



JOB PERFORMANCE MEASURE (JPM)

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: 20 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

X 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 4.

INITIATING CUES (IF APPLICABLE):

- You are to continue completion of the Control Room Shift Turnover Checklist for Unit 1 by performing pages 5 through 15. When you are finished, discuss all discrepancies or deficiencies, if any, found while performing the checklist.

JPM PERFORMANCE INFORMATION

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

General References: None

Task Standards: All 3 control board misalignments identified and impact on plant identified (as appropriate for license level).

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 loss of control power on 1P-10A, Residual Heat Removal Pump.
Standard:	Loss of control power on 1P-10A identified by lack of indicating lights (green light and red light off). For Reactor Operator examinees, this item identified as impacting Technical Specifications (TS 3.5.2). For Senior Reactor Operator examinees, this item identified as impacting TS 3.5.2 and causing entry to TSAC 3.5.2.A.
Evaluator Note:	It is not the intent of this administrative JPM that the Examinee re-position any of the equipment found misaligned during this JPM. 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.
Evaluator Cue:	As necessary, request the examinee identify any TS impact as appropriate for the license level.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____ _____

Performance Step: 2 Identify misalignment of Safety Injection Pump 1P-15B Suction Valve, 1SI-896B.
Critical Y(SEQ-1)

Standard: Misalignment of 1SI-896B identified by observing green light on, red light off OR by identification of status light on Unit 1 SI/Spray Ready Panel.

For Reactor Operator examinees, this item identified as impacting Technical Specifications (TS 3.5.2).

For Senior Reactor Operator examinees, this item identified as impacting TS 3.5.2 and causing entry to TSAC 3.5.2.A. (NOTE: The given TS evaluation of TSAC 3.5.2.A for items in Steps 1 and 2 were evaluated independently. Together, the two items require entry to LCO 3.0.3 since no TSAC exists that covers two inoperable ECCS Trains.)

Evaluator Cue: As necessary, request the examinee identify any TS impact as appropriate for the license level.

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

Comments: _____

Performance Step: 3 Identify misalignment of 1P-29 AFP Discharge Valves, 1AF-4000 and 1AF-4001.
Critical Y(SEQ-1)

Standard: 1AF-4000 and 1AF-4001 identified via meter indication for each valve on panel 1C03 that both valves are closed.

For Reactor Operator examinees, this item identified as impacting Technical Specifications (TS 3.7.5).

For Senior Reactor Operator examinees, this item identified as impacting TS 3.7.5 and causing entry to TSAC 3.7.5.B.

Evaluator Cue: If examinee requests a local operator to check position, inform examinee that the local position of both valves indicate shut.

As necessary, request the examinee identify any TS impact as appropriate for the license level.

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

Comments: _____

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

Stop Time: _____

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SIMULATOR SET UP: (Modify table as necessary)

Simulator Setup Instructions:

- Reset to a Unit 1 / Unit 2 100% power IC (IC-2) or exam specific saved IC.
- Close valves 1SI-896B, 1AF-4000, and 1AF-4001.
- Enter Sim code from table below.
- Ensure conditions reflect the failures identified in JPM.

SIMULATOR MALFUNCTIONS:

TIME	MALFUNCTION No.	MALFUNCTION TITLE	ET	DELAY	f. SERV	RAMP	I.SEV.
Preload	BKR1RHR001	1B5212A P-10A RH REMOVAL PUMP CKTBKR	-	-	-	-	6 – Fail Cntrl Fuse

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 4

INITIATING CUES (IF APPLICABLE):

- You are to continue completion of the Control Room Shift Turnover Checklist for Unit 1 by performing pages 5 through 15. When you are finished, discuss all discrepancies or deficiencies, if any, found while performing the checklist.

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

Validation Personnel /Date


Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

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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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>Y</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. Final value is 96.2 (± 3 kW).
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 NOT 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"/>

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

Validation Personnel /Date


Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

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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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 isolated and danger tagged per OI-50, Charging Pump Isolation, due to excessive seal leakage.
- A Tag Series has been pulled from the archived database to use as a guide in preparing the Danger Tag Series.

INITIATING CUES (IF APPLICABLE):

- You are to review the Tag Series provided for adequacy.
- If the Tag Series is satisfactory, then inform the WCC Supervisor.
- If the Tag Series is **NOT** adequate, then you are to inform the WCC Supervisor of the changes needed 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 three errors noted in this JPM are 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>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 placement sequence is adequate to ensure system integrity is not challenged.
Standard:	Sequence placement for valves 2CV-291 and 2CV-399 determined to be reversed. 2CV-291 must be SHUT prior to 2CV-399 to avoid over-pressurization of the suction piping.
Performance:	SATISFACTORY <input type="checkbox"/> UNSATISFACTORY <input type="checkbox"/>
Comments:	_____

Performance Step: 4 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:	_____ _____

Terminating Cues: When examinee indicates that all deficiencies have been identified OR indicates the Tag Series is adequate, the JPM may be terminated.

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 isolated and danger tagged per OI-50, Charging Pump Isolation, due to excessive seal leakage.
- A Tag Series has been pulled from the archived database to use as a guide in preparing the Danger Tag Series

INITIATING CUES (IF APPLICABLE):

- You are to review the Tag Series provided for adequacy.
- If the Tag Series is satisfactory, then inform the WCC Supervisor.
- If the Tag Series is **NOT** adequate, then you are to inform the WCC Supervisor of the changes needed 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

Validation Personnel /Date


Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
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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: 10 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:

- Reference the attached radiological survey map.
- A tag series is required to be hung in the Unit 1 Non-Regenerative Heat Exchanger Room which is posted as a High Radiation Area (HRA).
- The first valve on the tag series is 1CV-371, and it is estimated that 5 minutes will be required to perform all activities to tag the valve. This estimate is based on previous performance history.
- The remaining valves on the tag series are indicated by unlabeled valve symbols on the survey map.
- Radiation Protection (RP) has placed a dose limit of 50 mR to perform the entire tag series.

INITIATING CUES (IF APPLICABLE):

- Assuming you have just tagged 1CV-371, you are to determine the **maximum** time (in minutes) that can be spent tagging **all other** valves indicated on the survey map without exceeding the dose limit for this task. Assume the time for access and egress of the room is negligible.

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:

- Reference the attached radiological survey map.
- A tag series is required to be hung in the Unit 1 Non-Regenerative Heat Exchanger Room which is posted as a High Radiation Area (HRA).
- The first valve on the tag series is 1CV-371, and it is estimated that 5 minutes will be required to perform all activities to tag the valve. This estimate is based on previous performance history.
- The remaining valves on the tag series are indicated by unlabeled valve symbols on the survey map.
- Radiation Protection (RP) has placed a dose limit of 50 mR to perform the entire tag series.

INITIATING CUES (IF APPLICABLE):

- Assuming you have just tagged 1CV-371, you are to determine the **maximum** time (in minutes) that can be spent tagging **all other** valves indicated on the survey map without exceeding the dose limit for this task. Assume the time for access and egress of the room is negligible.

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

Validation Personnel /Date


Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

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 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 Determine the category of the event using Attachment A, B, and C of EPIP 1.2.
Critical Y (SEQ-1)

Standard: Examinee determines that a General Emergency declaration is required based on EAL 1.1.1.4 due to the following:

- **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** **UNSATISFACTORY**

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 (< 30 minutes). A completed NARS Form is attached for grading purposes. Critical step items of the NARS Form include items in blocks 3, 4, 5 (EAL only), 6, 7, and 10.
Evaluator Note:	The "Liquid" box may be checked in Block 7 in addition to "Airborne" due to the type of release in progress (steam).
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 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

Validation Personnel /Date


Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

	JOB PERFORMANCE MEASURE (JPM)
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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

Validation Personnel /Date

Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date

Validation Personnel /Date

Validation Personnel/Date