Job Performance Measure

INITIATE A FIREWATCH

JPM Number: A-N-1-S

Revision Number: 02

Date: 11/18

Developed By: _____ _____
Exam Author Date

Approved By: _____ _____
Facility Representative Date

SRRS: 3D.100; There are no retention requirements for this section

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation.
Prior to JPM usage, revalidate JPM using steps 9 and 13 below.

_____ 1. Task description and number, JPM description and number are identified.

_____ 2. Knowledge and Abilities (K/A) references are included.

_____ 3. Performance location specified. (in-plant, control room, simulator, or other)

_____ 4. Initial setup conditions are identified.

_____ 5. Initiating cue (and terminating cue if required) are properly identified.

_____ 6. Task standards identified and verified by SME review.

_____ 7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).

__N/A__ 8. If an alternate path is used, the task standard contains criteria for successful completion.

_____ 9. Verify the procedure(s) referenced by this JPM reflects the current revision:
Procedure __OP-MW-201-007__ Rev: __07__
Procedure __TRM 3.7.n__ Rev: __00__
Procedure __119 U3RB-22__ Rev: __04__

_____ 10. Verify cues both verbal and visual are free of conflict.

_____ 11. Verify performance time is accurate

_____ 12. If the JPM cannot be performed as written with proper responses, then revise the JPM.

_____ 13. When JPM is initially validated, sign and date JPM cover page. Subsequent validations, sign and date below:

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

Revision Record (Summary)

Revision 01 Bank JPM

Revision 02 Updated for 2019 ILT NRC Exam

SIMULATOR SETUP INSTRUCTIONS

This is an admin JPM that is performed in the Simulator

DOCUMENT PREPARATION

1. A copy of OP-MW-201-007 with the initiator section of Attachment 1 filled out.
2. Ensure a copy of the Fire Pre-Plans is available as a resource.

INITIAL CONDITIONS

1. You are the WEC Supervisor on midnights and are acting as the Fire Marshall Designee.
2. As part of a scheduled activity, the Mechanical Maintenance Department must route hoses through the Unit 3 HPCI Room Door and the work will begin promptly at 1600.
3. The activity is being performed under WO 123456-01 and is scheduled for 6 hours.
4. The cognizant Mechanical Maintenance Supervisor is C. Block.
5. TRM 3.3.e has been entered due to the following XL3 devices being inoperable:

   Zone 13 device 11
   Zone 23 device 29
   Zone 33 device 23
   Zone 34 devices 4,5, and 29
   Zone 43 device 30

INITIATING CUE

1. Complete applicable portions of the Fire Protection Impairment Permit IAW OP-MW-201-007.

Fill in the JPM Start Time when the student acknowledges the Initiating Cue.

Information For Evaluator's Use:

UNSAT requires written comments on respective step.

* Denotes critical steps.

Number any comments in the "Comment Number" column on the following pages. Then annotate that comment in the "Comments" section. The comment section should be used to document: the reason that a step is marked as unsatisfactory, marginal performance relating to management expectations, or problems the examinee had while performing the JPM. Comments relating to procedural or equipment issues should be entered and tracked using the site's appropriate tracking system.

Some operations that are performed from outside of the control room may require multiple steps. These items may be listed as individual steps in this JPM. It is acceptable for the candidate to direct the local operator to perform groups of procedure steps instead of calling for each individual item to be performed.

The timeclock starts when the candidate acknowledges the initiating cue.

JPM Start Time: _____

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
Note	Give the examinee a copy of OP-MW-201-007 with the initiator section of Attachment 1 filled out.				
Note	Fills out Attachment 1 of OP-MW-201-007 as follows:				
Cue	When the examinee states the need for the Fire Marshall No., inform them "The next available number in the Fire Protection Impairment Barrier Permit Log is 19-31." (May not be performed until later in the JPM)				
1.	Fire Marshall NO:	Examinee uses number provided and enters "19-31"	___	___	___
Cue	Direct the examinee to complete the fire watch authorization if not completed.				
	Section II				
2.	Determine Fire Zone.	Determines and enters Fire Zone as 11.1.3. (May also specify 11.1.2)	___	___	___
3.	Barrier Functional.	Determines and marks Barrier is Non-Functional.	___	___	___
*4.	Technical Requirement Manual?	Determines TRM is applicable and identifies applicable sections as: "3.7.n". (may also specify A.1.1 and A.2.1)	___	___	___
Cue	If asked: Another SRO is looking at the LCO requirements.				
*5.	Fire Watch Required?	Determines and marks that a Continuous fire watch is required.	___	___	___
6.	Fire watch performed by:	Designates Department responsible for firewatch.	___	___	___
7.	Additional Compensatory Measures Required?	Marks NO or YES and put some compensatory measures in the space provided.	___	___	___
8.	Fire Detector Operability Check Required?	Marks NO.	___	___	___
9.	NEIL Notification Required?	Marks NO. (Less than 48 hours from cue sheet)	___	___	___
10.	Fire Marshall Instructions:	Enters NONE or NA.	___	___	___

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
11.	Restoration/Testing Requirements:	Enters "Door closed and latched" or instructions that convey a similar concept.	___	___	___
12.	Fire Marshall (Designee) Authorization:	Signs name and enters current date.	___	___	___
	Section III				
13.	Detection Zones As Indicated In Section II Operable:	Marks NA or NO.	___	___	___
14.	Person Notified of Fire Watch:	Examinee writes their name, Unit Supervisor or C. Block as person notified.	___	___	___
*15.	Shift Management Authorization:	Examinee signs their name as Shift Management Authorization and enter current date and time.	___	___	___
Note	Fills out Attachment 2 of OP-MW-201-007 as follows:				
	Section I				
16.	Reason for watch:	Examinee enters "U3 HPCI door blocked" or description conveying that concept.	___	___	___
*17.	TRM Section:	Examinee enters "3.7.n."	___	___	___
18.	Impairment/PBI No.:	Examinee enters "19-31"	___	___	___
19.	AR/WR No.:	Examinee enters "123456-01"	___	___	___
*20.	Type of Fire Watch:	Examinee marks "Continuous"	___	___	___
21.	Location:	Examinee marks: Unit "3" Bldg "RB" (conveys Reactor Bldg) Elev "476" (may indicate 476' 6") Row "N" Col "46"	___	___	___

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
22.	Description of area to be inspected:	Examinee indicates "U3 HPCI room" or something that conveys the Unit 3 HPCI room.	___	___	___
23.	Required Start Time/Date:	Examinee indicates "1600" and enters today's date.	___	___	___
	Section II				
24.	Responsible Department:	Examinee indicates "MMD".	___	___	___
25.	Responsible Supervisor:	Examinee indicates "C. Block".	___	___	___
26.	Notification:	Examinee indicates time and date the responsible person is notified (may leave blank until person notified).	___	___	___
Note	Examinee may tell examiner what time fire watch needs to start and enter current time and date.				
	Section IV				
27.	Location to be inspected:	Examinee indicates "U3 HPCI room" or something that conveys the Unit 3 HPCI room.	___	___	___
28.	FPI Log Number	Examinee enters "19-31"	___	___	___
Note	Examinee may not fill in Date/time until impairment actually occurs or time and date the paperwork was filled out.				
			___	___	___
Cue	Acknowledge report				
END					

JPM Stop Time: _____

KEY

ATTACHMENT 1
Fire Protection Impairment Permit
Page 1 of 1

FIRE MARSHAL NO:

I. INITIATOR:
Name: C. Block
Sch. Start Date: TODAY
Sch. End Date: TOMORROW
AR/WR/OOS#: w/o 123456-01
Station: 12
Phone: 4444
Bldg: RB
Elev: 476
Row/Col: HPCI
Unit: 3
Dept/Co: MMD
EPN #: HPCI
Door #: 39
Det. Zone #: 34
Pent #:
Structural fireproofing: ☐
Wall Penetration: ☐

Impairment Description: Door blocked open while routing hoses into HPCI Room

II. FIRE MARSHAL REVIEW:
Fire Zone(s): 11.1.3 11.1.2
Barriers: ☐ Functional ☒ Non-Functional

Technical Requirement Manual? YES ☒ NO ☐ TRM Section: 3.7.n A.1.1 + A.2.1
Fire Watch Required? (Continuous) / Hourly / None / Other:
Fire Watch Performed By (if required): MMD
Additional Compensatory Measures Required? YES ☐ NO ☒ Description:
Fire Detector Operability Check Required? YES ☐ NO ☒ Panel: Zone: 34
NEIL Notification Required? YES ☐ NO ☒

Fire Marshal Instructions: None
Restoration/Testing Requirements: Door Closed and Latched
Fire Marshal (Designee) Authorization: Date:

III. AUTHORIZATION:
Detection Zones, Barriers, Suppression As Indicated In Section II Operable: YES ☐ NO ☒ NA ☐
Person Notified of Fire Watch: Examinee or US or C. Block
Shift Management Authorization: Examinee Signature
Date: Current Date
Time: Current time

IV. IMPAIRMENT RESTORATION:
Restoration/Testing Requirements As Indicated In Section II Met (If Applicable):
Cognizant Individual
Impairment Signs Indicated In Section II Removed:
Cognizant Individual
Shift Management Authorization To Close Impairment and Terminate Fire Watch (If Applicable):
Date:
Time:

ORIGINAL – Work Package CO[illegible]Y – Re[illegible]losed impairment to the Fire Marshal's off[illegible] rete[illegible]on

KEY

KEY

ATTACHMENT 2
Fire Watch Inspection Log
Page 1 of 2

Section I: Initiation

Reason for watch: U3 HPCI Door Blocked open

TRM Section: 3.7.n Impairment / PBI No.: 19-31 AR / WR No: w/o 123456-01

Type of fire watch (circle one): Hourly (Continuous) Other: _____

Location: Unit 3 Bldg RB Elev 476 Row N Col 46

Description of area to be inspected: U3 HPCI Room

Required Start Time / Date: 1600 / Current date

Section II: Assignment

Responsible Department: MMD

Responsible Supervisor: C. Block

Notification: 1600 / Current Date
Time / Date

Section III: Termination

Reason: _____

On Order of: _____

(Print name of individual who ordered termination)

Date: _____ Time: _____

KEY

Completed log sheets shall be forwarded to the Fire Marshal.

KEY

ATTACHMENT 2
Fire Watch Inspection Log
Page 2 of 2

Section IV: Performance

Location to be inspected: U3 HPCI Room

Impairment / PBI No.: 19-31

Time	Date	Name (Sign/Print)	Badge No.

HOURLY FIREWATCH INSTRUCTIONS

1. Record time using military time (e.g., 00:00 to 23:59)
2. **PERFORM** roving patrols as specified on the Fire Watch Inspection Log.
3. **REPORT** any conditions or hazards that could cause a fire or affect the severity of a fire, such as leaks, spills, accumulations of combustibles, equipment storage, or faulty equipment to Shift Management.
4. **Immediately REPORT** any fire conditions to the Control Room.
5. For hourly fire watches a "target time" should be established and the specified location should be inspected hourly, as close to the "target time" as practical with the interval between consecutive inspections of the specified location not exceeding 75 minutes.
6. Use a timer device for hourly fire watches.
7. Ensure a face-to-face turnover is performed with the relief fire watch.

CONTINUOUS FIREWATCH INSTRUCTIONS

1. **USE** this form to **DOCUMENT** the start, turnover, and termination of fire watches.
2. Record time using military time (e.g., 00:00 to 23:59)
3. The individual shall have communication equipment available for use.
4. **REPORT** any conditions or hazards that could cause a fire or affect the severity of a fire, such as leaks, spills, accumulations of combustibles, equipment storage, or faulty equipment to Shift Management.
5. **Immediately REPORT** any fire conditions to the Control Room.
6. If the Impairment Permit requires the firewatch to perform backup fire suppression, then the individual shall be **TRAINED** in its use.

Completed log sheets shall be forwarded to the Fire Marshal.

KEY

JPM SUMMARY

Operator's Name: _____ **Emp. ID#**: _____

Job Title: ☐ RO ☒ SRO ☐ SRO Cert

JPM Title: Initiate a Firewatch

JPM Number: A-N-1-S **Revision Number**: 02

Task Number and Title: 299L019, Initiate / Terminate a firewatch.

K/A Number and Importance: Generic 2.1.8 3.4 / 4.1

Suggested Testing Environment: Simulator

Alternate Path: ☐ Yes ☒ No **SRO Only**: ☒ Yes ☐ No **Time Critical**: ☐ Yes ☒ No

Reference(s): OP-MW-201-007, Rev. 07
TRM 3.7.n, Rev. 00
119 U3RB-22, Rev. 04

Actual Testing Environment: ☒ Simulator ☐ Control Room ☐ In-Plant ☐ Other

Testing Method: ☐ Simulate ☒ Perform

Estimated Time to Complete: 23 minutes **Actual Time Used:** _____ minutes

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? ☐ Yes ☐ No

The operator's performance was evaluated against standards contained within this JPM and has been determined to be: ☐ Satisfactory ☐ Unsatisfactory

Comments: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ **Date**: _____

INITIAL CONDITIONS

1. You are the WEC Supervisor on midnights and are acting as the Fire Marshall Designee.
2. As part of a scheduled activity, the Mechanical Maintenance Department must route hoses through the Unit 3 HPCI Room Door and the work will begin promptly at 1600.
3. The activity is being performed under WO 123456-01 and is scheduled for 6 hours.
4. The cognizant Mechanical Maintenance Supervisor is C. Block.
5. TRM 3.3.e has been entered due to the following XL3 devices being inoperable:

   Zone 13 device 11
   Zone 23 device 29
   Zone 33 device 23
   Zone 34 devices 4,5, and 29
   Zone 43 device 30

INITIATING CUE

1. Complete applicable portions of the Fire Protection Impairment Permit IAW OP-MW-201-007.

Job Performance Measure

DETERMINE ACTIONS REQUIRED FOR A SECURITY THREAT

JPM Number: A-N-2-S

Revision Number: 02

Date: 11/18

Developed By: _____ _____
Exam Author Date

Approved By: _____ _____
Facility Representative Date

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation.
Prior to JPM usage, revalidate JPM using steps 9 and 13 below.

_____ 14. Task description and number, JPM description and number are identified.

_____ 15. Knowledge and Abilities (K/A) references are included.

_____ 16. Performance location specified. (in-plant, control room, simulator, or other)

_____ 17. Initial setup conditions are identified.

_____ 18. Initiating cue (and terminating cue if required) are properly identified.

_____ 19. Task standards identified and verified by SME review.

_____ 20. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).

__N/A__ 21. If an alternate path is used, the task standard contains criteria for successful completion.

_____ 22. Verify the procedure(s) referenced by this JPM reflects the current revision:
Procedure __SY-AA-101-132__ Rev: __31__
Procedure __DOA 0010-13__ Rev: __06__
Procedure __DOA 0010-18__ Rev: __42__

_____ 23. Verify cues both verbal and visual are free of conflict.

_____ 24. Verify performance time is accurate

_____ 25. If the JPM cannot be performed as written with proper responses, then revise the JPM.

_____ 26. When JPM is initially validated, sign and date JPM cover page. Subsequent validations, sign and date below:

SME / Instructor	Date
SME / Instructor	Date
SME / Instructor	Date

Revision Record (Summary)

Revision 01 Bank JPM

Revision 02 Updated for 2019 ILT NRC Exam

SIMULATOR SETUP INSTRUCTIONS

This is an admin JPM that is performed in the Simulator OR Classroom

DOCUMENT PREPARATION

3. A clean copy of SY-AA-101-132, Threat Assessment.
4. A clean copy of DOA 0010-13, Security Threat.
5. A clean copy of DOA 0010-18, Escalated Security Event / Hostile Force Intrusion.

INITIAL CONDITIONS

6. You are the Unit 2 Supervisor.
7. Both Units are operating at rated power.
8. Security was notified earlier in the day that the Department of Homeland Security has elevated the national security risk level to ORANGE.
9. The Security Shift Leader just notified the Shift Manager that Security received a threatening phone call stating that an explosive device has been placed somewhere in the vicinity of the AEER that will detonate in 24 hours.

INITIATING CUE

The Shift Manager has assigned you to Peer Check Security by performing a Threat Disposition per SY-AA-101-132 to determine if the threat is a Non-credible, Credible/Possible, or an Actual Threat.

Fill in the JPM Start Time when the student acknowledges the Initiating Cue.

Information For Evaluator's Use:

UNSAT requires written comments on respective step.

* Denotes critical steps.

Number any comments in the "Comment Number" column on the following pages. Then annotate that comment in the "Comments" section. The comment section should be used to document: the reason that a step is marked as unsatisfactory, marginal performance relating to management expectations, or problems the examinee had while performing the JPM. Comments relating to procedural or equipment issues should be entered and tracked using the site's appropriate tracking system.

Some operations that are performed from outside of the control room may require multiple steps. These items may be listed as individual steps in this JPM. It is acceptable for the candidate to direct the local operator to perform groups of procedure steps instead of calling for each individual item to be performed.

The timeclock starts when the candidate acknowledges the initiating cue.

JPM Start Time: _____

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
Note	Provide the examinee with copies of: SY-AA-101-132; DOA 0010-13 and DOA 0010-18				
*1.	Assess the threat.	Assess threat as CREDIBLE/POSSIBLE per SY-AA-101-132 section 4.7.1.	___	___	___
Cue	When the threat has been assessed tell the examinee that, "It is 45 minutes later and Security notifies you that an armed hostile force has been sighted inside the Protected Area Boundary. The Shift Manager directs you to continue your peer check of Security and determine what plant manipulations, if any, need to be performed."				
*2.	Reassess the threat.	Assess threat as CREDIBLE/ACTUAL per SY-AA-101-132 section 4.7.1/4.8.1.	___	___	___
*3.	Determine the required plant actions.	Identifies all actions in DOA 0010-18, step D.4.	___	___	___
4.	Inform Shift Manager of threat status and required actions and the task is complete.	Informs Shift Manager.	___	___	___
Cue	Acknowledge report				
END					

JPM Stop Time: _____

JPM SUMMARY

Operator's Name: _____ **Emp. ID#**: _____

Job Title: ☐ RO ☒ SRO ☐ SRO Cert

JPM Title: Determine actions required for a security threat

JPM Number: A-N-2-S **Revision Number**: 02

Task Number and Title: 295L012 Respond to a Security Threat

K/A Number and Importance: Generic 2.1.20 4.6 / 4.6

Suggested Testing Environment: Simulator

Alternate Path: ☐ Yes ☒ No **SRO Only**: ☒ Yes ☐ No **Time Critical**: ☐ Yes ☒ No

Reference(s): SY-AA-101-132, Rev. 31
DOA 0010-13, Rev. 06
DOA 0010-18, Rev. 42

Actual Testing Environment: ☒ Simulator ☐ Control Room ☐ In-Plant ☐ Other

Testing Method: ☐ Simulate ☒ Perform

Estimated Time to Complete: 15 minutes **Actual Time Used:** _____ minutes

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? ☐ Yes ☐ No

The operator's performance was evaluated against standards contained within this JPM and has been determined to be: ☐ Satisfactory ☐ Unsatisfactory

Comments: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ **Date**: _____

INITIAL CONDITIONS

2. You are the Unit 2 Supervisor.
3. Both Units are operating at rated power.
4. Security was notified earlier in the day that the Department of Homeland Security has elevated the national security risk level to ORANGE.
5. The Security Shift Leader just notified the Shift Manager that Security received a threatening phone call stating that an explosive device has been placed somewhere in the vicinity of the AEER that will detonate in 24 hours.

INITIATING CUE

The Shift Manager has assigned you to Peer Check Security by performing a Threat Disposition per SY-AA-101-132 to determine if the threat is a Non-credible, Credible/Possible, or an Actual Threat.

Job Performance Measure

VERIFY SEMI-ANNUAL HRSS AFU OPERABILITY TEST

JPM Number: A-N-3-S

Revision Number: 02

Date: 11/18

Developed By: _____ _____
Exam Author Date

Approved By: _____ _____
Facility Representative Date

SRRS: 3D.100; There are no retention requirements for this section

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation.
Prior to JPM usage, revalidate JPM using steps 9 and 13 below.

_____ 27. Task description and number, JPM description and number are identified.

_____ 28. Knowledge and Abilities (K/A) references are included.

_____ 29. Performance location specified. (in-plant, control room, simulator, or other)

_____ 30. Initial setup conditions are identified.

_____ 31. Initiating cue (and terminating cue if required) are properly identified.

_____ 32. Task standards identified and verified by SME review.

_____ 33. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).

__N/A__ 34. If an alternate path is used, the task standard contains criteria for successful completion.

_____ 35. Verify the procedure(s) referenced by this JPM reflects the current revision:
Procedure __DOS 8900-01_____ Rev: __10__
Procedure _____ Rev: _____
Procedure _____ Rev: _____

_____ 36. Verify cues both verbal and visual are free of conflict.

_____ 37. Verify performance time is accurate

_____ 38. If the JPM cannot be performed as written with proper responses, then revise the JPM.

_____ 39. When JPM is initially validated, sign and date JPM cover page. Subsequent validations, sign and date below:

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

Revision Record (Summary)

Revision 01 Bank JPM

Revision 02 Updated for 2019 ILT NRC Exam

SIMULATOR SETUP INSTRUCTIONS

This is an admin JPM that is performed in the Simulator

DOCUMENT PREPARATION

6. Markup a copy of DOS 8900-01.

INITIAL CONDITIONS

10. You are the Unit 2 Unit Supervisor.
11. DOS 8900-01 was performed, last shift, for Unit 2 HRSS AFU.
12. The EO reported all surveillance requirements were within specifications.
13. The off-going Unit Supervisor was unable to verify the paperwork, and has turned it over to you.

INITIATING CUE

Verify all requirements are within specifications, paperwork is correct, and what actions (if any) are required.

Fill in the JPM Start Time when the student acknowledges the Initiating Cue.

Information For Evaluator's Use:

UNSAT requires written comments on respective step.

* Denotes critical steps.

Number any comments in the "Comment Number" column on the following pages. Then annotate that comment in the "Comments" section. The comment section should be used to document: the reason that a step is marked as unsatisfactory, marginal performance relating to management expectations, or problems the examinee had while performing the JPM. Comments relating to procedural or equipment issues should be entered and tracked using the site's appropriate tracking system.

Some operations that are performed from outside of the control room may require multiple steps. These items may be listed as individual steps in this JPM. It is acceptable for the candidate to direct the local operator to perform groups of procedure steps instead of calling for each individual item to be performed.

The timeclock starts when the candidate acknowledges the initiating cue.

JPM Start Time: _____

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
Note	Provide the Examinee with the attached copy of DOS 8900-01. The following steps may be identified in any order.				
*1.	Examinee should identify, on data sheet 1, that the interior operating temperature is NOT between 70 °F and 80°F.	Identifies that interior operating temperature is 68°F.	___	___	___
*2.	Examinee should identify, on data sheet 1, that the Filter Exhaust Fan A dP is NOT < 6 inches.	Identifies that dP is 7 inches.	___	___	___
*3.	Examinee should identify, on data sheet 1, math error that Filter Exhaust Fan B Delta CFM calculation is incorrect and thus is NOT ≥ 200 cfm.	Identifies that 250 CFM is incorrect calculation and should be 150.	___	___	___
4.	Examinee should identify step I.10.d.(1) should not have been initialed (as pressure drop is > 7 inches of water).	Identifies that the step should NOT have been initialed.	___	___	___
5.	Examinee should identify step I.16.c.(2) should not have been N/A'd (as System Eng should be notified, based on incorrect calculation).	Identifies that the step should NOT have been N/A'd.	___	___	___
*6.	Identifies that the surveillance does NOT meet all acceptance criteria and declares system inoperable.	Reports that the surveillance does NOT meet all acceptance criteria and declares system inoperable.	___	___	___
Cue	Acknowledge report				
END					

JPM Stop Time: _____

CATEGORY 1

KEY

UNIT 2(3)
DOS 8900-01
REVISION 10

CAUTION

Ensure a minimum time is spent changing from one exhaust fan to another to prevent building pressure from becoming positive.

7 7 Place Ventilation System Filter Exhaust Fan A in operation:

(a) Place Control Switch 2(3)-8976 for the BY-PASS EXHAUST FAN in the STOP position (on Panel (401). JAM

(b) Place Control Switch 2(3)-8975A for FILTER EXHAUST FAN A in the START position (on Panel 401). JAM

8 Record Start Time for Filter Exhaust Fan A on Data sheet 1(2). JAM

9 Operate Filter Exhaust Fan A for a minimum of 2 hours at the rated air flow of 1000 cfm +/- 10% (900 cfm - 1100 cfm). JAM

10 Record the following data on Data Sheet 1(2):

(a) System Exhaust air flow (as measured on HVAC Control Panel). JAM

(1) (AC) Verify System Exhaust air flow through the AFU is between 900 cfm and 1100 cfm. JAM

(b) System Outside Air flow (as measured on HVAC Control Panel). JAM

(c) Delta CFM air flow between exhaust and outside Air flows (as measured on HVAC Control Panel). JAM

(1) (AC) Verify System Exhaust air flow is greater than System Outside Air flow (this step verifies negative pressure relative to atmosphere). JAM

(2) IF the System Exhaust air flow is < 200 cfm greater than System Outside Air flow, THEN contact the System Engineer to evaluate the system. N/A

(d) Record pressure drop across AFU (as measured on the Dwyer Photohelic on top of the AFU). JAM

(1) (AC) Verify pressure drop across AFU is less than 6 inches of water. JAM

KEY

CATEGORY 1

KEY

UNIT 2(3)
DOS 8900-01
REVISION 10

CAUTION

Ensure a minimum time is spent changing from one exhaust fan to another to prevent building pressure from becoming positive.

11. Place Control Switch 2(3)-8975A for FILTER EXHAUST FAN A to the STOP position (on Panel 401). JAM

12. Record Stop Time for Filter Exhaust Fan 1 on Data Sheet 1(2). JAM

    a. (AC) Verify Filter Exhaust Fan A operated for a minimum of two hours. JAM

13. Place Control Switch 2(3)-8975B for FILTER EXHAUST FAN B to the START position (on Panel 401). JAM

14. Record Start Time for Filter Exhaust Fan 2 on Data Sheet 1(2). JAM

15. Operate Filter Exhaust Fan B for a minimum of 2 Hours at the rated air flow of 1000 cfm (900 cfm-1100 cfm). JAM

16. Record the following data on Data Sheet 1(2):

    a. System Exhaust air flow (as measured on HVAC Control Panel). JAM

       1. (AC) Verify System Exhaust air flow through the AFU is between 900 cfm and 1100 cfm. JAM

    b. System Outside Air flow (as measured on HVAC Control Panel). JAM

    c. Delta CFM air flow between exhaust and outside air flows (as measured on HVAC Control Panel). JAM

       1. (AC) Verify System Exhaust air flow is greater than System Outside air flow (this step verifies negative pressure relative to atmosphere). JAM

       2. IF the System Exhaust air flow is < 200 cfm greater than System Outside Air flow, THEN contact the System Engineer to evaluate the system. N/A

    d. Pressure Drop Across AFU (as measured on the Dwyer Photohelic on top of the AFU). JAM

       1. (AC) Verify pressure drop across AFU is less than 6 inches of water. JAM

KEY

CATEGORY 1

KEY

UNIT 2(3)
DOS 8900-01
REVISION 10

DATA SHEET 1

UNIT 2 HRSS AFU BASE DATA

Fluke Digital Thermometer Dresden ID #: 2575L Cal. Due Date: 8-8-19

HRSS Building interior operating temperature: 68 °F.

Outside Air Temperature 43 °F.

Filter Exhaust Fan A:

Start Time	0115	
System Exhaust	1025 cfm	(900 cfm - 1100 cfm)
Outside Air	800 cfm	
Delta CFM	225 cfm	(≥ 200 cfm)
dP	7.0 inches	(< 6 inches)
Stop Time	0320	
Run Time	2 hours 5 min	(≥ 2 hours)

Filter Exhaust Fan B:

Start Time	0325	
System Exhaust	1025 cfm	(900 cfm - 1100 cfm)
Outside Air	875 cfm	
Delta CFM	250 cfm	(≥ 200 cfm)
dP	5.5 inches	(< 6 inches)
Stop Time	0530	
Run Time	2 hours 5 min	(≥ 2 hours)

KEY

JPM SUMMARY

Operator's Name: _____ **Emp. ID#**: _____

Job Title: ☐ RO ☒ SRO ☐ SRO Cert

JPM Title: Verify Semi-Annual HRSS AFU Operability Test

JPM Number: A-N-3-S **Revision Number**: 02

Task Number and Title: 299L080 Perform the administrative duties for conduct of surveillance, special, or complex procedures

K/A Number and Importance: Generic 2.2.12 3.7 / 4.1

Suggested Testing Environment: Simulator

Alternate Path: ☐ Yes ☒ No **SRO Only**: ☒ Yes ☐ No **Time Critical**: ☐ Yes ☒ No

Reference(s): DOS 8900-01, Rev. 10

Actual Testing Environment: ☒ Simulator ☐ Control Room ☐ In-Plant ☐ Other

Testing Method: ☐ Simulate ☒ Perform

Estimated Time to Complete: 20 minutes **Actual Time Used:** _____ minutes

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? ☐ Yes ☐ No

The operator's performance was evaluated against standards contained within this JPM and has been determined to be: ☐ Satisfactory ☐ Unsatisfactory

Comments: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ **Date**: _____

INITIAL CONDITIONS

6. You are the Unit 2 Unit Supervisor.
7. DOS 8900-01 was performed, last shift, for Unit 2 HRSS AFU.
8. The EO reported all surveillance requirements were within specifications.
9. The off-going Unit Supervisor was unable to verify the paperwork, and has turned it over to you.

INITIATING CUE

Verify all requirements are within specifications, paperwork is correct, and what actions (if any) are required.

Job Performance Measure

SELECT PERSONNEL FOR RADIATION WORK

JPM Number: A-N-4-S

Revision Number: 03

Date: 11/18

Developed By: _____ _____
Exam Author Date

Approved By: _____ _____
Facility Representative Date

SRRS: 3D.100; There are no retention requirements for this section

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation.
Prior to JPM usage, revalidate JPM using steps 9 and 13 below.

_____ 40. Task description and number, JPM description and number are identified.

_____ 41. Knowledge and Abilities (K/A) references are included.

_____ 42. Performance location specified. (in-plant, control room, simulator, or other)

_____ 43. Initial setup conditions are identified.

_____ 44. Initiating cue (and terminating cue if required) are properly identified.

_____ 45. Task standards identified and verified by SME review.

_____ 46. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).

__N/A__ 47. If an alternate path is used, the task standard contains criteria for successful completion.

_____ 48. Verify the procedure(s) referenced by this JPM reflects the current revision:
Procedure __RP-AA-203_____ Rev: __05__
Procedure _____ Rev: _____
Procedure _____ Rev: _____

_____ 49. Verify cues both verbal and visual are free of conflict.

_____ 50. Verify performance time is accurate

_____ 51. If the JPM cannot be performed as written with proper responses, then revise the JPM.

_____ 52. When JPM is initially validated, sign and date JPM cover page. Subsequent validations, sign and date below:

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

Revision Record (Summary)

Revision 02 Bank JPM

Revision 03 Updated for 2019 ILT NRC Exam

SIMULATOR SETUP INSTRUCTIONS

This is an admin JPM that is performed in the Simulator

DOCUMENT PREPARATION

7. Markup a copy of an RWP for the Unit 3 RWCU Pump Room.
8. Markup a survey map for the Unit 3 RWCU Pump Room.
9. Clean copy of RP-AA-203.

INITIAL CONDITIONS

14. You are a Unit Supervisor and will be briefing EOs to perform a Clearance Order First Hang in the Unit 3 RWCU Pump Room under RWP DR-0-19-00333.
15. Five EOs are available this shift.
    a. None of the five have received dose at any location other than Dresden Station.
    b. None of the five have received dose since midnight on any RWPs other than DR-0-19-00333.
16. The Radiation Protection Department has provided the attached Survey map, and the following dose history for the five EOs to assist you in your planning:

Name	DDE dose received On RWP DR-0-19-00333 Today	Annual TEDE dose Prior to Shift
Alex	50 mrem	1550 mrem
Dan	5 mrem	1950 mrem
Mike	0 mrem	1920 mrem
Sue	47 mrem	1850 mrem
Tom	8 mrem	1750 mrem

17. The total expected stay time for each EO will be 45 minutes. Based on past job history, it will breakdown as follows:
    a. 30 minutes total in the area near the following **two** valves:
        i. 3-1201-138 RWCU Aux Pump Suction (at RWCU Aux Pump)
        ii. 3-1201-139 RWCU Aux Pump Discharge (at RWCU Aux Pump)
    b. 15 minutes total in the area near the following **one** valve:
        i. 3-1201-128A 'A' RWCU Pump Suction (at 'A' RWCU Pump)

INITIATING CUE

CALCULATE the expected dose for the work in RWCU Pump Room. DETERMINE which EO(s) CAN and which EO(s) CAN NOT be assigned to perform the task. Demonstrate dose calculation to determine all violations (if any). EXPLAIN the basis for your determination.

Fill in the JPM Start Time when the student acknowledges the Initiating Cue.

Information For Evaluator's Use:

UNSAT requires written comments on respective step.

* Denotes critical steps.

Number any comments in the "Comment Number" column on the following pages. Then annotate that comment in the "Comments" section. The comment section should be used to document: the reason that a step is marked as unsatisfactory, marginal performance relating to management expectations, or problems the examinee had while performing the JPM. Comments relating to procedural or equipment issues should be entered and tracked using the site's appropriate tracking system.

Some operations that are performed from outside of the control room may require multiple steps. These items may be listed as individual steps in this JPM. It is acceptable for the candidate to direct the local operator to perform groups of procedure steps instead of calling for each individual item to be performed.

The timeclock starts when the candidate acknowledges the initiating cue.

JPM Start Time: _____

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
Note	Provide the examinee with the supplied copy of the RWP and survey map of the RWCU pump room and, if requested, the supplied copy of RP-AA-203. The following steps may be performed in any order.				
1.	Reviews Survey Maps to determine area dose rates.	Reviews the survey maps and determines area dose rates to be 40 mr/hr for the first group of 2 valves and 140 mr/hr for the remaining valve.	___	___	___
Note	The following calculations should be made: 2 valve clearance projected dose = 0.50 hr x 40 mr/hr = **20 mrem** 1 valve clearance projected dose = 0.25 hr x 140 mr/hr = **35 mrem** Total projected dose for the job = 20 mrem + 35 mrem = **55 mrem**				
2.	Calculates that the projected dose that will be received for the task is 55 mrem.	Determines the EOs will receive 20 mrem on the first 2 valves and 35 on the next valve.	___	___	___
*3.	Determines that **ALEX CAN NOT** perform the job because he would exceed the 80 mrem dose alarm on RWP DR-0-19-00333.	Alex's total daily dose on RWP DR-0-19-00333 would be **105 mrem**.	___	___	___
*4.	Determines that **Dan CAN NOT** perform the job because he would exceed the 2000 mrem Exelon Annual limit.	Dan's total Annual dose would be **2010 mrem.**	___	___	___
*5.	Determines that Mike CAN perform the job because no limits will be exceeded.	Mike's total RWP daily dose and Annual dose will remain below the limits.	___	___	___
*6.	Determines that **Sue CAN NOT** perform the job because she would exceed the 80 mrem dose alarm on RWP DR-0-19-00333.	Sue's total daily dose on RWP DR-0-19-00333 would be **102 mrem**.	___	___	___
*7.	Determines that Tom CAN perform the job because no limits will be exceeded.	Tom's total RWP daily dose and Annual dose will remain below the limits.	___	___	___

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
Cue	Acknowledge completion of JPM				
END					

JPM Stop Time: _____

KEY

EVALUATOR: The candidate must determine that dose for the task will be 55 mrem and determine that only two EOs can receive the dose, necessary to complete the task. They are Mike and Tom. See the table below for projected job dose, 24 hour total dose on RWP DR-0-19-00333, and total Annual TEDE dose for each Operator.

Calculation:

2 valves clearance (at RWCU Aux Pump) projected dose = 0.50 hr x 40 mr/hr = 20mrem
1 valve clearance (at 'A' RWCU Pump) projected dose = 0.25hr x 140 mr/hr = 35mrem

20 mrem + 35 mrem = 55 mrem projected job dose for clearance order hanging

Name	DDE dose received on RWP DR-0-19-00333 today	Annual TEDE dose as of Midnight To Date	Projected dose on RWP DR-0-19-00333 for the 24 hour period	Projected Annual TEDE (including all dose from last 24 hours)
Alex	50 mrem	1550 mrem	(50 + 55 =) **105 mrem**	(1550 + 105 =) 1655 mrem
Dan	5 mrem	1950 mrem	(5 + 55 =) 60 mrem	(1950 + 60 =) **2010 mrem**
Mike	0 mrem	1920 mrem	(0 + 55 =) 55 mrem	(1920 + 55 =) 1975 mrem
Sue	47 mrem	1850 mrem	(47 + 55 =) **102 mrem**	(1850 + 102 =) 1952 mrem
Tom	8 mrem	1750 mrem	(8 + 55 =) 63 mrem	(1750 + 63 =) 1813 mrem

The **bolded** values in the table exceed the applicable Company, RWP, or 10CFR limit.

KEY

JPM SUMMARY

Operator's Name: _____ **Emp. ID#**: _____

Job Title: ☐ RO ☒ SRO ☐ SRO Cert

JPM Title: Select Personnel for Radiation Work

JPM Number: A-N-4-S **Revision Number**: 03

Task Number and Title: 29900LK119 Discuss the items to be considered prior to work authorization

K/A Number and Importance: Generic 2.3.13 3.4 / 3.8

Suggested Testing Environment: Simulator

Alternate Path: ☐ Yes ☒ No **SRO Only**: ☒ Yes ☐ No **Time Critical**: ☐ Yes ☒ No

Reference(s): RP-AA-203, Rev. 05

Actual Testing Environment: ☒ Simulator ☐ Control Room ☐ In-Plant ☐ Other

Testing Method: ☐ Simulate ☒ Perform

Estimated Time to Complete: 20 minutes **Actual Time Used:** _____ minutes

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? ☐ Yes ☐ No

The operator's performance was evaluated against standards contained within this JPM and has been determined to be: ☐ Satisfactory ☐ Unsatisfactory

Comments: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ **Date**: _____

INITIAL CONDITIONS

1. You are a Unit Supervisor and will be briefing EOs to perform a Clearance Order First Hang in the Unit 3 RWCU Pump Room under RWP DR-0-19-00333.
2. Five EOs are available this shift.
   - None of the five have received dose at any location other than Dresden Station.
   - None of the five have received dose since midnight on any RWPs other than DR-0-19-00333.
3. The Radiation Protection Department has provided the attached Survey map, and the following dose history for the five EOs to assist you in your planning:

Name	DDE dose received On RWP DR-0-19-00333 Today	Annual TEDE dose Prior to Shift
Alex	50 mrem	1550 mrem
Dan	5 mrem	1950 mrem
Mike	0 mrem	1920 mrem
Sue	47 mrem	1850 mrem
Tom	8 mrem	1750 mrem

4. The total expected stay time for each EO will be 45 minutes. Based on past job history, it will breakdown as follows:
   - 30 minutes total in the area near the following **two** valves:
     - 3-1201-138 RWCU Aux Pump Suction (at RWCU Aux Pump)
     - 3-1201-139 RWCU Aux Pump Discharge (at RWCU Aux Pump)
   - 15 minutes total in the area near the following **one** valve:
     - 3-1201-128A 'A' RWCU Pump Suction (at 'A' RWCU Pump)

INITIATING CUE

CALCULATE the expected dose for the work in RWCU Pump Room. DETERMINE which EO(s) CAN and which EO(s) CAN NOT be assigned to perform the task. Demonstrate dose calculation to determine all violations (if any). EXPLAIN the basis for your determination.

Job Performance Measure

DETERMINE EMERGENCY CLASSIFICATION

JPM Number: A-N-5-S

Revision Number: 00

Date: 11/18

Developed By: _____ Exam Author _____ Date

Approved By: _____ Facility Representative _____ Date

SRRS: 3D.105 (when utilized for operator initial or continuing training)

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation.
Prior to JPM usage, revalidate JPM using steps 9 and 13 below.

_____ 53. Task description and number, JPM description and number are identified.

_____ 54. Knowledge and Abilities (K/A) references are included.

_____ 55. Performance location specified. (in-plant, control room, simulator, or other)

_____ 56. Initial setup conditions are identified.

_____ 57. Initiating cue (and terminating cue if required) are properly identified.

_____ 58. Task standards identified and verified by SME review.

_____ 59. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).

__N/A__ 60. If an alternate path is used, the task standard contains criteria for successful completion.

_____ 61. Verify the procedure(s) referenced by this JPM reflects the current revision:
Procedure __EP-AA-1004 Addendum 3_____ Rev: __8__
Procedure __EP-MW-114-100-F-01_____ Rev: __J__
Procedure _____ Rev: ____

_____ 62. Verify cues both verbal and visual are free of conflict.

_____ 63. Verify performance time is accurate

_____ 64. If the JPM cannot be performed as written with proper responses, then revise the JPM.

_____ 65. When JPM is initially validated, sign and date JPM cover page. Subsequent validations, sign and date below:

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

_____ _____
SME / Instructor Date

Revision Record (Summary)

Revision 00 New JPM for 2019 ILT NRC Exam

SIMULATOR SETUP INSTRUCTIONS

N/A: This is an admin JPM that is performed in the Simulator

Note: Examinee will need to find and reference proper procedures in Simulator

INITIAL CONDITIONS

1. This is a time critical JPM.
2. You are required to locate the appropriate procedures for this JPM.
3. You are the Shift Emergency Director.
4. A Report of steam coming from Unit 2 HPCI Room resulting in the following plant conditions:
   - U2 HPCI PP Area temp Hi Alarm.
   - HPCI Auto Isolation Initiated.
   - 2-2301-4 and 2-2301-5, HPCI inboard and outboard steam isolation valves failed to close on the isolation signal. All attempts to close 2-2301-4 and 2-2301-5 valves have been unsuccessful.
   - Crew manually scrammed Unit 2 and reports all control rods in. A Group 1 Isolation is received causing all Main Steam Line Valves (MSIV) to shut.
   - Reactor Building Ventilation failed to trip and Standby Gas Treatment failed to start. Manual attempts to secure RB Vent have been unsuccessful.
   - HPCI Room temperature is 250 °F. HPCI Room and West LPCI radiation levels are greater than 2500 mr/hr

INITIATING CUE

1. Determine the emergency classification. Ignore discretionary EALs.
2. Complete a NARS form.

Fill in the JPM Start Time when the student acknowledges the Initiating Cue.

Information For Evaluator's Use:

UNSAT requires written comments on respective step.

* Denotes critical steps.

Number any comments in the "Comment Number" column on the following pages. Then annotate that comment in the "Comments" section. The comment section should be used to document: the reason that a step is marked as unsatisfactory, marginal performance relating to management expectations, or problems the examinee had while performing the JPM. Comments relating to procedural or equipment issues should be entered and tracked using the site's appropriate tracking system.

Some operations that are performed from outside of the control room may require multiple steps. These items may be listed as individual steps in this JPM. It is acceptable for the candidate to direct the local operator to perform groups of procedure steps instead of calling for each individual item to be performed.

The timeclock starts when the candidate acknowledges the initiating cue.

JPM Start Time: _____

STEP	ELEMENT	STANDARD	SAT	UNSAT	Comment Number
*1.	Determines final classification of a SITE AREA EMERGENCY.	Determines highest classification is a SITE AREA EMERGENCY per EAL FS1 within 15 minutes. Time Classified: _____	___	___	___
Note	Determines that a loss of 2 FP barriers has occurred: • UNISOLABLE Main Steam Line (MSL), Isolation Condenser, HPCI, Feedwater, or RWCU line break. – loss of RCS. • UNISOLABLE primary system leakage that results in Secondary Containment area temperature > DEOP 300-1, Maximum Safe operating levels. - loss of CT. Determines that there is a ground level release in progress: • Failure of RB ventilation to isolate and SBGT to initiate.				
*2.	Completes NARS Form.	Correctly completes NARS Form per Attachment 1 within 15 minutes of classification. Time NARS Form completed: _____	___	___	___
Note	Acknowledge report				
END					

JPM Stop Time: _____

KEY

Nuclear Accident Reporting System (NARS) Form

Or Electronic Facsimile

No Revision bars were used for this revision

UTILITY MESSAGE NO. _____ **STATE MESSAGE NO.** _____

1. STATUS
[A] ACTUAL
[B] DRILL/EXERCISE

2. STATION
[A] BRAIDWOOD [C] CLINTON [E] LASALLE [G] ZION
[B] BYRON [D] DRESDEN [F] QUAD CITIES

3. ONSITE CONDITION
[A] UNUSUAL EVENT
[B] ALERT
[C] SITE AREA EMERGENCY
[D] GENERAL EMERGENCY
[E] RECOVERY
[F] TERMINATED

4. ACCIDENT CLASSIFIED
TIME (3[A-E]): _____
DATE (3[A-E]): _____
EAL#: FS1

ACCIDENT TERMINATED
TIME (3[F]): _____
DATE (3[F]): _____

5. RELEASE STATUS
[A] NONE
[B] OCCURRING
[C] TERMINATED

6. TYPE OF RELEASE
[A] NOT APPLICABLE
[B] GASEOUS
[C] LIQUID

7. WIND DIR
(DEGREES FROM)

8. WIND SPEED
[A] METERS/SEC.:
[B] MILES/HR.:

9. RECOMMENDED ACTIONS

UTILITY RECOMMENDATION

[A] NONE (UE, Alert and SAE Only)

---------- (General Emergency Only) ----------

[B] SHELTER ILLINOIS SUB-AREAS: _____
[C] SHELTER IOWA SUB-AREAS: _____
[D] EVACUATE ILLINOIS SUB-AREAS: _____
[E] EVACUATE IOWA SUB-AREAS: _____
AND
ADVISE THE REMAINDER OF THE 10 MILE EPZ TO MONITOR AND PREPARE
AND
FOR ILLINOIS ONLY, CONSIDER JIC ADVISORY WITH POTASSIUM IODIDE (KI) STATEMENT IN ACCORDANCE WITH STATE PROCEDURES

STATE RECOMMENDATION

[F] NONE
[G] SHELTER SUB-AREAS: _____
[H] EVACUATE SUB-AREAS: _____
[I] RECOMMEND POTASSIUM IODIDE (KI) PER PROCEDURES
[J] COMMENCE RETURN OF PUBLIC
[K] OTHER _____

10. ADDITIONAL INFORMATION _____

Verified With: _____ Approved By: _____

11. TRANSMITTED BY: NAME PHONE NUMBER TIME/DATE

[A] EXELON: _____ _____ _____
[B] STATE: _____ _____ _____
[C] COUNTY: _____ _____ _____

12. RECEIVED BY: NAME ORGANIZATION TIME/DATE

_____ _____ _____

KEY

Nuclear Accident Reporting System (NARS) Form

Or Electronic Facsimile
No Revision bars were used for this revision

Braidwood
BW 38

Initial Final
____ **# Illinois EMA** ☐
(Time) (217)782-7860
☐ *** Grundy County** ☐
☐ *** Kankakee County** ☐
☐ *** Will County** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

Clinton
CL 36

Initial Final
____ **# Illinois EMA** ☐
(Time) (217)782-7860
☐ *** DeWitt County** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

LaSalle
LS 25

Initial Final
____ **# Illinois EMA** ☐
(Time) (217)782-7860
☐ *** Grundy County** ☐
☐ *** LaSalle County** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

Byron
BY 37

Initial Final
____ **# Illinois EMA** ☐
(Time) (217)782-7860
☐ **^ Ogle County** ☐
☐ **^ Rochelle Police** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

Dresden
DR 22

Initial Final
____ **# Illinois EMA** ☐
(Time) (217)782-7860
☐ *** Grundy County** ☐
☐ *** Kendall County** ☐
☐ *** Will County** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

Quad Cities
QC 23

Initial Final
____ **# Illinois EMA** ☐
(Time) (217) 782-7860
☐ **# Iowa HSEMD** ☐
(515) 725-3231
☐ **# Clinton County** ☐
(563) 242-9211
☐ **# Scott County** ☐
(563) 388-3904
☐ *** Rock Island County** ☐
☐ *** Whiteside County** ☐
☐ **Illinois REAC** ☐

Time initial roll complete:_____

NOTES: **#** Indicates that this agency is required to be notified within 15 minutes for all NARS messages

* Indicates that this agency is required to be notified within 15 minutes if the initiating event is a General Emergency

^ Indicates that only one of Ogle County or Rochelle Police is required to be notified within 15 minutes if the initiating event is a General Emergency (Byron Only)

KEY

JPM SUMMARY

Operator's Name: _____ **Emp. ID#**: _____

Job Title: ☐ SRO ☐ SRO Cert

JPM Title: Determine Emergency Classification

JPM Number: A-N-5-S **Revision Number**: 00

Task Number and Title: 295L160 / Perform the duties of the Emergency Shift Director

K/A Number and Importance: Generic 2.4.41 -- / 4.6

Suggested Testing Environment: Simulator

Alternate Path: ☐ Yes ☒ No **SRO Only**: ☒ Yes ☐ No **Time Critical**: ☒ Yes ☐ No

Reference(s): EP-AA-1004 Addendum 3, Rev. 08
EP-MW-114-100-F-01, Rev. J

Actual Testing Environment: ☒ Simulator ☐ Control Room ☐ In-Plant ☐ Other

Testing Method: ☐ Simulate ☒ Perform

Estimated Time to Complete: 27 minutes **Actual Time Used:** _____ minutes

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? ☐ Yes ☐ No

The operator's performance was evaluated against standards contained within this JPM and has been determined to be: ☐ Satisfactory ☐ Unsatisfactory

Comments: _____

Evaluator's Name (Print): _____

Evaluator's Signature: _____ **Date**: _____

INITIAL CONDITIONS

1. This is a time critical JPM.
2. You are required to locate the appropriate procedures for this JPM.
3. You are the Shift Emergency Director.
4. A Report of steam coming from Unit 2 HPCI Room resulting in the following plant conditions:
   - U2 HPCI PP Area temp Hi Alarm.
   - HPCI Auto Isolation Initiated.
   - 2-2301-4 and 2-2301-5, HPCI inboard and outboard steam isolation valves failed to close on the isolation signal. All attempts to close 2-2301-4 and 2-2301-5 valves have been unsuccessful.
   - Crew manually scrammed Unit 2 and reports all control rods in. A Group 1 Isolation is received causing all Main Steam Line Valves (MSIV) to shut.
   - Reactor Building Ventilation failed to trip and Standby Gas Treatment failed to start. Manual attempts to secure RB Vent have been unsuccessful.
   - HPCI Room temperature is 250 °F. HPCI Room and West LPCI radiation levels are greater than 2500 mr/hr

INITIATING CUE

1. Determine the emergency classification. Ignore discretionary EALs.
2. Complete a NARS form.