ES-301

Operating Test Quality Checklist

Form ES-301-3

Facility:	y: Palisades Date of Examination: 8/8/2017 Operating Test No 1. General Criteria	Initials		
		a	b*	c#
a.	The operating test conforms with the previously approved outline; changes are consistent with sampling requirements (e.g., 10 CFR 55.45, operational importance, safety function distribution).	SHK.	pres	MGA
b.	There is no day-to-day repetition between this and other operating tests to be administered during this examination.	NH.	fer.	ms
с.	The operating test shall not duplicate items from the applicants' audit test(s). (see Section D.1.a.)	RK	for	MCA
d.	Overlap with the written examination and between different parts of the operating test is within acceptable limits.	Ø4	for	WÇ3
e.	It appears that the operating test will differentlate between competent and less-than-competent applicants at the designated license level.	AL	for	MEG
	2. Walk-Through Criterla			
b.	 initial conditions initiating cues references and tools, including associated procedures reasonable and validated time limits (average time allowed for completion) and specific designation if deemed to be time-critical by the facility licensee operationally important specific performance criteria that include: detailed expected actions with exact criteria and nomenclature system response and other examiner cues statements describing important observations to be made by the applicant criteria for successful completion of the task identification of critical steps and their associated performance standards restrictions on the sequence of steps, if applicable Ensure that any changes from the previously approved systems and administrative walk-through outlines (Forms ES-301-1 and 2) have not caused the test to deviate from any of the acceptance criteria (e.g., item distribution, bank use, repetition from the last 2 NRC examinations) specified 	DK.	Jure Jure Jure	M53 M54
	on those forms and Form ES-201-2. 3. Simulator Criteria			
The associated simulator operating tests (scenario sets) have been reviewed in accordance with Form ES- 301-4 and a copy is attached.		NIA		
b. Fa c. NF d. NF	Printed Name / Signature thor Collect Reviewer(*) Conald Karnes / Allanne 7, Conald Karnes / Allannes / Conald Karnes / Allannes / Conald Karnes / Cona	10/1 10/1 14/1 2017	Date 7 7 7	