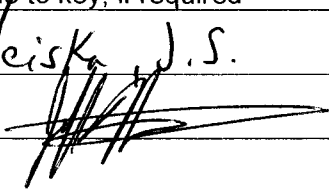
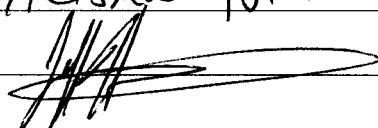


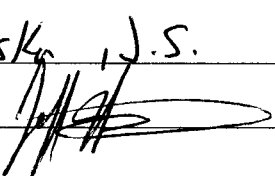
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Pouncey | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 1 | SRO Question #: | |
| Question and Comment: | | | |
| <p>Student: Can I assume MSIV's were shut during Turbine Trip</p> | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heisk, J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

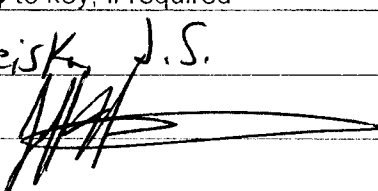
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Piatt | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 2 | SRO Question #: | |
| Question and Comment: | | | |
| Student: Is "sensing line" the variable or ref leg | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heiska, J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

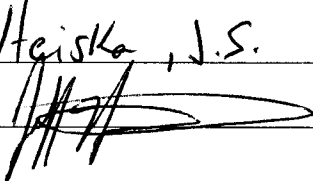
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Foveaux | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 9 | SRO Question #: | |
| Question and Comment: | | | |
| <p>Student: Is question asking for 1st thing done by procedure, or action you know will be successful</p> | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heisk, J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

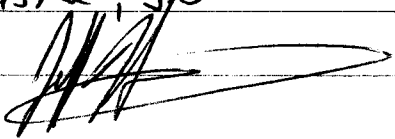
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Whited | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 10 | SRO Question #: | |
| Question and Comment: | | | |
| Student: Are resin columns same as M.S. piping | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heisk J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |


Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Shifflett, Pouncey | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 25 | SRO Question #: | |
| Question and Comment: | | | |
| Student: Is EAL chart available to RO's for reference | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heiska, J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

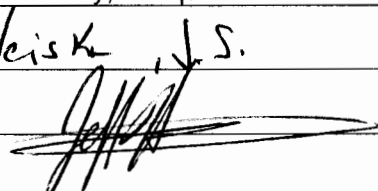
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Sh. Plett | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 30 | SRO Question #: | |
| Question and Comment: | | | |
| Student: Is it instantaneous or over time | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heiska, JS. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

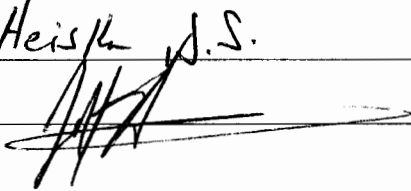
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|-------------------------------|-------------------------------------|
| Applicant Name: | Shifflett | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> | |
| RO Question #: | 42 | SRO Question #: | |
| Question and Comment: | | | |
| Student: Is it T.S. or actual setpoint | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): Heiska, J.S. | | | |
| Proctor (Signature):  | | | Date: 9/5/14 |

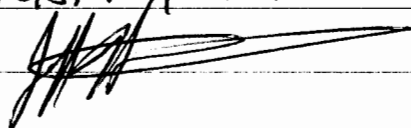
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|-------------------------------------|
| Applicant Name: | Gines | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: | | 77 |
| Question and Comment: | | | |
| <p>Student: First step he would assign or 1st step in order on placekeeper</p> | | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | | | <input checked="" type="checkbox"/> |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | | | <input type="checkbox"/> |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | | | <input type="checkbox"/> |
| Verbally called to applicants attention | | | <input type="checkbox"/> |
| NO changes made to key | | | <input type="checkbox"/> |
| Pen and ink change made to key, if required | | | <input type="checkbox"/> |
| Proctor (Print): | Heisk, J.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

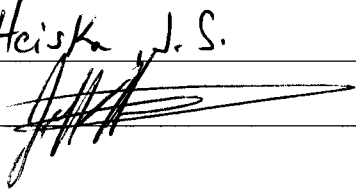
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|--|--|--------------|
| Applicant Name: | Gines | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 79 | | |
| Question and Comment: | <p>Student : A & B look correct (1st part), is question asking if steps are different</p> | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heisk J.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

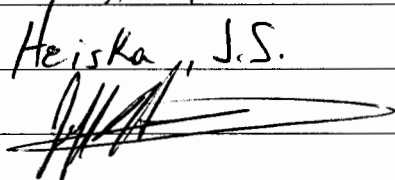
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|--------------|
| Applicant Name: | Innis, Piatt | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 83 | | |
| Question and Comment: | Student: What time period is question asking | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heisk, J.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

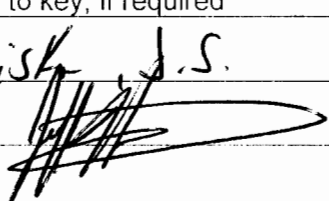
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|--------------|
| Applicant Name: | Gines | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 84 | | |
| Question and Comment: | <p>Student : is it asking based in procedure or what I should assign</p> | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heiska, J. S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

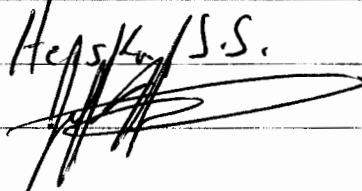
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|--------------|
| Applicant Name: | Gines | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 85 | | |
| Question and Comment: | <p>Student : • 15 AFW flow matched between S/h's • 15 Containment press rising to 0.8 or did d.) it start @ 0.8</p> | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heiska, J.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

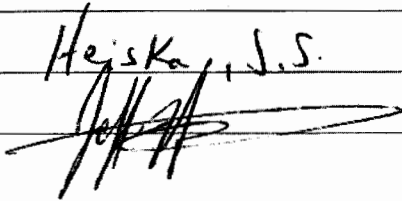
Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|--------------|
| Applicant Name: | Baker | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 87 | | |
| Question and Comment: | <p>Student: 2nd part of A to B does it mean only borate or can you also insert CETS</p> | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heisk J.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

Attachment 4, Question & Comment During Initial Written Exams (Audit or NRC)

| | | | |
|--|---|--|--------------|
| Applicant Name: | Innes | | |
| Applicant Level: | RO: <input type="checkbox"/> | SRO: <input checked="" type="checkbox"/> | |
| RO Question #: | SRO Question #: 94 | | |
| Question and Comment: | <p>Student: Looks like C + D correct, is there any clarification</p> | | |
| Response: | | | |
| Withheld additional guidance. Instructed applicants do the best they can, based on the information provided. | <input checked="" type="checkbox"/> | | |
| Did not withhold additional guidance. Provided the following response (enter verbatim). | <input type="checkbox"/> | | |
| Changes and Clarifications Made To Examination: | | | |
| Identified on white board | <input type="checkbox"/> | | |
| Verbally called to applicants attention | <input type="checkbox"/> | | |
| NO changes made to key | <input type="checkbox"/> | | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | | |
| Proctor (Print): | Heaps/K/S.S. | | |
| Proctor (Signature): |  | | Date: 9/5/14 |

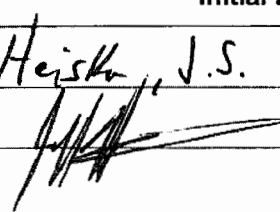
Attachment 5, NRC Initial Written Exam Post Exam Comments

| | | |
|---|--|--|
| Applicant Name: <i>Class discussion Post exam</i> | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input checked="" type="checkbox"/> |
| Exam: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> |
| RO Question #: | <i>9</i> | SRO Question #: |
| KEYED CORRECT ANSWER (Circle one) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> | |
| AS SUBMITTED REFERENCE: <i>FSAR Fig 7-2 RPS Functional Diagram</i> | | |
| PROBLEM DESCRIPTION: <i>See attached submitted to NRC to accept 2 correct answers</i> | | |
| CHANGES/CLARIFICATIONS MADE TO EXAM: <i>Pending NRC decision (approved by NRC 10/14/14) Change stem to say EOP use appropriate phrase for Exam Bank</i> | | |
| RECOMMENDATION AND JUSTIFICATION: | | |
| Change correct answer to: | <input type="checkbox"/> | |
| Accept two correct answers | <input checked="" type="checkbox"/> | |
| Delete the question | <input type="checkbox"/> | |
| REJECTED; NO changes made to key | <input type="checkbox"/> | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | |
| Make post exam enhancement to question | <input type="checkbox"/> | |
| REFERENCE PROVIDED TO SUPPORT CHANGE: <i>NO-1-200</i> | | |
| Initial Disposition: | | |
| Name (Print): | <i>Heiska, J.S.</i> | |
| Name (Signature): |  | Date: <i>9/9/14</i> |

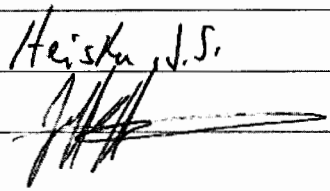
Attachment 5, NRC Initial Written Exam Post Exam Comments

| | |
|--|--|
| Applicant Name: <i>Class discussion</i> | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> SRO: <input checked="" type="checkbox"/> |
| Exam: | RO: <input checked="" type="checkbox"/> SRO: <input type="checkbox"/> |
| RO Question #: <i>18</i> | SRO Question #: |
| KEYED CORRECT ANSWER (Circle one) | A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| AS SUBMITTED REFERENCE: <i>AP-7K</i> | |
| PROBLEM DESCRIPTION: <i>Answer "C" has all steps in AP except lowering power</i> | |
| CHANGES/CLARIFICATIONS MADE TO EXAM: <i>None</i> | |
| RECOMMENDATION AND JUSTIFICATION: | |
| Change correct answer to: | <input type="checkbox"/> |
| Accept two correct answers | <input type="checkbox"/> |
| Delete the question | <input type="checkbox"/> |
| REJECTED; NO changes made to key | <input checked="" type="checkbox"/> |
| Pen and ink change made to key, if required | <input type="checkbox"/> |
| Make post exam enhancement to question | <input type="checkbox"/> |
| REFERENCE PROVIDED TO SUPPORT CHANGE: | |
| Initial Disposition: | |
| Name (Print): | <i>Heiska, J.S.</i> |
| Name (Signature): | <i>[Signature]</i> Date: <i>9/9/14</i> |

Attachment 5, NRC Initial Written Exam Post Exam Comments

| | | |
|---|--|--|
| Applicant Name: <i>Class discussion</i> | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input checked="" type="checkbox"/> |
| Exam: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> |
| RO Question #: | <i>19</i> | SRO Question #: |
| KEYED CORRECT ANSWER (Circle one) | A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | |
| AS SUBMITTED REFERENCE: <i>RPS SD</i> | | |
| PROBLEM DESCRIPTION: <i>Many did not know effect of loss of HV power supply</i> | | |
| CHANGES/CLARIFICATIONS MADE TO EXAM: <i>TRR-CCNPP-2014-747 submitted</i> | | |
| RECOMMENDATION AND JUSTIFICATION: | | |
| Change correct answer to: | <input type="checkbox"/> | |
| Accept two correct answers | <input type="checkbox"/> | |
| Delete the question | <input type="checkbox"/> | |
| REJECTED; NO changes made to key | <input checked="" type="checkbox"/> | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | |
| Make post exam enhancement to question | <input type="checkbox"/> | |
| REFERENCE PROVIDED TO SUPPORT CHANGE: | | |
| Initial Disposition: | | |
| Name (Print): | <i>Heisk, J.S.</i> | |
| Name (Signature): |  | Date: <i>9/10/14</i> |

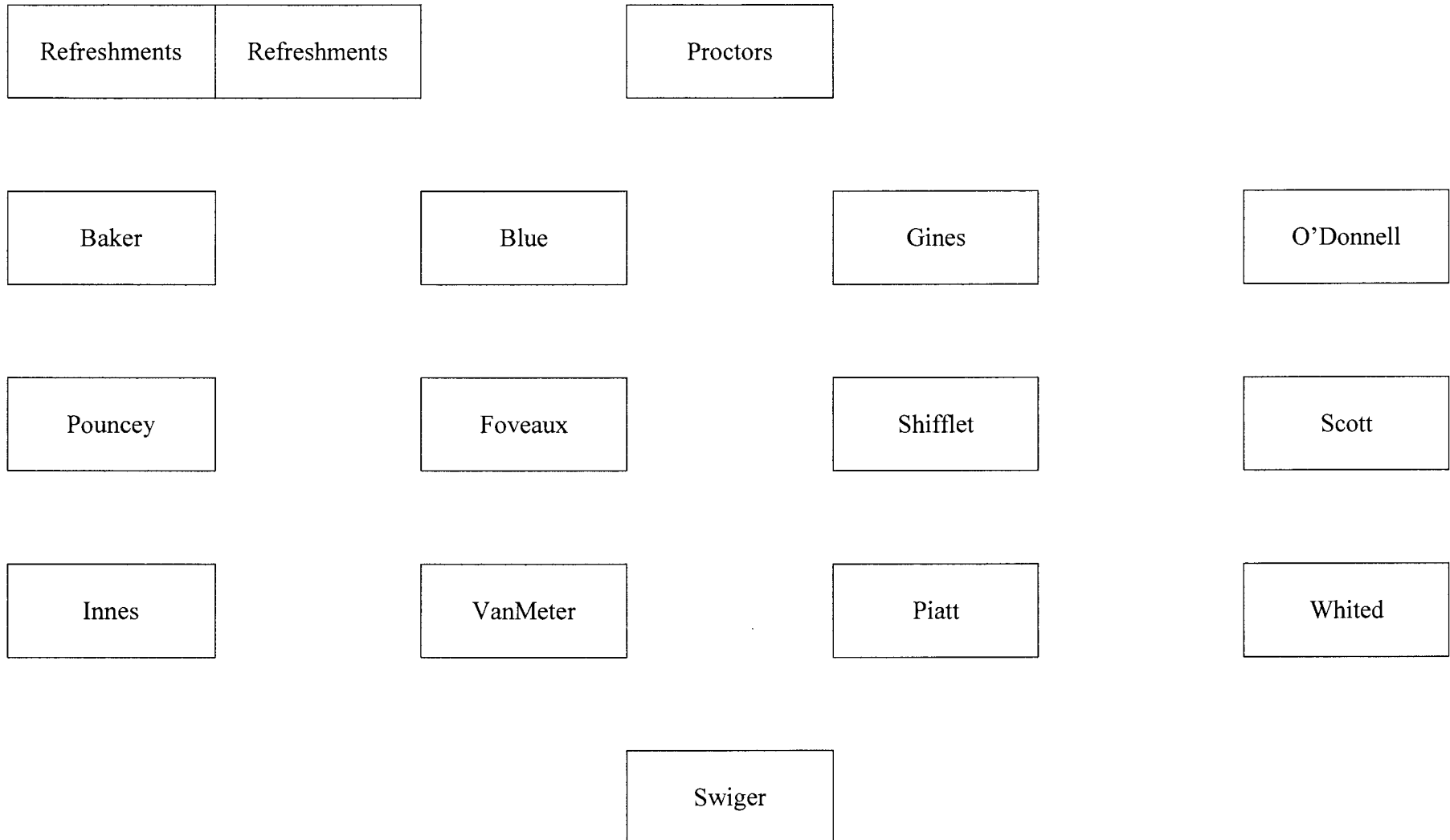
Attachment 5, NRC Initial Written Exam Post Exam Comments

| | | |
|--|--|--|
| Applicant Name: <i>Class discussion</i> | | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> | SRO: <input checked="" type="checkbox"/> |
| Exam: | RO: <input checked="" type="checkbox"/> | SRO: <input type="checkbox"/> |
| RO Question #: | <i>51</i> | SRO Question #: |
| KEYED CORRECT ANSWER (Circle one) | A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> | |
| AS SUBMITTED REFERENCE: <i>01-17B</i> | | |
| PROBLEM DESCRIPTION: <i>Many did not see "c" as different tank</i> | | |
| CHANGES/CLARIFICATIONS MADE TO EXAM: <i>None</i> | | |
| RECOMMENDATION AND JUSTIFICATION: | | |
| Change correct answer to: | <input type="checkbox"/> | |
| Accept two correct answers | <input type="checkbox"/> | |
| Delete the question | <input type="checkbox"/> | |
| REJECTED; NO changes made to key | <input checked="" type="checkbox"/> | |
| Pen and ink change made to key, if required | <input type="checkbox"/> | |
| Make post exam enhancement to question | <input type="checkbox"/> | |
| REFERENCE PROVIDED TO SUPPORT CHANGE: <i>N/A</i> | | |
| Initial Disposition: | | |
| Name (Print): | <i>Heiskala, J.S.</i> | |
| Name (Signature): |  | Date: <i>9/10/14</i> |

Attachment 5, NRC Initial Written Exam Post Exam Comments

| | |
|---|--|
| Applicant Name: <i>Class Discussion Post Exam</i> | |
| Applicant Level: | RO: <input checked="" type="checkbox"/> A SRO: <input checked="" type="checkbox"/> |
| Exam: | RO: <input checked="" type="checkbox"/> SRO: <input type="checkbox"/> |
| RO Question #: <i>65</i> | SRO Question #: |
| KEYED CORRECT ANSWER (Circle one) | A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| AS SUBMITTED REFERENCE: <i>01-17C-4</i> | |
| PROBLEM DESCRIPTION: <i>"D" also correct if using metering pump, See attached NRC submitted</i> | |
| CHANGES/CLARIFICATIONS MADE TO EXAM: <i>None</i> | |
| <i>Change stem to designate RWMT pump</i> | |
| RECOMMENDATION AND JUSTIFICATION: | |
| Change correct answer to: | <input type="checkbox"/> |
| Accept two correct answers | <input checked="" type="checkbox"/> <i>9/9/14</i> |
| Delete the question | <input type="checkbox"/> |
| REJECTED; NO changes made to key | <input checked="" type="checkbox"/> <i>9/9/14</i> |
| Pen and ink change made to key, if required | <input type="checkbox"/> |
| Make post exam enhancement to question | <input type="checkbox"/> |
| REFERENCE PROVIDED TO SUPPORT CHANGE: <i>01-17C-4</i> | |
| Initial Disposition: | |
| Name (Print): | <i>Heisk, J.S.</i> |
| Name (Signature): | <i>[Signature]</i> Date: <i>9/9/14</i> |

NRC Exam Seating Chart for written exam administered at
Calvert Cliffs Nuclear Power Plant on September 5, 2014



1. All tables used by applicants are a minimum of 3' apart in any direction.
2. Written exam administered in Classrooms 9/11