JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: OVERTIME RESTRICTIONS

JPM NUMBER: JPM-4 AWI-08.10.01-001 **REV.** 0

RELATED PRA INFORMATION: None

TASK NUMBER(S) / TASK TITLE(S): CR206.102

K/A NUMBERS: Generic 2.1.1 **Rating:** 3.8/3.7

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [ ] Perform: [X]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]

Simulator: [ ] Other: [X]

Lab: [ ]

Time for Completion: 10 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: _____ SRO/RO: _____ SRO/RO/NLO: X

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: JPM-4 AWI-08.10.01-001

JPM Title: OVERTIME RESTRICTIONS

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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.

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.

SIMULATOR SETUP:

- NONE

INITIAL CONDITIONS:
STATE THE FOLLOWING:

THE TASK CONDITIONS ARE AS FOLLOWS:

- YOU ARE A LICENSED OPERATOR
- THE REACTOR IS AT RATED CONDITIONS
- NO OUTAGES OR POWER REDUCTIONS ARE SCHEDULED

INITIATING CUES (IF APPLICABLE):
"[STATE OPERATOR'S NAME] REVIEW YOUR PROPOSED WORK SCHEDULE PER OW1-01.01, OPERATIONS GROUP ORGANIZATION AND RESPONSIBILITY ASSIGNMENTS, INCLUDING SCHEDULED OVERTIME, FOR THE UPCOMING ROTATION TO ENSURE COMPLIANCE.

JPM PERFORMANCE INFORMATION

Required Materials: PREPARED NON-OUTAGE ROTATING SCHEDULE

General References: OWI-01.01, 4 AWI-08.10.01

Task Standards: REVIEW WORK SCHEDULE FOR COMPLIANCE

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: N**	LOCATES PROCEDURE(S) OWI-01.01 (OPERATIONS GROUP ORGANIZATION AND RESPONSIBILITY ASSIGNMENTS) AND 4 AWI-08.10.01 (OVERTIME RESTRICTIONS AND FITNESS FOR DUTY REQUIREMENTS).
Standard:	LOCATES PROCEDURE(S) NOTE: 4 AWI-08.10.01 MAY NOT BE OBTAINED UNTIL STEP 2.
Evaluator Note:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 2 **Critical: N**	OVERTIME WORK RESTRICTIONS AS ESTABLISHED IN 4 AWI-08.10.01 (OVERTIME RESTRICTIONS AND FITNESS FOR DUTY REQUIREMENTS) ***SHALL*** BE ADHERED TO IN ESTABLISHING THE SHIFT SCHEDULE.
Standard:	LOCATES PROCEDURE 4 AWI-08.10.01
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: N**	WORK SCHEDULES ***SHALL*** BE ESTABLISHED SUCH THAT USE OF OVERTIME IS AVOIDED TO THE EXTENT PRACTICAL. THE OBJECTIVE ***SHALL*** BE TO HAVE SITE PERSONNEL WORK A NOMINAL 40 HOUR WEEK WHILE THE SITE IS IN NORMAL OPERATION. WHEN CIRCUMSTANCES WARRANT OVERTIME WORK, THE REQUIREMENTS OF THIS INSTRUCTION SHALL BE ADHERED TO.
Standard:	REVIEWS PROCEDURE STEP
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: N**	EXCLUDING SHIFT TURNOVER TIME, SITE PERSONNEL ***SHALL NOT*** WORK MORE THAN: A. 16 HOURS STRAIGHT OPERATOR REVIEWS PROPOSED WORK SCHEDULE AND INFORMS SUPERVISION OF ANY ERRORS
Standard:	DETERMINES THAT THIS REQUIREMENT IS MET.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: Y**	EXCLUDING SHIFT TURNOVER TIME, SITE PERSONNEL ***SHALL NOT*** WORK MORE THAN: B. 16 HOURS IN ANY 24 HOUR PERIOD OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT WILL BE EXCEEDED ON THE LAST SATURDAY. NOTE: NOTIFICATION OF ERROR MAY OCCUR AT THE CONCLUSION OF THE REVIEW.
Evaluator Cue:	IF NOTIFIED OF ERROR, ACKNOWLEDGE AS SUPERVISION
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: N**	EXCLUDING SHIFT TURNOVER TIME, SITE PERSONNEL ***SHALL NOT*** WORK MORE THAN: C. 24 HOURS IN ANY 48 HOUR PERIOD OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT IS MET.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: N**	EXCLUDING SHIFT TURNOVER TIME, SITE PERSONNEL ***SHALL NOT*** WORK MORE THAN: D. 72 HOURS IN ANY 7 DAY PERIOD OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT IS MET.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: N**	EXCLUDING SHIFT TURNOVER TIME, SITE PERSONNEL ***SHALL NOT*** WORK MORE THAN: E. 15 CONSECUTIVE DAYS WITHOUT 2 CONSECUTIVE DAYS OFF. OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT WILL BE MET
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 8 **Critical: N**	THE FOLLOWING INTERPRETATION APPLIES TO THE PROVISIONS OF 4.2.2: A. ONE DAY OFF AFTER WORKING 14 CONSECUTIVE DAYS DOES NOT VIOLATE THE OVERTIME WORK RESTRICTIONS. THE FIRST WORK DAY AFTER THE DAY OFF WILL START THE COUNT FOR APPLYING THE NEXT 15 CONSECUTIVE DAY PROVISION. OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT WILL BE MET
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 9 **Critical: Y**	A BREAK OF AT LEAST EIGHT HOURS, INCLUDING SHIFT TURNOVER TIME, SHALL BE ALLOWED BETWEEN WORK PERIODS. THIS ALLOWS THE SHIFT TURNOVER TIME (TYPICALLY 15 MINUTES) TO BE INCLUDED IN THE EIGHT HOUR BREAK. OPERATOR REVIEWS PROPOSED WORK SCHEDULE
Standard:	DETERMINES THAT THIS REQUIREMENT WILL BE EXCEEDED ON THE LAST FRIDAY. NOTE: NOTIFICATION OF ERROR MAY OCCUR AT THE CONCLUSION OF THE REVIEW.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 10 **Critical: N**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	OPERATOR INFORMS EVALUATOR THAT THE TASK IS COMPLETED.
Evaluator Cue:	ACKNOWLEDGE REPORT
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Terminating Cues: WHEN OPERATOR INFORMS THE EVALUATOR THAT THE TASK IS COMPLETE, STATE THE JPM IS COMPLETE.

Stop Time: _____

JPM-4 AWI-04.04.02-003, INDEPENDENT VERIFICATION OF RCIC , Rev. 0

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?	☐	☐	☐
2.	Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3.	Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4.	Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6.	Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7.	If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8.	Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9.	Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10.	Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11.	Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12.	Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13.	Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: INDEPENDENT VERIFICATION OF RCIC

JPM NUMBER: JPM-4 AWI-04.04.02-003 **REV.** 0

RELATED PRA INFORMATION: None

TASK NUMBER(S) / TASK TITLE(S): CR206.102

K/A NUMBERS: Generic 2.1.29 **Rating:** 3.4/3.3

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [ ] Perform: [X]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]

Simulator: [X] Other: [ ]

Lab: [ ]

Time for Completion: 15 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: _____ SRO/RO: X SRO/RO/NLO: _____

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: JPM-4 AWI-04.04.02-003

JPM Title: Independent Verification of RCIC

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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.

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.

SIMULATOR SETUP:

- INITIALIZE TO ANY IC WHERE RCIC IS OPERABLE.
- FILL OUT PROCEDURE 0255-08-IA-1 AS FOLLOWS:
  - CONTROL ROOM SUPERVISOR APPROVAL ON COVERSHEET.
  - REASON TO PERFORM – QUARTERLY. (IN CONJUNCTION WITH NO OTHER TESTS.)
  - FILL IN NUMBERS AND INITIAL STEPS 1 THROUGH 75.

INITIAL CONDITIONS:
STATE THE FOLLOWING:
THE TITLE OF THIS JPM IS INDEPENDENT VERIFICATION OF RCIC

THE TASK CONDITIONS ARE AS FOLLOWS:

- THE ROUTINE QUARTERLY RCIC PUMP AND VALVE SURVEILLANCE HAS JUST BEEN COMPLETED THROUGH STEP 75.
- INDEPENDENT VERIFICATION IS NOW REQUIRED.
- YOU ARE AN EXTRA LICENSED OPERATOR AND DID NOT PARTICIPATE IN THE TEST UP TO THIS POINT.

INITIATING CUES (IF APPLICABLE):
"[STATE OPERATOR'S NAME] THE CONTROL ROOM SUPERVISOR DIRECTS YOU TO PERFORM THE REQUIRED INDEPENDENT VERIFICATION, FOR THE COMPONENTS IN THE CONTROL ROOM, TO ASSURE THE COMPONENTS ARE IN AN ECCS LINE-UP. PERFORM STEP 76 OF TEST 0255-08-IA-1 (RCIC QUARTERLY PUMP & VALVE TEST).

JPM PERFORMANCE INFORMATION

Required Materials: TEST 0255-08-IA-1

General References: 4 AWI-04.04.02

Task Standards: PLACE THE RCIC SYSTEM IN STANDBY READINESS

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: **Critical: N**	
Standard:	
Evaluator Note:	THE CANDIDATE ***SHALL*** ENSURE VERIFICATION IS PERFORMED SEPARATELY FROM THE ACTIONS OF THE INDIVIDUAL POSITIONING THE COMPONENTS. THE CANDIDATE ***SHALL NOT*** REPOSITION ANY COMPONENT ON THE CHECKLIST (4 AWI-04.04.02, SECTION 4.3.6.C). VIOLATION OF EITHER OF THE ABOVE CONDITIONS SHOULD CONSTITUTE FAILURE OF THIS JPM.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 1 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: FIC-13-91 SET TO CONTROL FLOW AT 80% (400 GPM).
Standard:	OPERATOR OBSERVED FIC-13-91 SET TO CONTROL FLOW AT 80% (400 GPM).
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 2 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: VERIFY FIC-13-91 IN AUTO POSITION.
Standard:	OPERATOR OBSERVED VERIFY FIC-13-91 IN AUTO POSITION.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: HO-8 TURBINE CONTROL VALVE OPEN; RED LIGHT ON.
Standard:	OPERATOR OBSERVED HO-8 TURBINE CONTROL VALVE OPEN; RED LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2080 OPEN; RED LIGHT ON; GREEN LIGHT OFF.
Standard:	OPERATOR OBSERVED MO-2080 OPEN; RED LIGHT ON; GREEN LIGHT OFF.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2078 CONTROL SWITCH, 13A-S2, IN AUTO POSITION; GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2078 CONTROL SWITCH, 13A-S2, IN AUTO POSITION; GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2076 CONTROL SWITCH, 13A-S3, IN AUTO POSITION; RED LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2076 CONTROL SWITCH, 13A-S3, IN AUTO POSITION; RED LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2075 CONTROL SWITCH, 13A-S1, IN NEUTRAL POSITION, RED LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2075 CONTROL SWITCH, 13A-S1, IN NEUTRAL POSITION, RED LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 8 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2102 CONTROL SWITCH, 13A-S4, IN AUTO POSITION, RED LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2102 CONTROL SWITCH, 13A-S4, IN AUTO POSITION, RED LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 9 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2101 CONTROL SWITCH, 13A-S9, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2101 CONTROL SWITCH, 13A-S9, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 10 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2100 CONTROL SWITCH, 13A-S10, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2100 CONTROL SWITCH, 13A-S10, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 11 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: AO-13-22 ACTUATOR-BLUE-NEUTRAL LIGHT ON; GREEN DISC POSITION LIGHT ON.
Standard:	OPERATOR OBSERVED AO-13-22 ACTUATOR-BLUE-NEUTRAL LIGHT ON; GREEN DISC POSITION LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 12 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2107 CONTROL SWITCH, 13A-S5, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2107 CONTROL SWITCH, 13A-S5, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 13 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2106 CONTROL SWITCH, 13A-S6, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2106 CONTROL SWITCH, 13A-S6, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 14 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2110 CONTROL SWITCH, 13A-S7, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2110 CONTROL SWITCH, 13A-S7, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 15 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: CV-2082A AND CV-2082B CONTROL SWITCH, 13A-S11, IN OPEN POSITION; RED LIGHTS ON FOR BOTH VALVES.
Standard:	OPERATOR OBSERVED CV-2082A AND CV-2082B CONTROL SWITCH, 13A-S11, IN OPEN POSITION; RED LIGHTS ON FOR BOTH VALVES.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 16 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2104 CONTROL SWITCH, 13A-S21, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2104 CONTROL SWITCH, 13A-S21, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 17 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: CV-2079, RCIC STEAM LINE DRAIN TRAP ST-2081 BYPASS, CONTROL SWITCH, 13A-S13, IN CLOSE POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED CV-2079, RCIC STEAM LINE DRAIN TRAP ST-2081 BYPASS, CONTROL SWITCH, 13A-S13, IN CLOSE POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 18 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-3502 CONTROL SWITCH, HS-3502, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-3502 CONTROL SWITCH, HS-3502, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 19 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: CV-2848 AND CV-2849 CONTROL SWITCH, 13A-S12, IN CLOSE POSITION, GREEN LIGHTS ON FOR BOTH VALVES.
Standard:	OPERATOR OBSERVED CV2848 AND CV-2849 CONTROL SWITCH, 13A-S12, IN CLOSE POSITION, GREEN LIGHTS ON FOR BOTH VALVES.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 20 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: BAROMETRIC CONDENSER CONDENSATE PUMP CONTROL SWITCH, 13A-S14, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED BAROMETRIC CONDENSER CONDENSATE PUMP CONTROL SWITCH, 13A-S14, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 21 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: BAROMETRIC CONDENSER VACUUM PUMP CONTROL SWITCH, 13A-S15, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED BAROMETRIC CONDENSER VACUUM PUMP CONTROL SWITCH, 13A-S15, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 22 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MO-2096 CONTROL SWITCH, 13A-S8, IN AUTO POSITION, GREEN LIGHT ON.
Standard:	OPERATOR OBSERVED MO-2096 CONTROL SWITCH, 13A-S8, IN AUTO POSITION, GREEN LIGHT ON.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 23 **Critical: Y**	PERFORM INDEPENDENT VERIFICATION THAT THE FOLLOWING RCIC SYSTEM COMPONENTS ARE IN THE NORMAL STANDBY CONDITION: MECHANICAL OVERSPEED TRIP LIGHTS ARE OFF.
Standard:	OPERATOR OBSERVED MECHANICAL OVERSPEED TRIP LIGHTS ARE OFF.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 24 **Critical: N**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	OPERATOR INFORMS EVALUATOR THAT THE TASK IS COMPLETED.
Evaluator Cue:	ACKNOWLEDGE REPORT
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Terminating Cues: WHEN OPERATOR INFORMS THE EVALUATOR THAT THE TASK IS COMPLETE, STATE THE JPM IS COMPLETE.

Stop Time: _____

JPM-4 AWI-04.04.02-003, INDEPENDENT VERIFICATION OF RCIC , Rev. 0

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?	☐	☐	☐
2.	Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3.	Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4.	Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6.	Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7.	If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8.	Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9.	Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10.	Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11.	Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12.	Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13.	Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: ROD BLOCK MONITOR FUNCTIONAL TEST

JPM NUMBER: JPM-0045-001 **REV.** 0

RELATED PRA INFORMATION: None

TASK NUMBER(S) / TASK TITLE(S): CR215.107
Perform RBM Functional Test

K/A NUMBERS: 2.2.12 **Rating: SRO/RO:** 3.0/3.4

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [ ] Perform: [X]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]
Simulator: [X] Other: [ ]
Lab: [ ]

Time for Completion: 20 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: _____ SRO/RO: X SRO/RO/NLO: _____

Additional signatures may be added as needed.

Developed by: _____
Instructor Date

Validated by: _____
Validation Instructor Date
(See JPM Validation Checklist, Attachment 1)

Approved by: _____
Training Supervisor Date

JPM Number: JPM-0045-001

JPM Title: RBM Functional Test

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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
(See MTCP-03.32, Figure 6.2)

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:
STATE THE FOLLOWING:
THE TITLE OF THIS JPM IS ROD BLOCK MONITOR FUNCTIONAL TEST

THE TASK CONDITIONS ARE AS FOLLOWS:
- THE PLANT IS AT 100% POWER.
- NO OTHER TESTING IS IN PROGRESS.
- TEST 0045 IS BEING PERFORMED TO SATISFY QUARTERLY REQUIREMENT PER TECH SPECS.
- THE FOLLOWING LPRMS ARE BYPASSED DUE TO FAULTY DETECTORS:
  - 28-29A
  - 44-21C
  - 20-13D
  - 28-37D
- NUCLEAR ENGINEERING HAS SUBMITTED THE FOLLOWING LIST OF CONTROL RODS FOR USED WITH THIS TEST:
  - RBM 7, TWO STRING ROD 18-11
  - RBM 8, TWO STRING ROD 46-27
  - RBM 7, THREE STRING ROD 10-31
  - RBM 8, THREE STRING ROD 34-19
  - RBM 7, FOUR STRING ROD 26-31
  - RBM 8, FOUR STRING ROD 34-43
- YOU ARE THE OPERATOR AT THE CONTROLS

INITIATING CUES (IF APPLICABLE):
"[STATE OPERATOR'S NAME] DIRECTS YOU TO COMPLETE PREREQUISITES #2 OF TEST PROCEDURE 0045."

JPM PERFORMANCE INFORMATION

Required Materials: INITIALIZE THE SIMULATOR TO ANY IC WITH THE PLANT AT 100% POWER. PROVIDE COPY OF TEST NO. 0045 TO OPERATOR.

General References: TEST NO. 0045

Task Standards: COMPLETE PREREQUISITES #2

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: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON FOR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS.** OPERATOR DETERMINES ACCEPTABLE FOR RBM 7, TWO STRING ROD 18-11, REFER TO ATTACHMENT 1 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045.
Standard:	DETERMINED ROD 18-11 ACCEPTABLE.
Evaluator Cue:	NONE **NOTE TO EVALUATOR: JPM STEPS 2-7 MAY BE DONE IN ANY ORDER, BUT ALL MUST BE DONE.**
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 2 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON FOR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS.** OPERATOR DETERMINES ACCEPTABLE FOR RBM 8, TWO STRING ROD 46-47, REFER TO ATTACHMENT 1 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045.
Standard:	DETERMINED ROD SUGGESTED BY NUCLEAR ENGINEER TO BE UNACCEPTABLE AND PICKS ANY OF THE FOLLOWING CONTROL RODS: • 18-11 • 10-19 • 26-47
Evaluator Cue:	WHEN CANDIDATE INDICATES THAT THIS ROD IS NOT ACCEPTABLE FOR USE THEN STATE THE FOLLOWING: "THE SHIFT MANAGER DIRECTS YOU TO SELECT ANOTHER 2 STRING ROD FOR USE." **NOTE TO EVALUATOR: THIS ROD IS NOT ACCEPTABLE BECAUSE LPRM 44-21C IS BYPASSED. THE CANDIDATE MAY SELECT ANY OF THE FOLLOWING RODS: 18-11, 10-19, OR 26-47.**
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON OR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS.** OPERATOR DETERMINES ACCEPTABLE FOR RBM 7, THREE STRING ROD 10-31, REFER TO ATTACHMENT 2 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045.
Standard:	DETERMINED THAT CONTROL ROD WAS ACCEPTABLE.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON FOR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN** ANY OF THE SURROUNDING STRINGS. OPERATOR DETERMINES ACCEPTABLE FOR RBM 8, THREE STRING ROD 34-19, REFER TO ATTACHMENT 2 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045.
Standard:	DETERMINED CONTROL ROD UNACCEPTABLE. SELECTED ANY OTHER 3 STRING ROD EXCEPT • 38-19 • 42-19 • 38-15
Evaluator Cue:	WHEN CANDIDATE INDICATES THAT THIS ROD IS NOT ACCEPTABLE FOR USE THEN STATE THE FOLLOWING: "THE SHIFT MANAGER DIRECTS YOU TO SELECT ANOTHER 3 STRING ROD FOR USE."
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON FOR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS**. OPERATOR DETERMINES ACCEPTABLE FOR RBM 7, FOUR STRING ROD 26-31, REFER TO ATTACHMENT 3 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045.
Standard:	DETERMINED ROD WAS ACCEPTABLE.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON OR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS.** OPERATOR DETERMINES ACCEPTABLE FOR RBM 8, FOUR STRING ROD 34-43, REFER TO ATTACHMENT 3 OF PROCEDURE 0045 AND ENSURE THIS ROD MEETS THE STANDARD FOR PREREQUISITE # 2. OPERATOR ENTERS SELECTED CONTROL ROD IN APPROPRIATE SPACE ON PAGE 4 OF PROCEDURE 0045
Standard:	DETERMINED ROD WAS ACCEPTABLE.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: Y**	REVIEW ATTACHMENTS 1, 2 AND 3, AND CHOOSE CONTROL RODS FOR STEPS 192, 198, AND 204 FROM EACH ATTACHMENT. ENTER THE RODS BELOW: (N/A IF REASON FOR PERFORMING PROCEDURE IS NO. 4.) **NOTE: DO NOT SELECT A CONTROL ROD WITH A BYPASSED "C" LEVEL DETECTOR IN ANY OF THE SURROUNDING STRINGS.** OPERATOR INITIALS SHIFT SUPERVISION APPROVAL LINE FOR THIS PREREQUISITE OR IF RO CANDIDATE INFORMS SHIFT SUPERVISION THAT THE PREREQUISITE IS COMPLETE..
Standard:	DETERMINED PREREQUISITE COMPLETE.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 9 **Critical: N**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	Operator informs evaluator that the task is completed.
Evaluator Cue:	Acknowledge Report
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Terminating Cues: WHEN REPORT IS MADE THAT TASK IS COMPLETE, STATE THAT THE JPM IS COMPLETE.

Stop Time: _____

SIMULATOR SET UP: (*Modify table as necessary)*

Simulator Setup Instructions:

- Initialize the simulator to any IC with the plant at 100% power.

	EVENT NUMBER	EVENT FILE NAME	EVENT WORD DESCRITPTION
1.			
2.			

SIMULATOR - MALFUNCTIONS:

	MALF ID	MALFUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL.
1.		None	00:00:00	00:00:00			
2.			00:00:00	00:00:00			
3.			00:00:00	00:00:00			
4.			00:00:00	00:00:00			

SIMULATOR - OVERRIDES:

	OVERRIDE ID.	OVERRIDE DESCRIPTION	DELAY	RAMP	EVENT	VALUE	FINAL
1.		None	00:00:00	00:00:00			
2.							
3.							
4.							

SIMULATOR - REMOTE FUNCTIONS:

	REMOTE FUNC. No.	REMOTE FUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL
1.							
2.							

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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?	☐	☐	☐
2.	Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3.	Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4.	Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6.	Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7.	If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8.	Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9.	Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10.	Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11.	Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12.	Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13.	Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: HIGH RADIATION AREA ENTRY

JPM NUMBER: JPM-4 AWI-08.04.06-001 **REV.** 0

RELATED PRA INFORMATION: None

TASK NUMBER(S) / TASK TITLE(S): CR999.299
ADMINISTRATIVE PROCEDURES

K/A NUMBERS: 2.3.10 **Rating: SRO/RO:** 3.3/2.9

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [X] Perform: [ ]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]

Simulator: [ ] Other: [ ]

Lab: [X]

Time for Completion: 15 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: _____ SRO/RO: _____ SRO/RO/NLO: X

Additional signatures may be added as needed.

Developed by: _____
Instructor Date

Validated by: _____
Validation Instructor Date
(See JPM Validation Checklist, Attachment 1)

Approved by: _____
Training Supervisor Date

JPM Number: JPM-4 AWI-08.04.06-001

JPM Title: HIGH RADIATION AREA ENTRY

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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
(See MTCP-03.32, Figure 6.2)

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:

THE TASK CONDITIONS ARE AS FOLLOWS:

- THE PLANT IS AT 100% POWER.
- AN ENTRY INTO RAD WASTE PUMP ROOM 985 LEVEL MUST BE PERFORMED TO INSPECT A POTENTIAL BLOCKAGE OF THE T-24 (WASTE COLLECTION TANK) DRAIN VALVE LOCATED AT THE SOUTH END OF THE TANK.
- PROVIDE SURVEY MAP
- PROVIDE RWP

INITIATING CUES (IF APPLICABLE):

"[STATE OPERATOR'S NAME] PERFORM THE SPECIFIC INSTRUCTIONS PER 4 AWI-08.04.06 FOR ENTRY INTO THE POSTED HIGH RADIATION AREA FOR THE INSPECTION.

JPM PERFORMANCE INFORMATION

Required Materials: SURVEY MAP AND RWP FOR HI RADIATION AREA TO BE ENTERED

General References: 4 AWI-08.04.06, AREA CONTROL

Task Standards: PERFORM INDIVIDUAL EXPOSURE CONTROL DUTIES

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: N**	PROVIDED A COPY OF 4 AWI-08.04.06 (AREA CONTROL) REVIEWS PROCEDURE AND LOCATES SECTION 4.4.2 SPECIFIC INSTRUCTIONS FOR HIGH, LOCKED HIGH, AND VERY HIGH RADIATION AREAS
Standard:	LOCATES APPROPRIATE SECTION OF PROCEDURE
Evaluator Cue:	PROVIDE COPY OF PROCEDURE 4 AWI-08.04.06 (AREA CONTROL)
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 2 **Critical: Y**	SPECIFIC INSTRUCTIONS FOR HIGH, LOCK HIGH, AND VERY HIGH RADIATION ARES. A. OBTAIN ANY REQUIRED SPECIAL APPROVALS AS FOLLOWS: 1. LOCKED HIGH RADIATION AREA: NON-ROUTINE ENTRIES UNDER EXTENDED RWPS REQUIRE COMPLETION OF FORM 5677 (RWP REQUEST) AND THE SIGNATURE OF YOUR SUPERVISOR (IF ON SITE), THE SHIFT SUPERVISOR, OR THE RAD PROT COORD TO SHOW CONCURRENCE WITH THE NEED FOR THE ENTRY. SUPERVISORS MAY APPROVE THEIR OWN ENTRIES. 2. VERY HIGH RADIATION AREA YOU ***SHALL*** OBTAIN WRITTEN APPROVAL FROM THE PLANT MANAGER, WHICH IS BASED ON A SOUND OPERATIONAL OR SAFETY REASON. DETERMINES NEITHER OF THE ABOVE CONDITIONS APPLY AS THE ENTRY IS FOR A HIGH RADIATION AREA.
Standard:	DETERMINES STEP IS NOT APPLICABLE
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: N**	A RADIOLOGICAL BRIEFING FROM RADIATION PROTECTION IS REQUIRED PRIOR TO ENTRY
Standard:	DETERMINES THAT A RADIOLOGICAL BRIEFING MUST BE PERFORMED
Evaluator Cue:	STATE THAT THE RADIOLOGICAL BRIEFING HAS BEEN PERFORMED
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: Y**	PREPARE TO PERFORM YOUR INDIVIDUAL EXPOSURE CONTROL DUTIES AS FOLLOWS: 1. YOU SHALL DETERMINE THE EXPECTED AREA DOSE RATES FOR ALL REGIONS OF THE AREA YOU WILL BE ENTERING BY REVIEWING AREA SURVEYS. REVIEWS AREAS SURVEYS PROVIDED AND DETERMINES THE DOSE RATE FOR THE INSPECTION IS 400Mrem/hr.
Standard:	DETERMINED DOES RATE WILL BE 400 Mrem/hr.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: Y**	PREPARE TO PERFORM YOUR INDIVIDUAL EXPOSURE CONTROL DUTIES AS FOLLOWS: 2. DETERMINE THE EXPECTED DURATION OF THE ENTRY AND THE EXPECTED DOSE NEEDED TO MAKE THE ENTRY. OPERATOR DETERMINES EXPECTED DOSE USING DETERMINED DOSE RATE AND GIVEN DURATION OF ENTRY
Standard:	DETERMINED EXPECTED DOSE TO BE 100 Mrem/hr.
Evaluator Cue:	STATE THE EXPECTED DURATION OF THE ENTRY IS 15 MINUTES
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: N**	PREPARE TO PERFORM YOUR INDIVIDUAL EXPOSURE CONTROL DUTIES AS FOLLOWS: 3. IF A DOSE RATE METER IS REQUIRED BY THE RWP, THEN OBTAIN A METER FROM MAIN ACCESS CONTROL. OPERATOR DETERMINES NO METER IS REQUIRED FROM THE RWP
Standard:	DETERMINES NO METER IS REQUIRED
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: Y**	PREPARE TO PERFORM YOUR INDIVIDUAL EXPOSURE CONTROL DUTIES AS FOLLOWS: 4. DETERMINE THE ALLOWABLE ENTRY DOSE, EITHER FROM THE ELECTRONIC DOSIMETER LOG-IN PROCESS, FROM THE LOCAL CONTROL POINT, OR FROM YOUR DOSIMETER. OPERATOR DETERMINES THE ALLOWABLE ENTRY DOSE FROM THE DOSIMETER AND NOTES IT TO BE 50 Mrem/hr FROM THE RWP.
Standard:	DETERMINED ALLOWABLE ENTRY DOSE.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 8 **Critical: Y**	PREPARE TO PERFORM YOUR INDIVIDUAL EXPOSURE CONTROL DUTIES AS FOLLOWS: 5. IF THE ALLOWABLE ENTRY DOSE IS LESS THAN THE EXPECTED ENTRY DOSE, THEN YOU ***SHALL*** REPORT TO THE RAD PROT COORD FOR RESOLUTION. OPERATOR DETERMINES THE ALLOWABLE ENTRY DOSE IS LESS THAN THE EXPECTED ENTRY DOSE AND REPORTS TO THE RAD PROT COORD.
Standard:	REPORTS TO RAD PROT COORD THAT ALLOWABLE DOSE IS LESS THAN EXPECTED DOSE.
Evaluator Cue:	ACKNOWLEDGE REPORT AS THE RAD PROT COORD.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Terminating Cues: WHEN REPORT IS MADE, STATE THAT THE JPM IS COMPLETE.

Stop Time: _____

SIMULATOR SET UP: (*Modify table as necessary)*

Simulator Setup Instructions:

- Initialize the simulator to any IC with the plant at 100% power.

	EVENT NUMBER	EVENT FILE NAME	EVENT WORD DESCRITPTION
1.			
2.			

SIMULATOR - MALFUNCTIONS:

	MALF ID	MALFUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL.
1.		None	00:00:00	00:00:00			
2.			00:00:00	00:00:00			
3.			00:00:00	00:00:00			
4.			00:00:00	00:00:00			

SIMULATOR - OVERRIDES:

	OVERRIDE ID.	OVERRIDE DESCRIPTION	DELAY	RAMP	EVENT	VALUE	FINAL
1.		None	00:00:00	00:00:00			
2.							
3.							
4.							

SIMULATOR - REMOTE FUNCTIONS:

	REMOTE FUNC. No.	REMOTE FUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL
1.							
2.							

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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?	☐	☐	☐
2.	Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3.	Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4.	Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6.	Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7.	If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8.	Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9.	Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10.	Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11.	Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12.	Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13.	Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: BYPASS CONFIGURATION VERIFICATION OF ELECTRICAL CIRCUITS

JPM NUMBER: JPM-4 AWI-04.04.03-002 **REV.** 1

RELATED PRA INFORMATION: NONE

TASK NUMBER(S) / TASK TITLE(S): SS299.162

K/A NUMBERS: 2.2.11 **Rating: SRO/RO:** 3.4/2.5

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [ ] Perform: [X]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]

Simulator: [X] Other: [ ]

Lab: [ ]

Time for Completion: 20 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: X SRO/RO: _____ SRO/RO/NLO: _____

Additional signatures may be added as needed.

Developed by: _____

Instructor Date

Validated by: _____

Validation Instructor Date
(See JPM Validation Checklist, Attachment 1)

Approved by: _____

Training Supervisor Date

JPM Number: JPM-4 AWI-04.04.03-002

JPM Title: Bypass Configuration Verification of Electrical Circuits

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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
(See MTCP-03.32, Figure 6.2)

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:
STATE THE FOLLOWING:
THE TITLE OF THIS JPM IS BYPASS CONFIGURATION VERIFICATION OF ELECTRICAL CIRCUITS

THE TASK CONDITIONS ARE AS FOLLOWS:
- THE PLANT IS OPERATING AT 100% POWER.
- A JUMPER BYPASS FORM (FORM 3034) HAS BEEN INITIATED FOR AN ELECTRICAL CIRCUIT AND NEEDS TO BE VERIFIED.
- YOU ARE AN EXTRA LICENSED OPERATOR.

INITIATING CUES (IF APPLICABLE):
"[STATE OPERATOR'S NAME] YOU ARE DIRECTED TO VERIFY THAT THE PROPOSED ELECTRICAL CIRCUIT BYPASS IS CORRECT PER 4 AWI-04.04.03 SECTION 4.4 BYPASS CONFIGURATION VERIFICATION OF ELECTRICAL CIRCUITS. INFORM ME WHEN YOUR ACTION(S) ARE COMPLETE.

PROVIDE THE OPERATOR A MARKED UP COPY OF FORM 3034 (JUMPER BYPASS FORM) TO BE USED FOR VERIFICATION."

ALL OPERATOR ACTIONS ARE TO BE SIMULATED.

JPM PERFORMANCE INFORMATION

Required Materials: NONE

General References: 4 AWI-04.04.03, LOGIC DIAGRAMS NX-8292-12-1 AND NX-8292-12-3

Task Standards: VERIFIES FORM 3040 (JUMPER BYPASS FORM)

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: N**	LOCATE PROCEDURE 4 AWI-04.04.03 (BYPASS CONTROL) OPERATOR LOCATES PROCEDURE 4 AWI-04.04.03 AND REFERS TO SECTION 4.4.
Standard:	LOCATED PROCEDURE AND REFERRED TO SECTION 4.4.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 2
Critical: N
	CONFIGURATION VERIFICATION ***SHALL*** BE PERFORMED BY SHIFT SUPERVISION, THE SYSTEM ENGINEER, THE PROJECT ENGINEER, OR THEIR DESIGNEE PRIOR TO THE TEMPORARY MODIFICATION OF ELECTRICAL CIRCUITS. THIS MAY BE THE PERSON WHO PREPARED THE JUMPER BYPASS FORM.
	• SHIFT SUPERVISION, THE SYSTEM ENGINEER, OR THE PROJECT ENGINEER MAY DESIGNATE A KNOWLEDGEABLE INDIVIDUAL TO PERFORM THE CONFIGURATION VERIFICATION.
	• WHEN DETERMINING AN INDIVIDUAL TO BE KNOWLEDGEABLE TO PERFORM CONFIGURATION VERIFICATION, SHIFT SUPERVISION, THE SYSTEM ENGINEER, OR THE PROJECT COORDINATOR/PROJECT ENGINEER SHOULD CONSIDER THE FOLLOWING FOR THE PROPOSED DESIGNEE:
	  • WORK EXPERIENCE
	  • PRINT READING CAPABILITIES
	  • KNOWLEDGE OF THE AFFECTED EQUIPMENT
	KNOWLEDGE OF THE CONFIGURATION VERIFICATION REQUIREMENTS OF THE INSTRUCTION.
	
	OPERATOR REVIEWS STEP 4.4.1 AND DETERMINES THE CRITERIA IS MET.

Standard:	VERIFIED THE CRITERIA IS MET.
Evaluator Cue:	IF QUESTIONED ABOUT THE INDIVIDUAL OPERATORS ABILITY, STATE THAT THE SHIFT MANAGER HAS REVIEWED THESE CRITERIA AND HAS SELECTED YOU TO PERFORM THE TASK.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 3 **Critical: N**	CONFIGURATION VERIFICATION IS NOT REQUIRED FOR TEMPORARY MODIFICATIONS OTHER THAN THOSE TO ELECTRICAL CIRCUITS. OPERATOR DETERMINES CONFIGURATION VERIFICATION IS REQUIRED.
Standard:	RECOGNIZED VERIFICATION IS REQUIRED.
Evaluator Cue:	IF THERE IS ANY QUESTION ABOUT THE NEED FOR VERIFICATION, STATE THAT THE VERIFICATION IS REQUIRED.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: N**	THE INDIVIDUAL PERFORMING THE CONFIGURATION VERIFICATION ***SHALL***: • COMPARE TWO OR MORE INDEPENDENT CONTROLLED DRAWINGS, WHEN AVAILABLE, TO VERIFY BOTH AGREE. OPERATOR LOCATES LOGIC DRAWINGS NX-8292-12-1 (3).
Standard:	LOCATED DRAWINGS.
Evaluator Cue:	WHEN OPERATOR GOES TO IDENTIFY AND USE A SECOND DRAWING, STATE THAT THE SECOND INDEPENDENT CONTROLLED DRAWING HAS BEEN VERIFIED SATISFACTORILY.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: Y**	THE INDIVIDUAL PERFORMING THE CONFIGURATION VERIFICATION ***SHALL***: • CHECK SPECIFIED TERMINAL POINTS, FUSES, AND FUSE BLOCK CONNECTIONS FOR ACCURACY IN NOMENCLATURE AND ACCESSIBILITY WHEN JUMPERS, BOOTS, OR OTHER BYPASS DEVICES MUST BE USED. OPERATOR LOCATES BB-59 AND BB-68 ON DRAWING NX-8292-12-1 AND RECOGNIZES THAT INSTALLING THE JUMPER WOULD ENERGIZE RELAY 23A-K18 WHICH WILL SIMULATE MO-2036 BEING >20-25% OPEN.
Standard:	REVIEWED DRAWINGS PROVIDED TO PERFORM VERIFICATION
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: N**	COMPLETE A DRAWING REVISION REQUEST PER 4 AWI-02.04.03 (DRAWING REVISIONS, CREATIONS AND DELETIONS) TO DOCUMENT ANY DRAWING DISCREPANCIES DISCOVERED DURING COMPARISON OF INDEPENDENT DRAWINGS. 1. IF THE DRAWING DISCREPANCY AFFECTS THE CONFIGURATION BEING VERIFIED, THEN IT ***SHALL NOT*** BE USED AS AN INDEPENDENT DRAWING FOR PRINT COMPARISON. 2. IF INVESTIGATION OF THE DRAWING DISCREPANCY REVEALS THAT THE PHYSICAL CONDITION OF THE PLANT IS INCORRECT OR INDETERMINATE, AN ACTION REQUEST SHOULD BE INITIATED PER 4 AWI-10.01.03 (ACTION REQUEST PROCESS (FP-PA-ARP-01)).
Standard:	DETERMINED NO DRAWING REVISION REQUIRED.
Evaluator Cue:	STATE NO DRAWING REVISION IS REQUIRED.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: Y**	THE INDIVIDUAL PERFORMING THE CONFIGURATION VERIFICATION ***SHALL*** • ENSURE THE BYPASS CONNECTION POINTS ARE TECHNICALLY ACCURATE. OPERATOR DETERMINES THE FOLLOWING: CONTROL ROOM ANNUNCIATORS C03A-15 & 39 AND ANNUNCIATOR C03B-9 WOULD ACTUATE BY REVIEWING LOGIC DIAGRAMS NX-8292-12-1 (3).
Standard:	VERIFIED EACH ALARM WOULD COME IN BY HANGING THE JUMPER.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 8 **Critical: N**	THE INDIVIDUAL PERFORMING THE CONFIGURATION VERIFICATION ***SHALL*** • CHECK APPROPRIATE BLOCK ON THE JUMPER BYPASS FORM FOR THE VERIFICATION METHOD USED. OPERATOR CHECKS BLOCK FOR COMPARISON OF INDEPENDENT PRINTS AND WRITES IN PRINT NUMBER.
Standard:	CHECKED BLOCK FOR COMPARISON OF INDEPENDENT PRINTS.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 9 **Critical: N**	THE INDIVIDUAL PERFORMING THE CONFIGURATION VERIFICATION ***SHALL*** • SPECIFY THE PRINTS USED TO PERFORM THE CONFIGURATION VERIFICATION IF PRINT COMPARISON WAS USED FOR CONFIGURATION VERIFICATION IN THE SPACE PROVIDED. OPERATOR WRITES IN PRINT NUMBERS NX-8292-12-1 (3).
Standard:	WROTE IN PRINT NUMBER.
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 10 **Critical: N**	SIGNS AND DATE THE "CONFIGURATION VERIFIED BY" BLANK ON THE JUMPER BYPASS FORM WHEN CONFIGURATION VERIFICATION IS COMPLETE. OPERATOR SIGNS FORM FOR CONFIGURATION VERIFICATION COMPLETE AND STATE THE TASK IS COMPLETE.
Standard:	SIGNED FORM FOR CONFIGURATION VERIFICATION COMPLETE.
Evaluator Cue:	WHEN TOLD THE CONFIGURATION VERIFICATION IS COMPLETE. TAKE COMPLETED FORM 3034.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 11 **Critical: N**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	OPERATOR INFORMS EVALUATOR THAT THE TASK IS COMPLETED.
Evaluator Cue:	STATE JPM IS COMPLETE.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Terminating Cues:

Stop Time: _____

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?	☐	☐	☐
2. Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3. Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6. Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7. If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8. Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9. Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12. Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

NMC Committed to Nuclear Excellence

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: DETERMINE CURRENT PROCEDURE REVISION

JPM NUMBER: JPM-4 AWI-02.01.02-001 **REV. 0**

RELATED PRA INFORMATION:

TASK NUMBER(S) / TASK TITLE(S): SS299.292
IMPLEMENT THE PROCEDURE USE STANDARDS THAT WILL ENSURE THAT OPERATIONAL PROCEDURES ARE EFFECTIVELY IMPLEMENTED

K/A NUMBERS: 2.1.21 **Rating: SRO/RO:** 3.2/3.1

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [X] Perform: [ ]

EVALUATION LOCATION: In-Plant: [X] Control Room: [ ]
Simulator: [ ] Other: [ ]
Lab: [ ]

Time for Completion: 15 Minutes Time Critical: NO

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: X SRO/RO: _____ SRO/RO/NLO: _____

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: JPM- 4 AWI-02.01.02-001

JPM Title: DETERMINE CURRENT PROCEDURE REVISION

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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
(See MTCP-03.32, Figure 6.2)

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:

- CORE SPRAY COMPREHENSIVE PUMP AND VALVE TEST, 0255-03-III-1A IS SHEDULED TO BE PERFORMED
- THE REACTOR IS OPERATING AT RATED CONDITIONS

INITIATING CUES (IF APPLICABLE):

- **OBTAIN TEST 0255-03-III-1A AND VERIFY IT IS THE CURRENT REVISION**
- **ALL OPERATOR ACTIONS ARE TO BE PERFORMED.**

JPM PERFORMANCE INFORMATION

Required Materials:

General References:

Task Standards:

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: NO**	OBTAINS COPY OF TEST 0255-03-III-1A
Standard:	OBTAINS TEST PROCEDURE
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	TEST PROCEDURE MAY BE OBTAINED FROM FILE CABINET IN WORK CONTROL AREA OR PRINTED OUT

Performance Step: 2 **Critical: NO**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: A. CONSULT THE DATA BASE VIA THE COMPUTER TERMINAL (SEE SECTION 4.3 FOR INSTRUCTIONS ON ACCESSING CONTROLLED DOCUMENT DATA BASE).
Standard:	ATTEMPTS TO LOG INTO CHAMPS DATA BASE
Evaluator Cue:	INFORM THE OPERATOR THAT THE DOCUMENT CONTROL DATA BASE IS UNAVAILABLE FOR USE AT THIS TIME
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	IF THE CANDIDATE CHOOSES TO CONTACT DOCUMENT CONTROL, SEE STEP 7.

Performance Step: 3 **Critical: YES**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: B. CHECK THE CONTROLLED DOCUMENT MASTER FILE IN THE SITE ADMIN BUILDING 1. FOR PROCEDURES, VERIFY THAT ANY 3087 CATEGORY A, IS ADDRESSED AS PART OF THE PROCEDURE BEING USED.
Standard:	LOCATES MASTER AND VERIFIES CATEGORY A IS ADDRESSED
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 4 **Critical: YES**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: B. CHECK THE CONTROLLED DOCUMENT MASTER FILE IN THE SITE ADMIN BUILDING 1. FOR PROCEDURES, VERIFY THAT ANY 3087 CATEGORY B, IS ADDRESSED AS PART OF THE PROCEDURE BEING USED.
Standard:	LOCATES MASTER AND VERIFIES CATEGORY B IS ADDRESSED
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 5 **Critical: YES**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: B. CHECK THE CONTROLLED DOCUMENT MASTER FILE IN THE SITE ADMIN BUILDING 1. FOR PROCEDURES, VERIFY THAT ANY 3087 CATEGORY E, IS ADDRESSED AS PART OF THE PROCEDURE BEING USED
Standard:	LOCATES MASTER AND VERIFIES CATEGORY E IS ADDRESSED
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 6 **Critical: YES**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: B. CHECK THE CONTROLLED DOCUMENT MASTER FILE IN THE SITE ADMIN BUILDING 1. FOR PROCEDURES, VERIFY THAT ANY 3087 CATEGORY G, IS ADDRESSED AS PART OF THE PROCEDURE BEING USED
Standard:	LOCATES MASTER AND VERIFIES CATEGORY G IS ADDRESSED
Evaluator Cue:	NONE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 7 **Critical: NO**	THE CURRENT REVISION OF THE DOCUMENT ***SHALL*** BE VERIFIED BY ONE OF THE FOLLOWING METHODS: C. CONTACT APPROPRIATE PERSONNEL IN DOCUMENTS & RECORDS MANAGEMENT GROUP FOR ASSISTANCE
Standard:	ATTEMPTS TO CONTACT A MEMBER OF THIS GROUP
Evaluator Cue:	IF THIS OPTION IS ATTEMPTED, STATE THAT NO ONE IN THIS GROUP CAN BE CONTACTED.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	_____

Performance Step: 17 **Critical: NO**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	Operator informs evaluator that the task is completed.
Evaluator Cue:	ACKNOWLEGE TASK COMPLETE, STATE THAT JPM IS COMPLETE
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	**DO NOT PROMPT.**

Terminating Cues:

Stop Time: _____

JPM- 4 AWI-02.01.02-001, DETERMINE CURRENT PROCEDURE REVISION, Rev. 0

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?	☐	☐	☐
2. Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3. Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4. Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6. Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7. If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8. Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9. Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10. Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11. Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12. Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13. Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)

JOB PERFORMANCE MEASURE (JPM)

SITE: MONTICELLO NUCLEAR GENERATING PLANT

JPM TITLE: OFF-SITE PROTECTIVE ACTION RECOMMENDATIONS

JPM NUMBER: JPM-A.2-204-003 **REV.** 1

RELATED PRA INFORMATION: None

TASK NUMBER(S) / TASK TITLE(S): SS304.121
Formulate off-site protective action recommendations for the general public during the early phase of an emergency.

K/A NUMBERS: Generic 2.4.44 **Rating: SRO/RO:** 4.0/2.1

APPLICABLE METHOD OF TESTING:

Discussion: [ ] Simulate/walkthrough: [ ] Perform: [X]

EVALUATION LOCATION: In-Plant: [ ] Control Room: [ ]
Simulator: [X] Other: [ ]
Lab: [ ]

Time for Completion: 15 Minutes Time Critical: YES

Alternate Path / Faulted: NO

TASK APPLICABILITY: SRO: X SRO/RO: _____ SRO/RO/NLO: _____

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: JPM-A.2-204-003

JPM Title: Off-Site Protective Action Recommendations

Examinee: _____ **Evaluator:** _____

Job Title: _____ **Date:** _____

Start Time _____ **Finish Time** _____

PERFORMANCE RESULTS: **SAT:** ☐ **UNSAT:** ☐

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
(See MTCP-03.32, Figure 6.2)

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:

- **THIS IS A DRILL.**
- The plant is shutdown in an Emergency Condition. An escalation to a General Emergency has just been declared (EAL Guideline 28, Section E.).
- All release rates are normal.
- Current Met Data is:
  - Wind direction (from): 285 degrees
  - Wind speed: 10 mph
  - Temperature: 55°F
  - Precipitation: none
  - Ch. 11 – Diff. Temp: -0.79

INITIATING CUES (IF APPLICABLE):

- **THIS IS A DRILL.**
- Initiate and complete Form 5790-102-02 (MONTICELLO EMERGENCY NOTIFICATION REPORT FORM) and provide to Shift Manager/Emergency Director when complete.
- **ALL OPERATOR ACTIONS ARE TO BE PERFORMED.**
- **THIS IS A DRILL.**

Instructor note: This JPM is time critical. Start time is when the initiating cue is acknowledged by the examinee. Stop time is when the examinee returns the JPM paper work to you or verbally states the task is complete.

JPM-A.2-204-003, OFF-SITE PROTECTIVE ACTION RECOMMENDATIONS, Rev. 1

JPM PERFORMANCE INFORMATION

Required Materials: None

General References: Simulator

Task Standards: A.2-204 rev 17.

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: N**	Locate General Emergency form packet. (May also reference procedure A.2-204 OFF-SITE PROTECTION ACTON RECOMMENDATIONS)
Standard:	Locates General Emergency packet.
Evaluator Cue:	When examinee locates General Emergency packet, hand them a copy of the material from the packet.
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	The items covered by JPM steps 2 and 3 may be done in any order as long as the standard for each step is met.

Performance Step: 2 **Critical: Y**	Procedure A.2-204 (Step 6.1.1.A and 6.1.1.B) 6.1.1 Initiate Form 5790-102-02 (MONTICELLO EMERGENCY NOTIFICATION REPORT FORM) A. Complete the Protective Action Recommendations section recommending sheltering or an evacuation of a 2 mile radius and 5 miles downwind and advise the remainder of the plume EPZ to go indoors to monitor EAS broadcasts. (See Figure 7.3.A for assistance.) B. Determine which geopolitical subareas are affected by referring to the Sector-Subarea Conversion Table on Form 5790-102-02
Standard:	Complete Section 10 of Form 5790-102-02. The grading standard is as follows: • Item B is circled. • The word "Evacuate" is circled. • The blank in front of "Sectors out to 2 miles" contains the word "ALL" • The blank in front of "Sectors out to 5 miles" contains the word "downwind" or "E,F,G" • Only the following subareas are circled: 2, 5E and 5S.
Evaluator Cue:	None
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	See attached form with data filled in.

Performance Step: 3 **Critical: Y**	Procedure A.2-204 (Step 6.1.1.C) Initiate Form 5790-102-02 C. Ensure completion of the remaining sections of Form 5790-102-02 and submit the completed form to the ED for approval.
Standard:	The grading standard is as follows: • Section 1: item B should be circled **(not critical)**. • Section 2: item B should be circled **(not critical)**. • Section 4: item D should be circled. • Section 5: item A circled **(not critical)**, date and time filled in and GL # 28. • Section 6: item A should be circled. • Section 7: item A should be circled **(not critical)**. • Section 8: Wind direction is 285 degrees and affected downwind sectors E, F and G should be circled. • Section 9: Wind speed of 10 mph and stability class E circled. • Section 11: Examinee should indicate that they would use the label from the General emergency packet here (specifically the label for GL 28E).
Evaluator Cue:	None
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	See attached form with data filled in.

Performance Step: 4 **Critical: N**	**INFORM EVALUATOR THAT THE TASK HAS BEEN COMPLETED.**
Standard:	Operator informs evaluator that the task is completed.
Evaluator Cue:	None
Performance:	**SATISFACTORY** ☐ **UNSATISFACTORY** ☐
Comments:	**DO NOT PROMPT.**

Terminating Cues: When told the actions are complete, acknowledge, and state the JPM is complete.

Stop Time: _____

SIMULATOR SET UP: (*Modify table as necessary)*

Simulator Setup Instructions:

- None
-

	EVENT NUMBER	EVENT FILE NAME	EVENT WORD DESCRITPTION
1.			
2.			

SIMULATOR - MALFUNCTIONS:

	MALF ID	MALFUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL.
1.		None	00:00:00	00:00:00			
2.			00:00:00	00:00:00			
3.			00:00:00	00:00:00			
4.			00:00:00	00:00:00			

SIMULATOR - OVERRIDES:

	OVERRIDE ID.	OVERRIDE DESCRIPTION	DELAY	RAMP	EVENT	VALUE	FINAL
1.							
2.							
3.							
4.							

SIMULATOR - REMOTE FUNCTIONS:

	REMOTE FUNC. No.	REMOTE FUNCTION TITLE	DELAY	RAMP	EVENT	VALUE	FINAL
1.							
2.							
* Set for current weather condition							

TURNOVER SHEET

INITIAL CONDITIONS:

- **THIS IS A DRILL.**
- The plant is shutdown in an Emergency Condition. An escalation to a General Emergency has just been declared (EAL Guideline 28, Section E.).
- All release rates are normal.
- Current Met Data is:
  - Wind direction (from): 285 degrees
  - Wind speed: 10 mph
  - Temperature: 55°F
  - Precipitation: none
  - Ch. 11 – Diff. Temp: -0.79

INITIATING CUES (IF APPLICABLE):

- **THIS IS A DRILL.**
- Initiate and complete Form 5790-102-02 (MONTICELLO EMERGENCY NOTIFICATION REPORT FORM) and provide to Shift Manager/Emergency Director when complete.
- **ALL OPERATOR ACTIONS ARE TO BE PERFORMED.**
- **THIS IS A DRILL.**

JPM-A.2-204-003, OFF-SITE PROTECTIVE ACTION RECOMMENDATIONS, Rev. 1

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?	☐	☐	☐
2.	Has the JPM been reviewed and validated by SMEs?	☐	☐	☐
3.	Can the required conditions for the JPM be appropriately established in the simulator if required?	☐	☐	☐
4.	Does the performance steps accurately reflect trainee's actions in accordance with plant procedures?	☐	☐	☐
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?	☐	☐	☐
6.	Has the completion time been established based on validation data or incumbent experience?	☐	☐	☐
7.	If the task is time critical, is the time critical portion based upon actual task performance requirements?	☐	☐	☐
8.	Is the Licensee level appropriate for the task being evaluated if required?	☐	☐	☐
9.	Is the K/A appropriate to the task and to the licensee level if required?	☐	☐	☐
10.	Have the performance steps been identified and typed (Critical / Sequence / Time Critical) appropriately?	☐	☐	☐
11.	Have all special tools and equipment needed to perform the task been identified and made available to the trainee?	☐	☐	☐
12.	Are all references identified, current, accurate, and available to the trainee?	☐	☐	☐
13.	Have all required cues (as anticipated) been identified for the evaluator to assist task completion?	☐	☐	☐

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

Historical Record: (Optional)