



PUBLIC SETVICE
COMMITTEE



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 859-623-01/2
Fax 859-626-0822
Jorazen@yahoo.com

• 1



Co. Code: 29199 instructor: Sligh, Chris

Sligh, Chris Proctor:

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









IV. Employer Record
OQ Task CH-1
Install Customer Gas Meter and Regulator Sets Employee Information (Please Print): Name
Last 4 Digits of Social Security Number _ 5636
Company Name Auss Mar
Company Mailing Address 2371 Irvine Rel
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
Evaluator Information (Please Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services 859-494-3173
Telephone Number
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

	Not Applicable	TASK/OPERATIONS				
				Enter Number Fro	m List Below	
1.		(CH-1.1) Joining of Pipe – Thr	eade	d Joints (0721)	2	
2.		(CH-1.2) Joining of Pipe – Flange Assembly (0731)				
3.	. 🗆	(CH-1.3) Installation of Customer Meters and Regulators – Residential and Small Commercial (1161)			2	
4.		(CH-1.4) Install Customer Metall (1171)	2			
1	Method of I	Knowledge Verification Exam		hod of Skill/Ability Verificati erved During: Performance on the Job Simulation	on	
	_					

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:

653-434-3173

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



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





IV. Employer Record .
OQ Task CH-2
Install Customer Gas Service Lines
Employee Information (Please Print): Name
Last 4 Digits of Social Security Number
Company Name RUSS Mar
Company Mailing Address 2371 Irvine Rd
Company Mailing Address 3371 Irvine Rel City Richmonel 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
Evaluator Information (Please Print):
NameChris Silgh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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

	Not Applicable	TASK/OPE	Method of Skill/Ability Verification			
				Enter Number F	rom List Below	
1.		(CH-2.1) Installation of Stee	2			
2.	Ċ	(CH-2.2) Installation of Plas	(CH-2.2) Installation of Plastic Pipe In a Ditch. (0901)			
3.		(CH-2.3) Installation of Tracer Wire. (0941)			2	
4.		(CH-2.4) Inspected and assured the correct performance of backfilling operations. (0981)				
M	ethod of Kr	owledge Verification		thod of Skill/Ablilty Ver served During:	rification	
•	Written E	xam	1. 2.	Performance on the Simulation	Job	

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, mall original to:

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Co. Code: 29199

Instructor: Sligh, Chris

Proctor: Sligh, 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







IV. Employer Record
OQ Task CL-1a
Hot Tapping Pipelines Using Seif-Tapping Tees
Employee Information (Please Print): Name <u>Tason Warren</u>
Last 4 Digits of Social Security Number
Company Mailing Address 2371 Irvine Rel
Company Mailing Address 1371 Irvine Rel City Rich mond State Ky Zip 40475
Affidavit
I acknowledge the performance of this task is solely for the purpose of operate qualification, and is not intended to replace or modify company operating procedure 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 wor 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
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

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

1. (CL-1a.1) Tapping a Pipeline With a Built-In Cutter. (1101)



Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

Written Exam

- 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



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

Test Results For:

OQ CL-3a Monitor Odorant Levels

Test Date: 03/19/2014

Pass/Fall: Pass

Test Key #: 2070

Test Number: 7669

Test Group No: 7640

CEUs for its programs that qualify under IACET guidelines.



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IV. Employer Record
OQ Task CL-3a
Monitor Odorant Levels
Employee Information (Please Print): Name Watien
Last 4 Digits of Social Security Number
Company Name Russ Mor
Company Mailing Address 1371 Irvine Rel
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
Contrate la formation (Disease Delatie
Evaluator Information (Please Print): Chris Sligh
Name Bluegrass Instructional Services
Organization/Employer 859-494-3173
Telephone Number
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
Leader of Orgination of the Control

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

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



Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

Written Exam

- 1. Performance on the Job
- 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 Sligh Bluegrass Instructional Services 359-494-3173



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

Test Key #: 1750 Test Number: 7671

Test Group No: 7640

Pass/Fail: Pass



under IACET guidelines.



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IV. Employer'Record
OQ Task CM-2
Locate and Mark Underground Pipeline Facilities
Employee information (Please Print): Name Jason Warren
Last 4 Digits of Social Security Number56) 6
Company Name Russ Mar
Company Mailing Address 2371 Irvine Rd
City Rich Mond 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
Evaluator Information (Please Print):
Name Chris Stigh
Organization/Employer 859-494-3173
Telephone Number
Affidavit
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

	Not Applicable	TASK/OPERATIONS				
				Enter Number I	From List Belov	
1.		(CM-2.1) Locate undergr	2			
2.		(CM-2.2) Install and mali	(CM-2.2) Install and maintain pipeline markers. (1301)			
3.		(CM-2.3) Temporarily mark underground pipeline facilities.				
	Method of	Mowledge Verification		thod of Skill/Ability Verifica served During:	ation	
	Written	Exam	1. 2.	Performance on the Job Simulation	١,	
•						
				section from the packet and on and database reporting se		

Industrial Training Services, The 310 C. Czeoweg Diwochhinismi zaangeuiß Murray, KY 4207 1716-1441-128

original to:



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
Last 4 Digits of Social Security Number
Company Name Russ Mar
Company Mailing Address 3371 Irvine Rel
Company Mailing Address 3371 Irvine Rd City Richmond State Ity Zip 40475
Affidavit
l 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
Evaluator Information (Please Print):
NameChris Silgh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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

Not Applicable TASK		TASK/OPE	RAT	Method of Skill/Ability Verification From List Belov	
1		(CM-3.1) Pressure Test: Nonli Than 100 psi. (0561)	2		
2.		(CM-3.2) Pressure Test: Nonliq Than or Equal to 100 psl. (0571	2		
3.		(CM-3.3) Pressure Test: Liquid Medium. (0581)			2
4.	Ī	(CM-3.4) Leak Test at Operating	g Pre	ssure. (0591)	2
Method of Knowledge Verification Method of Skill/Abillty Verification Observed During:					ation .
•	• Writte	n Exam · -	1. 2.	Performance on the Job Simulation)
Afte	r completio	n of Section IV, "Employer Record," re	move	section from the packet and	photocopy.

Retain photocopy for your files. For third party verification and database reporting service, mail

Ginsgress Instructional Services

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

original to:



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



CEUs for its programs that qualify under IACET guidelines.



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IV. Employer Record
OQ Task CM-5
Inspect, Service, and Operate Line Valves
Employee Information (Please Print): Name
Last 4 Digits of Social Security Number
Company Name Russ Mar
Company Mailing Address 3371 Irvine Rel
Company Mailing Address 3371 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
Evaluator information (Please Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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

	Not Applicable	TA	SK/OPERATIO	ens '	Method of Skill/Ability Verification
1.		(CM-5.1) Manually Op	pening and C		rom List Below
		a. Ball 🗹	b. Plug 🗹	c. Gate 🗹	
2.		(CM-5.2) Adjust and Malve Operation. (031	11)		2
		a. Ball 🗷	b. Plug 🗹	c. Gate 🗹	
3.		(CM-5.3) Valve – Visu Operation. (0331)	ıal Inspectior	n and Partial	2
		a. Ball 🗹	b. Plug 🗹	c. Gate 🗹	
4.		(CM-5.4) Valve - Prev	ventive Maint	tenance. (0341)	2
	,	a. Ball 🗹 🕟	b. Plug 🗷	c. Gate 🗹	
, Method of Knowledge Verification Method of Skill/Ability Verification Observed During:					
	 Written 	Exam		Performance on the j	ob
			2.	Simulation	
Afte Ret	r completion of	of Section IV, "Employer Re for your files. For third part	cord," remove s ty verification a	section from the packet and nd database reporting servi	photocopy. ice, mail

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

original to: প্রশাসন্ত প্রত্যালয় স্থানির স্থ



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



under LACET guidelines.



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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: 7705





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IV. Employer Record
OQ Task CM-8
Make Field Repairs on Gas Pipelines
Employee Information (Please Print): Name Jason Walsen
Last 4 Digits of Social Security Number
Company Name RUST Mar
Company Mailing Address 2371 Fruine Rel
Company Mailing Address 371 Irvine Red City hich mond 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
Evaluator Information (Please Print):
Name Chris Sligh
Organization/EmployerBluegrass Instructional Services
Telephone Number <u>859-494-3173</u>
Affidavit
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 3/17/4

	Not Applicable	TASK/OF	Method of Skill/Ability Verification	
			Enter Number Fr	om List Below
1.		(CM-8.1) Visual inspection of Insmechanical damage. (0201)	2	
2.		(CM-8.2) Measure and Characte installed Pipe and Components.		2
3.		(CM-8.3) Visually inspect pipe ar installation. (0641)	2	
4.		(CM-8.4) install mechanical clam	2	
5.	团	(CM-8.5) Fit-up of weld type repa		
6.	Ø	(CM-8.6) Instali composite sleeve		
7.	Ø	(CM-8.7) Repair of steel pipe by	grinding. (1071)	
8.		(CM-8.8) Squeeze off plastic pipe	э. (1141)	2
	Method of h	Knowledge Verification	Method of Skill/Ability Verificat Observed During:	ilon
	 Written 	maxa Chris-Sligh	1. Performance on the Job	
		Conscion Instanto Instructional Service	2. Simulation	
	<u> </u>	•	7	
		859-494 -3173		
A A-	e completion c	of Cootion IV. "Employee Dooped " com	roug cootion from the necket and about	acany

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



JASON O WARREN 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





under IACET guidelines.



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IV. Employer Record
OQ Task CM-10
Abandon or Deactivate Gas Pipeline Facilities Employee Information (Please Print): Name
Last 4 Digits of Social Security Number
Company Name Russ Mar
Company Mailing Address 1371 Irvine 124
Company Mailing Address <u>1371 Irvine 12d</u> City <u>Bichmond</u> State <u>Ky</u> zip <u>40475</u>
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
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 Date Date 3/18/14

	Not Applicable	TASKI	OPERA	TIONS ·	Method o Skill/Abilit Verificatio
				Enter Number Fr	om List Beid
1.		(CM-10.1) Abandon/deactive	ate ma	ins.	2
2.		(CM-10.2) Abandon/deactiva	ate ser	vice lines.	2
3.		(CM-10.3) Temporary Isolatic Discontinuance. (1201)	on of S	Service Lines and Service	2
	Method of i	Knowledge Verification		hod of Skill/Ability Verificat served During:	ion '
	 Written 	Exam	1. 2.	Performance on the Job Simulation	
ete		of Section IV, "Employer Record," for your files. For third party v			

Industrial Training Services Inc. 310 C. C. Lowry Drive Murray, KY 42017 18-494-938



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 5676
Company Name R V55 Mar
Company Mailing Address 2371 Irvine Rel
Company Mailing Address 2371 Irvine Red City Richmond State Ky Zip 40475
Affidavit
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, no. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist. Employee's Signature
Evaluator Information (Please Print):
Vame Chris Sligh
Organization/Employer Bluegrass Instructional Services 859-494-3173
Telephone Number
Affidavit
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 asks at the indicated level.
Evaluator's Signature

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

	Not Applicable	TASK	(OPERA	TIONS .	Method o Skill/Abilit Verificatio		
				Enter Number F	rom List Belo		
1.		Verified the correct marking of permanently marked underground pipeline facilities. (5051)					
2.			Verified the correct marking of temporarily marked underground pipeline facilities. (5061)				
3.	□ .*		Damage prevention during excavation activities by or on pehalf of the operator. 10.4.3 (1321)				
4.		Damage prevention inspection during third party excavation or encroachment activities as determined necessary by operator. 10.4.4 (1331)					
5.			Provide or assure adequate support during operator initiated excavation activities. 10.4.5 (1341)				
,	Method of i	Knowledge Verification		thod of Skill/Ability Verifica served During:	tion		
	• . Written	Exam .	1. 2. 3.	Performance on the Job On-the-Job Training Simulation			
Reta	ain photocopy Inal to:	of Section IV, "Employer Record," for your files. For third party ven					
	يوع بسر	dissellation and an arrange	144				

Industrial Training ชื่อไปเอียร์ เกษาถูกแล 310 C. C. Lowiy Drivaga-ถูลล Murray, KY 42071



RussMar Logistics, LLC. ALLEN LIVINGOOD

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD DN 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
l-1	MONITOR CORROSIDN CONTROL METHODS USED 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 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	<u> </u>	
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	COVERED	QUAL	DATE	EXP.
NUMBER	TASK	PERIOD	QUALED	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 PIPEUNE COATINGS	3 YEAR	12/13/2013	12/13/2016

GDS 3.	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 - RusssMar 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

☑ Dbeervatio

2/7/14 QUALIFIED 2/7/15 EXPIRES

Bluegrass Instructional Service 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

2 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

☑ 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)



EXPIRES		TASK TO A COL
3/17/17	₫.	OQ CG-1: Excayating/Backfilling
3/18/17	Ø	OQ CH-1 : install/Repair/Replace M & R Sets
3/18/17	Ø	OQ CH-2: Install/Repair/Replace Service Lines
3/18/17	Ø	OQ CL-1s: Tap Pipelines (Self-Tapping Only)
3/19/17		OQ CL-3a: Monitor Odorant Levels
3/19/17	Ø	OQ CM-2: Locate & Mark Pipelines
· 3/18/17		OQ CM-3 : Pressure Test Pipelines
3/19/17	Ø	OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	Ø	OQ M-7 : Prevent Accidental ignition/AOC's
3/17/17	Ø	OQ CM-8 : Install/Repair/Replace Main Lines
3/18/17	Ø	OQ CM-10 : Abandon/Deactivate Pipelines
3/17/17		GDS 10.4 : Competent Person
C - 119 3		Jan 11/a 5000

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 procedure processing box.

3*|19|14*

DATE

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





JASON O WARREN RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199
Instructor: Silgh, Chris
Proctor: Silgh, Chris

Test Results For:

OQ UF1-UF2 Join Plastic Pipe

Test Date: 02/06/2014

Test Key #: 2075 Test Number: 2809

Test Group No: 7485

Pass/Fail: Pass



CEUs for its programs that qualify under IACET guidelines.





IV. Employer Record
OQ Task UF-1 & UF-2
Join Plastic Pipe
Employee Information (Please Print):
Name Tason Warren
Last 4 Digits of Social Security Number
Company Name
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 Date Date
Evaluator information (Piease Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
Affidavit
l 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

Aį	Not pplicabl	TASK/OPERATION	Method of Skill/Ability Verification
		Enter Number Fro	m List Beiov
1.		(UF-1.1) Joining of Plastic Pipe – Butt Fusion: Manual (0751) Medium Density High Density	2
2.		(UF-1.2) Joining of Plastic Pipe – Butt Fusion: Hydraulic (0761) Medium Density High Density	2
3.		(UF-1.3) Joining of Plastic Pipe - Sidewall Heat Fusion (0771) Medium Density High Density	2
4.		(UF-1.4) Joining of Plastic Pipe – Socket Heat Fusion (0791) Medium Density High Density	2
5.		(UF-1.5) Joining of Plastic Pipe – Electrofusion (0781)	2
6.		(UF-2.1) Joining of Pipe – Non-Bottom Out Compression Couplings. (0691)	2
7.		(UF-2.2) Joining of Pipe — Bottom Out Compression Couplings. (0701)	②
8.		(UF-2.3) Joining of Plastic Pipe – Stab Fittings. (0681)	2
9.		Chris Sligh (1170) .egnilquo noisegramo (1170) .egnilqol (155-7U) (1170) .egnilqol (155-7U) 859-494-3173	2
M	ethod	of Knowledge Verification Method of Skill/Ability Verification Observed During:	cation
•	Writ	ten Exam 1. Performance in the fiel 2. Simulation	d

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



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



under IACET guidelines.





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00 Tk 00 4								
QQ Task CG-1								
Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities								
Employee Information (Please Print): Name <u>Jason Warren</u>								
Last 4 Digits of Social Security Number 5616								
Company Name Russ Mar								
Company Mailing Address 2371 Irvine Rel								
City Richmond State KY Zip 40475								
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								
Evaluator Information (Please Print):								
Name								
Organization/EmployerBluegrass 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. (also affirm that the above named employee								

IV. Employer Record

indicated level.

Evaluator's Signature

is the person assessed and that the above named person performed the tasks at the

Date ___

	Not Applicable	TASK/C	PERA	TIONS Enter Number Fr	Method of Skill/Ability Verification om List Below
1.		(CG-1.1) Verified the correct underground pipeline facilitie			2
2.		(CG-1.2) Verified the correct marking of temporarily marked underground pipeline facilities. (5061)			
3.		(CG-1.3) Inspected and assubackfilling activities. (0981)	red th	e correct performance of	2
4.		(CG-1.4) Assured the performance of damage prevention activities during excavation activities by or on behalf of the operator. (1321)			2
5.		(CG-1.5) Damage prevention inspections during third party excavation or encroachment activities as determined necessary by operator. (1331)			2
6.	<u> </u>	(CG-1.6) Provided or assured during operator initiated exca			2
	Method of h	Cnowledge Verification		thod of Skill/Ability Verificat served During:	ion
	 Written 	Exam	1. 2.	Performance on the Job Simulation	
		f Section IV, "Employer Record," re			

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

to:

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 UNGERGROUNG 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 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	COVERED	QUAL	DATE	EXP.
NUMBER	TASK	PERIOD	QUALED	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-S	. 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
C1-8	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

EXPIRES	<u>,,,,,,</u>	TASK CONTRACTOR STATES
3/17/17	, स्त्र	OQ CG-1 : Excavating/Backfilling
3/18/17	ď	OQ CH-1: Install/Repain/Replace M & R Sets
3/18/17	· 2	OQ CH-2 : Install/Repair/Replace Service Lines
3/18/17	Ø	OQ CL-1a: Tap Pipelines (Self-Tapping Only)
3/19/17	Ø	OQ CL-3a: Monitor Odorant Levels
3/19/17	Ø	OQ CM-2 : Locate & Mark Pipelines
3/18/17	Ø	OQ CM-3: Pressure Test Pipelines
3/19/17	Ø	OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	Ø	OQ M-7 : Prevent Accidental Ignition/AOC's
3/17/17	Ø	OQ CM-8 : Install/Repair/Replace Main Lines
3/18/17	2	OQ CM-10 : Abandon/Deactivate Pipelines
3/17/17	2	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 "p" in the corresponding box.

3/19/14

DATE

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



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





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 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 3-17-14
Evaluator Information (Please Print):
NameChris Sligh Organization/EmployerBluegrass Instructional Services Telephone Number859-494-3173
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

IV. Employer Record

A	Not pplicable	TASK/OP	ERAI		Method of Skill/Ability Verification om List Below		
1.		(CG-1.1) Verified the correct munderground pipeline facilities.			2		
2.			(CG-1.2) Verified the correct marking of temporarily marked underground pipeline facilities. (5061)				
3.		(CG-1.3) Inspected and assure backfilling activities. (0981)	ed the	e correct performance of	2		
4.		(CG-1.4) Assured the performance of damage prevention activities during excavation activities by or on behalf of the operator. (1321)					
5.		(CG-1.5) Damage prevention inspections during third party excavation or encroachment activities as determined necessary by operator. (1331)			2		
6.		(CG-1.6) Provided or assured adequate pipeline support during operator Initiated excavation activities. (1341)			2		
Method of Knowledge Verification Method of Skill/Ability Verification Observed During:				on			
•	 Written Exam 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 or:						

Industrial Training Services, Inc. 120 C. C. Lowry Drive
Murray, KY 42071



ALLEN LIVINGOOD 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: 7634

Test Group No: 7640





14. 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 RJ
City Richmand State Ky Zip 40475
Affidavit
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
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 Wantleh Date 3/18/14

4

	Not Applicable	TASK	OPERA	TIONS	Method of Skill/Ability Verification
				Enter Number	From List Below
1.		(CH-1.1) Joining of Pipe —	Threade	ed Joints (0721)	2
2.		(CH-1.2) Joining of Pipe – I	Fla n ge /	Assembly (0731)	2
3.		(CH-1.3) Installation of Customer Meters and Regulators – Residential and Small Commercial (1161)			2
4.	Ū	(CH-1.4) Install Customer Meters – Large Commercial and Industrial (1171)		2	
,	Method of h Written	Knowledge Verification Exam		hod of Skill/Ability Verifica served During: Performance on the Job 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:

859-494-3173

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

. . . .



ALLEN LIVINGOOD 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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	Not Applicable	TASK/OPER	PATIC	ns ·	Method of Skill/Ability Verification
				Enter Number F	rom List Below
1.		(CH-2.1) Installation of Steel	i Pipe	e in a Ditch. (0861)	2
2.		(CH-2.2) Installation of Plast	ic Pi	pe in a Ditch. (0901)	2
3.		(CH-2.3) Installation of Trace	er W	ire. (0941)	2
4.		(CH-2.4) Inspected and assured the correct performance of backfilling operations. (0981)			2
N	ethod of Kr	nowledge Verification		hod of Skill/Ability Ver served During:	rification
•	Written E	xam	1. 2.	Performance on the Simulation	Job

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. 226105115 310 C. C. Lowry Drive Murray, KY 42077 11 E-A94-938

Co. Code: 29199

Instructor: Sligh, Chris

Proctor: Sligh, 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





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IV. Employer Record			
OQ Task CL-1a			
Hot Tapping Pipelines Using Self-Tappin	g Tees		
Employee Information (Please Print):			
Name Allen Livingord	· . - 72 2 ·		
Last 4 Digits of Social Security Number	3159		
Company Name RussMar			
Company Mailing Address 2371	rvine	Rd.	
City Richard St	ate <u>K</u> y	Zip _	40475
Affid	'avit		
qualification, and is not intended to replace or policies and may not be appropriately us that I am responsible for recognizing haza place and must exercise care and good equipment, procedures and tools for tasks inc. assumes no liability for my actions no performance guides used in this evaluation. Employee's Signature	sed in all ords and all ords and all ordinates of the contract of the contract of the contract of the contract ordinates of the contract of th	circumstand bnormal con ent; always n. Industria application	ces. I acknowledge nditions in my work using appropriate I Training Services
Evaluator Information (Please Print):			•
Name	•	Sligh	
Organization/Employer Bluegr		uctional Se	rvices
Telephone Number	859-48	34-3173	
Affid	avit		
I affirm that I am the person who has additional conducted this assessment with integrity employee is the person assessed and that tasks at the indicated level.	. I also a	affirm that	the above named
Evaluator's Signature	<u></u>	Date	3/18/4
	,		•

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

1. (CL-1a.1) Tapping a Pipeline With a Built-in Cutter. (1101)



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



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: 7667

Test Group No: 7640

AUTHORIZED
PROVIDER

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

under IACET guidelines.



		-	
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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 Russ Mac	
	IRuine Rd.
Company Mailing Address 7371 City Richmond	State Ky Zip 40475
	davit
that I am responsible for recognizing haz place and must exercise care and go equipment, procedures and tools for task	used in all circumstances. I acknowledge ards and abnormal conditions in my work and judgment; always using appropriate is I perform. Industrial Training Services, nor for my application of the qualification archecklist. Date 3-19-14
Evaluator Information (Please Print):	
Name :	Chris Sligh
Organization/Employer	grass Instructional Services 859-494-3173
Telephone Number	
Affic	davit
conducted this assessment with integrity	dministered this checklist and that I have y. I also affirm that the above named at the above named person performed the Date 3/19/14

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

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



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

> Chre Sigh Blosgrass (netrorical Services 159-494-3173



FREDERICK A LIVINGOOD 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





IV. Employer Record **OQ Task UM-1** Perform Patrol and Leakage Surveys on Gas Pipeline Facilities **Employee Information (Please Print):** Name Frederick Arland Last 4 Digits of Social Security Number Company Name Kuss Mar lovine Company Mailing Address ___ Z37 (40475 City Kichmond State K.V. 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 /で・13 - 2013 Evaluator Information (Please Print): Name Bluegrass Instructional Services Organization/Employer _____ **869**-494-3173 Telephone Number ___ 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

	Not Appiicabie	TA	SK/OPERA	ATIONS	Method of Skiil/Ability Verification		
				Enter Number	From List Below		
1.		(UM-1.1) Outside gas l	eak Inves	tigation. (1241)	3		
2.		(UM-1.2) Walking gas leakage survey. (1261)					
3.		(UM-1.3) Mobile gas lea (1271)	akage su	rvey – flame lonization.			
4.	d	(UM-1.4) Mobile gas lea (1281)	akage sui	rvey – optical methane.			
5.		(UM-1.5) Inspect pipelin of-way or easement. (1		e conditions – patrol right-	3		
	lethod of K	nowledge Verification Exam		thod of Skill/Ability Verific served During: Performance on the Job On-the-Job Training Simulation			
After o Retalr	n photocopy f	Section iV, Employer Record or your files. For third party v	erification a	section from the packet and phend database reporting service,	otocopy. maii		

Industrial Training Services ในโร: 238 310 C. C. Lowry Drive Murray, KY 42071



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: 7673





				
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IV. Employer Record
OQ Task CM-2
Locate and Mark Underground Pipeline Facilities
Employee information (Please Print): Name Allen Livingerd
Last 4 Digits of Social Security Number
Company Name Russ Mar
Company Mailing Address 2371 Icuine Rd.
City Richmond State Ky. Zip 40475
Affidavit
l 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 Date Date
Evaluator Information (Please Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services 859-494-3173
Telephone Number
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 Date

	Not Applicable	TASI	K/OPERA	ATIONS	Method of Skill/Ability Verification
				Enter Number	From List Belov
1.		(CM-2.1) Locate undergro	und pipe	olines. (1291)	2
2.		(CM-2.2) install and maint	ain pipel	line markers. (1301)	2
3.		(CM-2.3) Temporarily mark	k underg	ground pipeline facilities.	2
	Method of I	Knowledge Verification	•	thod of Skill/Ability Verific served During:	ation .
٠.	 Written 	Exam	1. 2.	Performance on the Job Simulation	•
••	. , ,				
Reta		of Section IV, "Employer Record for your files. For third party			

Industrial Training Service ହିନ୍ନୀନିଥି-310 C. Cz**eowry** ଅଧିଷ୍ଟରମସ୍ତି ଅଟେ ଅନୁକ୍ରଧାରି Murray, KY 4207 ဥଅଟ-ନୟ-ନ୍ୟର



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: 7675





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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 Kuss May Company Mailing Address 2371 Iruine Rd. 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 policles 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 **Evaluator Information (Please Print):** Name Organization/Employer Rhecrass Instructional Sendos 859-494-3173 Telephone Number 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

	Not Appilcable	TASK/OPE	RAT	ION Enter Number F	Method of Skill/Ability Verification From List Below
1.	. 🗆	(CM-3.1) Pressure Test: Nonliq Than 100 psl. (0561)	uid	Medium - MAOP Less	2
2.		(CM-3.2) Pressure Test: Nonliqu Than or Equal to 100 psi. (0571)	2		
3.		(CM-3.3) Pressure Test: Liquid M	led i	um. (0581)	2
4.		(CM-3.4) Leak Test at Operating	Pre	ssure. (0591)	2
	Method o			hod of Skiil/Abiilty Verifica erved During:	ation .
	● Writte	n Exam	1. 2.	Performance on the Job Simulation	ı
let	r completion ain photoco inal to:	n of Section IV, "Employer Record," ren py for your files. For third party verif	nove icatio	section from the packet and on and database reporting se	photocopy. rvice, mail

Industrial Training Services, Inc. 310 C. C. Lowry Drive

Murray, KY 42071

4



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





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IV. Employer Record
OQ Task CM-5
Inspect, Service, and Operate Line Valves
Employee Information (Please Print): Name Allen Livinger
Last 4 Digits of Social Security Number _ 3 15 9
Company Name Rus Mar
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 - 14 - 14
Evaluator Information (Please Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services, 859-494-3173
Telephone Number
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
Evaluator's Signature Date

	Not Applicable	TA	SK/OPERATIO	NS .	Method of Skill/Ability Verification
1.		(CM-5.1) Manually Op	ening and C		rom List Below
		a. Ball 🗹	b. Plug 🗹	c. Gate 🗹	
2.		(CM-5.2) Adjust and N Valve Operation. (031	1)		2
•		a. Ball 🗷	b. Plug 🗹	c. Gate 🗹	
3.		(CM-5.3) Valve - Visu Operation. (0331)	•		2
		a. Ball 🗹	b. Plug 🗹	c. Gate E	
4.		(CM-5.4) Valve - Prev	entive Malnt	enance. (0341)	2
		a. Ball 🗹	b. Plug 🖭	c. Gate 🗹	_
•	Method of h	Knowledge Verification		hod of Skill/Ability Verl erved During:	fication
	• Written	Exam		Performance on the j	ob
			2.	Simulation	
Afte Ret	er completion of ain photocopy	f Section IV, "Employer Ref for your files. For third part	cord," remove s y verification ar	ection from the packet and nd database reporting servi	photocopy.
			-	•	-

Industrial Training Services, Inc. 238 310 C. C. Lowry Drive Murray, KY 42071

(2.



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: 7699





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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



under IACET guidelines.



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IV. Employer Record			•	
OQ Task CM-8				
Make Field Repairs on Gas Pipelines				,
Employee Information (Please Print):			····	
Last 4 Digits of Social Security Number	319	59	<u></u>	
Company Name Russ Mar			•	
Company Mailing Address 2371		ine.	RA.	
City Riebonard	_State_	Ky	Zip _	40475
	fidavi	t		
qualification, and is not intended to repli or policies and may not be appropriate that I am responsible for recognizing has place and must exercise care and equipment, procedures and tools for ta lnc. assumes no liability for my action performance guides used in this evaluate	ace or maly used hazards a good justings. Basks I peas nor fo	nodify comin all circles and abnormatication about the desired abnormatication abnormatication and approximation and approximatication and approximation abnormatication and approximatication and approximation approximation and approximation and approximation and approximation approximation and approximation approximation and approximation approximation approximation approximation approximation and approximation approxi	ipany op umstanc mal cor always idustrial dication	perating procedures ses. I acknowledge nditions in my work using appropriate Training Services, of the qualification
Employee's Signature)ate	3-17-14
Evaluator Information (Please Print):	Tipus S		•-	,
Name	C	Chris Slig	3h	
		instructio		vices
Telephone Number	85 	9-494-3	173	
. Af	fidavi	t		
i affirm that I am the person who has conducted this assessment with integendence is the person assessed and tasks at the indicated level.	grity. I	also affir	m that	the above named
Evaluator's Signature	Kigh)ate	3/17/A

	Not Applicable	TASI	Method of Skill/Ability Verification			
			Enter Numbe	r From List Belov		
1.		(CM-8.1) Visual inspection of mechanical damage. (0201)	f installed pipe and components for	2		
2.		•	CM-8.2) Measure and Characterize Mechanical Damage on stailed Pipe and Components. (0211)			
3.		(CM-8.3) Visually inspect pip Installation. (0641)	e and components prior to	2		
4.		(CM-8.4) Instail mechanical of	clamps and sieeves - boited. (1041)	2		
5.	図	(CM-8.5) Fit-up of weld type	CM-8.5) Fit-up of weld type repair sleeves. (1051)			
6.	d	(CM-8.6) Install composite sl	CM-8.6) Install composite sleeves. (1061)			
7. ,	Ø	(CM-8.7) Repair of steel pipe	by grinding. (1071)			
8.		(CM-8.8) Squeeze off plastic	pipe. (1141)	2		
	Method of h	(nowledge Verification	Method of Skill/Ability Verificology Observed During:	cation		
	 Written 	maxa Chris Stigh	 Performance on the Jo Simulation 	b		
	តូ ត	ziase Instructional Service	% भीति			
		850-484-317S		•		
ΔĐο	r completion o	of Section IV "Employer Percent"	* romave eaction from the packet and a	hotocoov		

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, mall original to:

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



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





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IV. Employer Record
OQ Task CM-10
Abandon or Deactivate Gas Pipeline Facilities
Employee information (Piease Print):
Name Allen Livingard
Last 4 Digits of Social Security Number 3159
Company Name _ Russ Max
Company Mailing Address 2371 Irvine Rd
City Richmond State Ky Zip 40475
Affidavit
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
Evaluator information (Piease Print):
Name
Organization/EmployerBluegrass Instructional Services
Telephone Number <u>859-494-3173</u>
Affidavit
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 asks at the indicated level.
Evaluator's Signature

•	Not Applicable	TA	SK/OPERATIONS		Method of Skill/Ability Verification
				Enter Number	From List Belov
1.		(CM-10.1) Abandon/dead	tivate mains.		2
2.		(CM-10.2) Abandon/dead	tivate service lir	nes.	2
3.		(CM-10.3) Temporary iso Discontinuance. (1201)	lation of Service	Lines and Service	2
M	 ethod of i	Knowledge Verification	Method of Observed	f Skill/Ability Verific During:	ation
•	Written	Exam		ormance on the Jol Mation	b
•				,	
	photocopy	of Section IV, "Employer Reco of for your files. For third par			

Industrial Training Services Inc 310 C. C. Lowry Drive Wurray, KY 42074 16-494-938



ALLEN LIVINGOOD 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

AUTHORIZED PROVIDER



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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





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OQ Task CI-1
Perform Pipe-to-Soil Potential Surveys on Effectively Coated Burled or Submerged Pipelines
Employee Information (Please Print): Name Frederick Alles Livingood
Last 4 Digits of Social Security Number3159
Company Name Bussiana C
Company Mailing Address 2371 Iruine Rd.
Company Mailing Address 2371 Irvine Rd. City Richmond State Ky. Zip 40475
Affidavit
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 Activity Date 11-14-13
Evaluator Information (Please Print):
NameChris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
Affidavit
affirm that i am the person who has administered this checkiist 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 asks at the indicated level.
Evaluator's Signature Man // Date Date // ///3

IV. Employer Record

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

Method of Skill/Ability Verification Observed During:

Written Exam

- 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 Sligh Bluegrass Instructional Services 859-494-3123

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





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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 3 159
Company Name Russ mar
Company Mailing Address 2371 Inine Rd
Company Mailing Address 2371 Inine Rd City Richard 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
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 Date

A	Not pplicab	TASK/OPERATIONS Sk	ethod of ill/Ability rification
		Enter Number From I	List Belov
1.		(CI-4.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	2
2.		(CI-4.2) Measure External Corrosion. (0171)	2
3.		(CI-4.3) Determine Appropriate Remedial Measures for Corrosion Control and Notification of Proper Personnel. (5131)	Z
M	iethod (of Knowledge Verification Method of Skill/Ability Verification Observed During:	
•	Writte	en Exam 1. Performance on the Job 2. Simulation	
	ı photoc	ion of Section IV, "Employer Record," remove section from the packet and photocopy for your files. For third party verification and database reporting service,	

Industrial Training SeletilesintO 310 C. C. Lewey Prisholiourism sampouta Murray, KY 42071 ET I E-494-938

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





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IV. Employer Record OQ Task CI-5 Inspect and Maintain Rectifiers **Employee Information (Please Print):** Name Frederick Alex Linksond Last 4 Digits of Social Security Number Company Name Kussmar Company Mailing Address 2371 Irvine Rd. 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 Link Evaluator Information (Please Print): Name -Chris Sligh- Organization/Employer ___ Bluegrass Instructional Services Telephone Number ___ 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 _

	Not Applicable	TASKS/OPERA	TION	15	Method of Skill/Ability Verification
				Enter Number	From List Below
1.		(CI-5.1) Inspect Rectifier and Readings. (0101)	d Obt	ain	Z
2.		(CI-5.2) Maintain Rectifiers.	(011	1)	2
Me	thod of Knov	vledge Verification		hod of Sklil/Ability Ve erved During:	erification
•	Written Exa	m	1. 2.	Performance on the Simulation	e Job

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 Sligh Bluegrass Instructional Services 859-494-3173

Co. Code: 29199 Instructor: Sligh, Chris

Proctor: Silgh, Chrls

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





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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 Frederick Last 4 Digits of Social Security Number _ _ Company Name Company Mailing Address 2371 | ruine 12d _____ State <u>Ky.</u> zip <u>40475</u> 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 Evaluator Information (Please Print): Chris Sligh Name Bluegrass Instructional Services Organization/Employer 859-494-3173 Telephone Number 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

	Not Appilcable	TASK/OPERATIONS			Method of Skill/Ability Verification	
				Enter Number	From List Beio	
1.		(Ci-7.1) Installation and Ma Connections. (0041)	intenance	of Mechanical Electrical	Z	
2.		(CI-7.2) Installation of Exoti	nermic Eie	ctrical Connections. (0051)	2	
	Method of	Knowledge Verification		thod of Skill/Ability Verific served During:	ation	
	Written	Exam	1. 2.	Performance on the Job Simulation)	
Reta		of Section IV, "Employer Reco y for your files. For third par				

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

> Chris Sligh Rhenrass Instructional Services 859-494-3173

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



CEUs for its programs that qualify under IACET guidelines.



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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 Allas Livingood Company Name Kussmay Company Mailing Address 2371 Irvine Rd. City Richmond State Ly Zip 48475 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 Act 11 13 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.

	Not Applicable	TASK/OPERATIONS			Method of Skill/Ability Verification
				Enter Number	r From List Below
1.		(Cl-8.1) Inspect or Test Calsolation Devices. (0071)	athod ic F	Protection Electrical	2
2.	□.	(CI-8.2) Install Cathodic P Devices. (0081)	rotection	Electrical Isolation	卫
	Method of	Knowledge Verification		thod of Skill/Ability Verific	cation
	• Written	Exam	1. 2.	Performance on the Jo Simulation	bb
Ret		of Section IV, "Employer Recon y for your files. For third part			

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

Bluegrass Instruction a Services

859-494-3173



Co. Code: 29199

Instructor:

Sligh, Chris

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





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1v. Employer Record
OQ Task CI-9
Inspect for Evidence of Internal Corrosion
Employee Information (Please Print): Name Frederick Allend Livingood
Last 4 Digits of Social Security Number 3159
Company Name Russmar
Company Mailing Address 2371 Cuine 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 August August Date 1/- 1/3
Evaluator Information (Piease Print):
NameChris Silgh
Organization/Employer Bluegrass Instructional Services
Telephone Number 859-4 94-3173
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

	Not Applicable	TASK/OPERATIONS			Method of Skill/Ability Verification	
			٠.	Enter Number F	rom List Belov	
1.		(CI-9.1) Insert and Remove Coupons/Probes for Internal Corrosion Monitoring. (0131)			2	
2.		(CI-9.2) Visual Inspection for Internal Corrosion. (0161)			2	
3.		(CI-9.3) Measure Internal	Corrosion. (0181)	Z	
	Method of I	Knowledge Verification	Method of S Observed E	Skiil/Abjiity Verifica During:	ition	
	Written	Exam	 Perfor Simulation 	mance on the Job ation		
Ref	er completion tain photocopy inal to:	of Section IV, "Employer Record of for your files. For third party	," remove section verification and d	from the packet and platabase reporting ser	photocopy.	

Industrial Training Services, Inc. 310 C. C. Lowry Drive Murray, KY 42071 dpil8 and?

Bruegrass instructional 83.64494-3173

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



IV. Employer Record

Evaluator's Signature

211 2211 22 22 22 22 22 22 22 22 22 22 2
OQ Task Cl-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 Number3\59
Company Name Russ may
Company Mailing Address 2371 Cuinc 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 Technology Date 1-14-13
Evaluator Information (Please Print):
Name Chris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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.

	Not Appilcable	* TASK/OPERATIONS			Method of Skill/Ability Verification
				• Enter Num	ber From List Belov
1.		(CI-10.1) Visual Inspection for Atmospheric Corrosion. (0141)		2	
2.		(CI-10.2) Measure Atmospheric Corrosion. (0191)			2
	Method of Kn	owledge Verification		thod of Skill/Ability Ver served During:	ification
Writteri Exam		1. 2.	Performance on the Simulation	Job	
Reta		Section IV, "Employer Record r your files. For third party ve			
		•			

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

Chris Sligh Bluegrass Instructional Services 859-494-3173

FREDERICK A LIVINGOOD 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: 4913



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 Number3\54
Company Name
Company Mailing Address 2371 Irvine RJ.
City Pidomond & State Ly Zip 40475
Affidavit
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 Training Date 12-13-13
Evaluator Information (Please Print):
Name Chris Sligh
Organization/Employer Biuegrass instructional Services
Telephone Number 85 9-494-3173
Affidavit
l 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 Date Date
(

X.

	Not Applicable	TASK/O	PERAT	TONS	Method of Skill/Ability Verification
				Enter Number Fr	om List Belov
1.		(CI-11.1) Install Sacrificial Anodes. (5071)			2
2.		(CI-11.2) Installation and Maintenance of Mechanical Electrical Connections. (0041)			2
3.		(Ci-11.3) Installation of Exothermic Electrical Connections. (0051)			Z
4.		(Ci-11.4) inspect and Monitor Ga	alvanic	Ground Beds/Anodes. (0031	
	Method of	Knowledge Verification		thod of Skill/Ability Verificat served During:	lion
	Writter	n Exam	1. 2.	Performance on the Job Simulation	
Afte	er completion	of Section IV, "Employer Record,"	remove	section from the packet and p	hotocopy.

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 2007 is not to unit and casage trial.

859 494-3173

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





•••		

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
Company Name Russ Mar
Company Mailing Address 2371 Irvine Rd.
City Kichmand 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 12-13-13-
Evaluator Information (Please Print):
NameChris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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 Date Date Z//3//3

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

A	Not pplicab	TASK/6	TASK/OPERATIONS					
		•		Enter Number F	rom List Below			
1.		(CI-13.1) Visual Inspection of When Exposed. (0151)	Buried	l Pipe and Components	2			
2.		(CI-13.2) Coating Application (0991)	and R	epair – Brushed or Rolled.	2			
3.	3. (CI-13.3) Coating Application and Repair – Sprayed. (1001)							
4.		(CI-13.4) External Coating Application and Repair – Wrapped. (1011)						
5.		(CI-13.5) Pipe Surface Prepa (5541)	ration f	or Coating Application.	2			
М	ethod o	of Knowledge Verification		thod of Skill/Ability Verifica served During:	ation			
•	 Written Exam dpil2 sind3 Performance on the Job Simulation 							
		ss Instructional Services	-					
After o	completion	on of Section IV. Employer Record, opy for your files. For third party	remove verificati	a section from the packet and lon and database reporting se	photocopy. rvice, mail			

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

original to:



Managed Training and Qualification Solutions for the Gas Industry

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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 Livingand 3159 Last 4 Digits of Social Security Number ____ Company Name Russ Mar Company Mailing Address 2371 Iruine 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 **Evaluator Information (Please Print):**

Bluegrass Instructional Services

Name

Organization/Employer

Telephone Number _____

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

	Not Applicable	TAS	TASK/OPERATIONS . Enter Number						
				Cittel Mailthet Li	OIII FIST DRIOM				
1.		Verified the correct marking underground pipeline facilities.			2				
2.		Verified the correct marking underground pipeline facilities	2						
Damage prevention during excavation activities by or on behalf of the operator. 10.4.3 (1321)									
4.		Damage prevention inspection during third party excavation or encroachment activities as determined necessary by operator. 10.4.4 (1331)							
5.		Provide or assure adequate support during operator initiated excavation activities. 10.4.5 (1341)							
	Method of k	Knowledge Verification		thod of Skill/Ability Verificat	tion				
	Written Exam 1. Performance on the Job 2. On-the-Job Training 3. Simulation								
₹eta	r completion o aln photocopy inal to:	f Section IV, "Employer Record, for your files. For third party ver ਜਨ੍ਹੀਤਿ ਵਜਾਵਿ	remove rification a	section from the packet and phot nd database reporting service, n	ocopy. nail				

Industrial Trainling ชื่อไฟเลือง คนารชะเย 310 C. C. Lowiy Davaga-028 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	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		<u> </u>
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'5	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 Onalification / OO 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 / OO 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 <u>Jesse W. Emberton. City of Thompkinsyille</u> 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

· · · · · · ·	<u> </u>	1				Instructor		
Last Name	First Name	MI	Company Name	Test Date	P/F	#	Test Name	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	00 CM-8 1-4, 7 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	Р	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	Р	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	Р	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ 11-1, 11-2, 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	Α	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	2 P	HINKLE	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM OQ CM-58 BALL PLUG GATE ALL
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/13/2012	2 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	0Q H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	2 P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	0Q H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	2 <u>P</u>	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	00 H-1, H-2, M-3 ALL SIM
WARREN	JASON	<u>o</u> _	MARTIN CONTRACTING	11/13/2012	2 P	HINKLE	Pipelines	OQ CM-8 1-4, 7 SIM OQ CM-58 BALL PLUG GATE ALL
WARREN	JASON	Õ	MARTIN CONTRACTING	11/13/2012	2 P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
WARREN	JASON	0	MARTIN CONTRACTING	11/13/201:	2 P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
WARREN	JASON	0	MARTIN CONTRACTING	11/12/201	2 P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	0Q H-1, H-2, M-3 ALL SIM
WARREN	JASON	0	MARTIN CONTRACTING	11/12/201	2 P	HINKLE	NGT 1603 OQ H-2 Install Comestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
							·	

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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

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Industrial Training Services Official Transcript Request CONFIDENTIAL

Last Name	First Name	MI	Company Name	Test Date	P/F	Instructor	Test Name	Skill
	7		City of thong	issulle		1	OQ CL-1a Hot Tapping Pipelines Using	
BENNETT	EDDIE	<u>L</u>	MARTIN CONTRACTING	11/19/2012		WILLS	Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	<u>L</u>	MARTIN CONTRACTING	11/19/2012	F	WILLS	OQ UM-7 Prevent Accidental Ignition	
	•	•	' \	1		'	OQ CG-1 Verify Excavating and	
			ł				Backfilling Operations That Minimize	
BENNETT	EDDIE	L	MARTINCONTRACTING	11/19/2012	'Р	WILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
-	·	,		· · · · · · · · · · · · · · · · · · ·	- —		OQ CM-10 Abandon/Deactivate Gas	
BENNETT	EDDIE	L	MARTIN-CONTRACTING	11/20/2012	Р		Pipeline Facilities	OQ CM-10 ALL SIM
		•				•	OQ CL-2 Purge Pipelines (Small & Large	
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/19/2012	Р	WILLS	Diameter)	OQ CL-2 1 SIM
							OQ CI-11 Installing Sacrificial Anodes and	
BENNETT	EDDIE	L	MARTIN-CONTRACTING	11/19/2012	Р	WILLS	,Test Stations	NO SKILLS RETURNED
	,			1		+	OQ CL-2 Purge Pipelines (Small & Large	· • • • • • • • • • • • • • • • • • • •
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/19/2012	Р		Diameter)	OQ CL-2 1 SIM
				1			OQ CM-10 Abandon/Deactivate Gas	
EMBERTON	JESSE	W_	MARTIN CONTRACTING	11/20/2012	P	WILLS	Pipeline Facilities	OQ CM-10 ALL SIM
				!			OQ CI-11 Installing Sacrificial Anodes and	
EMBERTON	JESSE	<u>W</u>	MARTIN CONTRACTING	11/20/2012	Р	WILLS	Test Stations	NO SKILLS RETURNED
	1		,	,			OQ CL-1a Hot Tapping Pipelines Using	
EMBERTON	JESSE	<u>W</u>	MARTIN-CONTRACTING	11/20/2012	Р		Self-Tapping Tees	OQ CL-1A ALL SIM
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/19/2012	Р	WILLS	OQ UM-7 Prevent Accidental Ignition	
				•			OQ CG-1 Verify Excavating and	
elin ento:	TERRE	141	111 14411441111111111111111111111111111	1 44 00 0040		18811-	Backfilling Operations That Minimize	00.004.011.011
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/20/2012	٢	VVILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM

RussMar Logistics, LLC. MICHAEL CASEY CHELF

TASK NUMBER	CDVERED TASK	QUAL PERIDD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		<u> </u>
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
l-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
М-в	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



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This card certifies that

Casey Chelf - RusssMar 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:

团 Written Exam \square

2/7/14 QUALIFIED

2/7/15 **EXPIRES**

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

DO 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)



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





• 7			



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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

Mean:	Median:	# Above Mastery:	# In Group:
95.31	93.75	4	4

• - ,		

Group # 5017

		•	-
<i>(11/1)</i>	Task	<i>•</i> •	173-7
	105	L L.	11.3-1

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

Daniago to i iponno i acinties	
Employee Information (Please Print): Name	
	- d
Last 4 Digits of Social Security Number73	08
Company Name	,
Company Mailing Address	
City State	Zip
Affidar	vit
I acknowledge the performance of this task qualification, and is not intended to replace or no policies and may not be appropriately used in a more responsible for recognizing hazards and about exercise care and good judgment; procedures and tools for tasks i perform. Industriability for my actions nor for my application evaluation checklist. Employee's Signature	nodify company operating procedures or all circumstances. I acknowledge that I normal conditions in my work place and always using appropriate equipment, strial Training Services, Inc. assumes no of the performance guides used in this
Evaluator Information (Please Print):	
Name	IS SLIGH
Organization/Employer BLUEGRASS	SINSTR. SVC
Telephone Number 859-4	94-3173
Affidar	vit
I affirm that I am the person who has admit conducted this assessment with integrity. I also is the person assessed and that the above natindicated level. Evaluator's Signature	affirm that the above named employee

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

	Not Applicable	TASK/OPERATION	ONS	Method of Skili/Ability Verification	
			Enter Number Fr	om List Below	
1.		Verified the correct marking of marked underground pipeline (OQS UG-1.1)		Z	
2.		Verified the correct marking of marked underground pipeline (OQS UG-1.2)	•	Z	
3.		Verified the proper performance operations that prevent damage facilities. (OQS UG-1.3)		Z	
4.		Verified the proper performance operations that prevent damage facilities. (OQS UG-1.4)		2	
	Method of I	Cnowledge Verification	Method of Skill/Ability Verificat	ion	
	1. Writter	· Exam	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				

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MICHAEL C CHELF

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: 7982

Test Group No: 5017

Overall Result for This Group

Mean:	Medlan:	# Above Mastery: # In Group	<u>):</u>
97.50	100.00	4 4	

•	4	•

IV.	Employer Reco	rd	Group # 5017
oqs	Task UH-1		,
Emp	ill Domestic Gas Meter loyee Information (Plea e <u>Michael</u> C	ase Print):	·
	4 Digits of Social Securi		
Com	pany Name		
Com	pany Mailing Address		
City	•	State _.	Zip
		Affidavit	
quality or porthat I place equipulate guide	fication, and is not intendicies and may not be a lam responsible for recomment, procedures and assumes no liability for es used in this evaluation	ded to replace or modify appropriately used in all cognizing hazards and a care and good judgmentools for tasks I perform my actions nor for my a checklist.	ely for the purpose of operator company operating procedures circumstances. I acknowledge abnormal conditions in my work ent; always using appropriate n. Industrial Training Services, application of the performance
Eval	uator Information (Piea	se Print):	
Name	e	CHRIS SL	· ·
Orga	nization/Employer	BLUEGRASS INS	TR. SVC
Telep	hone Number	859-494-	3173
	•	Affidavit	
condi emple tasks	ucted this assessment	with integrity. I also essed and that the above	I this checklist and that I have affirm that the above named e named person performed the
_vaiu	iator a Olgitatura	my my	Date

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)



Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

1. Written Exam

- 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

Mean:	Medlan:	# Above Mastery:	# In Group:
100.00	100.00	4	4

. . .

IV.	Employer Reco	ord	Group # 5017
OQ 1	Гask UH-2		
Insta	ill Domestic Gas Servi	ce Lines	•
	loyee Information (Ple e <u>Michael</u> C		
Last	4 Digits of Social Securi	ity Number <u>7368</u>	
Com	pany Name ,		
Com	panv Mailing Address		
City		State	.Zip .
		Affidavit	
qualif or po that i place equip Inc. a guide	fication, and is not inten- licies and may not be a am responsible for red and must exercise ment, procedures and	ded to replace or modification appropriately used in all cognizing hazards and care and good judgment tools for tasks i perform my actions nor for my n checklist.	lely for the purpose of operator y company operating procedures il circumstances. I acknowledge abnormal conditions in my worknent; always using appropriate m. Industrial Training Services, application of the performance.
Evalu	rator Information (Plea	ase Print):	
Name Organ	•	CHRIS S BLUEGRASS IN 859-494-	STR, SVC
		Affidavit	•
condu emplo	ucted this assessment	with integrity. I also	ed this checklist and that I have a affirm that the above named we named person performed the

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

	Not Applicable	TASK/OPER	RATION	Method of Skill/Ability Verification
			Enter Number F	rom List Below
1.		Install Service Lines Undergro	ound. (OQ UH-2.1)	2
2.	ď	Install Service Lines Under Bu 2.2)	rildings Served. (OQ UH-	
3.	Q	install Service Lines Under Bu UH-2.3)	rildings Not Served. (OQ	
4.		Install Service Line Valves. (OQ UH-2.4)		2
5.		Connect Service Lines to Mair (OQ UH-2.5)	n Piping (Tap Location).	Z
6.		Connect Service Lines to Main Type Connections to Main). (C		2
7.		Connect Service Lines to Main Cast Iron or Ductile Iron Mains		卫
M	ethod of i	Knowledge Verification	Method of Skill/Ability Ver	rification
1.	1. Written Exam		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 ventication 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 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

Mean:	Median:	# Above Mastery:	#In Group:
96.67	97.78	4	4

•	••		
	•	•	

Group # 5017 OQ Task UI-1 Monitor Corrosion Control Methods Used on Buried Metal Pipelines **Employee Information (Please Print):** Name Michael Chelf Company Name Company Mailing Address State City 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 Evaluator Information (Piease Print): CHRIS SLIGH Name BLUEGRASS INSTR. SVC Organization/Employer _ 859-494-3173 Telephone Number _ --- 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

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
	_		umber From List Belov
1.		Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	
2.	回	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using Pipe-To-Soil Potential (Electrical) Survey. (OQ UI-1.2)	
3.	Ø	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using a Surface Potential Survey. (OQ UI-1.3)	
4.		Examine the External Conditions of Exposed Buried Metal Piping to Determine if Repair or Replacement is Necessary. (OQ UI-1.4)	
5.	₫,	Inspect Rectifiers. (OQ UI-1.5)	
6.	Ø	Inspect interference current bonds. (OQ UI-1.6)	
7.		Install Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)	2
8.	\square_{\cdot}	Instail Insulation to Control External Corrosion by Electrical Isolation (Basic). (OQ UI-1.8)	2
9.		Inspect/Monitor for Evidence of Internal Corrosion (49 CFR, 192.475). (OQ UI-1.9)	
10.		Inspect/Monitor Exposed Piping for Evidence of Atmospheric Corrosion. (OQ UI-1.10)	2
	Method of F	Knowledge Verification Method of Skill/Ability \ Observed During:	/erification
	1. Written	_	e field
Reta	r completion of	of Section IV, "Employer Record," remove section from the packet for your files. For third party verification and database reporting s	and photocopy.

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MICHAEL C CHELF

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: 7997

Test Group No: 5017

Mean:	Medlan:	# Above Mastery:	# In Group:
91.92	91.18	4	4



IV. Employer Record	Gro	oup # 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
Af	fidavit	•
I acknowledge the performance of this qualification, and is not intended to replace or policies and may not be appropriate that I am responsible for recognizing haplace and must exercise care and equipment, procedures and tools for taking assumes no liability for my action guides used in this evaluation checklist. Employee's Signature	ace or modify ly used in all lazards and a good judgme asks I perform s nor for my	company operating procedures circumstances. I acknowledge abnormal conditions in my work ent; always using appropriate n. Industrial Training Services,
Evaluator Information (Please Print):		
Name	CHRIS S	3LIGH
Organization/EmployerBLUE		ISTR. SVC
Teiephone Number	359-494	-3173
-Aff	fidavit	
I affirm that I am the person who has conducted this assessment with integemployee is the person assessed and tasks at the indicated level. Evaluator's Signature	rity. I also	affirm that the above named

•	Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number F	rom List Belov
1.		Tap plastic piping using self tapping tee. (OQ UL-1.1)	2
2.	. 🗖	Tap steel piping using seif tapping tee. (OQ UL-1.2)	卫
3.	Ø	Tap steel piping using "Skinnner" Tapping Tool. (OQ UL-1.3)	
4.	Ø	Tap steel piping using Mueller "L" Tapping Machine 2" – 12". (OQ UL-1.4)	
5.		Tap steel piping using WilliamsonT-18 or T-101 Drilling Machine for 1/4" – 4" hole size. (OQ UL-1.5)	卫
6.	ø.	Tap steel piping using Williamson T-203 Drilling Machine for 6" - 10" pipe. (OQ UL-1.6)	
7.	囡	Tap steel piping using Mueiier D - 4 Drilling Machine for 1 1/4" - 2" hole sizes. (OQ UL-1.7)	
8.	<u>v</u>	Tap steel piping using Mueller Drilling Machine for 2" – 12" pipe. (OQ UL-1.8)	
. 1	Method of I	Knowledge Verification Method of Skill/Ability Verifica Observed During:	tlon
•	1. Writter	1. Performance in the field 2. Simulation	
		of Section IV, "Employer Record," remove section from the packet and pay for your files. For third party verification and database reporting se	

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original to:



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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

_Mean:	Median:	# Above Mastery:	# In Group:
100.00	100.00	4	4

IV.	Employer Recor	d Grou	p # 5017
OQ T	ask UL-2		
Purg	e Gas Lines	•	
Empl	oyee Information (Pleas	se Print):	
Name	Michael C	helF	·
Last 4	I Digits of Social Security	Number 730 8	
Comp	oany Name		
Comp	oany Mailing Address		
City .		State	Zip ·
		Affidavit	
or polithat I place equipa Inc. a guide:	icies and may not be ap am responsible for reco and must exercise ca ment, procedures and to	propriately used in all clignizing hazards and about and good judgment olds for tasks I perform. The actions nor for my approachiest.	ompany operating procedures ircumstances. I acknowledge normal conditions in my work it; always using appropriate Industrial Training Services, polication of the performance
Evalu	ator information (Pleas	a_Print):	
Name		CHRIS SLI	
Orgar	lzation/Employer	BLUEGRASS INST	R, SYC
F eiepl	none Number	859-494-3	173
		— Affidavit	
condu emplo asks	cted this assessment w	vith Integrity. I also a sed and that the above	his checklist and that I have ffirm that the above named named person performed the Date 2/17/12

	Not	TASK/OPER	ATIONS	3	Method of Skill/Abiiity
	Appiicabie	•			Verification
			•	Enter Num	ber From List Below
1.		Purge Gas Pipelines of A (OQ UL-2.1)	Air Using	Gas.	2
2.		Purge Gas Pipelines of (OQ UL-2.2)	Gas Usin	g Air.	2
	Method of	Knowledge Verification	Met	hod of Skill/Ability Ver	ification
	•		Ob	served During:	
	1. Writte	en Exam	1.	Performance in the f	īeld
			2.	Simulation	
		of Section IV, "Employer Recording for your files. For third party			

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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

Mean:	Median:	# Above Mastery:	# In Group:
100.00	100.00	4	4

IV.	Employer Record	Group	# 5017
OQ T	ask UM-3		
Testi	ng Domestic Gas Service Lines		
	oyee Information (Please Print): Michael Chelf		
Last 4	Digits of Social Security Number	7308	
Comp	pany Name	-	•
Comp	pany Mailing Address		
City	·	State	Zip
	Af	fidavit	·
qualifi or pol that I place equip Inc. a guide:	nowiedge the performance of this ication, and is not intended to replaticies and may not be appropriate am responsible for recognizing hand must exercise care and ment, procedures and tools for talksumes no liability for my actions used in this evaluation checklist.	ace or modify con ly used in all circ lazards and abno good judgment; asks I perform. I s nor for my app	npany operating procedures umstances. I acknowledge urmal conditions in my work always using appropriate ndustrial Training Services,
Evalu	ator Information (Please Print):		
	• • •	CHRIS SLIE	3H
Name	nization/Employer BLUE	GRASS INST	R. SVC
_	hone Number	159 - 494 - 3	173
		fidavit	
condu emplo	m that I am the person who has acted this assessment with integrated is the person assessed and at the indicated level.	administered this	rm that the above named
Evalu	ator's Signature	<i>Ligh</i>	Date <u>2/17/12</u>

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

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



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:

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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

		•	
Mean:	Median:	# Aboye Mastery:	#In Group:
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

Mean:	Median:	# Above Mastery:	# In Group:
93.27	92.31	4	4

	,
IV. Employer Record	Group # 5017
OQ Task UM-8	•
Make Field Repairs on Natural G	Sas Pipelines
Employee Information (Please P	ChelF
Last 4 Digits of Social Security Nu	mber_ <u>7308</u>
Company Name	
Company Mailing Address	•
City	State Zip
	Affidavit
qualification, and is not intended to or policies and may not be appropriate it am responsible for recognize place and must exercise care equipment, procedures and tools inc. assumes no liability for my a guides used in this evaluation check	
Employee's Signature 7774	Les Clay Date 2-16-12
Evaluator Information (Please Pr	chris sligh
Organization/EmployerBL	JEGRASS INSTR. SVC
Telephone Number	859-494-3173
· . · · · · · · · · · · · · · · · · · ·	Affidavit -
conducted this assessment with	has administered this checklist and that I have integrity. I also affirm that the above named and that the above named person performed the

tasks at the indicated level.

Evaluator's Signature

	Not Applicable	TASK/OPERAT	ONS	Method o Skiil/Abliit Verificatio
		•	1	Enter Number From List Belo
1.		Perform field repair of damages/ acceptable method. OQ UM-8.1	mperfections by an	2
2.	囡	Perform field repair of welds method, OQ UM-8.2	by an acceptable	
3.		Perform field repair of leaks method. OQ UM-8.3	by an acceptable	2
4.	Ø	Make field repairs on cast in encapsulation, OQ UM-8.4	on pipelines using	
	Method of I	Cnowledge Verification	Method of Skill/Al Observed During:	•
	1. Writter	Exam	Performance Simulation	
Re		of Section IV, "Employer Record," ren for your files. For third party verifica		

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A: 3 1.



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MICHAEL C CHELF

Co. Code: 12260

Instructor: Sligh, Chris
Proctor: Sligh, 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

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

- - - -

IV. Employer Record	Group # 5017			
OQ Task UM-10	<u> </u>			
Abandon or Deactivate Gas Plp	eline Facilities			
Employee Information (Please I Name Michael Che				
Last 4 Digits of Social Security Nu	ımber <u>7.30</u> 8			
Company Name				
Company Mailing Address ·				
City	State .Zip			
	Affidavit			
qualification, and is not intended to or policies and may not be appropriate that I am responsible for recogniplace and must exercise care equipment, procedures and tools Inc. assumes no liability for my guides used in this evaluation che	•			
Employee's Signature 27714	Pack Charles Date 2-16-17			
Evaluator Information (Please P	rint):			
Name	CHRIS SLIGH			
Organization/Employer BL	UEGRASS INSTR. SVC			
Telephone Number	859-494-31/3			
S	- 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 _

p	Not Applicable	TASK/OPERAT	ONS	,	Method of Skiil/Abliity Verification
				Enter Number F	rom List Below
1.		Abandon/deactivate mains. (OQ UM-10.1)		•	Z
2.		Abandon/deactivate service lin (OQ UM-10.2)	ies.		2
3.		Discontinue service to custom (OQ UM-10.3)	ers.		2
M	ethod of I	Cnowledge Verification		hod of Skill/Ability Verifica erved During:	tlon
1.	Writter	Exam	1. 2.	Performance in the field Simulation	<u>.</u>
		of Section iV, "Employer Record," re of for your files. For third party ver			

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original to:

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 BURRIED PIPELINES	3 YEAR	2/17/2012	2/16/2015
L-1a	TAP PIPELINES UNOER 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'5	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	COVERED	QUAL	DATE	EXP.
NUMBER	TASK	PERIOD	QUALED	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

CDC 2 C I	LAAINTAINING COLANIANCE WITH MATIONIAE FIITI GAC COME NEDA	1 2 VEAD	7/2/7014	7 <i>/C1</i> 7047
GDS 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FLIEL GAS CODE NFPA	1 3 1 CAR	2/6/2014	2/6/2017_
		,	_, _, _,	_, _, _,

ium céu	tifies that Marvin Anderson
of	Martin Contracting
DOT 49 (materials the KY (evaluated per the conditions and guidelines as set forth by CFR, Part 192 & the KY Public Service Commission using and procedures provided by Industrial Training Services & Gas Association, and determined qualified to per
DATI	BLUEGRASS INSTRUCTIONAL SERVICES 3438 McClure Rq., Winchester, KY 40391

,

EXPIRES	TASK
, · · · ·	☐ OQ UG-1 : Excavating/Backfilling
10	OQ UH-1: Install/Replain/Replace M & R Sets
	☐ OQ UH-2 : Install/Repain/Replace Service Lines
	OQ UI-1: Apply/Monitor Corrosion Control . **
, ₊	OQ UL-1: Tap Pipelines (Self-Tapping Only)
	OQ UL-2 : Purge Pipelines
5/28/16	ff OQ UM-1: Patrol & Leakage Surveys
	☐ OQ UM-3 : Pressure Test Pipelines
	☐ OQ UM-7: Prevent Accidental Ignition/ACC's
	OQ UM-8 : Install/Repain/Replace Main Lines
	OQ UM-10 : Abandon/Deactivate Pipelines

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TASK □ OQ UG-1: Excavating/Backfilling □ OQ UH-1: Install/Repair/Replace M & R Sets □ OQ UH-2: Install/Repair/Replace Service Lines □ OQ UI-1: Apply/Monitor Corrosion Control □ OQ UL-1: Tap Pipelines (Self-Tapping Only) □ OQ UL-2: Purge Pipelines □ OQ UM-1: Patrol & Leakage Surveys □ OQ UM-3: Pressure Test Pipelines
OQ UH-1 : Install/Repair/Replace M & R Sets OQ UH-2 : Install/Repair/Replace Service Lines OQ UI-1 : Apply/Monitor Corrosion Control OQ UI-1 : Tap Pipelines (Self-Tapping Only) OQ UI-2 : Purge Pipelines 5/28/16 Ø OQ UM-1 : Patrol & Leakage Surveys OQ UM-3 : Pressure Test Pipelines
OQ UH-1: Install/Repair/Replace M & R Sets OQ UH-2: Install/Repair/Replace Service Lines OQ UI-1: Apply/Monitor Corrosion Control OQ UL-1: Tap Pipelines (Self-Tapping Only) OQ UL-2: Purge Pipelines 5/28/16 Ø OQ UM-1: Patrol & Leakage Surveys OQ UM-3: Pressure Test Pipelines
☐ OQ UH-2 : install/Repair/Replace Service Lines ☐ OQ UI-1 : Apply/Monitor Corrosion Control ☐ OQ UL-1 : Tap Pipelines (Self-Tapping Only) ☐ OQ UL-2 : Purge Pipelines ☐ OQ UM-1 : Patrol & Leakage Surveys ☐ OQ UM-3 : Pressure Test Pipelines
☐ OQ UI-1 : Apply/Monitor Corrosion Control ☐ OQ UI-1 : Tap Pipelines (Self-Tapping Only) ☐ OQ UI-2 : Purge Pipelines ☐ OQ UM-1 : Patrol & Leakage Surveys ☐ OQ UM-3 : Pressure Test Pipelines
☐ OQ UL-2 : Purge Pipelines 5/28/16 ☐ OQ UM-1 : Patrol & Leakage Surveys ☐ OQ UM-3 : Pressure Test Pipelines
☐ OQ UL-2 : Purge Pipelines 5/28/16 ☐ OQ UM-1 : Patrol & Leakage Surveys ☐ OQ UM-3 : Pressure Test Pipelines
OQ UM-3 : Pressure Test Pipelines
The state of the s
CI CO LIST To Descript A cold cotal legisles /AOCIO
☐ OQ UM-7 : Prevent Accidental Ignition/AOC's
OQ UM-8 : Install/Repair/Replace Main Lines
☐ OQ UM-10 : Abandon/Deactivate Pipelines
This certifies that Marvin Anderson
of RussMar Utility Management Logistics
of tressinal cents management registres
has been evaluated per the conditions and guidelines as set forth to 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 forcesponding box.
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
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
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 first in the foresponding box.

•	

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

3/19/17 ☑ OQ CM-5 : inspect & Operate Pipeline Valves

This certifies that

Marvin Anderson - 2554

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 finite corresponding box.

of

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

•		



310 CC Lowry Drive • Murray, KY 42071 • 1-800-333-1568 • www.ITS-training.com

MARVIN ANDERSON

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: 7979

Test Group No: 5017

Mean:	Median:	# Above Mastery:	# In Group:
95.31	93.75	4	4

	•		
•			•

indicated level.

Evaluator's Signature _

Group # 5017

OQ Task UG-1 Verifying Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities **Employee Information (Piease Print):** Name MARVIN ANDERSON Last 4 Digits of Social Security Number _____ 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 ail 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 7 **Evaluator Information (Please Print):** CHRIS SLIGH Name BLUEGRASS INSTR. SVC Organization/Employer 859-494-3173 Telephone Number _____ 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

	Not Applicabie	TASK/OPERATIONS		i	Method of Skill/Ability Verification	
				Enter Number l	rom List Below	
1.		Verified the correct marking of permanently marked underground pipeline facilities. (OQS UG-1.1)			卫	
2.		Verified the correct marking of temporarily marked underground pipeline facilities. (OQS UG-1.2)		2		
3.		Verified the proper performance of excavating operations that prevent damage to pipeline facilities. (OQS UG-1.3)		2		
4.		Verified the proper performance of backfilling operations that prevent damage to pipeline facilities. (OQS UG-1.4)		2		
	Method of h	Knowledge Verification		hod of Skill/Abliity Verifica served During:	atlon	
	1. Written Exam		1. 2.	1. Performance in the field		
Afte Ret to:	r completion of ain photocopy	of Section IV, "Employer Record for your files. For third party ve	d," remove s erification a	section from the packet and phond database reporting service,	olocopy. mail original	

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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

Overali Result for This Group

Mean:	Median:	# Above Mastery:	# In Group:
97.50	100.00	4	4

1		
•		

IV.	Employer Record		Group # 501	7
oqs	Task UH-1			
Insta	II Domestic Gas Meter and	d Regulator Sets		
-	oyee Information (Please	•		
	MARVIN AND			
Last 4	4 Digits of Social Security N	lumber <u>25.5</u>	4	
Comp	oany Name			
Comp	bany Mailing Address			
City		State	Zip	
		Affidavit	•	
qualif or po that I place equip Inc. a guide	nowledge the performance ication, and is not intended licies and may not be appropriate and must exercise care ment, procedures and tool issumes no liability for my sused in this evaluation chapters.	to replace or modify ropriately used in all nizing hazards and and judgm is for tasks I perform actions nor for my ecklist	y company operating I circumstances. I a abnormal conditions nent; always using m. Industrial Traini	procedures acknowledge in my work appropriate ng Services, performance
Evalu	ator Information (Please	Print):		
Name	,	CHRIS S	SLIGH	
	nization/EmployerB	LUEGRASS IN	STR. SVC	
7	hone Number	859-494-	-3173	•
•		Affidavit		
condu emplo tasks	m that I am the person when the series with the series with the person assesses at the indicated level.	ho has administere th integrity. I also	affirm that the alve named person pe	oove named erformed the
Evalu	ator's Signature	Mis /Man	Date Z//	7/12

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

1. Install Domestic Gas Meter and Regulator Sets (OQ UH-1.1)



Method of Knowledge Verification Method of Skili/Ability Verification

1. Written Exam

Method of Skili/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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MARVIN ANDERSON

Co. Code: 12260

Proctor: Sligh, Chris

instructor: Siigh, 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

Overail Result for This Group

Mean:	Medlan:	# Above Mastery:	# In Group:
100.00	100.00	4	4



IV. Employer Reco	ord	Group # 5017
OQ Task UH-2		
Install Domestic Gas Serv	ice Lines	
Employee Information (Ple	pase Print): NOVerson	
Last 4 Digits of Social Secur	ity Number <u>255</u>	4
Company Name		
Company Mailing Address		
City	State	Zip
•	Affidavit	
qualification, and is not inten- or policies and may not be that I am responsible for re- place and must exercise equipment, procedures and Inc. assumes no liability for guides used in this evaluatio	aded to replace or modi appropriately used in a cognizing hazards and care and good judgr tools for tasks I perform my actions nor for man checklist.	olely for the purpose of operator fy company operating procedures all circumstances. I acknowledge abnormal conditions in my work ment; always using appropriate rm. Industrial Training Services, y application of the performance
Employee's Signature	an Choles	
Evaluator Information (Pier		
Name	CHRIS :	
Organization/Employer	BLUEGRASS IN	
Telephone Number	859-494	
	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

	Not Applicable	TASK/OPE	RATION	Method of Skiil/Ability Verification
		•	Enter Number F	rom List Below
1.		Install Service Lines Undergro	ound. (OQ UH-2.1)	Z
2.	凶	Install Service Lines Under Bu 2.2)	uildings Served. (OQ UH-	
3.	Ø	Install Service Lines Under Bu UH-2.3)	uildings Not Served. (OQ	
4.		Instali Service Line Valves. (OQ UH-2.4)	·	2
5.		Connect Service Lines to Mai. (OQ UH-2.5)	n Piping (Tap Location).	2
6.		Connect Service Lines to Main Type Connections to Main). (0		Z
7.		Connect Service Lines to Main Cast Iron or Ductile Iron Main	, , ,	乙
M 1.	ethod of i Writter	Knowledge Verification	Method of Skill/Ability Ver Observed During: 1. Performance in the 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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MARVIN ANDERSON

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: 7993

Test Group No: 5017

Overall Result for This Group

Mean:	Median:	# Above Mastery:	# In Group:
96.67	97.78	4	4



Evaluator's Signature _____

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 _____ 3554 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. **Evaluator Information (Please Print):** CHRIS SLIGH BILLUEGRASS INSTR. SVC Organization/Employer _ ----859-494-3173- Telephone Number - 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.

Min This 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
1.		Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	om List Belov
2.	团	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using Pipe-To-Soil Potential (Electricai) Survey. (OQ UI-1.2)	
3.	Ø	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using a Surface Potential Survey. (OQ UI-1.3)	
4.		Examine the External Conditions of Exposed Buried Metal Piping to Determine if Repair or Replacement is Necessary. (OQ UI-1.4)	
5.	团,	Inspect Rectifiers. (OQ UI-1.5)	П
6.	図	inspect interference current bonds. (OQ UI-1.6)	Ī
7.		Instali Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)	Z
8.		Instail Insulation to Control External Corrosion by Electrical Isolation (Basic). (OQ UI-1.8)	
9.		Inspect/Monitor for Evidence of Internal Corrosion (49 CFR, 192.475). (OQ UI-1.9)	②
10.		inspect/Monitor Exposed Piping for Evidence of Atmospheric Corrosion. (OQ UI-1.10)	团
	Method of h	וויים אין	lon
	1. Written		
Reta		of Section IV, "Employer Record," remove section from the packet and photofor your files. For third party verification and database reporting service, n	



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MARVIN ANDERSON

Co. Code: 12260

Instructor: Sligh, Chrls

Proctor: Siigh, 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

Overail Result for This Group

Mean:	Median:	# Above Mastery:	# In Group:
91.92	91.18	4	4

•		

IV.	Employer Record	Group # 5017
oqs	Task UL-1	
Тар Е	Pipelines Under Pressure	•
Empl Name	loyee Information (Please MARVIN	Print): ANDERSON
Last 4	4 Digits of Social Security	lumber <u>2554</u>
	pany Name	
Comp	oany Mailing Address .	
City		State Zip
		Affidavit
qualif or po that I place equip Inc. a guide	ication, and is not intended licies and may not be app am responsible for recog and must exercise car ment, procedures and too assumes no liability for my as used in this evaluation c	of this task is solely for the purpose of operator to replace or modify company operating procedures repriately used in all circumstances. I acknowledge nizing hazards and abnormal conditions in my work and good judgment; always using appropriate is for tasks I perform. Industrial Training Services, actions nor for my application of the performance ecklist. Date
Evalu	uator information (Please	Print): CHRIS SLIGH
Name	·	
Orgai	nization/Employer	859-494-3173
Telep	hone Number	000-404-0170
	•	Affidavit
condu emplo	ucted this assessment w	ho has administered this checklist and that I have the integrity. I also affirm that the above named that the above named person performed the
Evalu	ator's Signature(Mis 1/12 Date 2/17/12

•	Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification
		Enter Number Fro	m List Bejo
1.		Tap plastic piping using self tapping tee. (OQ UL- 1.1)	Z
2.		Tap . steel piping using self tapping tee. (OQ UL-1.2)	乙
3.	Z	Tap steel piping using "Skinnner" Tapping Tool. (OQ UL-1.3)	
4.	Ø	Tap steel plping using Mueller "L" Tapping Machine 2" – 12". (OQ UL-1.4)	. 🔲
5.		Tap steel piping using WilliamsonT-18 or T-101 Drilling Machine for 1/4" – 4" hole size. (OQ UL-1.5)	2
6 .	Ø	Tap steel piping using Williamson T-203 Drilling Machine for 6" - 10" pipe. (OQ UL-1.6)	
7.	· 🗹	Tap steel piping using Mueller D - 4 Drilling Machine for 1 1/4" - 2" hole sizes. (OQ UL-1.7)	
8.	ď∵	Tap steel piping using Mueller Drilling Machine for 2" – 12" pipe. (OQ UL-1.8)	
Į	Method of K	(nowledge Verification Method of Skiil/Ability Verificati	on
	1. Written	Dbserved During: 1. Performance in the field 2. Simulation	
		of Section IV, "Employer Record," remove section from the packet and ph	

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original to:



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MARVIN ANDERSON

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: 8002

Test Group No: 5017

Overall Result for This Group

Mean:	Medlan:	# Above Mastery:	# In Group:
100.00	100.00	4	4

•		

IV.	Employer Red	cord	Group # 5	017
OQ T	ask UL-2			
Empi	e Gas Lines loyee information (P			
Name	MARVIN	Anderson	<u>J</u> .	
Last 4	4 Digits of Social Sec	urity Number 2	2554	
Comp	oany Name			
Comp	oany Mailing Address	•		
City		State	e Zip	o .
		Affidav	oit	
qualif or pol that I place equip Inc. a guide	ication, and is not into licies and may not be am responsible for r and must exercise ment, procedures an	ended to replace or appropriately used recognizing hazards are care and good tools for tasks it or my actions nor tool checklist.	modify company d in all circumsta s and abnormal judgment; alwa perform. Industr for my application	e purpose of operator operating procedures ances. I acknowledge conditions in my work ys using appropriate rial Training Services, on of the performance
Evalu	ator Information (PI	ease Print):		
_	nlzation/Employer hone Number	BLUEGRASS	18 SLIGH 3 INSTR, S 194-3173	VC
		Affidav	vit	
condu emplo	icted this assessme	nt with integrity. sessechand that the	I also affirm the above named	cklist and that I have at the above named person performed the
Evalua	ator's Signature	[flis]ly	Date _	2/17/12

	Not Applicable	TASK/OPER	RATIONS		s	Method of Skiil/Ability Verification
	-	. *		· ` Ent	ter Number Fron	n List Below
1.	. 🗖	Purge Gas Pipelines of (OQ UL-2.1)	J			2
2.		Purge Gas Pipelines of ((OQ UL-2.2)	Gas Usin	g Air.	•	2
	Method of K	nowledge Verification	Met	hod of Skili/Abil	ity Verificatio	n
		•	Obs	served During:		
	1. Written	Exam	1.	Performance i	n the field	
			2.	Simulation		
		f Section IV, "Employer Record for your files. For third party				

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

original to:



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
Empioyee Information (Please Print):
Name MARVIN ANDERSON
Last 4 Digits of Social Security Number 2554
Company Name RUSSMAR
Company Mailing Address 2371 ERVINE RD
City Richmond State My 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 Sandana
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 Date

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

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



Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

Written Exam

- 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

Chits Sligh Bluegrass (astructional (Sarvices 359-494-3173



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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

•		

OQ Task UM-1

Performing Patrol and Leakage Surveys on Gas Pipeline Facilities
Employee Information (Please Print): NameMARVM HNDERS®M
Last 4 Digits of Social Security Number 2554
Company Name MARTIN CONTRACTING RUSSMAR
Company Mailing Address 2371 Tavine To.
City Richard State KY Zip
Affidavit ·
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 Date 28 Minimizer Date
Evaluator information (Please Print):
Name CHRIS SLIGH
Organization/Employer BLUEGRASS INSTR. SVC
Telephone Number 859-494-3173
Affidavit
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.

	Not Appiicabie	TASK/OPERATIONS			5	Method of Skill/Ability /erification
					Enter Number Fron	n List Belov
1.		Perform patrol and leaka distribution pipeline facili	ge surv lies. (O	eys on gas Q UM-1.1)		2
2.	2016€ □	Perform patrol and leaka transmission pipeline fac	۱۴. ge surv ilities. ((OQ UM-1.2)		2
	•	₩. A.		5	4, * *, *	
	Method of K	nowledge Verification		thod of Skill/A served During	bility Verificatio	n
	1. Written	Exam	1. 2.			
Re	er completion of tain photocopy to ginal to:	Section IV, "Employer Record," for your files. For third party ver	remove	section from the and database rep	packet and photocoorting service, ma	opy.



MARVIN ANDERSON RUSSMAR 2371 IRVINE RD 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: 7672

Test Group No: 7640



•			

IV. Employer-Record
OQ Task CM-2
Locate and Mark Underground Pipeline Facilities
Employee Information (Please Print): Name
· · · · · · · · · · · · · · · · · · ·
Last 4 Digits of Social Security Number
Company Name
Company Mailing Address 273) TRVINE RO
Company Mailing Address 2731 TRVINE RD City Richmand 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 Date 3-19-14
Evaluator information (Please Print):
NameChris 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 Date Date

	Not Applicable	TASK/OPERATI	Method of Skill/Ability Verification	
		·	Enter Number F	rom List Below
1.		(CM-2.1) Locate underground pipeli	2	
2.		(CM-2.2) Install and maintain pipelin	e markers. (1301)	2
3.		(CM-2.3) Temporarily mark undergro	ound pipeline facilities.	2
	Method of i		od of Skill/Ability Verifica	tion
•	Written		Performance on the Job Simulation	
Reta		of Section IV, "Employer Record," remove so for your files. For third party verification		
	·	a water		٠, ٠,
	310 C. (ul Training รี ย์เกียร์ ใก้อะ Z ะเอเพลง ใช้อังเกียร์ไล้ที่ อะลายู่อนเลื KY 42071 - ระการเกลง		· .



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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

Mean:	Median:	# Above Mastery:	# In Group;
100.00	100.00	4	4

•		

IV.	Employer Recor	d Group # 5017
OQ T	ask UM-3	•
Testi	ng Domestic Gas Servi	ce Lines
Empl Name	ioyee Information (Please e <u>MARViN</u>	se Print):
Last 4	4 Digits of Social Security	Number <u>2554</u>
Comp	pany Name	
Comp	pany Mailing Address	
City ;	•	State Zip
		Affidavit
qualif or po that I place equip Inc. a guide	ication, and is not intended licies and may not be ap am responsible for reco and must exercise can ment, procedures and to assumes no liability for no as used in this evaluation	ce of this task is solely for the purpose of operator ed to replace or modify company operating procedures opropriately used in all circumstances. I acknowledge ognizing hazards and abnormal conditions in my work are and good judgment; always using appropriate cols for tasks I perform. Industrial Training Services, my actions nor for my application of the performance checklist. Date 17 FEB 12
Evalu	ator Information (Pleas	
Name	.	CHRIS SLIGH
	nization/Employer	BLUEGRASS INSTR. SVC
Telep	hone Number	859-494-3173
		Affidavit
condu emplo tasks	ucted this assessment voyee is the person asses at the indicated level.	who has administered this checklist and that I have with integrity. I also affirm that the above named seed and that the above named person performed the
∟valu	ator's Signature	Www.7hgh Date 2/17/12

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

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



Method of Knowledge Verification

1. Written Exam

**Method of Skill/Ability Verification Observed During: 1. Performance in the field

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:



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





•			

IV. Employer Record
OQ Task CM-5
inspect, Service, and Operate Line Valves
Employee Information (Please Print); Name
Last 4 Digits of Social Security Number
Company Name
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 Meetings and tools for tasks I perform. Date 3-19-14
Evaluator Information (Please Print):
NameChris Sligh
Organization/Employer Bluegrass Instructional Services
Telephone Number
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

	Not Applicable	TA	SK/OPERATIO	ns	Method of Skill/Ability Verification
1.		(CM-5.1) Manually O	pening and C	Enter Number F losing Valves.(0301)	
		a. Ball 🗹	b. Plug 🗹	c. Gate 🗹	
2.		Valve Operation (03)	11)	or Pressure – Manual c. Gate 🗹	2
3.		(CM-5.3) Valve – Visi Operation. (0331) a. Ball 🗹		and Partial c. Gate 🗹	2
4.		(CM-5.4) Valve - Pre		` ,	2
		a. Ball 🗹	b. Plug 🗹	c. Gate 🗹	
•	Method of h	Knowledge Verification		hod of Skill/Ability Verl served During:	fication
	• Written	Exam	1.	Performance on the judgments of the judgments of the performance on the judgments of the performance on the judgments of the	ob
Afte	r completion o	of Section IV, "Employer Re	cord," remove s	section from the packet and	photocopy.

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

Industrial Training Services, Inc. 19 310 C. C. Lowry Drive Murray, KY 42071



Managed Training and Qualification Solutions for the Gas Industry

310 CC Lowry Drive • Murray, KY 42071 • 1-800-333-1568 • www.ITS-training.com

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





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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

Mean:	Median:	# Above Mastery:	# In Group:
94 45	96.30	4	4





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MARVIN ANDERSON

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: 8018

Test Group No: 5017

Overall Result for This Group

Mean:	Median;	# Above Mastery:	# In Group:
93.27	92.31	4	4

•		
_		

IV.	Employer Record	Gro	up # 5017	
OQ 1	Task UM-8			
Make	e Field Repairs on Naturai Gas	Pipelines		•
	loyee Information (Please Prine) e <u>MARVIN Anchers</u>			
Last	4 Digits of Social Security Numb	oer <u>25</u> 5	54	
Com	pany Name			
Com	pany Mailing Address			
City ·	•	State	Zip	
		Affidavit		
11-		41-1- 11- 11-		

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 7

Evaluator Information (Piea	se 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	Juinting Date Z/16/12			

	Not Applicable	TASK/OPERATIONS			Method of Skiil/Abiiity Verification
				Enter Number i	From List Belov
1.		Perform field repair of dan acceptable method. QQ t		fections by an	2
2.	Ø	Perform field repair of method. OQ UM-8.2	welds by a	n acceptable	
3.		Perform field repair of method. OQ UM-8.3	leaks by a	n acceptable	2
4.	Ø	Make field repairs on of encapsulation. OQ UM-8.		pelines using	
	Method of I	Knowledge Verification		hod of Skill/Ability Verifica	ation .
	1. Writter	n Exam	1. 2.	Performance in the field Simulation	
				ection from the packet and phond database reporting service,	

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MARVIN ANDERSON

Co. Code: 12260

instructor: Sligh, 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

Mean:	Medlan:	# Above Mastery:	#In Group:
95.46	95.46	4	4

	,		
•			

17. 1	Employer Record		Group # 5017
OQ Tas	sk UM-10		
Abando	on or Deactivate Gas Pip	eline Facilities	
Employ Name_	vee Information (Please F MARUIN Digits of Social Security Nu	Print): Anderson)
Last 4	Digits of Social Security Nu	ımber <u>255</u>	4
	ny Name	•	•
Compar	ny Mailing Address		
City	•	State	Zip
		Affidavit	
qualifica or polici that I as place a equipme Inc. ass guides u	ation, and is not intended to les and may not be appro m responsible for recogni- and must exercise care ent, procedures and tools sumes no liability for my a used in this evaluation che	o replace or modify priately used in all zing hazards and a and good judgment for tasks I performactions nor for my	ly for the purpose of operator company operating procedures circumstances. I acknowledge bnormal conditions in my work ent; always using appropriate in Industrial Training Services, application of the performance
Evaluat	or Information (Please P	rint):	
Name _	, ,	CHRIS S	LIGH
<u>-</u>	ation/EmployerBl	LUEGRASS IN	
Telepho	ne Number	859-494-	3173
	<u>_</u>	_Affidavit	
conducte employe	ed this assessment with	integrity. I also	this checklist and that I have affirm that the above named an named person performed the
Evaluato	or's Signature	wir fligh_	_ Date

	Not Applicable	TASK/OPERATI	ONS	\$	Method of Skiil/Abiiit /erificatio
				. Enter Number From	n List Belo
1.		Abandon/deactivate mains. (OQ UM-10.1)		•	2
2.	Π.	Abandon/deactivate service lin (OQ UM-10.2)	es. 、	*	2
3.		Discontinue service to custome (OQ UM-10.3)	ers.		2
	Method of I	Knowledge Verification		hod of Skill/Ability Verification	no
	1. Writter	n Exam	1. 2.	Performance in the field Simulation	
		A Continuity of the state of th			4

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

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: 4898





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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 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 ————————————————————————————————————
Evaluator information (Please Print):
NameChris 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

TASK/OPERATIONS

Method of Skill/Ability Verification

Enter Number From List Below

1. (Cl-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

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 Sligh Bluegrass Instructional Services 859-494-3173

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





IV. Employer Record

A	Not applicabl	TASK/OPERATIONS		Method of Skill/Ability Verification	
				Enter Number F	rom List Belo
1.		(CI-4.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)		②	
2.		(CI-4.2) Measure External Cor	(CI-4.2) Measure External Corrosion. (0171)		2
3.			(CI-4.3) Determine Appropriate Remedial Measures for Corrosion Control and Notification of Proper Personnel. (5131)		Z
N	lethod c	f Knowledge Verification		hod of Skill/Ability Verifica served During:	tion
Written Exam		en Exam	1. 2.	Performance on the Job Simulation	•
	n photoc	on of Section IV, "Employer Record," oppy for your files. For third party ve			



Co. Code: 29199

Instructor: Sligh, Chrls

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





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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
Company Mailing Address 2371 FRVINE RD
Company Mailing Address 2371 FRVINE 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 ————————————————————————————————————
Evaiuator Information (Piease Print):
NameChris Silgh
Organization/Employer <u>Bluegrass Instructional Services</u>
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 Date

	Not Applicable	TASKS/OPER	OITA	NS	Method of Skill/Ability Verification
				Enter Number	r From List Below
1.		(Ci-5.1) Inspect Rectifier ar Readings. (0101)	d Ob	tain	2
2.		(CI-5.2) Maintain Rectifiers.	(011	11)	
Me	thod of Know	wledge Verification		thod of Skill/Ability V	erification
•	Written Exa	m	1. 2.	Performance on th Simulation	e Job

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 Sligh ... Bluegrass Instructional Services 859-494-3173



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: 4904





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IV. Employer Record **OQ Task CI-7** Install Test Leads to Monitor and Control External Corrosion **Employee Information (Please Print):** Last 4 Digits of Social Security Number _ 255 Company Name RUSS MAR Company Mailing Address 2371 IRVINE RD 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 **Evaluator Information (Please Print):** Chris Sligh Name **Bluegrass** Instructional Services Organization/Employer ____ 859-494-3173 Telephone Number ____ 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

	Not Applicable	TASI	K/OPERA	TIONS	Method of Skiil/Abiiity Verification
				Enter Number F	rom List Belov
1.		(CI-7.1) Installation and Maintenance of Mechanical Electrical Connections. (0041)			Z
2.		(CI-7.2) Installation of Exothermic Electrical Connections. (0051)		Z	
	Method of	Knowledge Verification		thod of Skill/Ability Verifica	ation
	Written	Exam	1. 2.	Performance on the Job Simulation	ı
Reta		of Section IV, "Employer Record y for your files. For third party			

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

Chris Sligh
Bluegrass Instructional Services
859-494-3173

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





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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 _ <u>255火</u>
Company Name Russ MAR
Company Mailing Address <u>237/ Feviral RD</u>
City Richmand State Ly Zip 40475
Affidavit (
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, not assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.
Evaluator Information (Please Print):
NameChris Silgh
Organization/Employer Bluegrass Instructional Services
Telephone Number 859-494-3173
Affidavit
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 asks at the indicated level.
Evaluator's Signature

	Not TASI Applicable		SK/OPERA	(/OPERATIONS		
			•	Enter Number	From List Belo	
1.		(CI-8.1) Inspect or Test Cathodic Protection Electrical Isolation Devices. (0071)			Z	
2.		(CI-8.2) Install Cathodic Protection Electrical isolation Devices. (0081)			Z	
Method of Knowiedge Verlfication			Method of Skill/Ability Verification Observed During:			
Written Exam			1. 2.	Performance on the Job Simulation		
Afte	er completion	of Section iV, "Employer Reco	rd." remove	section from the packet and	photocopy.	
Ref		for your files. For third part				

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

Blugger has Instructional Services 859-494-3173



Co. Code: 29199 Instructor: Sligh, Chris

Proctor: Sligh, 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





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IV. Employer Record
OQ Task CI-9
Inspect for Evidence of Internal Corrosion
Employee Information (Please Print); Name ARVIA AVOLUSON Last 4 Digits of Social Security Number 3.55
Last 4 Digits of Social Security Number
Company Name RUSSMAR
Company Mailing Address 237/ 2-RVINE RD
City Richmond State Ry 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
Evaluator Information (Please Print):
NameChris 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

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

	Not Applicable	TASK/	OPERA	rions .	Method of Skill/Ability Verification
				Enter Number F	rom List Below
1.		(CI-9.1) Insert and Remove Corrosion Monitoring. (0131	•	ns/Probes for Internal	Z
2.		(CI-9.2) Visual Inspection fo	r Intern	nal Corrosion. (0161)	Z
3.		(CI-9.3) Measure Internal C	orrosio	n. (0181)	2
	Method of i	(nowledge Verification		hod of Skill/Ability Verifica	ation
	• Written	Exam	1. 2.	Performance on the Job Simulation	ı
Afte	er completion	of Section IV, "Employer Record,"	' remove	section from the packet and	photocopy.
_					

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
evirge Strict
Services
Services
Wurray, KY 42071 rights strict
Services
859-494-9373



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: 4910





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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 MARVINI HOLDERSON Last 4 Digits of Social Security Number _________ Company Name _______ Company Mailing Address 3371 FRUINE RD City Richmonn **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. Evaluator information (Please Print): Name _____Chris Sligh Organization/Employer _____Bluegrass Instructional Services ___ 859-494-31<u>73</u> Telephone Number _____ Affidavit

Aumuavn

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 _

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

	Not Applicable	TASK/OPE	RATIONS		Method of Skill/Ability Verification
				Enter Numi	ber From List Belov
1.		(CI-10.1) Visual Inspec Corrosion. (0141)	tion for A	tmospheric	Z
2,		(CI-10.2) Measure Atm (0191)	ospheric	Corrosion.	Z
I	Method of Kn	owledge Verification		thod of Skili/Ability Veri served During:	ification
•	• Written Ex	kam	1. 2.	Performance on the Simulation	Job
Reta		Section IV, "Employer Record r your files. For third party ve			

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

> Chris Sligh Biuegrass Instructional Services 859-494-3173

Co. Code: 29199

instructor:

Sligh, 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: 4912





•••		

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 AD City Richmond 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 Mai Index Evaluator Information (Please Print): Chris Sligh Name Bluegrass Instructional Services Organization/Employer **859**-494-3173 Telephone Number 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 ___/2//5//3

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

	Not Applicable	TASK/OPE	RATI	ons	Method of Skill/Ability Verification
				Enter Number Fr	om List Below
1.		(Cl-11.1) Install Sacrificial Anodes.	(507		2
2.		(Ci-11.2) Installation and Maintenar Connections. (0041)	nce o	f Mechanical Electrical	2
3.		(CI-11.3) Installation of Exothermic	Elect	trical Connections. (0051)	卫
4.	. 🗆	(CI-11.4) Inspect and Monitor Gaiva	anic (Ground Beds/Anodes. (0031)	2
	Method of	Knowledge Verification		hod of Skiil/Ability Verificat erved During:	ion .
	• Writter	Exam .	1. 2.	Performance on the Job Simulation	
		of Section IV, "Employer Record," re			

Industrial Training Services, Indo

On C. C. Lowry Drive Strict Services of the Services of th

original to:

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







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

A	Not pplicable	TASK/OI	PERAT	ΠONS .	Method o Skill/Abilit Verificatio
		,		Enter Number	From List Beio
1.		(CI-13.1) Visual Inspection of E When Exposed. (0151)	Buriec	d Pipe and Components	Z
2.		(Cl-13.2) Coating Application a (0991)	and R	epair – Brushed or Rolled	
3.	回	(CI-13.3) Coating Application a (1001)	ınd R	epair – Sprayed.	
4.		(CI-13.4) External Coating App (1011)	licatio	on and Repair – Wrapped	
5.		(CI-13.5) Pipe Surface Prepara (5541)	ation 1	for Coating Application.	Z
M	ethod o	f Knowledge Verification		thod of Skiil/Ability Verific served During;	ation
•	Writte	n Exam oped sindC	1. 2.	Performance on the Joi Simulation	•
		rass instructional Services	•		
		n of Section IV, "Employer Record,"			
Retain	photoco	ppy for your files. For third party ve	erificat	tion and database reporting s	ervice, mail

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

original to:

RussMar Logistics, LLC. EDDIE BENNETT

TASK NUMBER	CDVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR	<u></u>	
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
t-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 PIPEUNE 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		

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 Last Name 	First Name	Mi	Company Name	Test Date P/I			" Skill
BENNETT	EDDIE	1	MARTIN CONTRACTING	11/19/2012 P		OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	Ĺ	MARTIN CONTRACTING	11/19/2012 F		OQ UM-7 Prevent Accidental Ignition	OR OCTOTAL COM
		:T					a na value de la compa
	:	:				OQ CG-1 Verify Excavating and	•
	:			*	•	Backfilling Operations That Minimize	
ENNETT	EDDIE	L	MARTINEDNTRACTING	11/19/2012 P	' WILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
	!	,			,	DQ CM-10 Abandon/Deactivate Gas	
BENNETT	EDDIE	L _.	MARTIN CONTRACTING	11/20/2012 P	WILLS	Pipeline Facilities	OQ CM-10 ALL SIM
				1		OQ CL-2 Purge Pipelines (Small & Large	1
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/19/2012 P	WILLS	Diameter)	OQ CL-2 1 SIM
		1	1	4444	1	OQ CI-11 Installing Sacrificial Anodes and	
BENNELL	EDDE	, L	MARTIN CONTRACTING	11/19/2012 P	WILLS	Test Stations	NO SKILLS RETURNED
CHRESTON	JESSE	184	,	4446M046.D	1870 1.0	OQ CL-2 Purge Pipelines (Small & Large	00.01.24.014
EMBERTON	1599E	<u>.w</u> .	MARTIN-CONTRACTING	11/19/2012 P	WILLS	Diameter) OQ CM-10 Abandon/Deactivate Gas	OQ CL-2 1 SIM
EMBERTON	JESSE	w	MARTIN-CONTRACTING	11/20/2012 P	· WALLS	Pipeline Facilities	OQ CM-10 ALL SIM
741011/1014			MARTING	1 1/20/2012		OQ CI-11 Installing Sacrificial Anodes and	
MBERTON	JESSE	w	MARTIN-CONTRACTING	11/20/2012 P		Test Stations	NO SKILLS RETURNED
	,	,	-		-: "	OQ CL-1a Hot Tapping Pipelines Using	
MBERTON	JESSE	W	MARTIN-CONTRACTING	11/20/2012 P	WILLS	Self-Tapping Tees	OQ CL-1A ALL SIM
MBERTON	JESSE	w	MARTIN CONTRACTING	11/19/2012 P		OQ UM-7 Prevent Accidental Ignition	المام المحمد المحمد المحمد المحمد المحم
		···-	The state of the s				
	;	t			i.	OQ CG-1 Verify Excavating and	
	1		· · · •	· 1	•	Backfilling Operations That Minimize	1
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/20/2012 P	· WILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM

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	ı		
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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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Last Name	First Name	NAM.	Company Mama	Test Date	DÆ	Instructor	Test Name	Skill
Last Hallie	i iist ivame	IVVI	Company Name	1 rest Date	<u> </u>	# , ·	OQ CM-8 Make Field Repairs on Gas	JKIN .
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	! P	HINKI F	Pipelines	OQ CM-8 1-4, 7 SIM
		. – -					THE TAXABLE PROPERTY OF A STATE O	OQ CM-58 BALL PLUG GATE ALL
BENNETT	EDDIE	Ļ	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
	1	•	•			r	OQ CM-1 Performing Patrol and Leakage	ı
BENNETT	EDDIE	Ļ ;	CITY OF TOMPKINSVILLE	11/13/2012	P_	HINKLE	Surveys on Gas Pipeline Facilities NGT 1603 OQ H-1 Install Domestic Gas	OQ CM-1 1-2, 5 SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	Р	HINKLE	Meter and Regulator Sets	00 H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P P	HINKLE	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	t.	CITY OF TOMPKINSVILLE	11/12/2012	, P	HINKIE	NGT 1603 OQ M-3 Test Gas Service Lines	
		; ~ ~			-		NGT 1603 OQ H-1 Install Domestic Gas	
BROWN	ROBERT	Ÿ.	MARTIN CONTRACTING	11/12/2012	P	HINKLE	Meter and Regulator Sets NGT 1603 OQ H-2 Install Domestic Gas	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	P	HINKLE	Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	Α	MARTIN CONTRACTING	11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Tesi Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/13/2012		HINK! E	OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
_		• •	, 	11102012		1		OQ CM-58 BALL PLUG GATE ALL
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
		1	•		٧.	:	OQ CM-1 Performing Patrol and Leakage	r
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	Surveys on Gas Pipeline Facilities NGT 1603 OQ H-1 Install Domestic Gas	OQ CM-1 1-2, 5 SIM
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	187	CITY OF TOMPKINSVILLE	11/12/2012	- ·	, Hikivi e	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
	1	**	OUT OF TOMPANAMENT	1 1/ [2/20]2	· -	· · · · · · · · · · · · · · · · · · · ·	Octavo Phics	יייייייייייייייייייייייייייייייייייייי
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	. 11/12/2012	2 P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines OQ CM-8 Make Field Repairs on Gas	OQ H-1, H-2, M-3 ALL SIM
WARREN	JASON	0 .	MARTIN CONTRACTING	11/13/2012	2 P	HINKLE	Pipelines	OQ CM-8 1-4, 7 SIM
WARREN	'JASON	0	MARTIN CONTRACTING	11/13/2012	ΣP	HINKLE	OQ CM-5a Inspect Emergency Valves	OQ CM-58 BALL PLUG GATE ALL SIM
	1	i	, — , . — + . —		-		The same same is a second of the same second	******
WARREN	JASON	0	MARTIN CONTRACTING	. 11/13/2012	2 P	HINKLE	OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2,5 SIM
WARREN	JASON	Ω	MARTIN CONTRACTING	11/12/2012	, - >P	HINK!	NGT 1603 OQ H-1 Install Domestic Gas Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
-	*** * ***	. - .		•	-		NGT 1603 OQ H-2 Install Domestic Gas	
WARREN	JASON	0	MARTIN CONTRACTING	11/12/2012	2 P	, HINKLE	Service Lines	OQ H-1, H-2, M-3 ALL SIM



Operator Qualification / OO 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 / OO 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 <u>Jesse W. Emberton. City of</u>

<u>Thompkinsville</u> 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.

