

# Operator Qualification Card

Please **PRINT CLEARLY** (Contractor must complete all information on this side only)

Name: \_\_\_\_\_

Employer (or) Company Name: \_\_\_\_\_

Qualifying Agency: \_\_\_\_\_

Qualification ID# : **EWN-**

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 / Relocate \_\_\_\_\_

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

Form C-9369(PA) (01/2024)

## This Side - 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 did not validate \***
- OQ card completion - Information incomplete or unacceptable\***
- Service Line -Unable to ( or no record of visuals) where required\***
- Service Line / Meter Setting - Installation violation(s) \***
- Service Line / Meter Setting - Failed pressure test(s) \***
- Service Line / Meter Setting - Minimum separation not met from external item
- Not 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 banned from working on Customer-owned facilities in Columbia Gas of Pennsylvania's service areas.**