

USPL Checklist: AO/AOD Toxic Substance Practical

Student Name:	Evaluated By:
Student ID:	Evaluator Signature:
Evaluation Date:	

Description: Candidate must successfully complete all sections of the form. Indicate Pass, N/A or Fail for each item listed below. Complete the Asset Operator (AO)/Asset Operator Designee (AOD) role in the ATW and Permit issuing process for a typical Cold Work — Toxic Substance Exposure Permit at the candidate's location as specified by the Evaluator.

<p>1.ATW POLICY Candidate completed the ATW form with input from the Performing Authority and the Workforce.</p>	Comments	Fail: <input type="checkbox"/> Pass: <input type="checkbox"/> N/A <input type="checkbox"/>
<p>2.ATW Policy Candidate reviewed the Level 2 HITRA to verify that the scope is appropriate, permits have been identified, and that it has been properly approved.</p>	Comments	Fail: <input type="checkbox"/> Pass: <input type="checkbox"/> N/A <input type="checkbox"/>
<p>3.ATW Policy Candidate reviewed and verified that permit conditions are deemed acceptable for the defined scope of work and affected equipment. Candidate issued the permit to the Performing Authority or can delegate permit issuance to the AOD.</p>	Comments	Fail: <input type="checkbox"/> Pass: <input type="checkbox"/> N/A <input type="checkbox"/>
<p>4.ATW Policy Candidate determined if changes can be made to a permit if permit conditions are exceeded or if the permit should be cancelled and a new permit issued. Candidate made changes to the permit by documenting their approval of the changes by initialing the changes where they are documented on the permit. Candidate described making changes to permits issued by telephone. Candidate described determining if changes to the Level 2 HITRA are necessary and how to facilitate those changes as the HITRA Leader prior to approving the changes to the permit.</p>	Comments	Fail: <input type="checkbox"/> Pass: <input type="checkbox"/> N/A <input type="checkbox"/>
<p>5.ATW POLICY Candidate received expired permits from the Performing Authority(s) and verified that the work written on the permit(s) has been completed. Candidate documented the expiration time on the permit(s) and on the ATW form in Section C.</p>	Comments	Fail: <input type="checkbox"/> Pass: <input type="checkbox"/> N/A <input type="checkbox"/>

<p>6.ATW POLICY</p> <p>Candidate updated the Permit Register when a permit was issued and then when it expired.</p>	<p>Comments</p>	<p>Fail: <input type="checkbox"/></p> <p>Pass: <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>7. TOXIC SUBSTANCE</p> <p>Candidate identified there is the likelihood to exceed established regulatory exposure limits for airborne contaminants.</p>	<p>Comments</p>	<p>Fail: <input type="checkbox"/></p> <p>Pass: <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>8. TOXIC SUBSTANCE</p> <p>Candidate defined and described each of the following hazards and mitigations as they relate to cold Work Toxic Substance Exposure permit:</p> <ul style="list-style-type: none"> • Work in areas with LEL > 0% • Confined Space Entry in spaces previously containing hazardous materials • Welding, cutting or grinding of alloy or coated metals • Excavation entry with suspected contaminated soil • Breaking containment of process equipment or piping • Crude tank gauging • Crude or product spill cleanup • Sandblasting • Hydroblasting • Lead paint removal • Coating removal • Coating installation • Asbestos disturbance 	<p>Comments</p>	<p>Fail: <input type="checkbox"/></p> <p>Pass: <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>9. TOXIC SUBSTANCE</p> <p>The candidate demonstrated the use of the Toxic Substance Exposure Flow Chart in Appendix 1 of the Cold Work Policy for both USPL and Contractor toxic substance exposure for work not documented on the PPE matrix or the Respirator Selection by Job or Task table.</p>	<p>Comments</p>	<p>Fail: <input type="checkbox"/></p> <p>Pass: <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>10. TOXIC SUBSTANCE</p> <p>The candidate verified the following where a Cold Work Permit is required, and respiratory protection is to be utilized.</p> <ul style="list-style-type: none"> • The type of respirator to be used • If the respirator uses a cartridge, the type of cartridge to be used • A new cartridge has been installed at the beginning of the shift, if applicable • The user(s) have been medically qualified to wear the respirator • The user(s) have been fit tested for this respirator • The respirator(s) have been inspected by the user prior to use 	<p>Comments</p>	

<p>11. COMPLETION</p> <p>The above-named employee has successfully demonstrated performing the role of Asset Operator/Asset Operator Designee for the scenario listed above.</p>	<p>Comments</p>	<table border="1"> <tr> <td data-bbox="1331 129 1490 181">Fail:</td> <td data-bbox="1437 136 1465 165"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1331 181 1490 232">Pass:</td> <td data-bbox="1437 188 1465 217"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1331 232 1490 306">N/A</td> <td data-bbox="1437 239 1465 268"><input type="checkbox"/></td> </tr> </table>	Fail:	<input type="checkbox"/>	Pass:	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Fail:	<input type="checkbox"/>							
Pass:	<input type="checkbox"/>							
N/A	<input type="checkbox"/>							

