

| 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<br>✓                         | N/A<br>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<br>✓                         | N/A<br>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.  |                                  |                              |                |   |  |