

**OPERATOR QUALIFICATION
FIELD INSPECTION PROTOCOL FORM**

| | |
|--|------------------------------------|
| Inspection Date(s): | September 13-2012 |
| Name of Operator: | Ameren Illinois-Springfield |
| Operator ID (OPID): | 32513 |
| Inspection Location(s): | Arlington Street and Berkley Drive |
| Supervisor(s) Contacted: | Larry Adams |
| # Qualified Employees Observed: | 1 |
| # Qualified Contractors Observed: | 0 |

| Individual Observed | Title/Organization | Phone Number | Email Address |
|---------------------|--------------------|--------------|---------------|
| Mike Martinie | Crew Leader | | |
| | | | |
| | | | |
| | | | |

To add rows, press TAB with cursor in last cell.

| PHMSA/State Representative | Region/State | Email Address |
|----------------------------|--------------|---------------------------|
| Charles Gribbins | Illinois | cgribbin@icc.illinois.gov |
| | | |
| | | |

To add rows, press TAB with cursor in last cell.

Remarks:

A table for recording specific tasks performed and the individuals who performed the tasks is on the last page of this form. This form is to be uploaded on to the OQBD for the appropriate operator, then imported into the file.

9.01 Covered Task Performance

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

| 9.01 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|---|--|
| X | No Issue Identified | Qualification reviewed and procedure reviewed. |
| | Potential Issue Identified (explain) | |
| | N/A (explain) | |
| | Not Inspected | |

9.02 Qualification Status

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

| 9.02 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|---|----------------------------|
| X | No Issue Identified | Qualification Date 1-27-12 |
| | Potential Issue Identified (explain) | |
| | N/A (explain) | |
| | Not Inspected | |

9.03 Abnormal Operating Condition Recognition and Reaction

Verify the individuals performing covered tasks are cognizant of the AOCs that are applicable to the tasks observed.

| 9.03 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|---|-----------------------------------|
| X | No Issue Identified | Operator provided a copy of AOC’s |
| | Potential Issue Identified (explain) | |
| | N/A (explain) | |
| | Not Inspected | |

9.04 Verification of Qualification

Verify the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

| 9.04 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|---|--|
| X | No Issue Identified | The operator provided employee number for personal identification. |
| | Potential Issue Identified (explain) | |
| | N/A (explain) | |
| | Not Inspected | |

9.05 Program Inspection Deficiencies

Have potential issues identified by the headquarters inspection process been corrected at the operational level?

| 9.05 Inspection Results (type an X in exactly one cell below) | | Inspection Notes |
|---|---|---|
| | No Issue Identified | Staff did not review headquarters inspection. |
| | Potential Issue Identified (explain) | |
| X | N/A (explain) | |
| | Not Inspected | |

Field Inspection Notes

The following table is provided for recording the covered tasks observed and the individuals performing those tasks.

| No | Task Name | Name/ID of Individual Observed | | | Comments |
|----|-----------|--------------------------------|---------------------------|---------------------------|----------|
| | | Mike Martinie | | | |
| | | Correct Performance (Y/N) | Correct Performance (Y/N) | Correct Performance (Y/N) | |
| 1 | 0751 | Y | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

Operations and Maintenance Records Review

If performing an operations and maintenance records review in the course of your inspection, please review a sample of the qualifications of the individuals performing those O&M tasks that are covered under Operator Qualification and check the records for compliance to 192.807 or 195.507.

| | | | | |
|--------------------|---|-----------|--------|-------------|
| 192.807 or 195.507 | Records supporting an individual’s current qualifications shall be maintained while the individual is performing the covered task. Records of prior qualification and records of individuals no longer performing covered tasks shall be retained for a period of five years. | Sat. x | Unsat. | Not Checked |
| | Comments: The procedure was reviewed and staff was advised that the manufacture has change the fusion process for butt fusion; to use a cloth or paper towel to clean the pipe ends and not to use alcohol during butt fusion process. | | | |