Operator Qualification Card

Please **PRINT CLEARLY** (Contractor must complete all information on top portion only)

Name: _____

Employer (or) Company Name: _____

Qualifying Agency: _____

Qualification ID# : ☐☐☐☐☐☐☐☐☐☐☐☐

Job Address (Include City) _____

Operator Qualification Work Performed by Person Above

Service Line ○ New Installation ○ Renewal ○ Repair / Other

Meter Setting ○ New Installation ○ Renewal ○ Repair / Modification / Relocation

I attest that all work performed and materials used fully comply with all Federal, State, and Local rules, regulations, codes and standards, and all applicable Columbia Gas Policies and Procedures, regulations, and standards, including, but not limited to: 49 CFR 192, Subpart N; Standards for Customer Service Lines, Meters, and Regulators; Tariffs; and Approved Materials for Gas Piping on Customer Owned Service Lines. I further attest that I am enrolled in a Drug and Alcohol plan in accordance with 49 CFR 199. I understand and agree that Columbia's acceptance of a Qualifier's written program shall in no way constitute an assumption or acceptance by Columbia Gas of responsibility for the installation or repair work performed by me, and I remain responsible for any work performed.

Signature: _____ **Date:** ____/____/____

Note: Operator Qualification Cards can be printed from: www.columbiagasohio.com/business/plumbers or www.columbiagaspamd.com/products_services/plumber_information.htm

Form C – 3363 (11/ 04)

Information Below - For Columbia Use Only

PSID: ☐☐☐ ☐☐☐ ☐☐☐ **SEQ:** ☐☐

☐ **No Gas Service Established**

(Columbia Action Required)

- ○ Curb valve - Leaks through or out; Requested stop change
- ○ Other _____

(Contractor Requirement(s) that Failed)

- ○ **Qualifications not valid and/or OQ card completion unacceptable***
- ○ **Unable to visual service line where required***
- ○ **Service Line / Meter Setting installation violation(s) ***
- ○ **Service Line / Meter Setting failed pressure test(s) ***
- ○ Service Line / Meter Setting required clearances not met
- ○ Non OQ related problem(s)

Name (*print*) _____ **Date:** ___/___/___

*Note: Selections indicated in *BOLD* require card collection - Leave blank OQ replacement card

☐ **Established Gas Service**

Name (*print*) _____ **Date card picked up:** ___/___/___

Important

Proper Completion Requirements!

- Card must have all contractor information (top portion) properly filled out. *Please note: You may enter data into each required field prior to printing.*
- Card must be legible.
- Card may not have the signature electronically duplicated.
- Card must be protected from the elements such as rain, frost, snow, etc.
- All applicable qualification work performed by an individual on a meter setting and/or service line must be marked. Blacken or make a distinctive checkmark in appropriate circle(s).
- All individuals, not just the crew leader, who are performing qualification work on a meter setting and/or service line, and who are not directly observed by a qualified individual, must leave a properly filled out Operator Qualification card.

WARNING!

Fraudulent or misuse of cards may ultimately lead to an individual or company being banned from working on Customer owned facilities in Columbia Gas of Ohio's or Columbia Gas of Pennsylvania's service areas.