

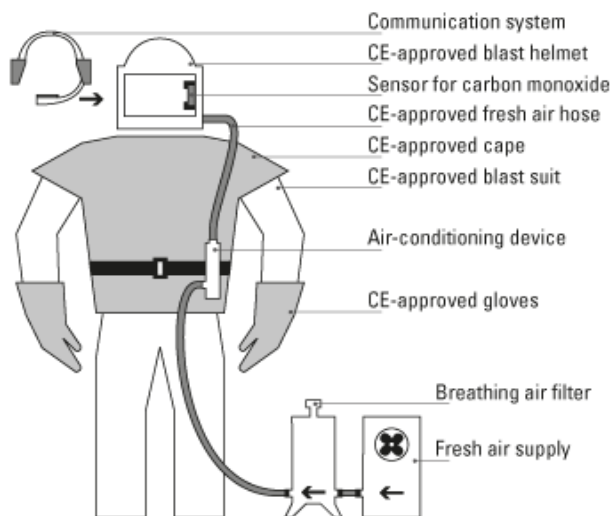
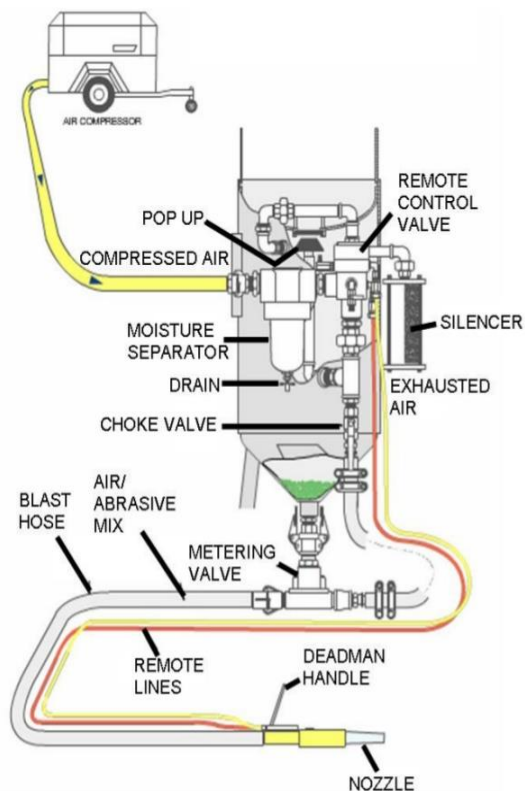
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|  | <b>COMPETENCY CHECKLIST</b><br><b>Sandblaster</b> | <b>CF-S-30K</b> |
|-----------------------------------------------------------------------------------|---------------------------------------------------|-----------------|

|                                                           |                                                                                                                                                                  |             |  |                          |                          |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|--------------------------|--------------------------|
| Worker:                                                   |                                                                                                                                                                  | Supervisor: |  | Date:                    |                          |
| Evaluator:                                                |                                                                                                                                                                  | Make/Model: |  | Business unit:           |                          |
| Experience related to equipment: _____ years _____ months |                                                                                                                                                                  |             |  |                          |                          |
| <b>General</b>                                            |                                                                                                                                                                  |             |  | <b>Yes</b>               |                          |
| 1.                                                        | Has reviewed operator's manual and understands manufacturer's requirements and limitations                                                                       |             |  | <input type="checkbox"/> | Must be yes to proceed   |
| <b>Knowledge</b>                                          |                                                                                                                                                                  |             |  | <b>Exceeds</b>           | <b>Meets</b>             |
|                                                           |                                                                                                                                                                  |             |  | <b>Below</b>             |                          |
| 1.                                                        | Demonstrates knowledge of safe work practice for sandblaster (e.g. SWP XXXX Abrasive Blasting)                                                                   |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                                                        | Demonstrates knowledge of how to safely position truck with sandblasting unit                                                                                    |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                                                        | Demonstrates knowledge of how to secure blasting pot for operation and travel                                                                                    |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.                                                        | Demonstrates knowledge of terminology related to sandblaster functions and systems (see reverse diagram)                                                         |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.                                                        | Demonstrates knowledge of sandblaster's accessories (water dampeners, hoses, etc.)                                                                               |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.                                                        | Demonstrates knowledge of pre-operational requirements on sandblaster                                                                                            |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.                                                        | Describes the procedure for leaving a sandblaster unattended (properly de-pressuring technique, managing LOF)                                                    |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.                                                        | Demonstrates knowledge of pressure requirements (PSV and hose ratings)                                                                                           |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.                                                        | Can recognize washed out fittings, blast hose connections                                                                                                        |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.                                                       | Demonstrates knowledge of PPE and its proper use                                                                                                                 |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.                                                       | Demonstrates knowledge of proper pot filling techniques                                                                                                          |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.                                                       | Demonstrates knowledge of SDS for product being blasted (First Aid, Storage, etc.)                                                                               |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Practical (Observation of actual skills)</b>           |                                                                                                                                                                  |             |  | <b>Exceeds</b>           | <b>Meets</b>             |
|                                                           |                                                                                                                                                                  |             |  | <b>Below</b>             |                          |
| 1.                                                        | Completes an effective HIAC prior to use                                                                                                                         |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.                                                        | Manages vehicle, equipment placement – away from intakes, blasting downwind                                                                                      |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.                                                        | Demonstrates ability to manage LOF hazards (eliminating personnel in area, controlling direction of spray, time on object, etc.)                                 |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.                                                        | Demonstrates effective pre-operational inspections utilizing the inspection form                                                                                 |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.                                                        | Function tests that blasting hose shutoff device (deadman) is operational                                                                                        |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.                                                        | Demonstrates how to maintain water dampeners and blaster pot (proper draining and at adequate intervals)                                                         |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.                                                        | Demonstrates knowledge of how to accurately calculate pressures with supplied air (including whip checks and other proper connection requirements) (see diagram) |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.                                                        | Demonstrates proper use of all required PPE                                                                                                                      |             |  |                          |                          |
| 9.                                                        | Demonstrates ability to properly ground pipe and blasting unit prior to blasting                                                                                 |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.                                                       | Demonstrates use of proper technique to de-pressure and refill sand blaster                                                                                      |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11.                                                       | Demonstrates proper storage when not in use or unattended                                                                                                        |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12.                                                       | Can accurately identify defects in the pipe (pitting, corrosion) when blasting and stops and reports hazards to site supervisor                                  |             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13.                                                       | Effectively works with spotter/swamper (hand signals, LOF, pace of work, etc.)                                                                                   |             |  | <input type="checkbox"/> | <input type="checkbox"/> |

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|-----|---------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 14. | Demonstrates proper wrap up and storage of unit and accessories after operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Operator refrains from using cellular devices while operating equipment         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Pot Diagram



**3 N.A. ROBSON**

Comments about competency or restrictions:

|                                                 |                                                                            |                                                                                      |
|-------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Competent at this time | <input type="checkbox"/> Demonstrates the ability under direct supervision | <input type="checkbox"/> Further training required, not recommended to use equipment |
| Worker:                                         | Signature:                                                                 | Date:                                                                                |
| Evaluator:                                      | Signature:                                                                 | Date:                                                                                |
| Supervisor:                                     | Signature:                                                                 | Date:                                                                                |