

	JOB PERFORMANCE MEASURE (JPM)
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SITE: PBNP

TASK TITLE: Perform Control Room Shift Turnover Checklist

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic 2.1.3 (3.0/3.4)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:

 Simulator: Other:

 Lab:

Time for Completion: 15 Minutes Time Critical: No

Alternate Path / Faulted: Yes

TASK APPLICABILITY: RO/SRO

Additional signatures may be added as needed.

Developed by:	Instructor	Date
Validated by:	Validation Instructor (See JPM Validation Checklist, Attachment 1)	Date
Approved by:	Training Supervisor	Date

JPM Number: XXXXXXXX

JPM Title: Perform Control Room Shift Turnover Checklist

Examinee: _____ Evaluator: _____

Job Title: _____ Date: _____

Start Time _____ Finish Time _____

PERFORMANCE RESULTS: SAT: UNSAT:

Delete this table if not required

Procedure adequately addresses task elements.
Enter Identifier here: PBF 2061, Control Room Shift Turnover Checklist
Unit 1

Other document adequately describes necessary task elements.
Enter Identifier here: _____

Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

THIS SECTION IS READ ONCE FOR THE ENTIRE PACKAGE OF JPMS. IT IS NOT REQUIRED TO REVIEW THIS SECTION FOR EVERY JPM BEING PERFORMED IN THE PACKAGE. THE INITIAL CONDITIONS AND INITIATING CUE(S)/TASKS TO BE PERFORMED SHOULD BE READ AND THEN PROVIDED TO THE EXAMINEE.

After I read you the initial conditions and initiating cue(s)/task to be performed for this JPM and provide you a copy of the same, you may review and begin. Once you have completed the task, indicate completion by handing back this form to the evaluator unless otherwise told.

You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- You are the Unit 1 Control Operator.
- Unit 1 is at 100% power with no testing or other evolutions in progress.
- It is nearing the end of the mid-shift, and you have started to complete the Unit 1 Control Room Shift Turnover Checklist.
- The checklist has been completed up to and including page 6.

INITIATING CUES (IF APPLICABLE):

- You are to continue completion of the Control Room Shift Turnover Checklist for Unit 1 by performing pages 7 through 15.

JPM PERFORMANCE INFORMATION

Required Materials: PBF 2061, Control Room Shift Turnover Checklist Unit 1

General References: None

Task Standards: All 5 control board misalignments identified.

Start Time: _____

NOTE: When providing “Evaluator Cues” to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee’s actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a “Y” below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>Y</u>(SEQ-1)	Identify misalignment of valve 1SI-878C, 1P-15B SI Pump RV Injection valve.
Standard:	1SI-878C identified on panel C01 as being OPEN (red light on, green light off), valve should be CLOSED (red light off, green light on).
Evaluator Note:	It is not the intent of this administrative JPM that the Examinee re-position any of the equipment found misaligned.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>Y</u>(SEQ-1)	Identify loss of control power on 1P-14B, Containment Spray Pump.
Standard:	Loss of control power on 1P-14B identified by lack of indicating lights (green light and red light off).
Evaluator Note:	Examinee may attempt to remove green indicating bulb to see if it is burnt out. Inform examinee that the bulb has been checked and the bulb is good.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 3 Critical <u>Y</u>(SEQ-1)	Identify misalignment of 1P-29 AFP SGBD Isolation Defeat switch.
Standard:	1P-29 AFP SGBD Isolation Defeat switch identified as being in the ON position, switch should be in the OFF position.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 4 Critical <u>Y</u>(SEQ-1)	Identify misalignment of Control Rod Bank Selector switch.
Standard:	Control Rod Bank Selector switch identified as being in the MANUAL position, switch should be in AUTO.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 5 Identify misalignment of valve 1RC-516, 1RC-430 Pzr PORV Isolation MOV.
Critical Y(SEQ-1)

Standard: Valve 1RC-430 identified as being CLOSED (red light off, green light on), valve should be OPEN (red light on, green light off).

Performance: **SATISFACTORY** **UNSATISFACTORY**

Comments: _____

Terminating Cues: When page 15 is completed, the JPM may be terminated.

Stop Time: _____

SIMULATOR SET UP: (Modify table as necessary)

Simulator Setup Instructions:

-
-

EVENT NUMBER	EVENT FILE NAME	EVENT LOGIC STATEMENT	EVENT WORD DESCRIPTION

SIMULATOR MALFUNCTIONS:

TIME	MALFUNCTION No.	MALFUNCTION TITLE	ET	DELAY	f. SERV	RAMP	I.SEV.

SIMULATOR OVERRIDES;

TIME	OVERRIDE ID.	OVERRIDE DESCRIPTION	ET	DELAY	VALUE	RAMP

SIMULATOR REMOTE FUNCTIONS:

TIME	REMOTE FUNCTION NO.	REMOTE FUNCTION TITLE	VALUE	RAMP

TURNOVER SHEET

INITIAL CONDITIONS:

- You are the Unit 1 Control Operator.
- Unit 1 is at 100% power with no testing or other evolutions in progress.
- It is nearing the end of the mid-shift, and you have started to complete the Unit 1 Control Room Shift Turnover Checklist.
- The checklist has been completed up to and including page 6

INITIATING CUES (IF APPLICABLE):

- You are to continue completion of the Control Room Shift Turnover Checklist for Unit 1 by performing pages 7 through 15.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
1. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All questions/statements must be answered "YES" or the JPM is not valid for use. If all questions/statements are answered "YES" then the JPM is considered valid and can be performed as written. The individual(s) performing the validation shall sign and date this form.

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
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SITE: PBNP

TASK TITLE: Perform a Pressurizer Heater Group Input Test Calculation

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic 2.1.25 (2.8/3.1)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:

 Simulator: Other:

 Lab:

Time for Completion: 15 Minutes Time Critical: No

Alternate Path / Faulted: No

TASK APPLICABILITY: RO/SRO

Additional signatures may be added as needed.

Developed by:			
	Instructor		Date
Validated by:			
	Validation Instructor (See JPM Validation Checklist, Attachment 1)		Date
Approved by:			
	Training Supervisor		Date

JPM Number: XXXXXXXX

JPM Title: Perform a Pressurizer Heater Group Input Test Calculation

Examinee: _____

Evaluator: _____

Job Title: _____

Date: _____

Start Time _____

Finish Time _____

PERFORMANCE RESULTS:

SAT:

UNSAT:

Delete this table if not required

Procedure adequately addresses task elements.
Enter Identifier here: TS 43, Pressurizer Heater Group Energy Input Test

Other document adequately describes necessary task elements.
Enter Identifier here: _____

Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

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After I read you the initial conditions and initiating cue(s)/task to be performed for this JPM and provide you a copy of the same, you may review and begin. Once you have completed the task, indicate completion by handing back this form to the evaluator unless otherwise told.

You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- You are the Unit 1 CO.
- Unit 1 is currently in Mode 2 with a reactor startup in progress.
- Pressurizer Heater Group 1T-1C failed on the previous shift.
- Engineering has determined that a potential common mode failure exists (applicable only to Unit 1), and has recommended that TS 43, Pressurizer Heater Group Energy Input Test, be performed on Unit 1 Pressurizer Heater Group 1T-1D in order to verify its operability.
- The test is in progress, voltage and current readings have been taken by maintenance, and the procedure is complete up to and including step 5.2.9.

INITIATING CUES (IF APPLICABLE):

- You are to complete section 5.2 (1T-1D Pressurizer Heater Group Test) of TS-43 beginning at step 5.2.10.

JPM PERFORMANCE INFORMATION

Required Materials: TS-43, Pressurizer Heater Group Energy Input Test (as provided), Calculator.

General References: None

Task Standards: Pressurizer Heater Group 1T-1D is identified as **NOT** meeting its Technical Specification requirement of ≥ 100 kW.

Start Time: _____

NOTE: When providing “Evaluator Cues” to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee’s actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a “Y” below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>N</u>(SEQ-1)	Calculate the average voltage and average current for each breaker.
Standard:	Average voltage and average current is calculated and recorded in Table PP-13 1T-1D. (see attached grading sheet for correct values)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>N</u>(SEQ-2)	Calculate the power for each breaker using provided formula.
Standard:	Power for each breaker is calculated and recorded in Table PP-13 1T-1D. (see attached grading sheet for correct values)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 3 Critical <u>N</u>(SEQ-3)	Total power of Heater Group is determined by summing power of each breaker.
Standard:	Power of each breaker is added together to determine total power of Pressurizer Heater Group 1T-1D. (see attached grading sheet for correct value)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 4 Critical <u>N</u>(SEQ-4)	Apply uncertainty factor to the total power value of Pressurizer Heater Group 1T-1D and record result.
Standard:	The total power of the heater Group obtained in the previous step is multiplied by 0.9335 and recorded in section 6.0. (see attached grading sheet for correct value)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____

Performance Step: 5 Critical <u>Y</u>(SEQ-5)	The total power of Pressurizer Heater Group 1T-1D is compared with the Technical Specification Acceptance Criteria.
Standard:	Total power of Pressurizer Heater Group 1T-1D is determined to <u>NOT</u> meet Technical Specification requirements of ≥ 100 kW.
Evaluator Cue:	If examinee asks for an Independent Review (as required by procedure), indicate that the review has been completed and no discrepancies noted.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____

Terminating Cues: JPM may be terminated after completion of above step.

Stop Time: _____

TURNOVER SHEET

INITIAL CONDITIONS:

- You are the Unit 1 CO.
- Unit 1 is currently in Mode 2 with a reactor startup in progress.
- Pressurizer Heater Group 1T-1C failed on the previous shift.
- Engineering has determined that a potential common mode failure exists (applicable only to Unit 1), and has recommended that TS 43, Pressurizer Heater Group Energy Input Test, be performed on Unit 1 Pressurizer Heater Group 1T-1D in order to verify its operability.
- The test is in progress, voltage and current readings have been taken by maintenance, and the procedure is complete up to and including step 5.2.9

INITIATING CUES (IF APPLICABLE):

- You are to complete section 5.2 (1T-1D Pressurizer Heater Group Test) of TS-43 beginning at step 5.2.10.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
14. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
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SITE: PBNP

TASK TITLE: Review A Tag Series For Accuracy

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic 2.2.13 (3.6/3.8)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:

 Simulator: Other:

 Lab:

Time for Completion: 20 Minutes Time Critical: No

Alternate Path / Faulted: No

TASK APPLICABILITY: RO/SRO

Additional signatures may be added as needed.

Developed by:		
	Instructor	Date
Validated by:		
	Validation Instructor (See JPM Validation Checklist, Attachment 1)	Date
Approved by:		
	Training Supervisor	Date

JPM Number: XXXXXXXX

JPM Title: Review A Tag Series For Accuracy

Examinee: _____

Evaluator: _____

Job Title: _____

Date: _____

Start Time _____

Finish Time _____

PERFORMANCE RESULTS:

SAT:

UNSAT:

Delete this table if not required

Procedure adequately addresses task elements.

Enter Identifier here: NP 1.9.15, Tagging Procedure
OI-50, Charging Pump Isolation

Other document adequately describes necessary task elements.

Enter Identifier here: _____

Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

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You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- You are the CO assigned to the Work Control Center. 2P-2C, Unit 2 Charging Pump, needs to be danger tagged due to an unexpected pump trip per OI-50, Charging Pump Isolation.
- A Tag Series has been pulled from the archived database to use as a guide in preparing the Danger Tag Series.
- The plant computer system is down and SOMS is unavailable.

INITIATING CUES (IF APPLICABLE):

- You are to review the Tag Series provided for adequacy.
- If the Tag Series is satisfactory, then sign as the preparer.
- If the Tag Series is **NOT** adequate, then you are to indicate what changes need to be made to correct all deficiencies.

JPM PERFORMANCE INFORMATION

Required Materials: 2P-2C Danger Tag Series as provided.

General References: NP 1.9.15, "Tagging Procedure, OI-50, "Charging Pump Isolation, Master Data Book, Drawing WEST 684J741 sh.2, Westinghouse Elementary Drawings.

Task Standards: Tag series is reviewed and the two errors noted in this JPM are identified. Preparer signature block is **NOT** signed.

Start Time: _____

NOTE: When providing "Evaluator Cues" to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee's actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a "Y" below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>N</u>(SEQ-1)	Obtain and review references as needed to determine tag series adequacy.
Standard:	References (as indicated on tag series coversheet) are obtained and reviewed as needed.
Evaluator Note:	The examiner should keep the examinee focused on the tag series review using references in the simulator (i.e. plant walk-down, review of requesting individual documentation, and review of specific tags is not necessary, etc.)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>Y</u>(SEQ-1)	Determine if specified tag series boundaries are adequate for worker safety and scope of work.
Standard:	Breaker for 2P-2C determined to be incorrect, breaker should be 2B52-28A.
Evaluator Note:	Incorrect breaker listed on tag series (2B52-37A) is for Charging Pump 2P-2A.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 3 Critical <u>Y</u>(SEQ-1)	Determine if specified tag series boundaries are adequate for worker safety and scope of work.
Standard:	Drain valve 2CV-262C, 2P-2C Chg Pump Discharge Header Drain First Off Isol, is identified as being SHUT on the tag series. 2CV-262C should be listed as OPEN.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 4 Critical <u>Y</u>(SEQ-2)	Identifies that current tag series is inadequate, Preparer signature block is <u>NOT</u> signed.
Standard:	Preparer signature block is <u>NOT</u> signed due to tag series inadequacies.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____

Terminating Cues:

Stop Time: _____

TURNOVER SHEET

INITIAL CONDITIONS:

- You are the CO assigned to the Work Control Center. 2P-2C, Unit 2 Charging Pump, needs to be danger tagged due to an unexpected pump trip per OI-50, Charging Pump Isolation.
- A Tag Series has been pulled from the archived database to use as a guide in preparing the Danger Tag Series.
- The plant computer system is down and SOMS is unavailable

INITIATING CUES (IF APPLICABLE):

- You are to review the Tag Series provided for adequacy.
- If the Tag Series is satisfactory, then sign as the preparer.
- If the Tag Series is **NOT** adequate, then you are to indicate what changes need to be made to correct all deficiencies.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
27. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All questions/statements must be answered "YES" or the JPM is not valid for use. If all questions/statements are answered "YES" then the JPM is considered valid and can be performed as written. The individual(s) performing the validation shall sign and date this form.

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
---	--------------------------------------

SITE: PBNP

TASK TITLE: Determine a Stay Time For A High Radiation Area

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic 2.3.1 (2.6/3.0)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:
 Simulator: Other:
 Lab:

Time for Completion: 5 Minutes Time Critical: No

Alternate Path / Faulted: No

TASK APPLICABILITY: RO

Additional signatures may be added as needed.

Developed by:		
	Instructor	Date
Validated by:		
	Validation Instructor (See JPM Validation Checklist, Attachment 1)	Date
Approved by:		
	Training Supervisor	Date

JPM Number: XXXXXXXX

JPM Title: Determine a Stay Time For A High Radiation Area

Examinee: _____

Evaluator: _____

Job Title: _____

Date: _____

Start Time _____

Finish Time _____

PERFORMANCE RESULTS:

SAT:

UNSAT:

Delete this table if not required

____ Procedure adequately addresses task elements.
Enter Identifier here: _____

____ Other document adequately describes necessary task elements.
Enter Identifier here: _____

X Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

THIS SECTION IS READ ONCE FOR THE ENTIRE PACKAGE OF JPMS. IT IS NOT REQUIRED TO REVIEW THIS SECTION FOR EVERY JPM BEING PERFORMED IN THE PACKAGE. THE INITIAL CONDITIONS AND INITIATING CUE(S)/TASKS TO BE PERFORMED SHOULD BE READ AND THEN PROVIDED TO THE EXAMINEE.

After I read you the initial conditions and initiating cue(s)/task to be performed for this JPM and provide you a copy of the same, you may review and begin. Once you have completed the task, indicate completion by handing back this form to the evaluator unless otherwise told.

You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- An extensive tag series containing a large number of tags is required to be hung in an area posted as a High Radiation Area (HRA).
- The General Area dose rate in the HRA is 40 mR/hr.
- The first valve on the tag series (a valve which has to be manually closed) is located in a 240 mR/hr field.
- It is estimated that 5 minutes will be required to close and tag this valve based on previous performance history.
- The remainder of the items on the tag series are located in the General Area dose rate.
- Radiation Protection (RP) has placed a dose limit of 50 mR on this task.

INITIATING CUES (IF APPLICABLE):

- You are to determine the maximum time that can be spent hanging the remaining tags in the General Area without exceeding the dose limit for this task.

JPM PERFORMANCE INFORMATION

Required Materials: Calculator (if desired)

General References: None

Task Standards: The maximum time that can be spent hanging tags in the General Area is determined to be 45 minutes.

Start Time: _____

NOTE: When providing “Evaluator Cues” to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee’s actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a “Y” below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>Y</u>(SEQ-1)	Determine total dose received closing the valve in the HRA (240 mR/hr field).
Standard:	The total dose received to close the first valve is determined to be 20 mR. (240 mR/hr * 5 min / 60 min/hr = 20 mR).
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>Y</u>(SEQ-2)	Available dose for hanging tags in the General Area is determined.
Standard:	Dose available for hanging tags in the General Area is determined to be 30 mR. (50 mR – 20 mR = 30 mR)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 3 Critical <u>Y</u>(SEQ-3)	Determine maximum time to hang tags in the General Area.
Standard:	Maximum time to be spent in the General Area is determined to be 45 minutes. (30 mR / 40 mR/hr * 60 min/hr = 45 min)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Terminating Cues: This JPM is complete when the examinee provides an answer for the assigned task to the examiner.

Stop Time: _____

TURNOVER SHEET

INITIAL CONDITIONS:

- An extensive tag series containing a large number of tags is required to be hung in an area posted as a High Radiation Area (HRA).
- The General Area dose rate in the HRA is 40 mR/hr.
- The first valve on the tag series (a valve which has to be manually closed) is located in a 240 mR/hr field.
- It is estimated that 5 minutes will be required to close and tag this valve based on previous performance history.
- The remainder of the items on the tag series are located in the General Area dose rate.
- Radiation Protection (RP) has placed a dose limit of 50 mR on this task

INITIATING CUES (IF APPLICABLE):

- You are to determine the maximum time that can be spent hanging the remaining tags in the General Area without exceeding the dose limit for this task.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
40. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All questions/statements must be answered "YES" or the JPM is not valid for use. If all questions/statements are answered "YES" then the JPM is considered valid and can be performed as written. The individual(s) performing the validation shall sign and date this form.

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
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SITE: PBNP

TASK TITLE: Classify An Event Per The Emergency Plan

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic - 2.4.41 (2.3/4.1), 2.4.44 (2.1/4.0)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:

Simulator: Other:

Lab:

Time for Completion: 30 Minutes Time Critical: Yes

Alternate Path / Faulted: No

TASK APPLICABILITY: SRO

Additional signatures may be added as needed.

Developed by:		
	Instructor	Date
Validated by:		
	Validation Instructor (See JPM Validation Checklist, Attachment 1)	Date
Approved by:		
	Training Supervisor	Date

JPM Number: XXXXXXXX

JPM Title: Classify An Event Per The Emergency Plan

Examinee: _____

Evaluator: _____

Job Title: _____

Date: _____

Start Time _____

Finish Time _____

PERFORMANCE RESULTS:

SAT:

UNSAT:

Delete this table if not required

Procedure adequately addresses task elements.

Enter Identifier here: EPIP 1.1, 1.2, and 2.1

Other document adequately describes necessary task elements.

Enter Identifier here: _____

Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

THIS SECTION IS READ ONCE FOR THE ENTIRE PACKAGE OF JPMS. IT IS NOT REQUIRED TO REVIEW THIS SECTION FOR EVERY JPM BEING PERFORMED IN THE PACKAGE. THE INITIAL CONDITIONS AND INITIATING CUE(S)/TASKS TO BE PERFORMED SHOULD BE READ AND THEN PROVIDED TO THE EXAMINEE.

After I read you the initial conditions and initiating cue(s)/task to be performed for this JPM and provide you a copy of the same, you may review and begin. Once you have completed the task, indicate completion by handing back this form to the evaluator unless otherwise told.

You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- You are the Operating Supervisor (OS) when the following sequence of events occurred:
- A Unit 1 Technical Specification required shutdown was in progress per TSAC 3.4.16.B due to increasing reactor coolant activity. Fuel cladding damage is suspected as a result of foreign material in the primary.
- During the shutdown, the reactor was manually tripped due to indications of a Steam Generator Tube Rupture on Steam Generator 'A' which exceeded the makeup capacity of the 3 operable Charging Pumps.
- Both Main Steam Isolation Valves are shut.
- Several minutes after the trip, the PAB AO reports a large steam line leak located on Steam Line 'A', located somewhere between the Containment penetration and the MSIV.
- RCS pressure is 1500 psig and slowly lowering.
- RCS Cold Leg temperatures are 490 °F and lowering.
- Pressurizer level is off-scale low.
- Containment High Range Radiation monitors indicate 10 R/hr.
- All other Containment parameters are normal.
- S/G 'A' Narrow Range Level is 15% and lowering, S/G 'A' Pressure is at 400 psig and lowering.
- S/G 'B' Narrow Range Level is 45% and slowly rising, S/G 'B' Pressure is at 610 psig and slowly lowering.
- Auxiliary Feedwater Flow has been isolated to Steam Generator 'A' and throttled to 100 gpm on S/G 'B'.
- Wind speed and direction (15 minute average, both inland and at the site) is 8 mph and 110°.
- A Stability Class of D is indicated on PPCS for these conditions.
- The control room is implementing the appropriate emergency procedures.
- The Shift Manager is implementing the Emergency Plan.

INITIATING CUES (IF APPLICABLE):

- The Shift Manager is implementing EPIP 1.1 and has requested your assistance. You are to perform the following:
 1. Per step 5.3 of EPIP 1.1, classify the event based only on the above conditions.
 2. After classifying the event, perform step 5.6.2 of EPIP 1.1 for notification of the State & Counties. Another SRO will perform all other steps in EPIP 1.1. This portion of the JPM is time critical.

JPM PERFORMANCE INFORMATION

Required Materials: Blank copy of EPIP 2.1 Attachment B (NARS Form).

General References: EPIP 1.1, 1.2, and 2.1.

Task Standards: A General Emergency is declared.
The identified critical sections of EPIP 2.1 Attachment B (NARS Form) are completed correctly and within the required time frame.

Start Time: _____

NOTE: When providing “Evaluator Cues” to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee’s actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a “Y” below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>Y</u>(SEQ-1)	Determine the category of the event using Attachment A, B, and C of EPIP 1.2.
Standard:	Examinee determines that a General Emergency declaration is required based on EAL 1.1.1.4 due to the following: <ul style="list-style-type: none">• Loss of RCS Integrity due to indications of ‘A’ SGTR > 50 gpm.• Loss of Containment Integrity due to indications of an unisolable steam leak, also on S/G ‘A’.• Fuel clad challenge due to entering TSAC 3.4.16.B.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>Y</u>(SEQ-2)	Appropriate sections of EPIP 2.1 Attachment B (NARS Form) filled out correctly.
Standard:	NARS Form completed consistent with given conditions and within required time frame (< 15 minutes). Time critical portion starts at the time of declaration and ends when the Emergency Director approval is requested. A completed NARS Form is attached for grading purposes. Critical step items of the NARS Form include items 3, 4, and 10.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Terminating Cues: When the examinee requests approval of the NARS Form from the Emergency Director, the JPM is complete.

Stop Time: _____

TURNOVER SHEET

INITIAL CONDITIONS:

- You are the Operating Supervisor (OS) when the following sequence of events occurred:
- A Unit 1 Technical Specification required shutdown was in progress per TSAC 3.4.16.B due to increasing reactor coolant activity. Fuel cladding damage is suspected as a result of foreign material in the primary.
- During the shutdown, the reactor was manually tripped due to indications of a Steam Generator Tube Rupture on Steam Generator 'A' which exceeded the makeup capacity of the 3 operable Charging Pumps.
- Both Main Steam Isolation Valves are shut.
- Several minutes after the trip, the PAB AO reports a large steam line leak located on Steam Line 'A', located somewhere between the Containment penetration and the MSIV.
- RCS pressure is 1500 psig and slowly lowering.
- RCS Cold Leg temperatures are 490 °F and lowering.
- Pressurizer level is off-scale low.
- Containment High Range Radiation monitors indicate 10 R/hr.
- All other Containment parameters are normal.
- S/G 'A' Narrow Range Level is 15% and lowering, S/G 'A' Pressure is at 400 psig and lowering.
- S/G 'B' Narrow Range Level is 45% and slowly rising, S/G 'B' Pressure is at 610 psig and slowly lowering.
- Auxiliary Feedwater Flow has been isolated to Steam Generator 'A' and throttled to 100 gpm on S/G 'B'.
- Wind speed and direction (15 minute average, both inland and at the site) is 8 mph and 110°.
- A Stability Class of D is indicated on PPCS for these conditions.
- The control room is implementing the appropriate emergency procedures.
- The Shift Manager is implementing the Emergency Plan.

INITIATING CUES (IF APPLICABLE):

- The Shift Manager is implementing EPIP 1.1 and has requested your assistance. You are to perform the following:
 1. Per step 5.3 of EPIP 1.1, classify the event based only on the above conditions.
 2. After classifying the event, perform step 5.6.2 of EPIP 1.1 for notification of the State & Counties. Another SRO will perform all other steps in EPIP 1.1. This portion of the JPM is time critical.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
53. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All questions/statements must be answered "YES" or the JPM is not valid for use. If all questions/statements are answered "YES" then the JPM is considered valid and can be performed as written. The individual(s) performing the validation shall sign and date this form.

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
---	--------------------------------------

SITE: PBNP

TASK TITLE: Personnel Emergency Dose Authorization

JPM NUMBER: XXXXXXXX **REV.** 0

RELATED PRA INFORMATION:

TASK NUMBERS:

K/A NUMBERS: Generic 2.3.4 (2.5/3.1)

APPLICABLE METHOD OF TESTING:

Discussion: Simulate/walkthrough: Perform:

EVALUATION LOCATION: In-Plant: Control Room:

 Simulator: Other:

 Lab:

Time for Completion: 10 Minutes Time Critical: No

Alternate Path / Faulted: No

TASK APPLICABILITY: SRO

Additional signatures may be added as needed.

Developed by:		
	Instructor	Date
Validated by:		
	Validation Instructor (See JPM Validation Checklist, Attachment 1)	Date
Approved by:		
	Training Supervisor	Date

JPM Number: XXXXXXXX

JPM Title: Personnel Emergency Dose Authorization

Examinee: _____

Evaluator: _____

Job Title: _____

Date: _____

Start Time _____

Finish Time _____

PERFORMANCE RESULTS:

SAT:

UNSAT:

Delete this table if not required

Procedure adequately addresses task elements.

Enter Identifier here: EPIP 5.1, Personnel Emergency Dose Authorization

Other document adequately describes necessary task elements.

Enter Identifier here: _____

Task elements described as attached.

COMMENTS/FEEDBACK: (Comments shall be made for any steps graded unsatisfactory).

EVALUATOR'S SIGNATURE: _____

NOTE: Only this page needs to be retained in examinee's record if completed satisfactorily. If unsatisfactory performance is demonstrated, the entire JPM should be retained.

JPM BRIEFING/TURNOVER

THIS SECTION IS READ ONCE FOR THE ENTIRE PACKAGE OF JPMS. IT IS NOT REQUIRED TO REVIEW THIS SECTION FOR EVERY JPM BEING PERFORMED IN THE PACKAGE. THE INITIAL CONDITIONS AND INITIATING CUE(S)/TASKS TO BE PERFORMED SHOULD BE READ AND THEN PROVIDED TO THE EXAMINEE.

After I read you the initial conditions and initiating cue(s)/task to be performed for this JPM and provide you a copy of the same, you may review and begin. Once you have completed the task, indicate completion by handing back this form to the evaluator unless otherwise told.

You may use any approved reference materials normally available including logs. Make all written reports, oral reports, and log entries as if the evolution is actually being performed.

EOP Immediate Actions are required to be performed from memory. After completing immediate actions steps without using the procedure, you may then use any approved reference materials.

For all two and three-way communications, make your report to me, the JPM evaluator. I will reply to your reports with the statement, "acknowledge." All actions in the plant are to be simulated and all actions in the simulator will be performed. Ensure you make it clear to me, the evaluator, of all actions you are taking so that credit may be given for completing each step of the task.

I will explain the initial conditions, which step(s) to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

DURING THE JPM, ENSURE PROPER SAFETY PRECAUTIONS, FME, AND/OR RADIOLOGICAL CONCERNS AS APPLICABLE ARE FOLLOWED.

INITIAL CONDITIONS:

- You are the Shift Manager.
- A fuel handling accident has occurred in the PAB.
- Radiation levels are steadily rising in the general areas surrounding the spent fuel pool.
- An ALERT Emergency Classification has been declared.
- The TSC and EOF have not yet been activated, but all required ERO personnel have arrived at their emergency facilities.
- An equipment vendor, whose truck is parked in the PAB truck bay for unloading, has requested that his truck be moved as soon as possible. The truck driver has indicated that high radiation levels can damage some of the expensive electronic test equipment on the truck.
- An RP tech has volunteered to move the truck.
- The general area dose rate near the cab of the truck is estimated to be 240 R/hr.
- It is estimated that it will take 3 minutes to move the truck.
- An Emergency Dose Authorization has been requested.

INITIATING CUES (IF APPLICABLE):

- You are to evaluate these conditions and approve or deny the dose extension.

JPM PERFORMANCE INFORMATION

Required Materials: EPIP 5.1 Attachment C, Emergency Plan Dose Authorization

General References: EPIP 5.1, Personnel Emergency Dose Authorization

Task Standards: The Emergency Dose Authorization is **NOT** approved due to the high dose expected to be received for the given activity.

Start Time: _____

NOTE: When providing “Evaluator Cues” to the examinee, care must be exercised to avoid prompting the examinee. Typically cues are only provided when the examinee’s actions warrant receiving the information (i.e. the examinee looks or asks for the indication).

NOTE: Critical steps are marked with a “Y” below the performance step number. Failure to meet the standard for any critical step shall result in failure of this JPM.

Performance Step: 1 Critical <u>Y</u> (SEQ-1)	Calculate total dose to perform activity.
Standard:	Total dose received for activity determined to be 12 Rem. ($240 \text{ R/hr} * 3 \text{ min} / 60 = 12 \text{ Rem}$)
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Critical <u>Y</u>(SEQ-2)	Compare dose for the task to the limits of EPIP 5.1 (Reference Table 2-2, EPA-400-R-92-001)
Standard:	Determines that the exposure limit for protection of valuable property is 10 Rem from Table 2-2. Dose estimated for the task (12 Rem) is GREATER than the allowed limit.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 3 Critical <u>Y</u>(SEQ-3)	Evaluate approval of EPIP 5.1 Attachment C, Emergency Plan Dose Authorization.
Standard:	The Emergency Dose Authorization is <u>DENIED</u> based on the radiation levels exceeding the allowable level for protection of valuable property. (EPIP 5.1 Attachment C is NOT approved).
Evaluator Cue:	If examinee denies approval without providing justification (step 2), request that the justification for denial be explained.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Terminating Cues: The JPM is complete when the examinee approves/disapproves the dose authorization and justification is provided.

Stop Time: _____

TURNOVER SHEET

INITIAL CONDITIONS:

- You are the Shift Manager.
- A fuel handling accident has occurred in the PAB.
- Radiation levels are steadily rising in the general areas surrounding the spent fuel pool.
- An ALERT Emergency Classification has been declared.
- The TSC and EOF have not yet been activated, but all required ERO personnel have arrived at their emergency facilities.
- An equipment vendor, whose truck is parked in the PAB truck bay for unloading, has requested that his truck be moved as soon as possible. The truck driver has indicated that high radiation levels can damage some of the expensive electronic test equipment on the truck.
- An RP tech has volunteered to move the truck.
- The general area dose rate near the cab of the truck is estimated to be 240 R/hr.
- It is estimated that it will take 3 minutes to move the truck.
- An Emergency Dose Authorization has been requested

INITIATING CUES (IF APPLICABLE):

- You are to evaluate these conditions and approve or deny the dose extension.

ATTACHMENT 1

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

ALL STEPS IN THIS CHECKLIST ARE TO BE PERFORMED UPON INITIAL VALIDATION AND PRIOR TO USE.

REVIEW STATEMENTS	YES	NO	N/A
66. Are all items on the signature page filled in correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Has the JPM been reviewed and validated by SMEs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Can the required conditions for the JPM be appropriately established in the simulator if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Is the standard for each performance item specific as to what controls, indications and ranges are required to evaluate if the trainee properly performed the step?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Has the completion time been established based on validation data or incumbent experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. If the task is time critical, is the time critical portion based upon actual task performance requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Is the Licensee level appropriate for the task being evaluated if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Is the K/A appropriate to the task and to the licensee level if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Are all references identified, current, accurate, and available to the trainee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All questions/statements must be answered "YES" or the JPM is not valid for use. If all questions/statements are answered "YES" then the JPM is considered valid and can be performed as written. The individual(s) performing the validation shall sign and date this form.

Validation Personnel /Date

Validation Personnel/Date

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