REPAIRS ON DISTRIBUTION LINES	3 YEAR	11/13/2012	11/13/2015
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	11/20/2012	11/20/2015
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR		



Industrial Training Services  
 Official Transcript Request  
 CONFIDENTIAL

Received: 11/30/12

Last Name	First Name	MI	Company Name	Test Date	P/F	Instructor	Test Name	Skill
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del> <i>City of Yorkville</i>	11/19/2012	P	WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	F	WILLS	OQ UM-7 Prevent Accidental Ignition	
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	DQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
BENNETT	EDDIE	L	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CI-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CI-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/19/2012	P	WILLS	OQ UM-7 Prevent Accidental Ignition	
EMBERTON	JESSE	W	<del>MARTIN CONTRACTING</del>	11/20/2012	P	WILLS	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM



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Official Transcript Request  
CONFIDENTIAL

RECEIVED 11-21-12

WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012 P	HINKLE NGT 1803 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM
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Industrial Training Services  
 Official Transcript Request  
 CONFIDENTIAL

RECEIVED 11-21-12

Last Name	First Name	M/I	Company Name	Test Date	P/F	Instructor #	Test Name	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-5a BALL PLUG GATE ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/13/2012	P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
WARREN	JASON	O	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM





**Operator Qualification / OQ Tasks**

OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012
OQ CM-1 1-2, 5 SIM	on 11/13/2012
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012
OQ CM-8 1-4, 7 SIM	on 11/13/2012
OQ CL-1A ALL SIM	on 11/19/2012
OQ UM-7	on 11/19/2012
OQ CG-1 ALL SIM	on 11/19/2012
OQ CL-2 1 SIM	on 11/19/2012
OQ CM-10 ALL SIM	on 11/20/2012

\*Qualifications are good for three years from date qualified

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**Operator Qualification Card**

This certifies that **Eddie L. Bennett, City of  
Thompkinsville** has been evaluated and determined  
qualified to perform the OQ tasks as indicated on the back  
of this card.

Qualifications conducted by "ARC Randolph &  
Associates, LLC" instructors L. Hinkle & G. Wills at the  
request of MARTIN CONTRACTING with whom copies  
of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668

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**Operator Qualification / OQ Tasks**

OQ H-1, H-2, M-3 ALL SIM	on 11/12/2012
OQ CM-1 1-2, 5 SIM	on 11/13/2012
OQ CM-5a Ball Plug Gate ALL SIM	on 11/13/2012
OQ CM-8 1-4, 7 SIM	on 11/13/2012
OQ CL-1A ALL SIM	on 11/19/2012
OQ UM-7	on 11/19/2012
OQ CG-1 ALL SIM	on 11/19/2012
OQ CL-2 1 SIM	on 11/19/2012
OQ CM-10 ALL SIM	on 11/20/2012

\*Qualifications are good for three years from date qualified

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**Operator Qualification Card**

This certifies that **Jesse W. Emberton, City of  
Thompkinsville** has been evaluated and determined  
qualified to perform the OQ tasks as indicated on the back  
of this card.

Qualifications conducted by "ARC Randolph &  
Associates, LLC" instructors L. Hinkle & G. Wills at the  
request of MARTIN CONTRACTING with whom copies  
of the testing records reside.

ARC Randolph & Associates, LLC (412) 580-8668

