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JUN 232014

PUBLIC SERVICE COMMOSION

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

TO: Kentucky Public Service CommissionAttention: Joel Grugin211 Sower BlvdFrankfort, KY 40602

Case No. 2012-00362

<u>June 20, 2014</u>

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



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INDUSTRIAL TRAINING SERVICES, INC.

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

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

## **Test Results For:**

OQ CH-1 Install Customer Gas Meter and Regulator Sets

2 Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1869

Test Number: 7638

Test Group No: 7640



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





**\** 

## **IV.** Employer Record

#### OQ Task CH-1

#### Install Customer Gas Meter and Regulator Sets

Employee Information	n (Please Print):			
Name Jason	Warren			
Last 4 Digits of Social S				
Company Name	USS Mar	•	<u> </u>	
Company Mailing Addre	BSS 2371	Irvine	Rd	•
City Richmon	d	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.

Date 3-18-14 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

- -

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

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

Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

.

Written Exam

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

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

#### Test Results For:

OQ CH-2 Install Customer Gas Service Lines

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1743

Test Number: 7649 Test Group No: 7640



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



## **IV.** Employer Record

## OQ Task CH-2

·\* --

Install Customer Gas Service Lines

Employee Information (Please Print):	
Name Jason Warren	۱
· · · –	5626
Company Name RUSS Mar	·
Company Mailing Address > 3 7 /	Irvine Rol
Company Mailing Address <u>}377</u> City <u>hichmonel</u> s	tate <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	Jason	Waren	Date _	3-18-14
	11	•		

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.

3/10/14 Evaluator's Signature Date \_

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

	Not Applicable	TASK/OPERATIONS		Method of Skiil/Ability Verification	
				Enter Number F	rom List Below
1.		(CH-2.1) Installation of Stee	l Pipe	e in a Ditch. (0861)	2
2.	Ċ	(CH-2.2) Installation of Plast	lic Pi	pe In a Ditch. (0901)	2
3.		(CH-2.3) Installation of Trac	er Wi	ire. (0941)	2
4.	□	(CH-2.4) Inspected and assu performance of backfilling o			2
M	ethod of Kr	nowledge Verification		hod of Skill/Ablilty Vei served During:	lfication
•	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:

Chris Sligh Industrial Training Services Inc. Sinsurass Office Services Inc. Sinsuras, KY 4207 1 4702 1 4702 1 4702 Murray, KY 4207 4 1 4702

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

#### **Test Results For:**

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

www.ITS-training.com

Test Date: 03/18/2014

Test Key #: 1781

Pass/Fail: Pass

Test Number: 7660

Test Group No: 7640



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





Nº.

## IV. Employer Record

#### OQ Task CL-1a

#### Hot Tapping Pipelines Using Seif-Tapping Tees

Employee Information (Please Print):			
Name Jason Warren			<u> </u>
Last 4 Digits of Social Security Number_	5626		
Company Name RUSS Mar			
Company Mailing Address 3371	Irvine	Ad	
	State <u>Ky</u>	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.

lamen\_\_\_\_ Date 3-18-1 dia 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 \_\_\_

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

#### **TASK/OPERATIONS**

Method of Skill/Ability Verification

2

1.

Enter Number From List Below (CL-1a.1) Tapping a Pipeline With a Built-In

#### Method of Knowledge Verification

Cutter. (1101)

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

Written Exam

- Performance on the Job 1.
- 2. Simulation

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

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



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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

#### **Test Results For:**

OQ CL-3a Monitor Odorant Levels

www.ITS-training.com

Test Date: 03/19/2014

Test Key #: 2070

Pass/Fall: Pass

Test Number: 7669

Test Group No: 7640



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



## OQ Task CL-3a

•

**Monitor Odorant Levels** 

Employee Information (Please Print):	
Name Jason Warren	
Last 4 Digits of Social Security Number5626	
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.

Date 3-19-14 aner MM 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 initial at the last the indicated last in the second second

initialed tasks at the indicated level. Date 3/19/14 Evaluator's Signature

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

#### TASK/OPERATIONS

Method of Skill/Ability Verification

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

.

Method of Knowledge Verification

Method of Skill/Ability Verification Observed During:

.

Written Exam

2

1.

- 1. Performance on the Job
- 2. Simulation

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

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

Chris Sigh Bluegross Instructional Services 859-494-3173

.



**Enter Number From List Below** 



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www.ITS-training.com

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

## **Test Results For:**

OQ CM-2 Locate and Mark Underground Pipeline Facilities

Test Date: 03/19/2014 Test Key #: 1750 Pass/Fail: Pass

Test Number: 7671

Test Group No: 7640



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



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# IV.<sup>1</sup> 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 Numbe Company Name <u> </u>	
Company Mailing Address 3371	Irvine Rd
City Rich Mond	

# 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	 Joson	Wann	Date 3-	- 19-14	
· · · · · · · · · · · · · · · · · · ·				-	

Evaluator information (Please Print):

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

Affidavit

I affirm that I am the person who has administered this checklist and that I have conducted this assessment with integrity. I also affirm that the above named employee is the person assessed and that the above named person performed the initialed tasks at the indicated level  $f_{1}$ ,  $f_{2}$ 

3/19/14 Evaluator's Signature Date

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

	Not Applicable	TASK/OF	ERA	TIONS	Method of Skill/Abiilty Verification
				Enter Number F	rom List Below
1.		(CM-2.1) Locate underground	pipe	lines. (1291)	2
2.		(CM-2.2) Install and maintain	oipeli	ine markers. (1301)	2
3.		(CM-2.3) Temporarily mark un	derg	round pipeline facilities.	2
l	Method of	<b>Cnowledge Verification</b>		hod of Skill/Ability Verifica served During:	ition
4	<ul> <li>Written</li> </ul>	Exam	1. 2.	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 Strikes, The 310 C. Catowry Ditroution and arangeout Murray, KY 4207 576-494-938

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

## **Test Results For:**

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

Test Date: 03/18/2014

Test Key #: 1625

Pass/Fail: Pass

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):	
Employee Information (Please Print): Name <u>Tason Warren</u>	
Last 4 Digits of Social Security Number	626
Company Name Russ Mar	
Company Mailing Address _ 2371 Ir	vine Rol
City <u>Richmand</u> Sta	te 114 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.

lason Warner \_\_\_\_ Date \_\_\_ 3-18-14 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 tracks at the indicated level.

tasks at the indicated level. Date 3/18/14 Evaluator's Signature \_

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

Not Applicable TA		TASK/OPE		Method of Skill/Ability Verification From List Below
1.		(CM-3.1) Pressure Test: Nonlic Than 100 psi. (0561)	juid Medium – MAOP Less	2
2.		(CM-3.2) Pressure Test: Nonliqu Than or Equal to 100 psl. (0571)		2
3.		(CM-3.3) Pressure Test: Liquid N	/ledium. (0581)	2
4.	Ĩ	- (CM-3.4) Leak Test at Operating	Pressure. (0591)	2
Method of Knowledge Verification Method of Skill/Ability Verification Observed During:				
		_	<ul> <li>Destaurance on the lab</li> </ul>	-

Written Exam

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1. Performance on the Job

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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:

•

Chris Sugh

ระเมษาสิโอกอร์เฉเกราไ ระสบุระห์นี้ Industrial Training Services, (no. 310 C. C. Lowry Drive Murray, KY 42071



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Murray KY 42071 
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JASON O WARREN RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

## **Test Results For:**

OQ 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



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



# **IV.** Employer Record

## OQ Task CM-5

## Inspect, Service, and Operate Line Valves

Employee information (Please Print):	:
Name Jason Warren	
Last 4 Digits of Social Security Number	5676
Company Name <u>Russ Mar</u>	
Company Mailing Address 3.371	Irvine Rel
City Richmond	_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.

conen Date 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 initialed table at the indicated level.

initialed tasks at the indicated level. Date 3/19/14 Evaluator's Signature

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

.

.

	Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification				
1.		Enter Number (CM-5.1) Manually Opening and Closing Valves.(0301)	From List Below				
		a. Ball 🗹 b. Plug 🗹 c. Gate 🗹					
2.		(CM-5.2) Adjust and Monitor Flow or Pressure – Manual Valve Operation. (0311) a. Ball E b. Plug E c. Gate E	2				
3.	Π	(CM-5.3) Valve – Visual Inspection and Partial	<b>r</b> =1				
		Operation. (0331) a. Ball 🗹 b. Plug 🗹 c. Gate 🗹	Z				
4.		(CM-5.4) Valve – Preventive Maintenance. (0341)	2				
		a. Ball 🗹 🔹 b. Plug 🕑 🛛 c. Gate 🗹					
•	, Method of Knowledge Verification Method of Skill/Ability Verification Observed During:						
	Written		job				
Reta	r completion of ain photocopy nal to:	of Section IV, "Employer Record," remove section from the packet an for your files. For third party ventication and database reporting service and the section of the secti	d photocopy. vice, mail				

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

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Page 32



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Murray KY 42071 
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JASON O WARREN RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

## **Test Results For:**

**OQ CM-7 Prevent Accidental Ignition** 

Test Date: 03/17/2014

Test Key #: 1587

Pass/Fail: Pass

Test Number: 7693

Test Group No: 7640



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## Test Results For:

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

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 3706

Test Group No: 7640

Test Number: 7705



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



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# **IV.** Employer Record

## OQ Task CM-8

## Make Field Repairs on Gas Pipelines

Employee Information (Please Print):
Name Jason Warren
Last 4 Digits of Social Security Number 5626
Company Name RU33 Mar
Company Mailing Address 2371 Fruine Rel
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 Date

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

Name	Chris Click
	Chris Sligh
Organization/Employ	er Bluegrass Instructional Services
	-
Telephone Number _	<u> </u>
•• –	

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.

3/17/A Evaluator's Signature Date \_\_\_

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

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

#### Method of Knowledge Verification

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

.

Written Exam

#### 1. Performance on the Job 2. Simulation

2. Olliulai ......10

Riveziase Instructional Services

Chris-Sligh

259-494-3173

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

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

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INDUSTRIAL TRAINING SERVICES, INC.

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

### **Test Results For:**

OQ CM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 03/18/2014

Test Key #: 1733

Pass/Fail: Pass

Test Number: 7716

Test Group No: 7640



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 CM-10

#### Abandon or Deactivate Gas Pipeline Facilities

Employee information (Please Print):			
Name Jason Warren			
Last 4 Digits of Social Security Number	5676		·
Company Name <u>Russ Mar</u>			
Company Mailing Address	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.

Wann\_\_\_\_ Date\_ 3-18-1 Employee's Signature

Evaluator Information (Piease 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.

3/18/14 Date Evaluator's Signature

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

	Not Applicable	TASK/OP	Method of Skill/Ability Verification		
				Enter Number Fr	om List Beiow
1.		(CM-10.1) Abandon/deactivate	o mai	ns.	2
2.		(CM-10.2) Abandon/deactivate service lines.			2
3.		(CM-10.3) Temporary Isolation Discontinuance. (1201)	of S	ervice Lines and Service	2
ľ	Method of I	Knowledge Verification		hod of Skill/Ability Verificat erved During:	ion '
Written Exam		1. 2.	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:

dpil8 chrl9 Industrial Training Services, Inc. 310 C. C. Lowry Drive Murray, KY 42017 18-494-938

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INDUSTRIAL TRAINING SERVICES, INC.

310 CC Lowry Drive 
Murray KY 42071 
270-753-2150 
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JASON O WARREN RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### Test Results For:

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

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 2259

Test Number: 7727

Test Group No: 7640



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### **IV.** Employer Record

#### GDS 10.4

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

Employee Information, (Please	Print):
Name Jason Warr	en .
Last 4 Digits of Social Security N	lumber <u>5676</u>
Company Name <u><u><u>R</u></u> <u>v</u>s</u>	s 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.

lason Warnen Date 3-17-1 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. Date 3/17/14 Evaluator's Signature

© INDUSTRIAL TRAINING SERVICES, INC. All rights reserved. Reproduction in any form, in whole or part, prohibited. 310 C.C. Lowry Drive • Murray, KY 42071 • Phone: 270/753-2150 • 4-18-12 GDS 10.4 SM The employee is qualified under 49 CFR 192 and company standards to perform the tasks listed below as indicated:

	Not Applicable	TASK/OPERATIONS			Method of Skill/Ability Verification
				Enter Number F	rom List Below
1.		Verified the correct markin underground pipeline facili			2
2.		Verified the correct markin underground pipeline facili			2
3.			amage prevention during excavation activities by or on ehalf of the operator. 10.4.3 (1321)		
4.			Damage prevention inspection during third party excavation r encroachment activities as determined necessary by perator. 10.4.4 (1331)		
5.		Provide or assure adequat excavation activities. 10.4.			卫
	Method of I	Knowledge Verification		thod of Skill/Ability Verifica served During:	tion
	• . Written	Exam .	1. 2. 3.	Performa <b>nce on</b> the Job On-the-Job Training Simulation	
Reta		of Section IV, "Employer Record, for your files. For third party ver			

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Industrial Training Services, meansaule 310 C. C. Lowry Drivees-028 Murray, KY 42071

# RussMar Logistics, LLC.

# ALLEN LIVINGOOD

TASK NUMBER	COVERED TASK	QUAL	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
1-1	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		
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	<b>3 YEAR</b>	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 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FUEL GAS CODE NFPA	3 YEAR	2/6/2014	2/6/2017

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	This card certifies that
Ι,	Jason Warren - RusssMar Logistics
	been tested and evaluated according to the requirements of D O.1 FR Part 192.285 and applicable Plastic Fusion/Mechanical Joinin Procedures.
<b>]]</b> .	Evaluation Method:
	Written Exam Deservation
	7/14 2/7/15 LIFIED EXPIRES EVALUATOR
	Bluegrass Instructional Services 3438 McClure Road • Winchester, KY 40391 859-494-3173 • sligh c@gmail.com
	DQ F-1.1 Butt Fuse PE Pipe 21 Manual 21 Hydraulic 21 Medium Density 21 High Density
🗹 🕻	DQ F-1.2 Socket Fuse PE Pipe Ø Medium Density Ø High Density
Ø (	DQ F-1.3 Sidewali Fuse PE Pipe Ø Medium Density Ø High Density
ं 🗹 (	OQ F-1.4 Electrofuse Couplings
_ 🗹 🕻	OQ F-1.5 Electrofuse Saddle Fittings
j 🖬 🕻	DQ F-2 Join PE Pipe w/Mechanical Fittings
🖬 d	Compression(F-2.1) Ø Stab(F-2.2) Ø Bolted(F-2.3)
	Mech. Compression(F-2.4) D Mech. Saddle(F-2.5)

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EXPIRES	TASK PLANE AND
3/17/17	E OQ CG-1 : Excavating/Backfilling
3/18/17	2 OQ CH-1 : Install/Repain/Replace M & R Sets
- 3/18/17	DO CH-2 : Install/Repair/Replace Service Lines
3/18/17	2 OQ CL-1a : Tap Pipelines (Self-Tapping Only)
3/19/17	2 OQ CL-3a : Monitor Odorant Levels
3/19/17	El OQ CM-2 : Locate & Mark Pipelines
3/18/17	2 OQ CM-3 : Pressure Test Pipelines
3/19/17	2 OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	2 OQ M-7 : Prevent Accidental Ignition/AOC's
3/17/17	2 OQ CN-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
the second s	
This certifi	
This certifi	
This certifi of <u>R</u> has been ev DOT 49 CF materials au the KY Ge tasku	es that Jason Warren - 5626

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

Test Results For: OQ UF1-UF2 Join Plastic Pipe

Test Date: 02/06/2014

Test Key #: 2075

Pass/Fail: Pass

Test Number: 2809

Test Group No: 7485



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# **IV.** Employer Record

OQ Task UF-1 & UF-2			
Join Plastic Pipe			
Employee Information (Please Prin Name <u>Tason Warren</u>	t):	•	
Last 4 Digits of Social Security Number Company Name <u><i>Russ Mar</i></u>	ər_ <u>5626</u>		
Company Mailing Address 371	Irvine Rd		
City Richmond	StateKy	_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; aiways 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.

Date \_\_\_\_\_-6-14 Employee's Signature

**Evaluator information (Piease 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.

16/14 Evaluator's Signature Date

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

Ą	Not ppiicab	ie TASK/OPERATION Enter Number Fro	Method of Skill/Ability Verification om List Below
1.		(UF-1.1) Joining of Plastic Pipe – Butt Fusion: Manual (0751)	2
2.		(UF-1.2) Joining of Plastic Pipe – Butt Fusion: Hydraulic (0761)	2
3.		(UF-1.3) Joining of Plastic Plpe - Sldewall Heat Fusion (0771)	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)	
8.		(UF-2.3) Joining of Plastic Pipe – Stab Fittings. (0681)	2
9.		Chris Sligh Chris Sligh Chris Slight Chris S	2
М •		I of Knowledge VerificationMethod of Skill/Abliity VerificationI of Knowledge VerificationObserved During: 1. Performance in the fiel 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 
270-753-2150 
www.ITS-training.com

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

**Test Results For:** 

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

Test Date: 03/17/2014

.

Pass/Fail: Pass

Test Key #: 2016

Test Number: 7627

Test Group No: 7640



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# **IV.** Employer Record

### OQ Task CG-1

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

Employee Information (Please Pr	int):				
Name Jason Worren		· · · · ·		· · · ·	
Last 4 Digits of Social Security Num Company Name <u>Russ Mar</u>	166 <u>56</u> 7	6			
Company Mailing Address _ 237	1 Irvine	Rel			-
City Richmond	State	КУ	_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 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.

	Jasan	1).	<b>D</b> -4-	7-17-14
Employee's Signature	Jasan	Nann	Date	J 17 17
	/			

Evaluator Information (Please Print):

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

Affidavit

I affirm that 1 am the person who has administered this checklist and that 1 have conducted this assessment with integrity. , 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 Appiicable	TASK/O	PERA		Method of Skill/Ability Verification
				Enter Number F	rom List Below
1.		(CG-1.1) Verified the correct underground pipeline facilities			2
2.		(CG-1.2) Verified the correct underground pipeline facilities			2
3.		(CG-1.3) Inspected and assub backfilling activities. (0981)	CG-1.3) Inspected and assured the correct performance of backfilling activities. (0981)		
4.		(CG-1.4) Assured the perform activities during excavation ac operator. (1321)			2
5.		(CG-1.5) Damage prevention excavation or encroachment a necessary by operator. (1331	activi		2
6.	Ì	(CG-1.6) Provided or assured during operator initiated excar			2
	Method of I	Knowledge Verification		thod of Skill/Ability Verificat served During:	tion
	• Written	Exam	1. 2.	Performance on the Job Simulation	
		Contine IV/ Employed Record Pro-			

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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Page 40

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# 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
l-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 UNDERGROUNO FACILITIES	3 YEAR	3/19/2014	3/19/2017
M-3	TESTING PIPELINES	3 YEAR	3/18/2014	3/18/2017
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	3/19/2014	3/19/2017
M-7	PREVENT ACCIDENTAL IGNITION/AOC'S	3 YEAR	3/17/2014	3/17/2017
M-8	MAKE FIELO REPAIRS ON OISTRIBUTION LINES	3 YEAR	3/17/2014	3/17/2017
M-9	REPAIR/PROTECT CAST IRON PIPE	3 YEAR		
M-10	ABANDON/DEACTIVATE GAS PIPING	3 YEAR	3/18/2014	3/18/2017
1401	MAINTAIN SAFE WORKING ENVR.WHILE EXC. (COMPETENT PERSON)	3 YEAR	3/17/2014	3/17/2017

TASK	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	12/14/2010
CI-4	INSPECT EXTERNAL CONDITIONS OF EXPOSEO BURIED METAL PIPING	3 YEAR	12/14/2013	12/14/2010
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
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	12/14/2010
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	12/13/2010
CI-13	IDENTIFY PROCEDURES BASIC TO INSPECTING, APPLYING, & REPAIRING PIPELINE COATINGS	3 YEAR	12/13/2013	12/13/2010

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



	AND STATES TASK AND AND AND AND AND
3/17/17	) E. OQ CG-1 : Excavating/Backfilling
3/18/17	2 OQ CH-1 : Install/Repain/Replace M & R Sets
3/18/17	2 OQ CH-2 : Install/Repair/Replace Service Lines
3/18/17	2 OQ CL-1a : Tap Pipelines (Self-Tapping Only)
3/19/17	2 OQ CL-3a : Monitor Odorant Levels
3/19/17	Ø OQ CM-2 : Locate & Mark Pipelines
3/18/17	2 OQ CM-3 : Pressure Test Pipelines
3/19/17	2 OQ CM-5 : Inspect & Operate Pipeline Valves
3/17/17	El OQ N-7 : Prevent Accidental Ignition/AOC's
3/17/17	2 OQ CM-8 : Install/Repair/Replace Main Lines
3/18/17	2 OQ CM-10 : Abandon/Deactivate Pipelines
3/17/17	El GDS 10.4 : Competent Person
This certifi	es that Allen Livingood - 3159
-	ussMar Utility Management Logistics
of <u>R</u>	
has been e DOT 49 Ci materials a the KY G	valuated per the conditions and guidelines as set forth by FR, Part 192 & the KY Public Service Commission using nd procedures provided by Industrial Training Services & as Association, and determined qualified to perform the s as indicated with a primite corresponding box.
has been e DOT 49 Ci materials a the KY G	valuated per the conditions and guidelines as set forth by FR, Part 192 & the KY Public Service Commission using nd procedures provided by Industrial Training Services & as Association, and determined qualified to perform the

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### **Test Results For:**

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

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 2016

Test Number: 7633

Test Group No: 7640



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# **IV.** Employer Record

### OQ Task CG-1

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.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 <u>Russ Mar</u>	
Company Mailing Address 2371 )	Irvine, Rd
City Richmond	State Ky. Zip 40415

# 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 ilability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Deter June Date 3-17-14

Evaluator Information (Please Print):

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

# Affidavit

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

**Evaluator's Signature** 

3/17/14 Date

© INDUSTRIAL TRAINING SERVICES, INC. All rights reserved. Reproduction in any form, in whole or part, prohibited. 310 C. C. Lowry Drive • Murray, KY 42071 • Phone: 270/753-2150 • OQ CG-1 v11.2 SM The employee is qualified according to company standards to perform the tasks listed below as indicated:

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	Not Applicabie	TASK/O	PERA	TIONS Enter Number Fr	Method of Skill/Ability Verification om List Below
1.		(CG-1.1) Verified the correct underground pipeline facilities			2
2.			(CG-1.2) Verified the correct marking of temporarily marked underground pipeline facilities. (5061)		
3.		(CG-1.3) Inspected and assured the correct performance of backfilling activities. (0981)			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.	(CG-1.6) Provided or assured adequate pipeline support during operator Initiated excavation activities. (1341)			2	
	Method of I	Knowledge Verification		hod of Skill/Ability Verificati erved During:	ion
	• Written	Exam .	1. 2.	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:

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

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

#### **Test Results For:**

OQ CH-1 Install Customer Gas Meter and Regulator Sets

Test Date: 03/18/2014

1

Pass/Fail: Pass

Test Key #: 1869

Test Number: 7634

Test Group No: 7640



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# **IV.** Employer Record

### OQ Task CH-1

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Install Customer Gas Meter and Regulator Sets					
Employee Information (Please Print):					
Name Allen Livingood					
Last 4 Digits of Social Security Number 3159					
Company Name Russ Mar					
Company Mailing Address 2371 Irvine Rd					
City Richmond State Ky Zip 40475					

i

# 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 of 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 llability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

-18-14 Employee's Signature Date 00 · c

**Evaluator Information (Please Print):** 

Name	Chris Sligh	
Organization/Employer	Bluegrass Instructional Services	
Telephone Number	<b>859-494</b> -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.

<u>|18</u>| 14 Evaluator's Signature Date

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

	Not Applicabie	TASK/OPERATIONS	Method of Skiil/Ability Verification
		Enter Number From List Below	
1.		(CH-1.1) Joining of Pipe – Threaded Joints (0721)	2
2.		(CH-1.2) Joining of Pipe – Flange Assembly (0731)	2
3.		(CH-1.3) Installation of Customer Meters and Regulators – Residential and Small Commercial (1161)	2
4.		(CH-1.4) Install Customer Meters – Large Commercial and Industrial (1171)	2
,	Method of Knowledge Verification Method of Skill/Ability Verification Observed During:		

• Written Exam

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1. Performance on the Job

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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: <u>sectore</u> leaotrouriant secondula

859-494-3173

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

OQ CH-2 Install Customer Gas Service Lines

Test Date: 03/18/2014

Test Key #: 1743

Pass/Fail: Pass

Test Number: 7645

Test Group No: 7640



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#### OQ Task CH-2

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#### Install Customer Gas Service Lines

Em	nio	vee	Information	(Please	Print):
<b>P</b> itti		100	monnenon	1. 10000	

Name Allen Living	oad					
Last 4 Digits of Social Securi		315	9		•	
Company Name	<u>Mar</u>					
Company Mailing Address _	2371	Irvine	Rd.			
City Richmond		_State	الابر	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.

Date 3-18-14 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.

Date 3/18/14-Evaluator's Signature

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	Not Appiicable	TASK/OPE	ERATIO	NS ·	Method of Skill/Ability Verification
				Enter Number I	From List Below
1.		(CH-2.1) Installation of Ste	el Pipe	e in a Ditch. (0861)	2
2.	Ċ	(CH-2.2) Installation of Pla	stic Pi	pe in a Ditch. (0901)	Z
3.		(CH-2.3) Installation of Tra	cer Wi	ire. (0941)	2
4.		(CH-2.4) Inspected and as performance of backfilling (			2
М	ethod of Kr	owledge Verification		hod of Skill/Ability Ve served During:	rification
٠	Written E	xam	1. 2.	Performance on the Simulation	Jop

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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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

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

Test Date: 03/18/2014

Test Key #: 1781

.

Pass/Fail: Pass

Test Number: 7656

Test Group No: 7640



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#### OQ Task CL-1a

L

#### Hot Tapping Pipelines Using Self-Tapping Tees

Employee Information (Please Print):	
Name Allen Livingord	
Last 4 Digits of Social Security Number_	3159
Company Name RussMar	<u>.</u>
Company Mailing Address 2.3.7.	Irvine Rd.
City Richmanit	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

**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.

Date 3/18/14 Evaluator's Signature

#### **TASK/OPERATIONS**

Method of Skill/Ability Verification

Enter Number From List Below

(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.

- 1. Performance on the Job
- 2. Simulation

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### Test Results For:

OQ CL-3a Monitor Odorant Levels

Test Date: 03/19/2014

Pass/Fail: Pass

Test Key #: 2070

Test Number: 7667 Test Group No: 7640



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#### 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

Company Mailing Address 7371 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.

Date 3-19-14 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 \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_\_

#### TASK/OPERATIONS

Method of Skill/Ability Verification

2

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

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' Murray, KY 42071

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Chite Sligh Bloegrass (netrictional Pervite) 166-494-3173



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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

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

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 1715

Test Number: 4894

Test Group No: 7261



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#### OQ Task UM-1

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

Employee Information (Please Print):		
Name Frederick Allen	Livingood	
Last 4 Digits of Social Security Number	Livingood 3159	
Company Name Russ Mm		
Company Mailing Address 2371	Irvine Rd.	
city Richmond	State Zip 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 toois for tasks I perform. Industrial Training Services, inc. assumes no liability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Employee's Signature Date 12-13-2013

**Evaluator Information (Please Print):** 

Name	Chris Sligh	
Organization/Employer	Bluegrass Instructional Services	
Telephone Number	869-494-3173	

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

Date <u>12/13/13</u> Evaluator's Signature

	Not Appiicabie	TAS	K/OPERATIONS	Method of Skiil/Ability Verification
		•	Enter Number F	rom List Beiow
1.		(UM-1.1) Outside gas le	ak Investigatio <b>n. (1241)</b>	M
2.		(UM-1.2) Waiking gas le	eakage survey. (1261)	3
3.	Ø	(UM-1.3) Mobile gas lea (1271)	kage survey – flame lonization.	
4.	Ø	(UM-1.4) Mobile gas lea (1281)	kage survey – optical methane.	
5.		(UM-1.5) Inspect pipelin of-way or easement. (13	e surface conditions – patrol right- 311)	N
	Method of K	nowledge Verification	Method of Skill/Ability Verifica Observed During:	tlon
	• Written E	Exam	<ol> <li>Performance on the Job</li> <li>On-the-Job Training</li> <li>Simulation</li> </ol>	

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### Test Results For:

OQ CM-2 Locate and Mark Underground Pipeline Facilities

Test Date: 03/19/2014

Pass/Fail: Pass

Test Key #: 1750

Test Number: 7673

Test Group No: 7640



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#### OQ Task CM-2

Locate and Mark Underground Pipell	ine Facilities
Employee information (Please Print): Name <u>Allen Livingerd</u>	<b>;</b>
Last 4 Digits of Social Security Number	3159
Company Name <u>Russ Mar</u>	•
Company Mailing Address 2371	Irvine Rd.
City Richmond	State Ky. Zip 4047.5

### 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.

3-19-14 Employee's Signature Date

#### Evaluator Information (Please Print):

Name	Chris Sligh	<u></u>
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 Date 3/19/14 Evaluator's Signature

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Not TASK/OPERATIONS				
		Enter Number Fr	Om List Below	
1.		(CM-2.1) Locate underground pipelines. (1291)	2	
2.		(CM-2.2) install and maintain pipeline markers. (1301)	2	
3.		(CM-2.3) Temporarily mark underground pipeline facilities.	2	
М	jethod of l	Knowledge Verification Method of Skill/Ability Verificat Observed During:	lion	
•••	Written Exam     1. Performance on the Job     2. Simulation			
•	۰. <i>،</i>	· · · · · · · · · · · · · · · · · · ·	•••	
	n photocopy	of Section IV, "Employer Record," remove section from the packet and p of or your files. For third party verification and database reporting services		
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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

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

Test Date: 03/18/2014

Pass/Fail: Pass

Test Key #: 1625

Test Number: 7675

Test Group No: 7640



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#### OQ Task CM-3

#### Pressure Testing Gas Pipelines

Employee Information (Please Print):	
Name Allen Livingood	
0	3159
Company Name Russ Mar	
Company Mailing Address <u>2371</u>	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 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.

Date 3 - 18 - 14 Employee's Signature

**Evaluator Information (Please Print):** 

Name	Chris Sligh	
		•
Organization/Employer	Bluegrasa 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.

tasks at the Indicated level. Date 3/18/14 Evaluator's Signature

•

	Not Applicable	TASK/OPERATION		Method of Skill/Ability Verification from List Below
1.	. 🗖	(CM-3.1) Pressure Test: Nonliquid Medium Than 100 psl. (0561)	- MAOP Less	2
2.		(CM-3.2) Pressure Test: Nonliquid Medium – Than or Equal to 100 psl. (0571)	MAOP Greater	2
з.	(CM-3.3) Pressure Test: Liquid Medium. (0581)			2
4.	. (CM-3.4) Leak Test at Operating Pressure. (0591)			2
	Method o	f Knowledge Verification Method of Sk Observed Du	(iil/Abiilty Verifica ring:	ition
• • Written Exam		n Exam 1. Perform _ 2. Simulat	ance on the Job ion	
Ret	r completio ain photocc inal to:	n of Section IV, "Employer Record," remove section fro opy for your files. For third party verification and dat fight? charts charts charts and	om the packet and j abase reporting se	photocopy. rvice, mail

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

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

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Test Date: 03/19/2014

Pass/Fail: Pass

Test Key #: 1658

Test Number: 7688 Test Group No: 7640



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#### OQ Task CM-5

nspect, Service, and Operate Line Valves				
Employee Information (Please Print):	, 			
Last 4 Digits of Social Security Number	3159			
Company Mailing Address	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.

Date 3 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 initialed tasks at the indicated level.

Date \_\_\_\_ Evaluator's Signature

1

	Not Applicable	TASK	OPERATIONS		Method of Skill/Ability Verification
1.		(CM-5.1) Manually Open	ing and Closin	Enter Number Fro g Valves.(0301)	
		a. Ball 2 b.	Plug 🗹	c. Gate 🗹	
2.		(CM-5.2) Adjust and Mor Valve Operation. (0311)			2
•		a. Ball 🗹 b.	. Plug 🗹	c. Gate 🗹	
3.		(CM-5.3) Valve – Visual Operation. (0331)	•		2
		a. Ball 🗹 b.	Plug 🗹	c. Gate 🕑	
4.		(CM-5.4) Valve – Preven	tive Malntenan	сө. (0341)	2
		a. Bail 🗹 👘 b.	Plug 🕑	c. Gate 🗹	

- Method of Knowledge Verification
  - Written Exam

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

- 1. Performance on the job
- 2. Simulation

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

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

Test Date: 03/17/2014

Pass/Fail: Pass

Test Key #: 1587

Test Number: 7699

Test Group No: 7640



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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

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

www.ITS-training.com

Test Date: 03/17/2014

Test Key #: 3706

Pass/Fail: Pass

Test Number: 7701

Test Group No: 7640



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#### OQ Task CM-8

Make Field Repairs on Gas Pipelines			
Employee Information (Please Print): Name Allen Livingood			
Last 4 Digits of Social Security Number	3159		
Company Name Russ Mar		•	
Company Mailing Address 2371	Invine.	Rd.	
City Richmond	State KN	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):

Name	Chris Sligh	
Organization/Employer	<b>Biuegrass Instructional Services</b>	
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 F	rom List Below
1.		(CM-8.1) Visual inspection of installed pipe and components for mechanical damage. (0201)	2
2.		(CM-8.2) Measure and Characterize Mechanical Damage on Instailed Pipe and Components. (0211)	2
3.		(CM-8.3) Visually inspect pipe and components prior to Instaliation. (0641)	2
4.		(CM-8.4) Instail mechanical clamps and sleeves - boited. (1041)	2
5.	অ	(CM-8.5) Fit-up of weld type repair sleeves. (1051)	
6.	র্	(CM-8.6) Install composite sleeves. (1061)	
<b>7.</b> ,	ন	(CM-8.7) Repair of steel pipe by grinding. (1071)	
8.		(CM-8.8) Squeeze off piastic pipe. (1141)	2

Method of Knowledge Verificatio	Method of Skill/Ability Verification Observed During:		
Shris Sligh Instructional Services Instructional Services Instructional Services	1. Performance on the Job 2. Simulation		

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

OQ CM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date: 03/18/2014

Test Key #: 1733

Pass/Fail: Pass

Test Number: 7712

Test Group No: 7640



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#### OQ Task CM-10

Abandon or Deactivate Gas Pipeline Facilities	
Employee information (Piease Print):	
Name Allen Livingand	
Last 4 Digits of Social Security Number 3159	
Company Name <u>Russ Max</u>	
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; aiways 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.

#### **Evaluator information (Piease Print):**

Name	Chris Sligh
Organization/Employer	Biugrass 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.

3/18/4 Evaluator's Signature Date

.

	Not Applicable	TASK/OPERATIONS		Method of Skill/Ability Verification		
	Enter Number From List Belov					
1.		(CM-10.1) Abandon/deactivate mains.			2	
2.		(CM-10.2) Abandon/deactivate service lines.			2	
3.		(CM-10.3) Temporary isolation Discontinuance. (1201)	2			
Method of Knowledge Verification Method of Skill/Ability Ve Observed During:			hod of Skill/Ability Verificat erved During:	ion		
Written Exam		1. 2.	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:

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ALLEN LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

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

Test Date: 03/17/2014

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Test Key #: 2259

Pass/Fail: Pass

Test Number: 7723

Test Group No: 7640



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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### **Test Results For:**

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2658

Test Number: 4899

Test Group No: 7264



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



#### OQ Task CI-1

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

Employee Information (Please Print):
Name Frederick Alley Livingood
Last 4 Digits of Social Security Number3159
Company Name <u>Russman</u>
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

**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 \_\_\_\_

11/14/13 Date \_\_

#### TASK/OPERATIONS

Method of Skill/Abiilty Verification

2

Enter Number From List Below

1.

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

Method of Knowledge Verification

#### Written Exam

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

- 1. Performance on the Job
- 2. Simulation

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





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

FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

**Test Results For:** 

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2027

Test Number: 4900

Test Group No: 7264



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



e .

#### OQ Task Cl-4

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

Employee Information (Please Print):
Name Frederick A. Livingood
Last 4 Digits of Social Security Number 3159
Company Name Russ mar
Company Mailing Address 2371 Invine Rd
City Richmond State Ky. Zip 40475

1 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.

Date 11-14-13 Employee's Signature

Evaluator Information (Ple	ase Print):	
Name_	Chris Sligh	
Organization/Employer	Bluegrass Instructional Services	
Telephone Number	859-494-3173	
	Affidavit	

1 affirm that 1 am the person who has administered this checklist and that 1 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

11/14/13 Date

Affidavit

.

Ą	Not oplicabl	TASK/OPI	ERAT	IONS .	Method of Skill/Ability Verification
				Enter Number F	rom List Below
1.		(CI-4.1) Visual Inspection of Bui When Exposed. (0151)	ried F	Pipe and Components	2
2.		(CI-4.2) Measure External Corro	osion	. (0171)	2
3.		(CI-4.3) Determine Appropriate Corrosion Control and Notification			2
M	ethod o	f Knowledge Verification		hod of Skill/Ability Verifica served During:	tion
•	Writte	n Exam	1. 2.	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 Scheitestint Bluegrass Instructional Privace 173 Murray, KY 42071 859-494-3173

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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### **Test Results For:**

OQ CI-5 Inspect and Maintain Rectifiers

Test Date: 12/14/2013

Test Key #: 1806

Pass/Fail: Pass

Test Number: 4902

Test Group No: 7264



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



• ,

### OQ Task CI-5

#### **Inspect and Maintain Rectifiers**

Employee Information (Please Print):	
Name Frederick Anter Livingood	
Last 4 Digits of Social Security Number 3159	_
Company Name <u>Russmar</u>	
Company Mailing Address 2371 Irvine Rd.	
city Richwood State Ku. 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	<u>859-494-3173</u>	

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.

11/14/13 Evaluator's Signature Date \_\_\_\_



#### 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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> Chris Sligh Bluegrass Instructional Services 859-494-3173



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Murray KY 42071 
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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Silgh, Chris

#### Test Results For:

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

Test Date: 12/14/2013

Test Key #: 2094

Pass/Fail: Pass

Test Number: 4905

Test Group No: 7264



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



• . .

#### OQ Task CI-7

Install Test Leads to Monitor and Control External Corrosion

Employee Information (Please Print):
Name Frederick Alles Livingood
Last 4 Digits of Social Security Number 3159
Company Name Russmar
Company Mailing Address 2371 Irvine 12d
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 iiability for my actions nor for my application of the qualification performance guides used in this evaluation checklist.

Date !!-14-13 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 ievel.

Date 11/14/13 Evaluator's Signature

	Not Appilcabie	TAS	K/OPERA	TIONS	Method of Skill/Ability Verification
			•	Enter Number F	rom List Below
1.		(Ci-7.1) Installation and Main Connections. (0041)	ntenance	of Mechanical Electrical	2
2.		(Ci-7.2) Installation of Exother	ermic Eie	ctrical Connections. (0051)	
	Method of I	Knowledge Verification		thod of Skill/Ability Verifica served During:	tion
	181-244	France	4	Deutermones on the Job	

Written Exam

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Page 24

- 1. Performance on the Job
- 2. Simulation

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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### **Test Results For:**

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2055

Test Number: 4906

Test Group No: 7264



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#### OQ Task CI-8

install and Test Insulation to Control External Corrosion by Electrical Isolation

Employee Information (Pie					
Name Frederick	Alles	Livingood			
Last 4 Digits of Social Secur	ity Number	3159	•	<u>-</u>	
Company Name _ <u>Russ</u>	MAY		<u> </u>		
Company Mailing Address _	2371	Irvine	RJ.		
City Richmond		_State <u>Xv</u>	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.

Date <u>11-14-13</u> Employee's Signature

**Evaluator Information (Please Print):** 

Name	
Organization/Employer	Bluegrass instructional Services
Telephone Number	<b>859-494</b> -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	OPERA		Method of Skill/Ability Verification
				Enter Number Fro	m List Below
1.		(CI-8.1) Inspect or Test Cat Isolation Devices. (0071)	hodi <b>c</b> P	rotection Electrical	2
2,		(CI-8.2) Install Cathodic Protection Electrical Isolation Devices. (0081)		Z	
	Method of I • Written	Knowledge Verification Exam		hod of Skill/Abliity Verificatio served During: Performance on the Job Simulation	o <b>n</b>
		•		• •	

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 Apile endo Bluegrass Instruction & Services 859-494-3173

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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

OQ CI-9 Inspect for Evidence of Internal Corrosion

www.ITS-training.com

Test Date: 12/14/2013

Test Key #: 2067

Pass/Fail: Pass

Test Number: 4908

Test Group No: 7264



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### OQ Task CI-9

#### Inspect for Evidence of Internal Corrosion

Employee information (Please Print):
Employee Information (Please Print): Name Frederick Allers Livingood
Last 4 Digits of Social Security Number 3159
Company Name RUSSMAr
Company Mailing Address 2371 Irvine Rd
City_Richmond_State_Ky_Zip_40475

### Affidavit

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

Date \_//- / 4 Employee's Signature

#### Evaluator Information (Please Print):

Name	Chris Sligh	
Organization/Employer	Bluegrass Instructional Services	
Telephone Number	859-4 <b>94-3173</b>	

### 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.

Date 11/14/13 Evaluator's Signature

	Not Applicable	ble TASK/OPERATIONS		Method of Skill/Ability Verification
			Enter Number Fr	om List Below
1.		(CI-9.1) Insert and Remove Coup Corrosion Monitoring. (0131)	oons/Probes for Internal	2
2.		(CI-9.2) Visual Inspection for Inte	rnal Corrosion. (0161)	2
3.		(CI-9.3) Measure Internal Corros	on. (0181)	2
	Method of I	-	ethod of Skill/Abiilty Verificat bserved During:	ion

• Written Exam

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Page 24

1. Performance on the Job

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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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> Bruegrass instructional nos. 8494-**494-317**3

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Murray KY 42071 
270-753-2150 
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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

**Test Results For:** 

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

.

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1734

Test Number: 4911

Test Group No: 7264



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••.

#### OQ Task CI-10

Inspect and Monitor Exposed Piping for Evidence of Atmospheric Corrosion

Employee Information (Please Print):						
Name Frederick A. Livingood						
ast 4 Digits of Social Security Number3159						
Company Name Russman						
Company Mailing Address 2371 Cuine Rd.						
City Richmond State Kry 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 Trade k Date

**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.

Date 11/14/13 Evaluator's Signature

	Not Applicable	· TASK/OPI	ERATIONS	Method of Skill/Ability Verification
			•	Enter Number From List Below
1.		(CI-10.1) Visual Inspec Corrosion. (0141)	tion for Atmospheric	
2.		(CI-10.2) Measure Atmospheric Corrosion. (0191)		2
	Method of Kn	owledge Verification	Method of Skill// Observed During	Ability Verification g:

Written Exam

Page 20

1. Performance on the Job

đ.

2. Simulation

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

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Chris Sligh Bluegrass Instructional Services 859-494-3173

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FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475

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

#### **Test Results For:**

OQ CI-11 Installing Sacrificial Anodes and Test Stations

Test Date: 12/13/2013

Test Key #: 2086

Pass/Fail: Pass

Test Number: 4913

Test Group No: 7264



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• . .

#### OQ Task CI-11

### Install Sacrificial Anodes and Test Stations

Employee Information (Please Print):					
Name Frederick A	to Livingood				
Last 4 Digits of Social Security		_			
Company Name Russ	Mar				
Company Mailing Address	2371 Irvine Rd.	_			
City Richmond #	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.

K Employee's Signature Lack ale Date 12-13-13

·	`````	
Name	Chris Sligh	_
Organization/Employer	Biuegrass instructional Services	
Telephone Number	<b>85</b> 9-494-3173	_
		_

### 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

Evaluator Information (Please Print):

|Z||3|13 Date \_\_\_\_

	Not Applicable	TASK/OF	ERAT	IONS	Method of Skill/Ability Verification
				Enter Number Fr	rom List Below
1.		(CI-11.1) Install Sacrificial Anodes	i. (50	71)	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 Gal	vanic	Ground Beds/Anodes. (0031	
	Method of	Knowledge Verification		hod of Skill/Ablilty Verificat served During:	tion
	Writter	n Exam	1.	Performance on the Job	

2. Simulation

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

Industrial Training Services, Inc. 310 C. C. Lowry Drive Murray, ice ivage 7 is not but - ni 225129 85712-1094-9**28** 

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

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

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

#### **Test Results For:**

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

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 2464

Test Number: 4915

Test Group No: 7264



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•••
## **IV.** Employer Record

#### OQ Task CI-13

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

Employee information (Please Print):	-	
Name Frederick A. Liu	ringood.	
Last 4 Digits of Social Security Number	<u> </u>	
Company Name Russ Mar		
Company Mailing Address _ 2371	Irvine Rd.	
City Richmand		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.

\_Date \_ 12 - 13 - 13 Employee's Signature Fundance (2.

Evaluator Information (Piease 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 \_\_\_\_\_ Z/13/3\_

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

A	Not pplicable	TASK/OPI	SK/OPERATIONS						
				Enter Number F	rom List Below				
1.		(CI-13.1) Visual Inspection of Br When Exposed. (0151)	uried	Pipe and Components	R				
2.		(CI-13.2) Coating Application ar (0991)	nd Re	epair – Brushed or Rolled.	2				
3.	Ø	(CI-13.3) Coating Application ar (1001)	epair – Sprayed.						
4.		(CI-13.4) External Coating Appli (1011)	catio	n and Repair - Wrapped.	2				
5.		(CI-13.5) Pipe Surface Preparat (5541)	ion fo	or Coating Application.	2				
N	lethod of	Knowledge Verification		hod of Skill/Ability Verifica served During:	tlon				
•	Writte	n Exam	1. 2.	Performance on the Job Simulation					
		Chris Sligh	۷.						
		rass instructional Services	ງອນໄຮ	3					
After	completio	n of Section IV. "Employed Record." re	move	section from the packet and r	hotocopy				

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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SERVICES FREDERICK A LIVINGOOD RUSSMAR 2371 IRVINE RD

RICHMOND, KY 40475

**NDUSTRIA** 

TRAINING

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

Managed Training and Qualification Solutions for the Gas Industry

310 CC Lowry Drive + Murray, KY 42071 + 1-800-333-1566 + www.ITS-training.com

Test Date: 02/06/2014

Test Key #: 2087

Pass/Fail: Pass

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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.

s,

••••

### **IV.** Employer Record

#### GDS 10.4

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

Employee information (Please Print):	
Name Allen Livingood	· · · · · · · · · · · · · · · · · · ·
	3159
Company Name Russ Mar	
Company Mailing Address 2371	Irvine Rd.
City_Richmond	State Ky Zip 40475

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## 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.

3-17-1 Employee's Signature Date

**Evaluator Information (Please Print):** 

Name	· · · · · · · · · · · · · · · · · · ·	٦
Organization/Employer	Chris Sligh	
• • • —	<ul> <li>Bluegrass Instructional Set</li> </ul>	VICES
Telephone Number	<b>859-494-</b> 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.

Date 3/17/14 Evaluator's Signature \_

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

	Not Applicable	TAS	Method of Skill/Ability Verification						
			Enter Number F	rom List Below					
1.			enfied the correct marking of permanently marked derground pipeline facilities. (5051)						
2.			erified the correct marking of temporarily marked nderground pipeline facilities. (5061)						
3.		Damage prevention during behalf of the operator. 10.	2						
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 excavation activities. 10.4.	e support during operator Initiated 5 (1341)	卫					
	Method of I	Knowledge Verification	Method of Skill/Ability Verificat Observed During:	tion					
•	<ul> <li>Written</li> </ul>	Examí .	<ol> <li>Performance on the Job</li> <li>On-the-Job Training</li> <li>Simulation</li> </ol>						
Reta	r completion of ain photocopy nal to:	of Section IV, "Employer Record, for your files. For third party ver	remove section from the packet and phot ification and database reporting service, n	locopy. nail					

Industrial Train(Rg SOVIEs) ADDIESS 310 C. C. Lowry Davaes-078 Murray, KY 42071

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# RussMar Logistics, LLC.

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# 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
l-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	11/13/2012	11/13/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	11/19/2012	11/19/2015
L-2	PURGING GAS LINES	3 YEAR	11/19/2012	11/19/2015
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	11/13/2012	11/13/2015
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR		
M-3	TESTING PIPELINES	3 YEAR	11/12/2012	11/12/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M-5	MAINTAIN LINE VALVES	3 YEAR	11/13/2012	11/13/2015
M-7	PREVENT ACCIDENTAL IGNITION/AOC'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 Oualification / OO Tasks**

	N
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>Eddie L. Bennett. 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.

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

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**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 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 0Q 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

\*Qualificatioas are good for three years from date qualified

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#### **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.

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

#### Industrial Training Services Official Transcript Request CONFIDENTIAL

				·		Instructor		017
Last Name	First Name	M	Company Name	Test Date	P/F	#	Test Name OQ CM-8 Make Field Repairs on Gas	Skill
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P		Pipelines	OQ CM-8 1-4, 7 SIM
								OQ CM-5a BALL PLUG GATE ALL
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
							OQ CM-1 Performing Patrol and Leakage	4
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	P		Surveys on Gas Pipeline Facilities	00 CM-1 1-2, 5 SIM
			······································		·	·	NGT 1603 OQ H-1 Instal Domestic Gas	4
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P		Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
		•		11/12/2012	в		NGT 1603 OQ H-2 Install Domestic Gas Service Lines	00 H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	L.	CITY OF TOMPKINSVILLE	11/12/2012	. F		JEIVRE LINES	
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/12/2012	P		NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
		<u> </u>					NGT 1603 OQ H-1 Install Domestic Gas	
BROWN	ROBERT	<u>A</u> -	MARTIN CONTRACTING	11/12/2012	2 P		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		Service Lines	OQ H-1, H-2, M-3 ALL SIM
BROWN	ROBERT	A	MARTIN CONTRACTING	11/12/2012	2 P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
				444920047			OQ CM-8 Make Field Repairs on Gas Pipelines	OQ CM-8 1-4, 7 SIM
EMBERTON	JESSE		CITY OF TOMPKINSVILLE	11/13/2012	<u> </u>	HINALE		OQ CM-58 BALL PLUG GATE ALL
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/13/2012	2 P	HINKLE	OQ CM-5a inspect Emergency Valves	SIM
		• •••					·	
	1500F			1			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	11/13/2012	2 P	HINKLE	NGT 1603 OQ H-1 Install Domestic Gas	
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/12/2012	2 P	HINKLE	Meter and Regulator Sets	00 H-1, H-2, M-3 ALL SIM
			······································				NGT 1603 OQ H-2 Install Domestic Gas	
EMBERTON	JESSE	W	CITY OF TOMPKINSVILLE	11/12/2012	2 P	HINKLE	Service Lines	00 H-1, H-2, M-3 ALL SIM
EMBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/12/2012	2 P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	00 H-1, H-2, M-3 ALL SIM
ENDERTON							OQ CM-8 Make Field Repairs on Gas	
WARREN	JASON	0	MARTIN CONTRACTING	11/13/2012	2 P	HINKLE	Pipelines	0Q CM-8 1-4, 7 SIM
		_						OQ CM-58 BALL PLUG GATE ALL
WARREN	JASON	0	MARTIN CONTRACTING	11/13/201	Z P	HINKLE	OQ CM-5a Inspect Emergency Valves	
							OQ CM-1 Performing Patrol and Leakage	
WARREN	JASON	0	MARTIN CONTRACTING	11/13/201	2 P	HINKLE	Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
		<u> </u>		441400004			NGT 1603 OQ H-1 Install Domestic Gas	OO HA HA WA ALL SILL
WARREN	JASON	0	MARTIN CONTRACTING	11/12/201	2 P	HINKLE	Meter and Regulator Sets NGT 1603 OQ H-2 Install Comestic Gas	00 H-1, H-2, M-3 ALL SIM
WARREN	JASON	о	MARTIN CONTRACTING	11/12/201	2 P	HINKLE	Service Lines	00 H-1, H-2, M-3 ALL SIM
							· ···· ·· ····························	······································

#### Industrial Training Services Official Transcript Request CONFIDENTIAL

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		1.1			1			
WARREN	JASON	0	MARTIN CONTRACTIN	lG Ö	11/12/2012 P		HINKLE NGT 1603 OQ M-3 Test Gas Service Lines OQ H-1, H-2, M-3 ALL SIM	
						_	and a second	

#### Industrial Training Services Official Transcript Request CONFIDENTIAL

								·
Last Name	First Name	MI	Company Name	Test Date	P/F	Instructor	Test Name	Skill
BENNETT	EDDIE	L	MARTIN CONTRACTING			WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/19/2012	F	WILLS	OQ UM-7 Prevent Accidental Ignition	
BENNETT	EDDIE	L	MARTINCONTRACTING	11/19/2012	P	WILLS	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/20/2012	Р	WILLS	OQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/19/2012	Р	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
BENNETT	EDDIE	L	MARTIN CONTRACTING	1 1/19/2012	Р	WILLS	OQ CI-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	w	MARTIN CONTRACTING	11/19/2012	Р	WILLS	OQ CL-2 Purge Pipelines (Small & Large Diameter)	OQ CL-2 1 SIM
EMBERTON	JESSE	w	MARTIN CONTRACTING	11/20/2012	P	WILLS	OQ CM-10 Abandon/Deactivate Gas Pipeline Facilities	OQ CM-10 ALL SIM
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/20/2012	Ρ	WILLS	OQ CI-11 Installing Sacrificial Anodes and Test Stations	NO SKILLS RETURNED
EMBERTON	JESSE	w	MARTIN-CONTRACTING	11/20/2012	Ρ	WILLS	OQ CL-1a Hot Tapping Pipelines Using Self-Tapping Tees	OQ CL-1A ALL SIM
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/19/2012	P	WILLS	OQ UM-7 Prevent Accidental Ignition	
			A A	•		•	OQ CG-1 Verify Excavating and Backfilling Operations That Minimize	
EMBERTON	JESSE	W	MARTIN CONTRACTING	11/20/2012	Р	WILLS	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		
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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Murray KY 42071 
270-753-2150 
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MICHAEL C CHELF RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

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

Test Date: 02/06/2014

Test Key #: 2075

Pass/Fail: Pass

Test Number: 2815

Test Group No: 7485



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



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MICHAEL C CHELF

Co. Code: 12260 Instructor: Silgh, Chris Proctor: Silgh, Chris

**Test Results For:** 

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

Test Date: 02/16/2012

Pass/Fail: Pass

Test Key #:1665

Test Number: 7977

Test Group No: 5017

	Overali f	Resuit for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
95.31	93.75	4	4

### **IV.** Employer Record

#### OQ Task UG-1

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

mulad.

Name Michael ChelF			
Name <u>Michael</u> <u>ChelF</u>			
Last 4 Digits of Social Security Number	7308	· ·	
Company Name	,	•	
Company Mailing Address	<i>•</i> •		
City	State	Zip	

# Affidavit

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

Employee's Signature _	Michael	Cher Date	2-16-12

Evaluator Information (Pl	ease Print):
Name	CHRIS SLIGH
Organization/Employer	BLUEGRASS INSTR. SVC
Telephone Number	859-494-3173
	Affidavit

# 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

gus Date

© INDUSTRIAL TRAINING SERVICES, INC. All rights reserved. Reproduction In any form, In whole or part, prohibited. 310 C. C. Lowry Drive . Murray, KY 42071 . Phone: 270/753-2150 . 12-7-10 OQS UG-1 SM Page 35

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

1 -

	Not Applicable	TASK/OPERAT	IONS	5		Method of Skili/Abliity Verification
					Enter Number Fre	om List Below
1.		Verified the correct marking of marked underground pipeline (OQS UG-1.1)				2
2.			Verified the correct marking of temporarily marked underground pipeline facilities. (OQS UG-1.2)			2
3.		Verified the proper performant operations that prevent damage facilities. (OQS UG-1.3)		-		Z
4.		Verified the proper performant operations that prevent damages facilities. (OQS UG-1.4)				2
	Method of I	Knowledge Verification		hod of Skill/. served Durin	Ability Verificat g:	ion
	1. Writter	n Exam	1. 2.	Performan Simulation	ce in the field	
Afte	r completion	of Section IV, "Employer Record," ren	nove	section from the	e packet and photo	сору.

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: Silgh, Chris Proctor: Silgh, Chris

#### Test Results For:

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

Test Date: 02/17/2012

Test Key #:1644

.

Pass/Fail: Pass

Test Number: 7982

Test Group No: 5017

		Overall Result for This Group	
_Mean:	Medlan;	# Above Mastery:	# In Group:
97.50	100.00	4	4

Zip

#### OQS Task UH-1

#### Install Domestic Gas Meter and Regulator Sets

**Employee.Information (Please Print):** 

Name Michael CheIF

Last 4 Digits of Social Security Number \_\_\_\_\_\_7308

Company Name

Company Mailing Address

City

State

# Affidavit

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

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

#### **Evaluator Information (Piease 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.

2/17/12 Date \_\_\_ Evaluator's Signature

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

#### TASK/OPERATIONS

Method of Skill/Ability Verification

1.

Enter Number From List Below

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



1.

Method of Knowledge Verification

1. Written Exam

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

1. Performance in the field

. •

2. Simulation

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MICHAEL C CHELF

,

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

Test Results For:

OQ 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

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### **IV.** Employer Record

OQ Task UH-2

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Install Domestic Gas Service Lines

**Employee Information (Please Print):** 

Name Michael Chelf

Last 4 Digits of Social Security Number 7308

Company Name

Company Mailing Address

City

State

Zip

# Affidavit

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

Date 2-17-12 Employee's Signature 2016

Evaluator Information (Please Print):

Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR. SVC	
Telephone Number	859-494-3173	

\_\_\_ Affidavit

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

\_\_\_\_Date <u>2/17/12</u>\_\_\_ Evaluator's Signature

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

	Not Applicable	TASK/OPE	RATION	Method of Skill/Ability Verification
			Enter Number F	rom List Below
1.		Install Service Lines Undergro	ound. (OQ UH-2.1)	2
2.	۲.	Install Service Lines Under Bu 2.2)	uildings Served. (OQ UH-	
3.	d	install Service Lines Under Bu UH-2.3)	uildings Not Served. (OQ	
4.		Install Service Line Valves. (OQ UH-2.4)		2
5.		Connect Service Lines to Main (OQ UH-2.5)	n Piping (Tap Location).	2
6.		Connect Service Lines to Main Type Connections to Main). (C		2
7.		Connect Service Lines to Main Cast Iron or Ductile Iron Mains		Z
Method of Knowledge VerificationMethod of Sklil/Ability Verific Observed During:1. Written Exam1. 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:	Medlan:	# Above Mastery:	# In Group:
96.67	97.78	4	4

• •• •
# IV. Employer Record

## OQ Task UI-1

## Monitor Corrosion Control Methods Used on Buried Metal Pipelines

Employee Information (Please Print):		
Name Michael ChelF		
Last 4 Digits of Social Security Number	7308	
Company Name		
• • • • • • • •		

Company Mailing Address

City

State Zip

# Affidavit

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

\_\_\_\_\_Date\_\_\_\_\_\_ Employee's Signature 277

Evaluator Information (Piease Print):

Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR. SVC	
		<u> </u>
Telephone Number	0110 -000	

—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 \_\_\_\_\_\_

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

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	Not Applicable	TASK/OPERATIONS	Method of Skill/Ability Verification	
1.		Enter Number For Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	rom List Below	
<b>2.</b>	Ø	Determine Areas of Active Corrosion on Buried or Submerged Metal Piping Using Pipe-To-Soil Potential (Eiectrical) 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)	2	
5,	ল	Inspect Rectifiers. (OQ UI-1.5)		
6.	ম	Inspect interference current bonds. (OQ UI-1.6)		
<sup>•</sup> 7.		Install Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)		
8.		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)		
Method of Knowledge Verification Method of Skill/Ability Verification				
	1. Writter	Deserved During: DExam 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 UL-1 Tapping Pipelines Under Pressure

Test Date:02/17/2012

Pass/Fail: Pass

Test Key #: 1649

Test Number: 7997

		Overall Result for This Group	
Mean:	Medlan:	# Above Mastery:	# In Group:
91.92	91.18	4	4

# **IV.** Employer Record

## OQS Task UL-1

Tap Pipelines Under Pressure

**Employee Information (Please Print):** 

elF Name Michael

Last 4 Digits of Social Security Number \_ 7308

Company Name

**Company Mailing Address** 

City

State

•

Zip

# Affidavit

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

Las Date 2-17-12 Employee's Signature hac\_

**Evaluator Information (Please Print):** 

Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR. SVC	
Telephone Number	859-494-3173	
•		

\_\_\_\_Affidavit

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

Date \_\_\_\_\_\_ Evaluator's Signature

¢

	Not Appilcable	TASK/OPERATIONS	Method of Skiil/Abiiity Verification
		Enter Number Fro	om List Below
1.		Tap plastic piping using self tapping tee. (OQ UL- 1.1)	2
2.		Tap steel piping using self tapping tee. (OQ UL-1.2)	고
3.	ত	Tap steel piping using "Skinnner" Tapping Tool. (OQ UL-1.3)	
4.		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.	e	Tap steel plping using Williamson T-203 Drilling Machine for 6" – 10" pipe. (OQ UL-1.6)	
7.	ď	Tap steel piping using Mueiler D - 4 Drilling Machine for 1 1/4* - 2* hole sizes. (OQ UL-1.7)	
8.	Ľ	Tap steel piping using Mueller Drilling Machine for 2" – 12" pipe. (OQ UL-1.8)	
Method of Knowledge VerificationMethod of Skill/Ability Verification1. Written Exam1. Performance in the field2. Simulation			

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MICHAEL C CHELF

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

## **Test Results For:**

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

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #:1643

Test Number: 8003

	Overall F	Result for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
100.00	100.00	4	4



OQ Task UL-2

**Purge Gas Lines** 

**Employee Information (Please Print):** 

Name Michael ChelF 7308 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 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; aiways 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 auides used in this evaluation checklist.

Char Date 2-17-12 Employee's Signature 💈

Evaluator information (Please Print): CHRIS SLIGH Name BLUEGRASS INSTR. SYC 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. Date 2/17/12

Evaluator's Signature (

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Page 85

	Not Appiicabie	TASK/OPERATIONS		Method of Skiil/Abiiity Verification	
			•	Enter Numb	er 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	lg Air.	2
	Method of K	nowledge Verification	Mei	thod of Skill/Ability Veri	fication
1			Ob	served During:	
	1. Written	Exam	1.	Performance in the fi	eld
			2.	Simulation	
		f Section IV, "Employer Recon for your files. For third party			

original to:

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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

		Overall Result for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
100.00	100.00	4	4



# **IV.** Employer Record

### OQ Task UM-3

...)

**Testing Domestic Gas Service Lines** 

**Employee Information (Please Print):** 

Name Michael (hp1f

Last 4 Digits of Social Security Number \_ 7308

Company Name

Company Mailing Address

City

State

Zip

# Affidavit

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

Date 2-17-12 Employee's Signature Z

Evaluator Information (Please Print):

Namo	CHRIS SLIGH	
Name	BLUEGRASS INSTR. SVC	
Organization/Employer		
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.

Date 2/17/12 Evaluator's Signature

Page 21

### **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

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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

	0	verail Result for This Group	
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

	Overa	il Resuit for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
93.27	92.31	4	4

# IV. Employer Record

Zip

#### OQ Task UM-8

, Ç)

### Make Field Repairs on Natural Gas Pipelines

Employee Information (Please Print):					
Name Michael Casey Ch	elF				
Last 4 Digits of Social Security Number					
Company Name					
Company Mailing Address					

City

# State -

# 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.

Date 2-16-12 Employee's Signature \_\_\_\_\_

 Evaluator information (Please Print):

 Name
 CHRIS SLIGH

 Organization/Employer
 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 \_\_\_\_\_\_ Mus high \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

	Not Applicable	TASK/OPE	RATIONS		Method of Skiil/Abliity Verification
		•		Enter Number F	rom List Below
1.		Perform field repair of dam acceptable method. OQ U		ections by an	2
2.	Ø	Perform field repair of w method. OQ UM-8.2	welds by ar	acceptable	
3.		Perform field repair of I method. OQ UM-8.3	eaks by ar	acceptable	2
4.	Ø	Make field repairs on c encapsulation. OQ UM-8.4		elines using	
	Method of )	Cnowiedge Verification		od of Skill/Ability Verifica prved During:	ition
	1. Writter	) Exam	1. 2.	Performance in the field Simulation	
Aft	er completion of	of Section IV. "Employer Reco	rd." remove se	ction from the packet and pho	

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MICHAEL C CHELF

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Co. Code: 12260 Instructor: Silgh, Chris Proctor: Silgh, Chris

**Test Results For:** 

OQ UM-10 Abandon or Deactivate Gas Pipeline Facilities

Test Date:02/16/2012

Test Key #:1637

Pass/Fail: Pass

Test Number: 8022

Overall Result for This Group				
Mean:	Median:	# Above Mastery:	_ # In Group:	
95.46	95.46	4	4	

### OQ Task UM-10

## Abandon or Deactivate Gas Pipeline Facilities

Employee Information (Please Print):

Name Michael Chelf

Last 4 Digits of Social Security Number \_\_\_\_\_\_\_\_

Company Name

Company Mailing Address

City

State

Zip

# Affidavit

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Employee's Signature	michael	Cher Di	ate <u>2-16-17</u>	

<b>Evaluator Information (Pl</b>	ea <u>se Print):</u>	
Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR. SVC	
Telephone Number	859-494-3173	

·--- · Affidavit

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tasks at the indicated level. Date \_\_\_\_\_\_ Evaluator's Signature



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

# RussMar Logistics, LLC.

# **MARVIN ANDERSON**

TASK NUMBER	COVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PRDCESSES	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
l-1	MONITOR CORROSION CONTROL METHODS USED ON BURRIED PIPELINES	3 YEAR	2/17/2012	2/16/2015
L-1a	TAP PIPELINES UNDER PRESSURE	3 YEAR	2/17/2012	2/17/2015
L-2	PURGING GAS LINES	3 YEAR	2/17/2012	2/17/2015
L-3A	MONITOR ODORANT LEVELS	3 YEAR	3/19/2014	3/19/2017
M-1	PERFORM PATROL & LEAKAGE SURVEYS ON GAS PIPELINE FACILITIES	3 YEAR	5/28/2013	5/28/2016
M-2	LOCATE & MARK UNDERGROUND FACILITIES	3 YEAR	3/19/2014	3/19/2017
M-3	TESTING PIPELINES	3 YEAR	2/17/2012	2/17/2015
M-4	INSPECT & TEST PRESSURE LIMIT STATIONS	3 YEAR		
M•5	MAINTAIN LINE VALVES	3 YEAR	3/19/2014	3/19/2017
M-7	PREVENT ACCIDENTAL IGNITION/AOC'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 IR ON 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

		1		
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
Cl-5	INSPECT & MAINTAIN RECTIFIERS	<b>3 YEAR</b>	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	<b>3 YEAR</b>	12/14/2013	12/14/2016
CI-10	INSPECT & MONITOR EXPOSED PIPING FOR ATMOSPHERIC CORROSION	3 YEAR	12/14/2013	12/14/2016
Cl-11	INSTALLING SACRIFICIAL ANODES & TEST STATIONS	<b>3 YEAR</b>	12/13/2013	12/13/2016
CI-13	IDENTIFY PROCEDURES BASIC TO INSPECTING, APPLYING, & REPAIRING PIPELINE COATINGS	3 YEAR	12/13/2013	12/13/2016
GDS 3.6	MAINTAINING COMPLIANCE WITH NATIONAL FLIEL GAS CODE NFPA	3 YEAR	2/6/2014	2/6/2017

1 Marvin Anderson This certifies that į **Martin Contracting** of 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 grain the porresponding box. 28/3 5 BLUEGRASS INSTRUCTIONAL SERVICES 3438 McCiure Rd, Winchester, KY 40391 859-494-3173 Lsligh.c@gmail.com

EXPIRES	TASK
ι. 	D OQ UG-1 ; Excevating/Backfilling
1	OQ UH-1 : Install/Reglain/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	El OQ UM-1 : Patrol & Leakage Surveys
1	C OQ UM-3 : Pressure Test Pipelines
	OQ UNI-7 : Prevent Accidental Ignition/AOC's
,	OQ UN-8 : Install/Repair/Replace Main Lines
·;	OQ UM-10 : Abandon/Deactivate Pipelines

EXPIRES	TASK
0	OQ UG-1 : Excavating/Backfilling
	OQ UH-1 : install/Repair/Replace M & R Sets
D	OQ UH-2 : Install/Repair/Replace Service Lines
0	OQ UI-1 : Apply/Monitor Corrosion Control
0	OQ UL-1 : Tap Pipelines (Self-Tapping Only)
	OQ UL-2 : Purge Pipelines
	OQ UM-1 : Patrol & Leakage Surveys
	OQ UM-7 : Prevent Accidental Ignition/AOC's
0	
0	OQ UM-10 : Abandon/Deactivate Pipelines
This certifies th	Marvin Anderson
of Russ	Mar Utility Management Logistics
DOT 49 CFR, F materials and p the KY Gas As	Ated per the conditions and guidelines as set forth by Part 192 & the KY Public Service Commission using rocedures provided by Industrial Training Services & isociation, and determined qualified to perform the indicated with a first in the corresponding box. BLUEGRASS INSTRUCTIONAL SERVICES 3438 McClure RL, Winchester, KY 40391 859-494-3173 / sligh.c@gmail.com

<u>3/19/17</u> Ø OQ CM	-2 : Locate & Mark Pipelines
<u>3/19/17</u> ⊠ OQ CM	-5 : Inspect & Operate Pipeline Valves
- I	•
Sec. 1	
This certifies that	Marvin Anderson - 2554
of RussMarU	tility Management Logistics
DOT 49 CFR, Part 192 &	he conditions and guidelines as set forth by the KY Public Service Commission using
	provided by Industrial Training Services &
	, and determined qualified to perform the
	with the corresponding box.
tasks as indicated a	



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MARVIN ANDERSON

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

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**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

		Overall Result for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
95.31	93.75	4	4

• . .

## 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 Dig	its of Social Se	curity Number	2554	·

Company Name

Company Mailing Address

City

State

# Zip

# Affidavit

I acknowledge the performance of this task is solely for the purpose of operator qualification, and is not intended to replace or modify company operating procedures or policies and may not be appropriately used in 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	Mai (	waleson	Date / 4 FEB 12

**Evaluator information (Please Print):** 

Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR, SVC	_
Telephone Number	859-494-3173	

# \_\_\_ Affidavit

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

Evaluator's Signature

Date 2/16/12

	Not Applicabie	TASK/OPERATIONS			Method of Skill/Ability Verification	
					Enter Number Fr	om List Below
1.		Verified the correct marking of permanently marked underground pipeline facilities. (OQS UG-1.1)				Z
2.		Verified the correct marking of temporarily marked underground pipeline facilities. (OQS UG-1.2)				Z
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 plpeline facilitles. (OQS UG-1.4)				2
Method of Knowledge Verification Method of Skill/Abliity Verification Observed During:				lon		
	1. Written Exam		1. 2.		ce in the field	
		of Section IV, "Employer Record," ren				

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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

		Overaii Resuit for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
97.50	100.00	4	4

OQS Task UH-1

### Install Domestic Gas Meter and Regulator Sets

**Employee Information (Please Print):** 

Name MARVIN ANDERSON

Last 4 Digits of Social Security Number \_\_\_\_\_\_2554

Company Name

Company Mailing Address

City

State

Zip

# Affidavit

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Employee's Signature Date 17FEB12

Evaluator Information (Please Print):

Name	CHRIS SLIGH		
Organization/Employer	BLUEGRASS INSTR, SVC	·	
Telephone Number	859-494-3173	·	

\_\_\_\_Affidavit

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Date 2/17/12 Evaluator's Signature

	TASK/OPE	Verific	Ability
		Enter Number From List	Below
1.	Install Domestic Gas Meter (OQ UH-1.1)	r and Regulator Sets	
	Method of Knowledge Verification	Method of Skili/Abiiity Verification Observed During:	
	1. Written Exam	1. Performance in the field 2. Simulation	

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

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MARVIN ANDERSON

Co. Code: 12260 instructor: Siigh, Chris Proctor: 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

		Overail Result for This Group	
Mean:	Medlan:	# Above Mastery:	# In Group:
100.00	100.00	4	4

OQ Task UH-2

Install Domestic Gas Service Lines

Employee Information (Please Print): Name <u>MARIN ANOLOISO</u>	$\checkmark$
Last 4 Digits of Social Security Number	2554
Company Name	•
Company Mailing Address	· ·

City

## State

Zip

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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 /7/EB12

Evaluator Information (Please Print): Name \_\_\_\_\_\_ CHRIS SLIGH Organization/Employer \_\_\_\_\_ BLUEGRASS INSTR. SVC 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.

\_\_\_\_ Date \_\_\_\_ **Z/17/1Z** Evaluator's Signature

.

.

•

	Not Applicable	TASK/OPERATION		Method of Skiil/Ability Verification
			Enter Number	From List Below
1.		Install Service Lines Undergrou	und. (OQ UH-2.1)	Z
2.	Ø	Install Service Lines Under Bui 2.2)	ildings Served. (OQ UH-	
<b>3.</b>	d	Install Service Lines Under Bui UH-2.3)	ildings Not Served. (OQ	· . 🔲
4.		Install Service Line Valves. (OQ UH-2.4)	•	2
5.		Connect Service Lines to Main (OQ UH-2.5)	Piping (Tap Location).	2
6.		Connect Service Lines to Main Type Connections to Main). (O		2
7.		Connect Service Lines to Main Cast Iron or Ductile Iron Mains		Z
Method of Knowledge VerificationMethod of Skill/Ability VerificationObserved During:Observed During:1. Written Exam1. Performance in the field2. Simulation				

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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

		Overali Result for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
96.67	97.78	4	4

#### OQ Task UI-1

Monitor Corrosion Control Methods Used on Burled Metal Pipelines

Employee Information (Please	Print): Anderson		
Last 4 Digits of Social Security N	umber_ <u>25574</u>		
Company Name			
Company Mailing Address			
City <sup>-</sup>	State	, Zíp	
	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.

shelles. \_Date 16 FEB 12 Employee's Signature 🧷

Evaluator Information (Ple	ase Print):
Nome	CHRIS SLIGH
Name	BLUEGRASS INSTR. SVC
Organization/Employer	859-494-3173
Telephone Number	009-494-0170
	Affidavit
conducted this assessmen employee is the person ass	on who has administered this checklist and that I have t with integrity. I also affirm that the above named essed and that the above named person performed the
tasks at the indicated level.	
Evaluator's Signature	His Than Date Z/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.		Enter Number Fr Perform Pipe-To-Soil Potential Surveys on Effectively Coated Buried or Submerged Pipelines. (OQ UI-1.1)	om List Below
2.	Ø	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)	Z
5.	Ø,	Inspect Rectifiers. (OQ UI-1.5)	
6.	Ø	inspect interference current bonds. (OQ UI-1.6)	ō
<b>7.</b>		Instali Test Leads to Monitor and Control External Corrosion. (OQ UI-1.7)	2
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)	2
	Method of I 1. Writter	Knowledge VerificationMethod of Skiil/Ability VerificationObserved During:0bserved During:n Exam1. Performance in the field2. Simulation	llon

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MARVIN ANDERSON

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

.

## Test Results For:

## OQ UL-1 Tapping Pipelines Under Pressure

Test Date: 02/17/2012

Pass/Fail: Pass

Test Key #: 1649

Test Number: 7998

		Overail Result for This Group	
Mean:	Median:	# Above Mastery:	# In Group:
91.92	91.18	4	4

#### OQS Task UL-1

Tap Pipelines Under Pressure

Employee Information (Piease Print): Name					
Name/	ARVIN P	TNDERSON			
Last 4 Digits of Socia	al Security Num	ber_ <u>255</u>	<u>4                                    </u>		
Company Name	• • <del>•</del>	4 4 - 4			
Company Mailing Ad	ldress			,	
City		State	Zip		

# Affidavit

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

Employee's Signature Mai	Under	Date 17 5EB 12	

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.

<u> 2/17/12</u> Date \_\_\_ **Evaluator's Signature** 

	Not Applicable	TASK/OPERATIONS s	Method of kill/Ability erification
		Enter Number From	List Below
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)	Z
3.	<b>1</b>	Tap steel piping using "Skinnner" Tapping Tool. (OQ UL-1.3)	
4.	ত	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)	고
<u>6</u> .	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 ¼" – 2" hole sizes. (OQ UL-1.7)	
8.	Ž ' <sup>, ;</sup>	Tap steel piping using Mueller Drilling Machine for 2" – 12" pipe. (OQ UL-1.8)	
	Method of <b>!</b>	Cnowledge Verification Method of Skill/Ability Verification Observed During:	n
	1. Written		

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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

		Overall Result for This Group	
Mean:	Medlan:	# Above Mastery:	# In Group:
100.00	100.00	4	4

#### OQ Task UL-2

**Purge Gas Lines** 

**Employee information (Please Print):** 

Name _	MARVIN	Anders	on.	 
Last 4 D	igits of Social Secu	rity Number	2554	 <u> </u>
Compan	y Name			
Compan	y 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.

3	A /	1			
Employee's Signature	7V	la-	Choles	Date	17 FEB 12
	-7				

Evaluator Information (PI	ease 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

Date 2/17/12

	Not Appiicable	TASK/OPER	ATIONS	S	Method of Skiil/Ability Verification
		. '	•	Enter Numbe	From List Below
1.		Purge Gas Pipelines of A (OQ UL-2.1)	-		Z
2.		Purge Gas Pipelines of ( (OQ UL-2.2)	Gas Usir	ng Air. ′	2
	Method of K	nowledge Verification	Me	thod of Skili/Ability Verif	ication
		,	Ob	served During:	
	1. Written	Exam	1.	Performance in the fie	id
			2.	Simulation	
Ret		f Section IV, "Employer Record for your files. For third party			

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www.ITS-training.com

MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 instructor: Silgh, Chris Proctor: Sligh, Chris

Test Results For:

OQ CL-3a Monitor Odorant Levels

Test Date: 03/19/2014

Test Key #: 2070

Pass/Fail: Pass

Test Number: 7668

Test Group No: 7640



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## **IV.** Employer Record

#### OQ Task CL-3a

**Monitor Odorant Levels** 

Employee Information (Please Print): Name MARVIN ANDERSON
Name MARVIN ANDRESON
Last 4 Digits of Social Security Number
Company Name RUSSMAR
Company Mailing Address _ 2371 EEVINE 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.

shall Employee's Signature 🚞 Date \_

**Evaluator Information (Please Print):** 

Name	Chris Sligh	
Organization/Employer	Bluegrass Instructional Sandara	
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 (

Date 3/19/14 Evaluator's Signature

#### TASK/OPERATIONS

Method of Skill/Ablilty Verification

2

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

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• • •

- 1. Performance on the Job
- 2. Simulation

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• •

Chris Sligh Sluegrass (nstructional Pervices 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):				
Name	MARVIN	HADER	sort	
Last 4 Digits of Social Secu	urity Number _	2554	<b></b>	
Company Name	MARTIN Cont	RACTIN	5 RussMAR	
Company Mailing Address	_2371_I	RUINE	R	
cityKichho	<u>♪</u> Stat	• <u> </u>	_ 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.

Martin Date 28 Min 12 Employee's Signature

**Evaluator Information (Please Print):** 

Name	CHRIS SLIGH	
Organization/Employer	BLUEGRASS INSTR. SVC	
Telephone Number	859-494-3173	

Affidavit

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

Date \_\_\_\_ Evaluator's Signature



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Murray KY 42071 
270-753-2150 
www.ITS-training.com

MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

## Test Results For:

www.ITS-training.com

OQ CM-2 Locate and Mark Underground Pipeline Facilities

Test Date: 03/19/2014

Pass/Fail: Pass

Test Key #: 1750

Test Number: 7672 Test Group No: 7640



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## IV. Employer Record

#### **OQ Task CM-2**

#### Locate and Mark Underground Pipeline Facilities

Employee Information (Plea	se Print): 🖌		
Employee Information (Plea Name	ANd+ISON	1	
Last 4 Digits of Social Security	y Number	_	
Company Name			
Company Mailing Address	2731 IRVIN	VE RO	
City Richmond			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 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.

Date Employee's Signature /

#### **Evaluator information (Please Print):**

Name	Chris Sligh
Organization/Employer	
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 3/19/14 Evaluator's Signature Date \_\_\_\_

.

	Not Applicable	TASK/OPERATIONS			Method of Skiil/Ability Verification	
				Enter	Number From List Below	
<b>1.</b>		(CM-2.1) Locate undergrou	nd pipe	lines. (1291)	2	
<b>2.</b>		(CM-2.2) Install and mainta	CM-2.2) Install and maintain pipeline markers. (1301)			
3.		(CM-2.3) Temporarily mark	(CM-2.3) Temporarily mark underground pipeline facilities.			
, ,   , ,	Method of i	Knowledge Verification		hod of Skill/Ability served During:	Verification	
	• Wntten	Exam	1. 2.	Performance on t Simulation	the Job	
Reta		of Section IV, "Employer Record, / for your files. For third party				
	310 C. ( • Murray,	al Training Services, Inc. Czecwrg Dibooktowieni zaa KY 4207ETTE-AHA-R38		·	•	
	_	· .			۰.	

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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

	Overall Result for This Group		
Mean:	Median:	# Above Mastery:	# In Group;
100.00	100.00	4	4

#### OQ Task UM-3

#### **Testing Domestic Gas Service Lines**

Employee Information (Please Print): Name <u>MARVIN</u> ANDERSON						
•	of Social Security	•	_	·		
<b>a</b>	1					

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.

hallt Employee's Signature ZV Date <u>17 Fers 12</u>

Evaluator Information (Please, Print):

Name	CHKIS 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.

Date 2/17/12 Evaluator's Signature

### **TASK/OPERATIONS**

Method of
Skill/Ability
Verification

1.	Test Service Lines. (OQ UM-3.1)			Enter Number From List		
	Method of Knowledge \	erification ····		hod of Skill/Ability Verlfic		
	1. Written Exam	an a	· 1. 2.	erved During: Performance in the field Simulation		

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Murray KY 42071 
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www.iTS-training.com

MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### **Test Results For:**

OQ CM-5 Inspect, Service and Operate Line Valves

Test Date: 03/19/2014

Test Key #: 1658

Pass/Fail: Pass

Test Number: 7687

Test Group No: 7640



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### **OQ** Task CM-5

### inspect, Service, and Operate Line Valves

Employee Information (Please Print);
Employee Information (Please Print); Name
Last 4 Digits of Social Security Number2554
Company Name
Company Mailing Address 2371 IRVINE RD
City Richmond State Ky Zip 40475

# Affidavit

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Date 7-19-19 Choles Employee's Signature 7

**Evaluator Information (Please Print):** 

Name		Chris Sligh	<u>.</u>
Organization/Employer	•	Bluegrass Instructional Services	
Telephone Number	<u> </u>	859-494-3173	

Affidavit

1 affirm that 1 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 initial addapted by  $\mathcal{O}$ .

initialed tasks at the indicated level 3/19/14 Evaluator's Signature Date \_\_\_\_



- Method of Knowledge Verification
  - Written Exam

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

- 1. Performance on the job
- 2. Simulation

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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: PEARSON, TIMOTHY Proctor: PEARSON, TIMOTHY

### **Test Results For:**

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

Test Date: 02/06/2014

Test Key #: 2087

Pass/Fail: Pass

Test Number: 2663

Test Group No: 7481

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



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MARVIN ANDERSON

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

# **Test Results For:** OQ UM-7 Prevent Accidental Ignition

Test Date: 02/16/2012

.

Pass/Fail: Pass

Test Key #:1639

.

Test Number: 8013 Test Group No: 5017

		Overall Result for This Group	
Mean:	Medlan:	# 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

.

Test Key #:1638

Pass/Fail: Pass

Test Number: 8018

Test Group No: 5017

		Overall Result for This Group	
Mean:	Median;	# Above Mastery:	# In Group:
93.27	92.31	4	4

### OQ Task UM-8

### Make Field Repairs on Natural Gas Pipelines

Employee Information (Please Print)		
Name MARVIN Anderso	N	
Last 4 Digits of Social Security Number	2554	
Company Name		
Company Mailing Address		
City	State	Zip
At	fidavit	

# 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 \_16 FEB 12

Evaluator Information (Pie	ease 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

<u>z/16/12</u> Date

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Aj	Not plicable	TASK/OPERATIONS	Method of Skiil/Abiiity Verification
		E	Inter Number From List Below
1.		Perform field repair of damages/imperfections by an acceptable method. OQ UM-8.1	2
2.	Ø	Perform field repair of welds by an acceptable method. OQ UM-8.2	
<b>3.</b>		Perform field repair of leaks by an acceptable method. OQ UM-8.3	
4.	Ø	Make field repairs on cast Iron pipelines using encapsulation. OQ UM-8.4	
Me 1.		Knowledge Verification Method of Skill/Ab Observed During: 1. Performance 2. Simulation	-
Retain p original	Industri	of Section IV, "Employer Record," remove section from the p for your files. For third party venification and database repo al Training Services, Inc. C. Lowry Drive KY, 42071	acket and photocopy. orting service, mail

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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

•

### OQ Task UM-10

Abandon or Deactivate Gas Pi	peline Facilities		
Employee Information (Please	Print): Ancherson		
Last 4 Digits of Social Security N	0.00	4	
Company Name		٠	
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,

Date 16 FEB12 Employee's Signature 🏼

<b>Evaluator Information (PI</b>	eas <u>e Pr</u> int):	
Name	CHRISTSLIGH	
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.

<u>2/16/1</u>2 Evaluator's Signature Date

.

A	Not Applicabie		Method of Skiil/Abiiity Verification
1.		Abandon/deactivate mains. (OQ UM-10.1)	m List Below
2.		Abandon/deactivate service lines.	2
3.		Discontinue service to customers. (OQ UM-10.3)	2
1. After c	Writter	2. Simulation of Section IV, "Employer Record," remove section from the packet and pho-	otocopy.
Retaln origina		y for your files. For third party verification and database reporting servi	ce, mail 
•	310 C.	al Training Services, Inc. C. Lowry Drive KY 42071	

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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

**Test Results For:** 

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2658

Test Number: 4898

Test Group No: 7264



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



\_\_\_\_ . .

Evaluator information (Please Print):

### 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 Number2554
Company Name Russ MAR
Company Mailing Address 2371 IRVINE RD
City Richmon 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 checkiist.

Chidem\_ Date 11-14-13 Employee's Signature

	•	
Name	Chris Silgh	
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.

. .

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	TASK/OP	ERATIONS	Skiil/Ability Verification
		Enter	Number From List Below
1.	(CI-1.1) Measure Structure to (0001)	(CI-1.1) Measure Structure to Electrolyte Potential. (0001)	
		_ ```	
Metho	od of Knowledge Verification	Method of Skill/Ability Observed During:	y Verification
• W	ritten Exam	1. Performance on	the Job

2.

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Simulation

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

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

> Chris Sligh Bluegrass Instructional Services 859-494-3173

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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Siigh, Chris Proctor: Sligh, Chris

**Test Results For:** 

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2027

Test Number: 4901

Test Group No: 7264



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### OQ Task CI-4

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

Employee Information (Please Print):	_		
Employee Information (Please Print): Name MARVIN Ander.	son		
Last 4 Digits of Social Security Number	2554		
Company Name RUSS MAR	· · · · · · · · · · · · · · · · · · ·		
Company Mailing Address	FRVINE	RD	<b></b>
City Rishmand	State Kr	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 olume Date

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

	Not Applicable	TASK/OP	ERAT	IONS	Method of Skill/Ability Verification
				Enter Number I	From List Below
1.		(CI-4.1) Visual Inspection of Bu When Exposed. (0151)	ried f	Pipe and Components	2
2.		(CI-4.2) Measure External Corr	osion	. (0171)	2
3.		(CI-4.3) Determine Appropriate Corrosion Control and Notificati			) 2
	Method o	f Knowledge Verification		hod of Skill/Ability Verifica served During:	ation
	Writte	n Exam	1. 2. <sup>-</sup>	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. Chiris Shift Bill C. C. Lowry Drive Wurray, Instructional Sectors, Nurray, 859-494-3173



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Murray KY 42071 
270-753-2150 
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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

### Test Results For:

OQ CI-5 Inspect and Maintain Rectifiers

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1806

Test Group No: 7264

Test Number: 4903



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### **OQ Task CI-5**

**Inspect and Maintain Rectifiers** 

Employee Information (Please Print):	
Name MARVIN ANDERSON	
Last 4 Digits of Social Security Number _ 2554	<u> </u>
Company Name	
Company Mailing Address 237/ FRVINE RD	<u> </u>
City Richmond State Ky Zip 4047-	<u>5</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,

hold\_\_\_\_Date \_\_\_\_4 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. Date \_\_\_\_\_\_11/14/13

Evaluator's Signature \_



• Written Exam

- Method of Skill/Ability Verification Observed During:
- 1. Performance on the Job
- 2. Simulation

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

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



MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475

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

### Test Results For:

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

Test Date: 12/14/2013

Test Key #: 2094

Pass/Fail: Pass

Test Number: 4904

Test Group No: 7264



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### OQ Task Cl-7

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

Employee information (Please Print):
Employee Information (Please Print): Name
Last 4 Digits of Social Security Number _ 2554
Company Name RUSS MAR
Company Mailing Address 2371 I-RVINE 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

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 Appiicable	_ TASK/OP	ERATIONS	Method of Skiil/Abiiity Verification
			Enter Number Fr	om List Below
1.		(CI-7.1) Installation and Maintena Connections. (0041)	nce of Mechanical Electrical	Z
2.		(CI-7.2) Installation of Exothermic	Electrical Connections. (0051)	Z
	Method of I	Cnowledge Verification	Method of Skill/Ability Verificat Observed During:	lion

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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> Chris Sligh Bluegrass Instructional Services 859-494-3173

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Murray KY 42071 
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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

## **Test Results For:**

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 2055

Test Number: 4907

Test Group No: 7264



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### 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> えくら火</u>
Company Name Russ MAR
Company Mailing Address <u>1371</u> Flying RD
City <u>Richmand</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.

\_\_\_\_ Date <u>11-14-13</u> Employee's Signature

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

Name	Chris Sligh	
Organization/Employer	Bluegrass Instructional Services	
Telephone Number	<b>859-49</b> 4-3173	<u> </u>

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 Applicabie	TASK/OF	TASK/OPERATIONS		
		•		Enter Number Fro	m List Below
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)			2
Method of Knowiedge Verlfication			Method of Skill/Ability Verification Observed During:		
Written Exam			1. 2.	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:

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Bluen has instructional Services 859-494-3173



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

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

#### **Test Results For:**

OQ CI-9 Inspect for Evidence of Internal Corrosion

Test Date: 12/14/2013

Test Key #: 2067

Pass/Fail: Pass

Test Number: 4909

Test Group No: 7264



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## **IV.** Employer Record

#### OQ Task CI-9

Inspect for Evidence of Internal Corrosion

Employee Information (Please Print);
Employee Information (Please Print); Name
Last 4 Digits of Social Security Number
Company Name RUSSMAR
Company Mailing Address 2371 J-RVINE RD
City <u>Richmond</u> State <u>R1</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.

Lales\_ Date 11-14+13 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.

11/14/13 Evaluator's Signature Date

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

	Not Applicable	TASK/OPERATIONS			Method of Skill/Ability Verification
				Enter Number i	From List Below
1.		(CI-9.1) Insert and Remove C Corrosion Monitoring. (0131)	CI-9.1) Insert and Remove Coupons/Probes for Internal Corrosion Monitoring. (0131)		
2.		CI-9.2) Visual Inspection for Internal Corrosion. (0161)			Z
3.		CI-9.3) Measure Internal Corrosion. (0181)			2
	Method of I	Knowledge Verification		hod of Skill/Ability Verificaterved During:	ation
	Written	Exam	1.	Performance on the Job	)

After completion of Section IV, "Employer Record," remove section from the packet and photo

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:

2. Simulation

Industrial Training Services, Inc. evind vind vind 2000 000 Murray, KY 42071 1700 00 Bluegrass Instructional Services 859-494-3173

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Murray KY 42071 
270-753-2150 
www.ITS-training.com

MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

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

Test Date: 12/14/2013

Pass/Fail: Pass

Test Key #: 1734

Test Number: 4910

Test Group No: 7264



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## **IV.** Employer Record

#### OQ Task CI-10

Inspect and Monitor Exposed Piping for Evidence of Atmospheric Corrosion

Employee Information (Please Print):
Name MARVINI ANINERSON
Last 4 Digits of Social Security Number
Company Name
Company Mailing Address 3371 FRUINE 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 \_\_\_\_\_ Chalding Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

#### **Evaluator information (Please Print):**

Name	
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.

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

	Not Applicable	TASK/OPERATIONS Ski			lethod of cill/Ability prification
				Enter Number From	List Below
<sup>.</sup> 1.		(CI-10.1) Visual Inspection for Atmospheric Corrosion. (0141)			Z
2.		(CI-10.2) Measure Atmospheric Corrosion. (0191)			Z
	Method of Kn	owledge Verification		hod of Skili/Ability Verification served During:	1
•	• Written Ex	am	1. 2.	Performance on the Job Simulation	

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Chris Sligh Biuegrass Instructional Service:-859-494-3173



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Murray KY 42071 
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MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 instructor: Silgh, Chris Proctor: Silgh, Chris

#### **Test Results For:**

OQ CI-11 Installing Sacrificial Anodes and Test Stations

Test Date: 12/13/2013

Test Key #: 2086

Pass/Fail: Pass

Test Number: 4912

Test Group No: 7264



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## **IV.** Employer Record

#### OQ Task Cl-11

#### Install Sacrificial Anodes and Test Stations

Employee information (Please Print):
Name MARVIN ANDERSON
Last 4 Digits of Social Security Number2554
Company Name RUSSMAR
Company Mailing Address _ 2371 IRVINE RD
City <u>Richmond</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 1/1/ Date 13DEC 13

Evaluator Information (Please Print):

Name	Chris Sligh
Organization/Employer	Bluegrass Instructional Services
Telephone Number	<b>859</b> -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.

Date <u>12/13/13</u> Evaluator's Signature

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

	Not Applicable	TASK/OPI	ERAT	IONS	Method of Skill/Ability Verification
				Enter Number Fro	om List Below
1.		(CI-11.1) Install Sacrificial Anodes.	(50)	71)	Z
2.		(Ci-11.2) Installation and Maintena Connections. (0041)	Ci-11.2) Installation and Maintenance of Mechanical Electrical Connections. (0041)		
3.		(CI-11.3) Installation of Exothermic	Elec	trical Connections. (0051)	2
4.		(CI-11.4) Inspect and Monitor Gaiv	anic	Ground Beds/Anodes. (0031)	2
	Method of	Knowledge Verification		hod of Sklil/Ability Verificati served During:	ion
	Writter	n Exam	1. 2.	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:

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Industrial Training Services, Inc. 310 C. C. Lowry Drive Units and 300 Murray, Kataloga Isnobarriani azergeui8 ESTE-464-968

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

MARVIN ANDERSON RUSSMAR 2371 IRVINE RD RICHMOND, KY 40475 Co. Code: 29199 Instructor: Sligh, Chris Proctor: Sligh, Chris

#### **Test Results For:**

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

Test Date: 12/13/2013

Pass/Fail: Pass

Test Key #: 2464

Test Number: 4914

Test Group No: 7264



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## **IV.** Employer Record

Evaluator Information (Please Print):

#### OQ Task CI-13

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

Employee Information (Please Print):
Employee Information (Please Print): Name MARVIN ANDRISON
Last 4 Digits of Social Security Number
Company Name _ RUSS MAR
Company Mailing Address 237 IRUNE RD
City Richmond State Kr 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	Jani (	tholeson.	_ Date	13 DEC13
	<u> </u>	-		

			1		
Name	Chris S	Sligh	·		
Organization/Employer	Bluegrass Instructional Services				
Telephone Number	859-494	-3173			
	Affidavit		••••		
I affirm that I am the person conducted this assessment employee Is the person asse tasks at the indicated level. Evaluator's Signature	with integrity. I also essed and that the above	affirm that	t the aborerson perf	ve named formed the	
	<b>し</b>				

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

Applicable TASK/OPERATIONS S	Method of Skill/Ability /erification					
. Enter Number From	m List Below					
1. (CI-13.1) Visual Inspection of Buried Pipe and Components When Exposed. (0151)	Z					
2. Cl-13.2) Coating Application and Repair – Brushed or Rolled. (0991)	Z					
3. (CI-13.3) Coating Application and Repair – Sprayed. (1001)						
4. (CI-13.4) External Coating Application and Repair – Wrapped. (1011)	2					
5. CI-13.5) Pipe Surface Preparation for Coating Application. (5541)	Z					
Method of Knowledge Verification Method of Skiil/Ability Verification Observed During:						
Written Exam     I. Performance on the Job     2. Simulation						
Bluegrass instructional Services						

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Page 42

# RussMar Logistics, LLC.

# **EDDIE BENNETT**

TASK NUMBER	CDVERED TASK	QUAL PERIOD	DATE QUALED	EXP. DATE
E-1	WELD ON STEEL PIPELINES	1 YEAR		
E-2	TEST WELDS USING NON-DESTRUCTIVE PROCESSES	1 YEAR		
F-1	JOINING PLASTIC PIPE	1 YEAR		
F-2	JOINING PLASTIC PIPE/MECHANICAL COUPLING	1 YEAR		
G-1	IN SPECT 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 PIPEUNE FACILITIES	3 YEAR	11/13/2012	11/13/2015
м-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
м-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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<ul> <li>Last Name*</li> </ul>	First Name	Mt	- Company Name	Test Date	P/F	Instructor	Test Name	Skill
	1	_	MARTIN CONTRACTING	osuille !	· 1		OQ CL-1a Hot Tapping Pipelines Using	
BENNETT	EDDIE	<b>,۲</b>	MARTINGONTRACTING	11/19/2012 P		WILLS	Self-Tapping Tees	OQ CL-1A ALL SIM
BENNETT	EDDIE	L	MARTINCONTRACTING	11/19/2012 F		WILLS	OQ UM-7 Prevent Accidental Ignition	
	1	:		1	!		OQ CG-1 Verify Excavating and	•
		•		•	٠		Backfilling Operations That Minimize	
BENNETT	EDDIE	L	MARTINCONTRACTING	· 11/19/2012 F	<b>)</b> (	WILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM
	1	,=			·		DQ CM-10 Abandon/Deactivate Gas	
BENNETT	EDDIE	L	MARTINCONTRACTING	11/20/2012 F	ь (	WILLS	Pipeline Facilities	· OQ CM-10 ALL SIM
		, <b>-</b> .	The second secon				OQ CL-2 Purge Pipelines (Small & Large	
BENNETT	EDDIE	L	MARTIN CONTRACTING	11/19/2012 F	<b>.</b>	WILLS	Diameter)	OQ CL-2 1 SIM
		·			· · '		OQ CI-11 Installing Sacrificial Anodes and	
BENNETT	EDDIE	้เ	MARTIN CONTRACTING	11/19/2012 F	b '	WILLS	Test Stations	NO SKILLS RETURNED
	, <del></del>		-		,		OQ CL-2 Purge Pipelines (Small & Large	ge le mile ye er en e
EMBERTON	JESSE	w	MARTIN-CONTRACTING-	1 11/19/2012 F	э,		Diameter)	OQ CL-2 1 SIM
					:		OQ CM-10 Abandon/Deactivate Gas	
EMBERTON	JESSE	w	MARTIN-CONTRACTING?	11/20/2012 F	b '	WILLS	Pipeline Facilities	OO CM-10 ALL SIM
• • • • • • • • • • • • • • • • • • •			and the state of t	· · · · ·			OQ CI-11 Installing Sacrificial Anodes and	* ~
EMBERTON	JESSE	W	MARTIN-CONTRACTING	11/20/2012 F	<b>)</b>		Test Stations	NO SKILLS RETURNED
	· · · · · · · · · · · · · · ·		A REAL PROPERTY OF THE REAL PR	·····	••••		OQ CL-1a Hot Tapping Pipelines Using	···· ·
EMBERTON	JESSE	W	MARTIN-CONTRACTING	11/20/2012 F	<b>,</b> c	WILLS	Self-Tapping Tees	OQ CL-1A ALL SIM
EMBERTON	JESSE	Ŵ	MARTIN CONTRACTING	11/19/2012 F	ָׁר <b>ַ</b> ר	WILLS	OQ UM-7 Prevent Accidental Ignition	an an ann an An Ann an Ann
		`	the state of the s		• '		• —:	
	ł	1		; ;	i		OQ CG-1 Verify Excavaling and	
	1			, ,			Backfilling Operations That Minimize	1
EMBERTON	JESSE	W	MARTIN CONTRACTING	· 11/20/2012 F	р ·	WILLS	Excavation Damage to Pipeline Facilities	OQ CG-1 ALL SIM

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VARREN	JASON	O MARTIN CONTRACTIN	G 11/12/2012 P	HINKLE NGT 1803 OQ M-3 Te	est Gas Service Lines OQ H-1, H-2, M-3 ALL SIM	
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				· · · · · · · · · · · · · · · · · · ·		
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#### industrial Training Services Official Transcript Request CONFIDENTIAL

Last Name	First Name	Im	Company Name	Test Date	P/F	Instructor #	Tesi Name	Skill
				,			OQ CM-8 Make Field Repairs on Gas	
ENNETT	EDDIE	Ľ	CITY OF TOMPKINSVILLE	11/13/2012	Р	HINKLE	Pipelines	OQ CM-8 1-4, 7 SIM
			•	• - •		• · ·		OQ CM-58 BALL PLUG GATE ALL
ENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	<sup>-</sup> , 11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
					<b>`</b>		in a second s N	
	1	•	•	•	_	r	OQ CM-1 Performing Patrol end Leakage	1
BENNETT	EDDIE	L	CITY OF TOMPKINSVILLE	11/13/2012	Ρ_	HINKLE	Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
	-	ł,					NGT 1603 OQ H-1 Install Domestic Gas	
ENNETT	EDDIE	_ <b>ل</b>	CITY OF TOMPKINSVILLE	11/12/2012	Ρ	HINKLE	Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
ENNETT	EDDIE	' <b>.</b>	CITY OF TOMPKINSVILLE				NGT 1603 OQ H-2 Install Domestic Gas	00 H.4 H.2 H.2 H.2 ATL 584
ENNELL.		<b>F</b> .	CITTOF TOMPRINSVILLE	11/12/2012	; <del></del>		Service Lines	0Q H-1, H-2, M-3 ALL SIM
BENNETT	EDDIE	ч	CITY OF TOMPKINSVILLE	11/12/2012	Þ		NGT 1603 OQ M-3 Test Gas Service Lines	OO HLI HLZ ML3 ALL SIM
		, <b>**</b>					NGT 1603 OQ H-1 Install Domestic Gas	
BROWN	ROBERT	Α.	MARTIN CONTRACTING	11/12/2012	Р	HINKLE	Meter and Regulator Sets	00 H-1, H-2, M-3 ALL SIM
			The second			and an e	NGT 1603 OQ H-2 Install Domestic Gas	
ROWN	ROBERT	Ά.	MARTIN CONTRACTING	11/12/2012	P	I HINKLE	Service Lines	OQ H-1, H-2, M-3 ALL SIM
ROWN	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
		• •	•_ · • • • • • • · · · ·		• •	· · · · · · · · · · · · · · · · · · ·	OQ CM-8 Make Field Repairs on Gas	
MBERTON	JESSE	W	CITY OF TOMPKINSVILLE	· 11/13/2012	P	HINKLE	Pipelines	OQ CM-8 1-4, 7 SIM
-		•••	· · · · · · · · · · · · · · · · · · ·		••••			OQ CM-5a BALL PLUG GATE ALL
MBERTON	JESSE	W_	CITY OF TOMPKINSVILLE	11/13/2012	P	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
			· · · ·				OO OH 4 Destanting Detail and Leaders	
MBERTON	JESSE	187	CITY OF TOMPKINSVILLE	11/13/2012			OQ CM-1 Performing Patrol and Leakage Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
	36036	¥¥	CITTOP TOMPRINGVILLE	1 1/13/2012	; <b>-</b> 7 -		NGT 1603 OQ H-1 Install Domestic Gas	00 00 11-2, 3 310
MBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	Meter and Regulator Sets	OQ H-1, H-2, M-3 ALL SIM
					· - •		NGT 1603 OQ H-2 Install Domestic Gas	
MBERTON	JESSE	w	CITY OF TOMPKINSVILLE	11/12/2012	P	HINKLE	Service Lines	00 H-1, H-2, M-3 ALL SIM
	-						•••• ••• ••• •••	
MBERTON	JESSE	W	CITY OF TOMPKINSVILLE	. 11/12/2012	P	HINKLE	NGT 1603 OQ M-3 Test Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
		•	· · · · ·		, -	: .	OQ CM-8 Make Field Repairs on Gas	
VARREN	JASON	0	MARTIN CONTRACTING	11/13/2012	2 P	HINKLE	Pipelines .	OQ CM-8 1-4, 7 SIM
	• • •	-			Ĩ.			OQ CM-5a BALL PLUG GATE ALL
VARREN	JASON	<u>o</u>	MARTIN CONTRACTING	11/13/2012	P.	HINKLE	OQ CM-5a Inspect Emergency Valves	SIM
	1 <sup>-</sup> -	1	1		_	•		ь.
		~	M DTN CONTRACTOR				OQ CM-1 Performing Patrol and Leakage	
VARREN	JASON	U	MARTIN CONTRACTING	11/13/2012	·۳_	HINKLE	Surveys on Gas Pipeline Facilities	OQ CM-1 1-2, 5 SIM
VARREN	JASON	·~	MARTIN CONTRACTING	14/13/3041	, . D		NGT 1603 OQ H-1 Install Domestic Gas	00 44 42 4241 584
		. Ч.	MARTIN CONTRACTING	11/12/2012	- "		NGT 1603 OQ H-2 instali Domestic Gas	00 H-1, H-2, M-3 ALL SIM
VARREN	JASON	0	MARTIN CONTRACTING	11/12/2012	• •	Hiviri E	NGT 1603 OQ H-2 Install Domestic Gas Service Lines	OQ H-1, H-2, M-3 ALL SIM
		. 🗸			• •			

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<b>Operator Oualification / OO Tasks</b>					
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**

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This certifies that <u>Eddie L. Bennett. 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.

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

**Operator Oualification / 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

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**Operator Qualification Card** 

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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.

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

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