

| Facility: <u>DC Cook</u> | | Date of Exam: <u>8/12/20</u> | | Exam Level: RO <input checked="" type="checkbox"/> SRO <input type="checkbox"/> | |
|--|----------------------------------|------------------------------|----------------|---|--|
| Item Description | Initials | | | | |
| | a | b | c | | |
| 1. Clean answer sheets copied before grading | ✓ | TW | DWR | | |
| 2. Proposed answer key changes and question deletions justified and documented (facility reviewer initials not required (N/R) if NO post-examination comments are submitted) | N/A ✓ | N/A TW | N/R | | |
| 3. Applicants' scores checked for addition errors (reviewers spot check > 25% of examinations) | ✓ | TW | DWR | | |
| 4. Grading for all borderline cases (80% ±2% overall and 70% or 80%, as applicable, ±4% on the SRO-only exam) reviewed in detail | ✓ | TW | DWR | | |
| 5. All other failing examinations checked to ensure that grades are justified | N/A ✓ | N/A TW | N/R | | |
| 6. Performance on missed questions checked for training deficiencies and wording problems; evaluate validity of questions missed by one-half or more of the applicants | ✓ | TW | DWR | | |
| Printed Name/Signature | | Date | | | |
| a. Grader | <u>Todd Valley / Todd Valley</u> | | <u>8-19-20</u> | | |
| b. Facility Reviewer(*) | <u>Tim Wice / Tim Wice</u> | | <u>8/19/20</u> | | |
| c. NRC Chief Examiner (*) | _____ | | _____ | | |
| d. NRC Supervisor (*) | _____ | | _____ | | |
| (*) The facility reviewer's signature is not applicable for examinations graded by the NRC; two independent NRC reviews are required. | | | | | |