**Operator and General Audit Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company:** | **Operator Name / Unit (if applicable):** | | | |
|  | | | |
| **Mailing Address:** | | | |
|  | | | |
| **Doing Business as or Affiliation:** | | | |
|  | | | |
| **PHMSA Operator Identification (OPID) No.** | |  | | |
| **LDENR Pipeline Number (PL Number)** | |  | | |
| **Operator’s Local Address:** |  | | **Inspector(s):** |  |
| **Date of Inspection:** |  |

**Operator Representatives Participating**

|  |  |
| --- | --- |
| **Key Persons** | **Name / Title / Phone / Email** |
| **Primary Operator or Representative Interviewed** |  |
| **Others Interviewed, Providing Information or Present during the Inspection** |  |
|  |
|  |

**Operator Qualifications Field Inspection**

**1. Verification of Qualification**

Observe in the field (job site, local office, etc.) that the foreman/supervisor/manager has verified the qualification of the individual performing the task, that the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

**192.801(a), 192.809(a)**

**195.501(a), 195.509(a)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Issue | Potential Issue | Not Applicable | Not Checked |
|  |  |  |  |
| **Notes** | | | |
|  | | | |

**2. Qualification Status**

Verify the individuals performing the observed covered tasks are currently qualified to perform the covered tasks.

**192.801(a), 192.809(a)**

**195.501(a), 195.509(a)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Issue | Potential Issue | Not Applicable | Not Checked |
|  |  |  |  |
| **Notes** | | | |
|  | | | |

**3. Covered Task Performance**

Verify the qualified individuals performed the observed covered tasks in accordance with the operator’s procedures or operator approved contractor procedures.

**192.801(a), 192.809(a)**

**195.501(a), 195.509(a)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Issue | Potential Issue | Not Applicable | Not Checked |
|  |  |  |  |
| **Notes** | | | |
|  | | | |

**4. Abnormal Operating Condition Recognition and Reaction**

Verify the individuals performing covered tasks are cognizant of, and have adequate knowledge to recognize and react to the AOCs that are applicable to the tasks observed.

**192.801(a), 192.809(a)**

**195.501(a), 195.509(a)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Issue | Potential Issue | Not Applicable | Not Checked |
|  |  |  |  |
| **Notes** | | | |
|  | | | |

**5. Operator Qualifications Plan and Covered Tasks**

Do individuals performing covered task demonstrate adequate skills, knowledge, and ability?

**192.805(h)**

**195.505(h)**

|  |  |  |  |
| --- | --- | --- | --- |
| No Issue | Potential Issue | Not Applicable | Not Checked |
|  |  |  |  |
| **Notes** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Individual Observed | Title / Organization | Phone Number | Email Address |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Covered Task Performed | Name Of Individual Performing Task | | | |
|  |  |  |  |
| Correct Performance (Y/N) | Correct Performance (Y/N) | Correct Performance (Y/N) | Correct Performance (Y/N) |
|  |  |  |  |  |
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| --- |
| Comments: |
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