

**SOUTHWEST GAS CORPORATION****CONSTRUCTION CONTRACTOR FIELD EVALUATION**

This form is used by Southwest Gas to document quality control inspections of contract personnel who perform construction activities

Prepared By _____ Date Prepared _____

Crew Leader _____ Follow-Up Date (when required) _____

Vehicle Number _____ ☐ SWG Inspector as needed ☐ Contractor (to be completed weekly)

Atlas or Title _____ District _____ Contractor _____

Work Description _____ Job Number _____

Address _____

Crew Type: ☐ Crew Day ☐ Unit ☐ Bid Existing Facilities Marked: ☐ Yes ☐ No

Arrival: _____ Departure: _____ P.J.Q. Number _____ Contractor Equipment: _____ Time: _____ Date Used: _____

1. _____ 1. _____ 1. _____ ☐ Trencher _____ Hrs _____

2. _____ 2. _____ 2. _____ ☐ Side Boom _____ Hrs _____

3. _____ 3. _____ 3. _____ ☐ Water Truck _____ Hrs _____

4. _____ 4. _____ 4. _____ ☐ Track Hoe _____ Hrs _____

Main Footage Installed _____ ☐ Other _____ Hrs _____

Installed Per Design? ☐ Yes ☐ No Service Installed _____ Stubs Installed _____

Sand: No. Lifts _____ Linear Feet _____ Backfill: ☐ ABC ☐ Slurry ☐ Native ☐ Screened

Job Classifications: _____ Installation: ☐ Open ☐ Joint ☐ Bore ☐ Insertion

Laborer _____ Crew Leader _____ Other _____

Fitter _____ Truck Driver _____ Other _____

Welder _____ Operator _____ Gauge Exp. _____

Evaluation of: ☐ Crew ☐ Individual ☐ Ops Manual OK ☐ Chart/Gauge Calibration OK - #

WORKMANSHIP (QUALITY)

Address/Locations	Type of Activity	Successful	Unsuccessful	N/A
	1. Line Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Pipe Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Pipe Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Leakage Survey/Centering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Emergency Response (Hit Truck)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Valve Installation/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Regulator Station Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. Regulator Station Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Hazard Location/Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. MSA Maintenance/Relights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. Job Clean Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Documentation Correct/Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. Odorization Checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	14. Patrolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Crew Leader/Individual _____
(Print Name & Sign) (Date Reviewed)

Supervisor _____
(Print Name & Sign) (Date Reviewed)

Manager/Superintendent _____
(Print Name & Sign) (Date Reviewed)

TIME MANAGEMENT (PRODUCTIVITY)				
Address/Locations	Type of Activity	Successful	Unsuccessful	N/A
	1. Proper Documentation/Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Delegation/Follow-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Proper Tools and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Quantity of Work Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

GENERAL (SAFETY)				
Address/Locations	Type of Activity	Successful	Unsuccessful	N/A
	1. Site Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Vehicle Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Tool Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Tool Use and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Personal Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Vehicle Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

ENVIRONMENTAL				
Address/Locations	Type of Activity	Successful	Unsuccessful	N/A
	1. Water Runoff Protection (Best Management Practices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Environmental Permit Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING NEEDS IDENTIFIED

TRAINING PROVIDED

EVALUATION SUMMARY

OVERALL RATINGS	Successful	* Unsuccessful
WORKMANSHIP	<input type="checkbox"/>	<input type="checkbox"/>
TIME MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>
GENERAL SAFETY	<input type="checkbox"/>	<input type="checkbox"/>

*Any Unsuccessful rating requires remedial action/training and a completion date.