



CBTA
Odourant
SP/TRN/TM99

Candidate's Name: _____

Candidates Signature: _____

Assessor's Name: _____

Assessor's Signature: _____

Date Completed: CBTA Reassessment: ____/____/____

For first time candidates, the entire CBTA is to be completed. For the purposes of re-assessment only the demonstrative section requires completion.

Written

Question	Answer	Assessor check
Why is Odorant injected into export gas pipelines?		
What chemicals are used as Odorants?		
How is Odorant supplied to the Iona Gas Plant?		
How is the odorant injection rate controlled?		
What is the purpose of the nitrogen cylinders in relation to odorant injection?		
What is used to drive the Odorant pumps?		
What happens in the case of a plant ESD?		

Oral

Question	Assessor check
Describe any additional PPE requirements that exist when handling Odorant	
Explain how you would deal with a Mercaptan spill onsite and how you would deal with the waste	
Explain how the odorant pumps work in a duty/standby arrangement and what happens when the required rate exceeds the capacity of duty pump	

Demonstrative

Question	Assessor check
Demonstrate where to access Work Instructions for the operation of the injection panels and changing of the odorant cylinders.	
Demonstrate where to access Work Instruction for prescribed waste management	
Locate the three Odorant injection panels for SWP SEAgas and Mortlake export pipelines	
Provide the assessor with an overview of the odorant injection panel including how to operate the pumps in manual	
Locate the three Odorant injection points into the export pipelines	
Demonstrate the step by step procedure for changing odorant cylinders including connection and pressurising	
Demonstrate how to bleed the odorant pump when it is suspected of having an air lock.	
Demonstrate how to change duty on the odorant pumps from the DCS	
Demonstrate how to change the online pumps to manual and change set points from the DCS	

The candidate is assessed as being:

Competent

Not yet competent

Areas requiring improvement:

For first time candidates only:

Department Manager's name: _____

Department Manager's signature: _____

Date: ____/____/_____