Job Performance Measure

# REACTIVATION OF AN SRO LICENSE

JPM Number: A-N-1-S

Revision Number: 03

Date: 12/22

Developed By: Derek Siuda / _____ _____
Instructor: Print / Sign Date

Approved By: Jonathan Chapman / _____ _____
Facility Representative: Print / Sign 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.

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 instructor or SME review. _____
7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*). _____
8. IAW NUREG 1021 Appendix C, clearly identify the task standard (i.e., the predetermined qualitative or quantitative outcome) against which task performance will be measured. _____
9. Verify the procedure(s) referenced by this JPM reflects the current revision:
   Procedure: OP-AA-105-102 Revision: 17
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
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. For subsequent validations, sign and date below: _____

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

## Revision Record (Summary)

| Revision # | Summary |
|---|---|
| 00 | New JPM for ILT 09-1 Cert Exam |
| 01 | Modified for ILT 15-1 (2016-301) NRC Exam |
| 02 | Updated for the ILT 19-1 (2020-301) NRC Exam |
| 03 | Updated for the ILT 22-1 (2023-301) NRC Exam |

**SETUP INSTRUCTIONS:**

1. This is a tabletop JPM. It is not required to be performed in a simulator setting.
2. No Simulator setup needed.

**DOCUMENT PREPARATION**

1. A copy of OP-AA-105-102, NRC ACTIVE LICENSE MAINTENANCE.
2. A marked up copy of OP-AA-105-102, NRC ACTIVE LICENSE MAINTENANCE, Attachment 2, REACTIVATION OF LICENSE LOG.

## INITIAL CONDITIONS

1. You are the Shift Manager.
2. An SRO is in the process of license reactivation.
3. OP-AA-105-102, Attachment 2, REACTIVATION OF LICENSE LOG, is filled out up to the point of Shift Manager review for the licensee.

## INITIATING CUE

4. The Shift Operation Superintendent directs you to “perform the Shift Manager review of OP-AA-105-102, Attachment 2 for the licensee and return it to me”.

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: _____ JPM Sequence #: of 5

**Task Standard:**

The Examinee will verify the Reactivation of License Log IAW OP-AA-105-102, NRC ACTIVE LICENSE MAINTENANCE, and will determine there are multiple errors and the operator cannot return to active status.

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| **Note** | Provide the examinee with the filled in copy of OP-AA-105-102, Attachment 2, REACTIVATION OF LICENSE LOG, and the clean copy of OP-AA-105-102, NRC ACTIVE LICENSE MAINTENANCE | | | | |
| 1. | Review OP-AA-105-102, Attachment 2. | Reviews OP-AA-105-102, Attachment 2. | ☐ | ☐ | ___ |
| 2. | Check that Hours on Shift are in the same calendar quarter. | Notes 12.0 hours listed on 3/31/23 are performed during the 1st calendar quarter and cannot be counted towards license re-activation. | ☐ | ☐ | ___ |
| 3. | Check that Hours on Shift are applicable for license reactivation. | Determines 12.0 hours as WEC listed on 4/2/23 cannot be credited towards license re-activation. | ☐ | ☐ | ___ |
| *4. | Check that licensee has the required 40 hours. | Determines that licensee does NOT have adequate hours to meet the 40 hour requirement. | ☐ | ☐ | ___ |
| *5. | Verifies Plant Tour completed per step 4.b. | Determines that Plant Tour date and signature are not completed. | ☐ | ☐ | ___ |
| 6. | Report the results of the review to the Shift Operations Superintendent (SOS). | Returns without signing OP-AA-105-102, Attachment 2 to the SOS.<br>Informs the SOS that the licensee's license CANNOT be reactivated due to insufficient hours on shift and plant tour incomplete. | ☐ | ☐ | ___ |
| **Cue** | Acknowledge report | | | | |

JPM Stop Time: _____

KEY

**ATTACHMENT 2**
**Reactivation Of License Log**
**Page 2 of 2**

5. Hours on Shift
   a. The SRO / RO License Holder has completed a minimum of 40 hours of shift functions in the presence and under the sole direct supervision of an active RO or SRO, as appropriate, in the position to which the individual will be assigned. Log hours in the Shift Position log.
   b. The SRO license holder being activated for fuel handling only has completed a minimum of one (1) 8 hour shift in the presence and under the sole direct supervision of an active SRO in the position to which the individual will be assigned.

**Shift Position Log**

| Date | Shift Position | Shift | Number of Hours | Entered in Appropriate Log | Active License Signature |
|---|---|---|---|---|---|
| 3/31/23 | US | D | 12 | (Yes) / No | Matt Supervisor |
| 4/2/23 | LIEC | D | 12 | (Yes) / No | Matt Supervisor |
| 4/3/23 | US | D | 12 | (Yes) / No | Matt Supervisor |
| 4/4/23 | US | D | 12 | (Yes) / No | Matt Supervisor |
| 4/5/23 | US | D | 12 | (Yes) / No | Matt Supervisor |
| | Required Action: Perform a complete plant tour under the sole direct supervision of an active license holder as required in Step 4.b. The tour shall be performed during the performance of the required hours on shift listed above. Obtain signature verifying completion. | | | | |

Reviewed by: _____
Shift Manager Date

**Final Review and Approval:**

_____ _____
Shift Operations Superintendent Date Operations Training Manager Date

Date to credit completion of reactivation (last shift stood) _____

SRRS 3.D.106

KEY

FORWARD ORIGINAL TO LICENSE HOLDER'S LICENSE FILE

**JPM SUMMARY**

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

**Job Title**: ☒ SRO

**JPM Title:** Reactivation of an SRO License

**JPM Number**: A-N-1-S **Revision Number:** 03

**Task Number and Title:** 299L024, Maintain an Active License

**Task Standard:** The Examinee will verify the Reactivation of License Log IAW OP-AA-105-102, NRC ACTIVE LICENSE MAINTENANCE, and will determine there are multiple errors and the operator cannot return to active status.

**K/A Number and Importance:** Generic 2.1.4 -- / 3.8

**Suggested Testing Environment:** Classroom

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

**Reference(s):**

Procedure: OP-AA-105-102 Revision: 17
Procedure: _____ Revision: _____
Procedure: _____ Revision: _____

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

**Testing Method:** ☐ Simulate ☒ Perform

**Estimated Time to Complete:** 12 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

**NOTE:** Enter finalized grading, comments, and notes relevant to this evaluation in the associated TQ-AA-150-F03A/B. (See AR 4282419).

**Evaluator's Name** (Print): _____

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

## INITIAL CONDITIONS

1. You are the Shift Manager.
2. An SRO is in the process of license reactivation.
3. OP-AA-105-102, Attachment 2, REACTIVATION OF LICENSE LOG, is filled out up to the point of Shift Manager review for the licensee.

## INITIATING CUE

1. The Shift Operation Superintendent directs you to “perform the Shift Manager review of OP-AA-105-102, Attachment 2 for the licensee and return it to me”.

## ATTACHMENT 2
## Reactivation Of License Log
## Page 1 of 2

Employee Number: 123456

License Holder's Name: JOE OPERATOR

Date to resume "Active License" status: TOMORROW

1. Verification that the License Holder is current in the Requal Program and Completion of plant-specific activation guide (if required).

   Verified by: Operations Training Manager TODAY
   Operations Training Manager Date

2. Verification that medical / respiratory protection qualifications are current.

   Verified by: License Coordinator TODAY
   Department Training Coordinator or License Coordinator Date

3. Verification that License Holder is compliant with and concurs with restrictions on current NRC license.

   Verified by: Joe Operator TODAY Ops Support TODAY
   License Holder Date Sr Mgr Ops Support & Services or designee
   Date

4. Completion of the following:

   NOTE: For SRO reactivation for fuel handling duties only, steps 4a, 4c, 4d, and 4e must be performed within 1 week of the planned start of core alterations.

   NOTE: In the presence and under the sole direct supervision of an active RO or SRO, apply to all steps below as appropriate.

   a. Made a tour of the MCR, reviewing status of applicable systems/panels (ALL)

   b. Made a complete tour of the plant as specified in Step 4.2.1 (RO / SRO only)

   c. Made a tour of refuel floor / fuel handling areas (SRO for fuel handling only)

   d. Attended an Operations shift turnover meeting (SRO for fuel handling only)

   e. Reviewed applicable unit log and Limiting Condition for Operation (LCO) log (SRO for fuel handling only)

   f. Reviewed at least one complete on-coming Shift Turnover and one complete off-going shift turnover while under the direction of the active license holder. (ALL)

   Actions 4a, 4b, 4c, 4d, 4e, 4f Completed (as applicable):

   Joe Operator TODAY
   License Holder Date

SRRS 3.D.106

## ATTACHMENT 2
## Reactivation Of License Log
## Page 2 of 2

5. Hours on Shift
   a. The SRO / RO License Holder has completed a minimum of 40 hours of shift functions in the presence and under the sole direct supervision of an active RO or SRO, as appropriate, in the position to which the individual will be assigned. Log hours in the Shift Position log.
   b. The SRO license holder being activated for fuel handling only has completed a minimum of one (1) 8 hour shift in the presence and under the sole direct supervision of an active SRO in the position to which the individual will be assigned.

**Shift Position Log**

| Date | Shift Position | Shift | Number of Hours | Entered in appropriate Log | Active License Signature |
|---|---|---|---|---|---|
| 3/31/23 | US | D | 12 | (Yes) / No | |
| 4/2/23 | WEC | D | 12 | (Yes) / No | |
| 4/3/23 | US | D | 12 | (Yes) / No | |
| 4/4/23 | US | D | 12 | (Yes) / No | |
| 4/5/23 | US | D | 12 | (Yes) / No | |

Required Action: Perform a complete plant tour under the sole direct supervision of an active license holder as required in Step 4.b. The tour shall be performed during the performance of the required hours on shift listed above. Obtain signature verifying completion.

Reviewed by: _____
Shift Manager Date

**Final Review and Approval:**

Shift Operations Superintendent Date Operations Training Manager Date

Date to credit completion of reactivation (last shift stood) _____

SRRS 3.D.106

**FORWARD ORIGINAL TO LICENSE HOLDER'S LICENSE FILE**

Job Performance Measure

# INITIATE A FIREWATCH

JPM Number: A-N-2-S

Revision Number: 03

Date: 12/22

Developed By: Derek Siuda / _____ _____
Instructor: Print / Sign Date

Approved By: Jonathan Chapman / _____ _____
Facility Representative: Print / Sign 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.

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 instructor or SME review. _____
7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*). _____
8. IAW NUREG 1021 Appendix C, clearly identify the task standard (i.e., the predetermined qualitative or quantitative outcome) against which task performance will be measured. _____
9. Verify the procedure(s) referenced by this JPM reflects the current revision:

   Procedure: OP-AA-201-007 Revision: 01
   Procedure: TRM 3.7.n Revision: 103
   Procedure: 151 U2TB-53 Revision: 05
   Procedure: _____ Revision: _____
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. For subsequent validations, sign and date below: _____

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

## Revision Record (Summary)

| Revision # | Summary |
|---|---|
| 01 | Bank JPM |
| 02 | Revised for ILT 18-1 (2019-301) NRC Exam |
| 03 | Modified for the ILT 22-1 (2023-301) NRC Exam |

**SETUP INSTRUCTIONS:**

1. This is a tabletop JPM. It is not required to be performed in a simulator setting.
2. No Simulator setup needed.

**DOCUMENT PREPARATION**

1. A copy of OP-AA-201-007 with the initiator section of Attachment 1 filled out.
2. A copy of the Fire Pre-Plan 151 U2TB-53.
3. A copy of Fire Zone F-8-1 Sheet 1.
4. Ensure a copy of the TRM 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 Electrical Maintenance Department must route extension cords through the doors for U2 125 VDC and U2 250 VDC Battery Rooms on elevation 549' 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 Electrical Maintenance Supervisor is C. Block.
5. Area fire detectors are operable.
6. Neil notification is not required.
7. No additional compensatory measures required.

## INITIATING CUE

1. Complete Attachments 1 and 2 of the Fire Protection Impairment Permit IAW OP-AA-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: _____ JPM Sequence #: of 5

**Task Standard:**

The Examinee will complete paperwork for a TRM required Firewatch utilizing OP-AA-201-007, FIRE PROTECTION SYSTEM IMPAIRMENT CONTROL.

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| **Note** | Give the examinee the copy of OP-AA-201-007 with the initiator section of Attachment 1 filled out. | | | | |
| **Note** | Fills out Attachment 1 of OP-AA-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 23-31."<br>(May not be performed until later in the JPM) | | | | |
| 1. | Fire Marshall NO: | Examinee uses number provided and enters "23-31" | ☐ | ☐ | ___ |
| **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 7.0A.1 and 8.2.7 | ☐ | ☐ | ___ |
| 3. | Barrier Functional. | Determines and marks Barrier as Non-Functional. | ☐ | ☐ | ___ |
| *4. | Technical Requirement Manual? | Determines TRM is applicable and identifies applicable sections as: 3.7.n (May include A.2.2.1 and A.2.2.2, correct if include, but not critical)<br>If examinee chooses "Continuous" Firewatch, then the applicable TRM will be 3.7.n A.2.1 (this would satisfy the Critical Step as it is more conservative). | ☐ | ☐ | ___ |
| **Cue** | If asked: Another SRO is looking at the LCO requirements. | | | | |
| *5. | Fire Watch Required? | Determines and marks that a Hourly Firewatch is required (may choose Continuous and that will satisfy the Critical Step as it is more conservative). | ☐ | ☐ | ___ |
| 6. | Fire watch performed by: | Designates the Department responsible for Firewatch (must assign a department to be responsible). | ☐ | ☐ | ___ |

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| 7. | Additional Compensatory Measures Required? | Marks NO (per Initial Conditions). | ☐ | ☐ | ___ |
| 8. | Required Components for TRM Action? | Marks NO (per Initial Conditions, Area Fire Detectors are operable). | ☐ | ☐ | ___ |
| 9. | NEIL Notification Required? | Marks NO (per Initial Conditions). | ☐ | ☐ | ___ |
| 10. | Fire Marshall Instructions: | Enters NONE or NA. | ☐ | ☐ | ___ |
| *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 today’s date. | ☐ | ☐ | ___ |
| | Section III | | | | |
| **Note** | This section may be left blank, as it is filled out when the Fire Watch is Established. | | | | |
| 13. | Detection Zones As Indicated In Section II Operable: | Marks NA. | ☐ | ☐ | ___ |
| 14. | Person Notified of Fire Watch: | Examinee writes WEC or names specific people. | ☐ | ☐ | ___ |
| 15. | Shift Management Authorization: | Examinee signs their name as Shift Management Authorization and enter today’s date and current time. | ☐ | ☐ | ___ |
| **Note** | Fills out Attachment 2 of OP-AA-201-007 as follows: | | | | |
| | Section I | | | | |
| *16. | Reason for watch: | Examinee enters “Extension cords running through U2 Battery Room Doors” or description conveying that concept. | ☐ | ☐ | ___ |
| *17. | TRM Section: | Examinee enters “3.7.n.” | ☐ | ☐ | ___ |
| 18. | Impairment/PBI No.: | Examinee enters “23-31” | ☐ | ☐ | ___ |
| 19. | WR/WR No.: | Examinee enters “123456-01” | ☐ | ☐ | ___ |
| *20. | Type of Fire Watch: | Examinee circles “Hourly” (may choose Continuous and that will satisfy the critical step as it is more conservative). | ☐ | ☐ | ___ |

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| 21. | Location: | Examinee marks:<br>Unit "2"<br>Bldg "TB" (conveys Turbine Bldg)<br>Elev "549"<br>Row - May be left blank<br>Col - May be left blank | ☐ | ☐ | ___ |
| *22. | Description of area to be inspected: | Examinee indicates "U2 Battery Rooms" or something that is on either side of the inoperable barrier. | ☐ | ☐ | ___ |
| *23. | Required Start Time/Date: | Examinee indicates "1700" and enters today's date. (May enter any time before 1700, but no later than 1700) | ☐ | ☐ | ___ |
| | Section II | | | | |
| 24. | Responsible Department: | Examinee indicates "EMD" (or dept candidate assigned) | ☐ | ☐ | ___ |
| 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** | Section III should be left blank | | | | |
| | Section IV | | | | |
| 27. | Location to be inspected: | Examinee indicates "U2 Battery Rooms" or something that conveys the U2 Battery Rooms. | ☐ | ☐ | ___ |
| 28. | Impairment / PBI No: | Examinee enters "23-31" | ☐ | ☐ | ___ |
| 29. | Informs Evaluator task is complete | Informs Evaluator task is complete | ☐ | ☐ | ___ |
| **Note** | Acknowledge report | | | | |

JPM Stop Time: _____

KEY

OP-AA-201-007
Revision 1
Page 18 of 22

**ATTACHMENT 1**
**Manual Fire System Impairment (FSI) Permit**
**Page 1 of 1**

**FSI Log Number:** 23-31

| | | | | | |
|---|---|---|---|---|---|
| **I. INITIATOR/Requestor:** | | Station: 12 | | Unit: 02 | |
| Name: | C. Block | Phone: | x4444 | Dept/Co: | EMD |
| Sch. Start Date: | Today's date | Bldg: | U2 TB | EPN #: | 125/250 VDC |
| Sch. End Date: | Tomorrow's date | Elev: | 549 | Door #: | 80, 81 ,83 |
| WR/WO/CO#: | 123456-01 | Row/Col: | | Det. Zone #: | 42 |
| | | | | Pent #: | N/A |
| Impairment Description: | Extension cord running through doors for U2 125 VDC and 250 VDC battery rooms. | | | Structural fireproofing: ☐<br>Wall Penetration: ☐ | |

**II. FIRE MARSHAL REVIEW:**

Fire Zone(s): 7.0A.1, 8.2.7

Barriers: ☐ Functional ☒ Non-Functional

Technical Requirement Manual? YES ☒ NO ☐ TRM Section: 3.7.n A.2.2.1 & A.2.2.2

Fire Watch Required? Continuous / (Hourly) / None / Other:

Fire Watch Performed By (if required): EMD (examinee may choose different dept)

Additional Comp Measures Required? YES ☐ NO ☒ Description:

Required Components for TRM Action? YES ☐ NO ☒ List EIN's/EPN's

NEIL or FM Global Notification Required? YES ☐ NO ☒ List which

Fire Marshal Instructions: None

Restoration/Testing Requirements: Cord no longer running through doors and doors closed (or similar)

Fire Marshal (Designee) Authorization: Examinee Signature Date: Today's date

**III. AUTHORIZATION:** (Examinee may leave this section blank, as it is filled out when the Fire Watch is Established)

Required Components As Indicated In Section II Operable: YES ☐ NO ☐ NA ☒

Person Notified of Fire Watch: WEC (or name)

Shift Management Authorization: Examinee Signature Date: Today's date Time: Current time

**IV. IMPAIRMENT RESTORATION:**

Field Work/Restoration/Testing Requirements As Indicated In Section II Met:

Cognizant Individual Date:

Shift Management Authorization To Close Impairment, Terminate Fire Watch and/or Comp Measures (If Applicable):

Name: Date: Time:

Fire Watch/comp measurer provider notified Initials/Date

Place Original in Work Package if applicable.
**FORWARD** Completed impairment to the site Fire Marshal.

All Critical Items are RED
Non Critical Items are GREEN

KEY

KEY



**ATTACHMENT 2**
**Fire Watch Inspection Log**
**Page 1 of 2**

**Section I: Initiation**

Reason for watch: Extension cords running through U2 Battery Room Doors (or similar)

TRM Section: 3.7.n Impairment / PBI No.: 23-31 WR / (WO) No: 123456-01

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

Location: Unit 2 Bldg TB Elev 549 Row * Col *

Description of area to be inspected:

U2 Battery Rooms

Required Start Time / Date: 1700++ / Today's Date

**Section II: Assignment**

Responsible Department: EMD (or dept candidate assigned)

Responsible Supervisor: C. Block

Notification: **Current Time *** / **Today's date ***
Time / Date

* May be left blank

++ Time may be before 1700, but must be set by 1700

**Section III: Termination**

Reason: _____

On Order of: _____

(Print name of Ops Shift Mgt individual who approved termination)

Date: _____ Time: _____

Completed log sheets shall be forwarded to the Fire Marshal.

All Critical Items are RED
Non Critical Items are GREEN

KEY

KEY



**ATTACHMENT 2**

**Fire Watch Inspection Log**
**Page 2 of 2**

**Section IV: Performance**

Location to be inspected: U2 Battery Rooms

Impairment / PBI No.: 23-31

| Time | Date | Name (Sign/Print) | Badge No. |
|---|---|---|---|
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**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 fire watch to perform backup fire suppression, **then** the individual shall be **TRAINED** in its use.

Completed log sheets shall be forwarded to the Fire Marshal.

All Critical Items are **RED**
Non Critical Items are **GREEN**

KEY

**JPM SUMMARY**

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

**Job Title**: ☒ SRO

**JPM Title:** Initiate a Firewatch

**JPM Number**: A-N-2-S **Revision Number:** 03

**Task Number and Title:** 299L019, Initiate / Terminate a Firewatch

**Task Standard:** The Examinee will complete paperwork for a TRM required Firewatch utilizing OP-AA-201-007, FIRE PROTECTION SYSTEM IMPAIRMENT CONTROL.

**K/A Number and Importance:** Generic 2.1.8 -- / 4.1

**Suggested Testing Environment:** Classroom

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

**Reference(s):**

| | | | |
|---|---|---|---|
| Procedure: | OP-AA-201-007 | Revision: | 01 |
| Procedure: | TRM 3.7.n | Revision: | 103 |
| Procedure: | 151 U2TB-53 | Revision: | 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

**NOTE:** Enter finalized grading, comments, and notes relevant to this evaluation in the associated TQ-AA-150-F03A/B. (See AR 4282419).

**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 Electrical Maintenance Department must route extension cords through the doors for U2 125 VDC and U2 250 VDC Battery Rooms on elevation 549’ 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 Electrical Maintenance Supervisor is C. Block.
5. Area fire detectors are operable.
6. Neil notification is not required.
7. No additional compensatory measures required.

## INITIATING CUE

1. Complete Attachments 1 and 2 of the Fire Protection Impairment Permit IAW OP-AA-201-007.

**ATTACHMENT 1**
**Manual Fire System Impairment (FSI) Permit**
**Page 1 of 1**

**FSI Log Number: 23-31**

**I. INITIATOR/Requestor:**

Name: C. Block | Station: 12 | Phone: x4444 | Unit: 02 | Dept/Co: EMD
Sch. Start Date: Today's date | Bldg: U2 TB | EPN #: 125/250 VDC
Sch. End Date: Tomorrow's date | Elev: 549 | Door #: 80, 81 ,83
WR/WO/CO#: 123456-01 | Row/Col: | Det. Zone #: 42
Pent #: N/A

Impairment Description: Extension cord running through doors for U2 125 VDC and 250 VDC battery rooms.

Structural fireproofing: ☐
Wall Penetration: ☐

**II. FIRE MARSHAL REVIEW:**

Fire Zone(s):

Barriers: ☐ Functional ☐ Non-Functional

Technical Requirement Manual? YES ☐ NO ☐ TRM Section:

Fire Watch Required? Continuous / Hourly / None / Fire Watch Cart / Other:

Fire Watch Performed By (if required):

Additional Comp Measures Required? YES ☐ NO ☐ Description:

Required Components for TRM Action? YES ☐ NO ☐ List EIN's/EPN's

NEIL or FM Global Notification Required? YES ☐ NO ☐ List which

Fire Marshal Instructions:

Restoration/Testing Requirements:

Fire Marshal (Designee) Authorization: Date:

**III. AUTHORIZATION:**

Required Components As Indicated In Section II Operable: YES ☐ NO ☐ NA ☐
Person Notified of Fire Watch:
Shift Management Authorization: Date:
Time:

**IV. IMPAIRMENT RESTORATION:**

Field Work/Restoration/Testing Requirements As Indicated In Section II Met:
Cognizant Individual Date:
Shift Management Authorization To Close Impairment, Terminate Fire Watch and/or Comp Measures (If Applicable):
Name: Date: Time:

Fire Watch/comp measurer provider notified Initials/Date

Place Original in Work Package if applicable.
**FORWARD** Completed impairment to the site Fire Marshal.

**ATTACHMENT 2**
**Fire Watch Inspection Log**
**Page 1 of 2**

**Section I: Initiation**

Reason for watch: _____

TRM Section: _____ Impairment / PBI No.: _____ WR / WO No:_____

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

Location: Unit _____ Bldg _____ Elev _____ Row _____ Col _____

Description of area to be inspected:
_____
_____
_____
_____

Required Start Time / Date: _____/_____

**Section II: Assignment**

Responsible Department: _____

Responsible Supervisor: _____

Notification: _____ /_____
Time / Date

**Section III: Termination**

Reason: _____

On Order of: _____

(Print name of Ops Shift Mgt individual who approved termination)

Date: _____ Time: _____

Completed log sheets shall be forwarded to the Fire Marshal.

**ATTACHMENT 2**

**Fire Watch Inspection Log**
**Page 2 of 2**

**Section IV: Performance**

Location to be inspected: _____

Impairment / PBI No.: _____

| **Time** | **Date** | **Name** (Sign/Print) | **Badge No.** |
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**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 fire watch to perform backup fire suppression, **then** the individual shall be **TRAINED** in its use.

Completed log sheets shall be forwarded to the Fire Marshal.

**FIRE AREA/ZONE:** FZ 7.0A.1-3/8.2.7

**DESCRIPTION:** UNIT 2 BATTERY ROOM ELEV. 549'

---

**SUGGESTED ACCESS/EGRESS:** Primary Access: DS key needed for entry. From door in Battery Room, north wall of Unit 2 TB, 549.
Secondary Access: Same as above.

## HAZARDS IN AREA:

- Combustibles: The fire severity classification is Medium. This area contains acrylic plastic, cable insulation, and polyethylene.
- Physical Hazards: Entrapment possible - one means of ingress/egress. Battery acid.
- Explosives: None.
- Electrical: Station batteries, DC panels, cable trays.
- Mechanical: None.
- Chemical: Combustibles when involved in a fire condition may give off toxic products of combustion. Battery acid.
- Radiological: None.
- Construction: Reinforced concrete; Fire Doors.

## PLANT SYSTEMS REQUIRING MANAGEMENT:

Safety Related:

125 VDC battery room
250 VDC battery room
DC Panel room

Non-Safety Related:

N/A

Vital Heat Sensitive Components That Need To Be Kept Cool:

N/A

## FIRE EQUIPMENT:

- Hose Reels/Standpipe:
  - 1 hose reel located in room (refer to drawing)
  - 1 hose reel located outside south door (refer to drawing)
- Portable Extinguishers:
  - 2 $CO_2$ extinguishers (refer to drawing)
- Sprinkler System: None
- $CO_2$ or Halon Systems: None
- Extra Equipment: Fire dampers in battery rooms

**FIRE AREA/ZONE:** FZ 7.0A.1-3/8.2.7

**DESCRIPTION:** UNIT 2 BATTERY ROOM ELEV. 549'

## SUGGESTED FIRE ATTACK:

Establish command post outside of NE entrance of 549''. Initial attack should be made with portable extinguishers, backed up with one 1½" attack line.

The ultimate decision for the fire attack is at the Fire Brigade Leader/Incident Commander's discretion.

## VENTILATION EQUIPMENT:

Under normal operation, ventilation air is supplied from the East Turbine Building ventilation system and exhausted into the exhaust registers. TBV is controlled exclusively from the Main control room.

## SMOKE MANAGEMENT:

East Turbine Bldg. Vent System is a once through and does not contain any fire dampers and, therefore, the smoke will continue to follow the designed flow path and eventually will be exhausted to the outside. Smoke in any fire zone will get diluted with the large amount of air involved for ventilation and shall not hamper operations post-fire. In the event of exhaust fans failure, manual fans from the fire brigade carts can be setup to remove smoke.

## COMMUNICATIONS:

- Portable Radios are ok for use.
- Phone available in area (refer to drawing).

## RADIOACTIVE RELEASE CONSIDERATIONS:

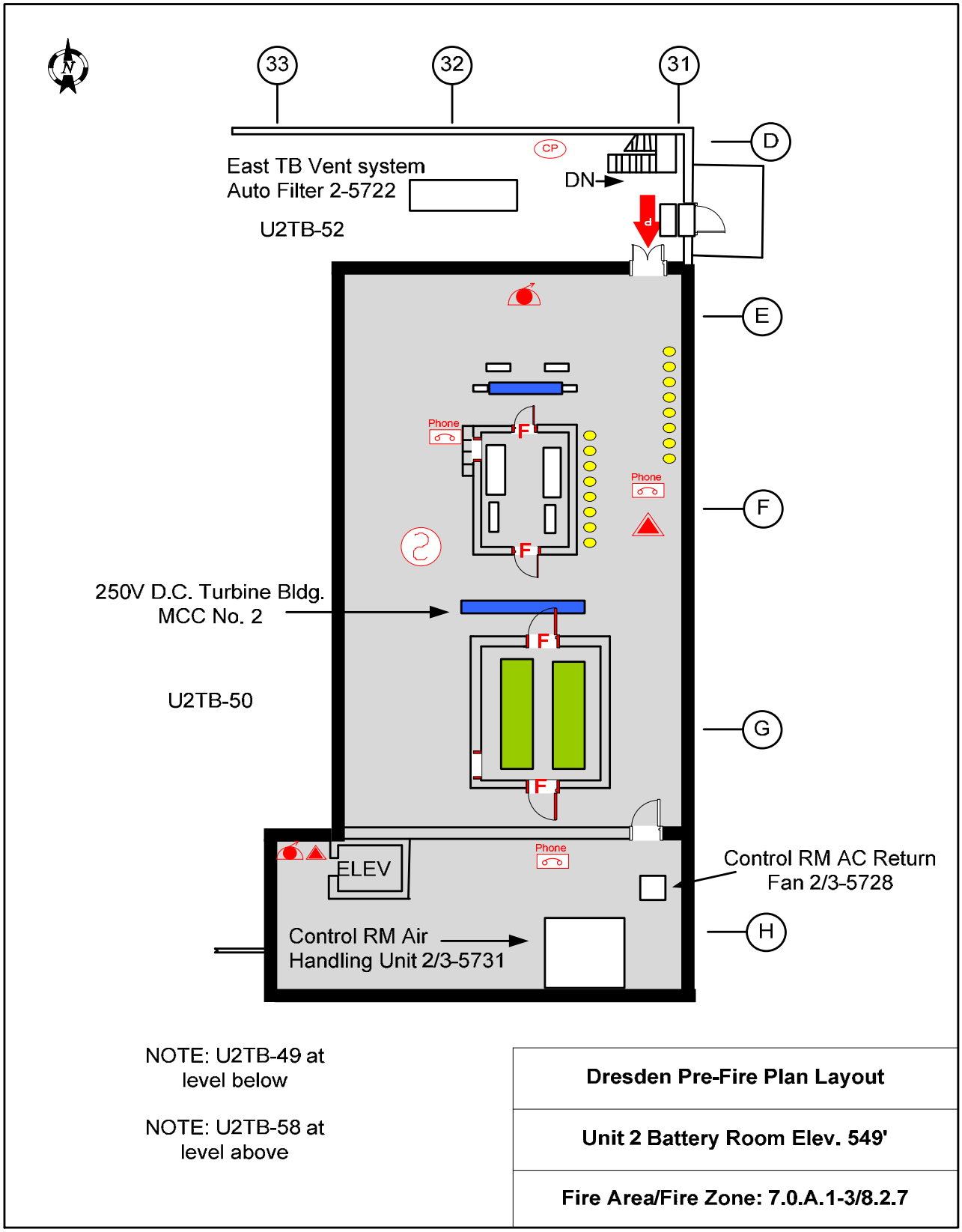
Radiation release to any unrestricted area due to the direct effects of fire suppression activities (but not involving fuel damage) shall be as low as reasonably achievable and shall not exceed 10CFR Part 20 limits.

## SPECIAL PRECAUTIONS:

**Caution:** Entrapment possible. This area contains combustible materials at the gap between the tops of various walls and the ceiling that may cause hidden fire spread.

## REFERENCES:

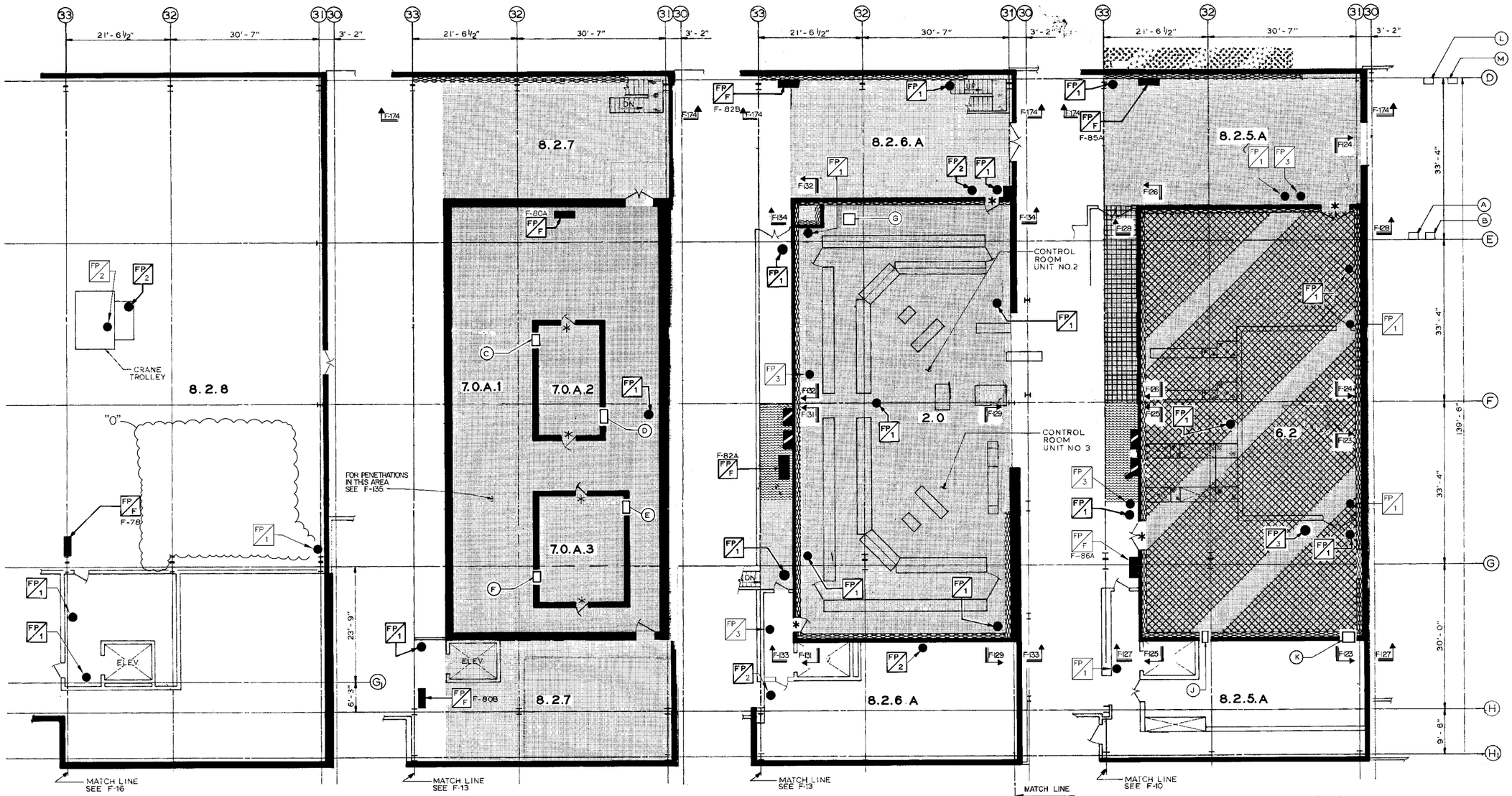
**Reference legend, 100 PREFIRE PLAN MASTER LEGEND**




NOTE: U2TB-49 at level below

NOTE: U2TB-58 at level above

| |
|---|
| **Dresden Pre-Fire Plan Layout** |
| **Unit 2 Battery Room Elev. 549'** |
| **Fire Area/Fire Zone: 7.0.A.1-3/8.2.7** |




(A) 2/3-9482-141
(B) 2/3-9482-142
(C) 2 - 9472-017
(D) 2 - 9472-014
(E) 2 - 9472-015
(F) 2 - 9472-016
(G) 2/3-9472-009
(J) 2/3-9472-010
(K) 2/3-9472-007, 2/3-9472-008
(L) 2/3-9482-139
(M) 2/3-9482-140

| REV | DATE | DESCRIPTION | PREP. | REVR. | APPR. |
|---|---|---|---|---|---|
| 0 | EDSF | DCP 00003714S6 | EDSF | EDSF | EDSF |

DETECTION AND SUPPRESSION CONTROL ROOM AND MISCELLANEOUS TURBINE BUILDING FLOORS

Exelon Nuclear
Dresden Station 12 Unit 2&3

SCALE: NONE
DATE:
DRAWN BY:
ORG. BY: E133

F-8-1
SHEET NUMBER: 1 SIZE: F

12 00 0 EDSF A D

Job Performance Measure

# REVIEW ACPS

JPM Number: A-N-3-S

Revision Number: 02

Date: 12/22

Developed By: Derek Siuda / _____ _____
Instructor: Print / Sign — Date

Approved By: Jonathan Chapman / _____ _____
Facility Representative: Print / Sign — 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.

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 instructor or SME review. _____
7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*). _____
8. IAW NUREG 1021 Appendix C, clearly identify the task standard (i.e., the predetermined qualitative or quantitative outcome) against which task performance will be measured. _____
9. Verify the procedure(s) referenced by this JPM reflects the current revision:
   Procedure: LS-AA-119 Revision: 15
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
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. For subsequent validations, sign and date below: _____

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

## Revision Record (Summary)

| Revision # | Summary |
|---|---|
| 00 | New JPM for ILT 09-1 Cert Exam |
| 01 | Modified for ILT 15-1 (2016-301) NRC Exam |
| 02 | Updated for the ILT 19-1 (2020-301) NRC Exam |
| 03 | Updated for the ILT 22-1 (2023-301) NRC Exam |

**SETUP INSTRUCTIONS:**

1. This is a tabletop JPM. It is not required to be performed in a simulator setting.
2. No Simulator setup needed.

**DOCUMENT PREPARATION**

1. Provide a clean copy of OP-AA-108-101, CONTROL OF EQUIPMENT AND SYSTEM STATUS.
2. Provide a blank Equipment Status Tag (EST)
3. Provide a marked up copy of OP-AA-108-101, CONTROL OF EQUIPMENT AND SYSTEM STATUS, Attachment 3, ABNORMAL COMPONENT POSITION SHEET (ACPS) NUMBERING LOG.

## INITIAL CONDITIONS

1. You are the WEC SRO.
2. A leak has developed on the 2A Service Water Pump (2-3901-A).
3. The 2A Service Water Pump motor has been thoroughly wetted.
4. IR 1234567 was written to document the leakage and motor wetting.
5. The 2A Service Water Pump is currently in Pull-to-Lock on Panel 923-1.
6. The Equipment Status Tag (EST) database is currently unavailable.

## INITIATING CUE

1. Complete OP-AA-108-101 Attachments 1 and 2 and an Equipment Status Tag (EST) as required to support EST and Abnormal Component Position Sheet (ACPS) for 2A Service Water Pump Control Switch.
2. When complete, inform the Unit 2 Unit Supervisor.

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: _____ JPM Sequence #: of 5

**Task Standard:**

The Examinee will properly fill out OP-AA-108-101 Attachments 1 and 2 and an Equipment Status Tag IAW OP-AA-108-101, CONTROL OF EQUIPMENT AND SYSTEM STATUS.

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| **Note** | Provide the examinee with the supplied copy of OP-AA-108-101, marked up copy of OP-AA-108-101 ATTACHMENT 3, and a blank EST. | | | | |
| 1. | Examinee reviews OP-AA-108-101 locates attachments 1 and 2. | Locates Attachments 1 and 2. | ☐ | ☐ | ___ |
| **Note** | The ACPS, Equipment Status Tag, and Equipment Status Tag Log are free form documents. Wording used for "tag location", "purpose", "actions required for removal" "name" and "normal position" may be different from the key. | | | | |
| **Note** | Steps 2, 3 and 4 may be performed concurrently. | | | | |
| *2. | Examinee performs step 4.2.1 and completes attachment 1. | See attached key. | ☐ | ☐ | ___ |
| *3. | Examinee performs step 4.2.2 and completes attachment 2. | See attached key.<br>(RED is required, BLACK is not required) | ☐ | ☐ | ___ |
| *4. | Examinee fills out EST with information from attachment 1. | See attached key. | ☐ | ☐ | ___ |
| 5. | Informs Unit Supervisor task is complete. | Examinee notifies the Unit Supervisor. | ☐ | ☐ | ___ |
| **Cue** | Acknowledge report of task completion | | | | |

JPM Stop Time: _____

KEY



**ATTACHMENT 1**
**EQUIPMENT STATUS TAG (EST) LOG**
**Page 1 of 1**
**Unit 2**

| EST Number | ACPS Number* (If no ACPS for this EST, then N/A) | Tag Location | EPN / Noun Name | Purpose of EST Placement | Actions Required for Removal (IR, WR, CO, etc.) | Placement Authorization / Date | Restoration / Date |
|---|---|---|---|---|---|---|---|
| EST Tag # | 20-124 | Panel 923-1 | 2-3901-A<br>2A SW Pump | Motor Wetted<br>C/S PTL | IR 1234567 | | |
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*If ACPS associated with EST, **then** only the EST #, ACPS #, Tag Location and Restoration columns must be completed as other information is available on the ACPS.

KEY

KEY



**ATTACHMENT 2**
**Abnormal Component Position Sheet (ACPS)**
**Page 1 of 1**

**ACPS #:** 20-124 (Refer to step 4.2.1.2)

**Station:** Dresden **Unit:** 2 **System:** 3900

NOTE: The criteria below defines an operating boundary/threshold that ensures use of the ACPS does **not** or **cannot** adversely impact a system, structure or component as described in the UFSAR, or the method of performing or controlling a UFSAR-described design function. Use of the ACPS in accordance with the guidelines established below, i.e. answering NO to all of the questions, ensures that the activity is **not** within the scope of 10 CFR 50.59

| | | |
|---|---|---|
| Purpose for Abnormal Positioning: 2A Service Water Pump Motor Wetted | | |
| Action Required for Removal (IR #, WR #, WO #, CO #, etc.): IR 1234567 | | |
| Will the change in component position alter a function required by regulation? | Y | (N) |
| Will the change in component position alter a function required by license condition? | Y | (N) |
| Will the change in component position alter a function required by NRC orders or technical specifications? | Y | (N) |
| Will the change in component position affect the design basis function of the system? | Y | (N) |
| Will the change in component position affect component(s) credited in the accident analysis? | Y | (N) |
| Will the change in component position materially alter the plant response to an accident? | Y | (N) |

If the answer to any of the questions above is YES (Y), **Then** a 10CFR50.59 review is required. If the answer to **all** of the questions above is NO (N), **Then** the component may be positioned per the ACPS with no 10CFR50.59 review required.

| | | | |
|---|---|---|---|
| SRO Approval (Signature/Date/Time): | Candidate Signature | Date | Time |
| SRO Peer Check for Safety Related Equipment (Signature/Date/Time): | N/A | N/A | N/A |
| SRO Approval for Restoration (Signature/Date/Time): | | | |

| ABNORMAL POSITIONING | | | | | | RESTORATION or Transfer to Other Approved Process | | |
|---|---|---|---|---|---|---|---|---|
| EPN | EST Number* | Normal Position | Abnormal (Desired) Position | Performer Init / Date | Verifier Init / Date | Position | Performer Init / Date | Verifier Init / Date |
| 2-3901-A | Tag # | Normal-after-close OR Normal-after-trip | PTL | | | | | |
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| | | | | | | | | |
| **EST Log Updated:** | | Placement: | | | N/A | Removal: | | N/A |

*All EST(s) must have ACPS Number written or printed on them.
This form to be maintained in ACPS Binder until restoration is completed.

KEY

KEY


FRONT BACK

**Circled information is required**
**All other information is optional.**

KEY

**JPM SUMMARY**

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

**Job Title**: ☒ SRO

**JPM Title:** Review ACPS

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

**Task Number and Title:** 299L014 Complete an equipment status tag for a given component and properly log per OP-AA-108-101

**Task Standard:** The Examinee will properly fill out OP-AA-108-101 Attachments 1 and 2 and an Equipment Status Tag IAW OP-AA-108-101, CONTROL OF EQUIPMENT AND SYSTEM STATUS.

**K/A Number and Importance:** Generic 2.2.14 -- / 4.3

**Suggested Testing Environment:** Classroom

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

**Reference(s):**

Procedure: OP-AA-108-101 Revision: 15
Procedure: _____ Revision: _____
Procedure: _____ Revision: _____

**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

**NOTE:** Enter finalized grading, comments, and notes relevant to this evaluation in the associated TQ-AA-150-F03A/B. (See AR 4282419).

**Evaluator's Name** (Print): _____

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

## INITIAL CONDITIONS

1. You are the WEC SRO.
2. A leak has developed on the 2A Service Water Pump (2-3901-A).
3. The 2A Service Water Pump motor has been thoroughly wetted.
4. IR 1234567 was written to document the leakage and motor wetting.
5. The 2A Service Water Pump is currently in Pull-to-Lock on Panel 923-1.
6. The Equipment Status Tag (EST) database is currently unavailable.

## INITIATING CUE

1. Complete OP-AA-108-101 Attachments 1 and 2 and an Equipment Status Tag (EST) as required to support EST and Abnormal Component Position Sheet (ACPS) for 2A Service Water Pump Control Switch.
2. When complete, inform the Unit 2 Unit Supervisor.

**ATTACHMENT 3**
**Abnormal Component Position Sheet (ACPS) Numbering Log**
**Page 1 of 1**

| ACPS # | Station | Unit | System | Purpose for ACPS |
|---|---|---|---|---|
| 23-122 | Dresden | 2 | 5700 | Isolate heating steam leak near 2-5799-337 |
| 23-123 | Dresden | 3 | 3800 | Isolate U2 TBCCW Head Tank LCV leakby |
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This log may be utilized, per Station direction, for consistency in ACPS numbering convention.

| ACPS # | Station | Unit | System | Purpose for ACPS |
|---|---|---|---|---|
| 23-122 | Dresden | 2 | 5700 | Isolate heating steam leak near 2-5799-337 |
| 23-123 | Dresden | 3 | 3800 | Isolate U2 TBCCW Head Tank LCV leakby |
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This log may be utilized, per Station direction, for consistency in ACPS numbering convention.

Job Performance Measure

# SELECT PERSONNEL FOR RADIATION WORK

JPM Number: A-N-4-S

Revision Number: 05

Date: 01/23

Developed By: Derek Siuda / _____ _____
Instructor: Print / Sign — Date

Approved By: Jonathan Chapman / _____ _____
Facility Representative: Print / Sign — 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.

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 instructor or SME review. _____
7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*). _____
8. IAW NUREG 1021 Appendix C, clearly identify the task standard (i.e., the predetermined qualitative or quantitative outcome) against which task performance will be measured. _____
9. Verify the procedure(s) referenced by this JPM reflects the current revision:
   Procedure: RP-AA-203 Revision: 06
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
   Procedure: _____ Revision: _____
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. For subsequent validations, sign and date below: _____

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

## Revision Record (Summary)

| Revision # | Summary |
|---|---|
| 02 | Bank JPM |
| 03 | Modified for 2009 NRC Exam |
| 04 | Revised for ILT 20-1 (2021-301) NRC Exam and new revision (01) of TQ-AA-150-J020. |
| 05 | Updated for the ILT 22-1 (2023-301) NRC Exam |

**SETUP INSTRUCTIONS:**

1. This is a tabletop JPM. It is not required to be performed in a simulator setting.
2. No Simulator setup needed.

**DOCUMENT PREPARATION**

1. Markup a copy of an RWP and survey map for the 2/3 Radwaste Basement.

## INITIAL CONDITIONS

1. You are the WEC Supervisor and will be briefing EOs to perform a Clearance Order First Hang in the 2/3 Radwaste Mezzanine under RWP DR-0-23-00333.
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-0-23-00333.
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-0-23-00333 Today | Annual TEDE dose To Date |
|---|---|---|
| Sarah | 5 mrem | 1320 mrem |
| Tim | 60 mrem | 1800 mrem |
| Marcus | 0 mrem | 1610 mrem |
| Anya | 5 mrem | 1950 mrem |
| Luis | 35 mrem | 1250 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** pumps:
     - 2/3-2016A, 2/3A Floor Drain Sample Pump
     - 2/3-2016B, 2/3B Floor Drain Sample Pump
   - 15 minutes total in the area near the following **one** instrument Rack:
     - 2223-13, Instrument Rack
5. Exceeding administrative dose limits will NOT be authorized.

## INITIATING CUE

1. CALCULATE the expected dose for the work in the RADWASTE MEZZANINE. DETERMINE which EO(s) CAN and which EO(s) CAN NOT be assigned to perform the task. 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: _____ JPM Sequence #: of 5

**Task Standard:**

The Examinee will determine whether personnel assigned to perform radiation work will exceed RWP and/or annual (administrative and/or regulatory) dose limits by calculating expected dose for the work task using the guidance in RP-AA-203.

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| **Note** | Provide the Examinee with the attached copy of the RWP and survey map of the 2/3 Radwaste Mezzanine and a copy of RP-AA-203.<br>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 pumps and 140 mr/hr for the remaining instrument rack. | ☐ | ☐ | ___ |
| **Note** | The following calculations should be made:<br>2 pump clearance projected dose = 0.50 hr x 40 mr/hr = **20 mrem**<br>1 instrument rack clearance projected dose = 0.25 hr x 140 mr/hr = **35 mrem**<br>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 EO's will receive 20 mrem on the first 2 pumps and 35 on the instrument rack. | ☐ | ☐ | ___ |
| **Cue** | IF the candidate inquires whether any of the EOs have received permission to exceed any dose limits, respond: "None of the Equipment Operators have received permission to exceed any limits". | | | | |
| **Note** | The following steps may be performed in any order. | | | | |
| *3. | Determines that Sarah CAN perform the job because no limits will be exceeded. | Sarah's total RWP dose and Annual dose will remain below the limits. | ☐ | ☐ | ___ |
| *4. | Determines that Tim **CAN NOT** perform the job because they would exceed the 80 mrem dose alarm on RWP DR-0-21-00333. | Tim's total dose on RWP DR-0-21-00333 would be **115 mrem**. | ☐ | ☐ | ___ |
| *5. | Determines that Marcus CAN perform the job because no limits will be exceeded. | Marcus's total RWP dose and Annual dose will remain below the limits. | ☐ | ☐ | ___ |
| *6. | Determines that Anya **CAN NOT** perform the job because they would exceed the 2000 mrem Exelon Annual limit. | Anya's total Annual dose would be **2005 mrem**. | ☐ | ☐ | ___ |

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| *7. | Determines that Luis **CAN NOT** perform the job because they would exceed the 80 mrem dose alarm on RWP DR-0-21-00333. | Luis's total dose on RWP DR-0-21-00333 would be **90 mrem**. | ☐ | ☐ | ___ |
| 8. | Informs Evaluator task is complete | Informs Evaluator task is complete | ☐ | ☐ | ___ |
| **Note** | Acknowledge report | | | | |

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 Sarah and Marcus. See the table below for projected job dose, 24 hour total dose on RWP DR-0-21-00333, and total Annual TEDE dose for each Operator.**

Calculation:

2 pumps clearance (2/3A & B FDST Pumps) projected dose = 0.50 hr x 40 mr/hr = 20mrem
1 instrument rack clearance (2223-13) projected dose = 0.25hr x 140 mr/hr = 35mrem

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

| Name | DDE dose received on RWP DR-0-21-00333 today | Annual TEDE dose as of Midnight To Date | Projected dose on RWP DR-0-21-00333 for the 24 hour period | Projected Annual TEDE (including all dose from last 24 hours) |
|---|---|---|---|---|
| Sarah | 10 mrem | 1320 mrem | 5 + 55 = 60 mrem | 1320 + 55 = 1475 mrem |
| Tim | 60 mrem | 1800 mrem | 60 + 55 = **115 mrem** | 1800 + 55 = 1855 mrem |
| Marcus | 0 mrem | 1610 mrem | 0 + 55 = 55 mrem | 1610 + 55 = 1665 mrem |
| Anya | 10 mrem | 1950 mrem | 5 + 55 = 60 mrem | 1950 + 55 = **2005 mrem** |
| Luis | 35 mrem | 1250 mrem | 35 + 55 = **90 mrem** | 1250 + 55 = 1305 mrem |

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

# KEY

## JPM SUMMARY

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

**Job Title**: ☒ SRO

**JPM Title:** Select Personnel for Radiation Work

**JPM Number**: A-N-4-S **Revision Number:** 05

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

**Task Standard:** The Examinee will determine whether personnel assigned to perform radiation work will exceed RWP and/or annual (administrative and/or regulatory) dose limits by calculating expected dose for the work task using the guidance in RP-AA-203.

**K/A Number and Importance:** Generic 2.3.12 -- / 3.7

**Suggested Testing Environment:** Classroom

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

**Reference(s):**

Procedure: RP-AA-203 Revision: 06
Procedure: _____ Revision: _____
Procedure: _____ Revision: _____

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

**Testing Method:** ☐ Simulate ☒ Perform

**Estimated Time to Complete:** 10 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

**NOTE:** Enter finalized grading, comments, and notes relevant to this evaluation in the associated TQ-AA-150-F03A/B. (See AR 4282419).

**Evaluator's Name** (Print): _____

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

## INITIAL CONDITIONS

1. You are the WEC Supervisor and will be briefing EOs to perform a Clearance Order First Hang in the 2/3 Radwaste Mezzanine under RWP DR-0-23-00333.
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-0-23-00333.
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-0-23-00333 Today | Annual TEDE dose To Date |
|---|---|---|
| Sarah | 5 mrem | 1320 mrem |
| Tim | 60 mrem | 1800 mrem |
| Marcus | 0 mrem | 1610 mrem |
| Anya | 5 mrem | 1950 mrem |
| Luis | 35 mrem | 1250 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** pumps:
     - 2/3-2016A, 2/3A Floor Drain Sample Pump
     - 2/3-2016B, 2/3B Floor Drain Sample Pump
   - 15 minutes total in the area near the following **one** instrument Rack:
     - 2223-13, Instrument Rack
5. Exceeding administrative dose limits will NOT be authorized.

## INITIATING CUE

1. CALCULATE the expected dose for the work in the RADWASTE MEZZANINE. DETERMINE which EO(s) CAN and which EO(s) CAN NOT be assigned to perform the task. EXPLAIN the basis for your determination.

**RADIATION WORK PERMIT**
**Dresden Nuclear Power Station**

| | |
|---|---|
| 2/3 Radwaste Mezzanine | RWP DR-0-23-00333 |
| | Revision: 01 |

***This RWP Permits HRA Access. A specific HRA brief by RP is required for entry***

**Comments:** PP# 10015555

**Access List Required:** N

| **Begin Date** | **Close on Date** |
|---|---|
| Yesterday | |

| **LOCATIONS** | | |
|---|---|---|
| **Buildings** | **Elevations** | **Rooms** |
| Radwaste | 507’ | Mezzanine |

| **Back Out Radiological Conditions** | | |
|---|---|---|
| **Description** | **Value** | **Unit** |
| N/A | | |

| **RWP Tasks** | | |
|---|---|---|
| **Task** | **Description** | **Status** |
| 1 | Radwaste Mezzanine Walkdown | Active |

| **RWP Requirements** | |
|---|---|
| **Requirement Groups** | **Requirement Descriptions** |
| N/A | |

| **Additional Instructions** |
|---|
| RP Brief is required prior to accessing areas greater than 7 ft. |
| RP Brief required prior to entry. |

| **Approvals** | | |
|---|---|---|
| **Approver Title** | **Name** | **Date** |
| RWP Approver | Jordan, Michael | Yesterday |

| **Attachments** |
|---|
| N/A |

# RADIATION WORK PERMIT
# Dresden Nuclear Power Station

| | | |
|---|---|---|
| 2/3 Radwaste Mezzanine | RWP DR-0-23-00333 | 1 |
| | Revision: 01 | Task |

***This Task Permits HRA Access. A specific HRA brief by RP is required for entry.***

| | |
|---|---|
| **Access List Required:** N | **Task Status:** Active |

**Alarm Settings**

| | Dose (mrem) | Back Out (80%) Dose (mrem) | Dose Rate (mrem/hr) |
|---|---|---|---|
| Gamma | 80 | 64 | 300 |

| **Back Out Radiological Conditions** | | |
|---|---|---|
| **Description** | **Value** | **Unit** |
| Gamma Dose Rate General Areas | 300 | mrem/hr |
| Beta/Gamma Loose Surface Contamination General Area | 100K | dpm/100cm$^2$ |

| **RWP Requirements** | |
|---|---|
| **Requirement Groups** | **Requirement Description** |
| 1. Risk Level | Low Risk |
| | Medium Risk |
| 2. Alpha Level | Alpha Level 1, 2 |
| 3. RP Coverage | Intermittent, Required for System Breach |
| 4. Air Sampling | N/A |
| 5. Dosimetry | Electronic Dosimeter and DLR required |
| 6. Contamination Control | N/A |
| 7. Protective Clothing | See Protective Clothing Matrix (RP-AA-410) |
| 8. Respiratory Protection | N/A |
| 9. Exposure Control | Use LOW DOSE Areas (Identified on survey maps) |

**Additional Instructions**

RP Brief is required prior to accessing areas greater than 7 ft.

When exiting satellite RCAs personnel shall perform a hand-and-shoe frisk and proceed to the nearest whole body monitor.

Stop work if radiological conditions exceed Back Out Rad conditions or RWP Requirements unless approved by Alara Plan or other approved document.

**Attachments**

N/A

dwg.# 23RWMEZZ
file # 4-19

# 2/3 Radwaste El. 507' Mezzanine Elevation

Exelon.
Dresden
Nuclear Power Station

## Legend

(#) - smear location
# - dose rates in mrem/hr unless otherwise noted
(L) - large area smear
△ - air sample location
#/#/# - contact/30cm/1m

Hd-head
Ch-chest
Kn-knee
N-neutron
WO-window open
WC-window closed

Date: ___/Today/___
Time: 01 : 00
R.P.T.(s) Jones
RWP # DR-0-23-00333

UNIT STATUS
MWe 970
$H_2$ add. on ? (Y) N N/A

Beta detected? Y / N
RSR # ___
Page ___ of ___

| Inst. Type | Serial # | Cal. Due Date | Source √ |
|---|---|---|---|
| CP | C4173 | 1-5-24 | |
| GM | 9251 | 1-10-24 | |
| | | | |
| | | | |

Purpose of survey: Routine
Reviewed by Jackson
Date: ___/Today/___
Comments: BCF = 3.70 RPT received 4 mr

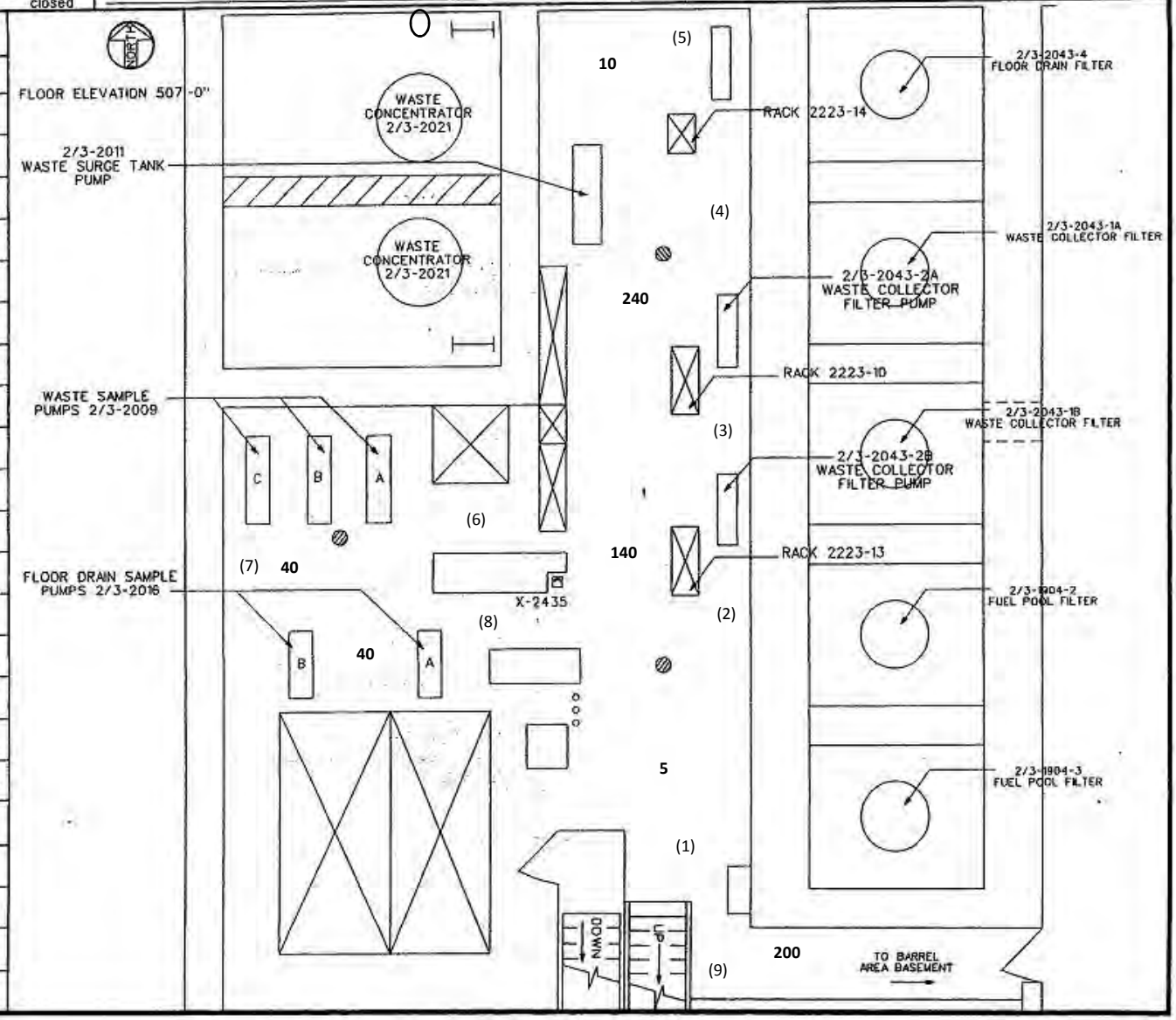
## Smear Results (dpm/100 cm²)

| # | Act. | Location | # | Act. | Location |
|---|---|---|---|---|---|
| (1) | <1K | Floor | | | |
| (2) | 10K | Floor | | | |
| (3) | 10K | Floor | | | |
| (4) | 30K | Floor | | | |
| (5) | 15K | Floor | | | |
| (6) | 10K | Floor | | | |
| (7) | 5K | Floor | | | |
| (8) | 11K | Floor | | | |
| (9) | 20K | Floor | | | |

β/γ unless otherwise noted (#α=Alpha)

## Air Sample Analysis (uCi/cc)

| Δ Time | β⁻/γ | α |
|---|---|---|
| | | |
| | | |
| | | |



Job Performance Measure

# AUTHORIZE USE OF KI

JPM Number: A-N-5-S

Revision Number: 04

Date: 12/22

Developed By: Derek Siuda / _____ _____
Instructor: Print / Sign — Date

Approved By: Jonathan Chapman / _____ _____
Facility Representative: Print / Sign — 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.

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 instructor or SME review. _____
7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*). _____
8. IAW NUREG 1021 Appendix C, clearly identify the task standard (i.e., the predetermined qualitative or quantitative outcome) against which task performance will be measured. _____
9. Verify the procedure(s) referenced by this JPM reflects the current revision:
   - Procedure: EP-AA-113 Revision: 16
   - Procedure: EP-AA-113-F-02 Revision: B
   - Procedure: EP-AA-113-F-03 Revision: G
   - Procedure: _____ Revision: _____
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. For subsequent validations, sign and date below: _____

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

_____ / _____ _____
SME / Instructor (Print/Sign) Date

## Revision Record (Summary)

| Revision # | Summary |
|---|---|
| 01 | Bank JPM |
| 02 | Revised for ILT 12-1 (2013-301) NRC Exam |
| 03 | Revised for ILT 16-1 (2017-301) NRC Exam |
| 04 | Updated for the ILT 22-1 (2023-301) NRC Exam |

**SETUP INSTRUCTIONS:**

1. This is a tabletop JPM. It is not required to be performed in a simulator setting.
2. No Simulator setup needed.

**DOCUMENT PREPARATION**

1. A clean copy of EP-AA-113, PERSONNEL PROTECTIVE ACTIONS.
2. Two (2) marked up copies of EP-AA-113-F-02, AUTHORIZATION FOR EMERGENCY EXPOSURE
3. A clean copy of EP-AA-113-F-03, THYROID BLOCKING AGENT AUTHORIZATION

## INITIAL CONDITIONS

1. You are the Shift Emergency Director
2. A General Emergency has been declared
3. There is an offsite release in progress
4. A Loss of the Fuel Clad Barrier has occurred, together with a failure of the RCS
5. Containment is currently being challenged
6. The TSC has NOT been activated, but the appropriate EAL has been declared
7. An Emergency life-saving operation MUST be performed
8. The operation will take between 15 and 20 minutes in a 200 R/hr field (CDE) with unknown fission product gas concentration in the room
9. The operation requires two people to enter the field
10. Clay Morrow, Employee ID #123456 and Jax Teller Employee ID #891001 have volunteered.
11. Clay and Jax have NEVER received an emergency exposure before
12. Authorized for Emergency Exposure (EP-AA-113-F-02 forms) have been filled out for Clay and Jax

## INITIATING CUE

1. Execute section 4.4 of EP-AA-113

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: _____ JPM Sequence #: of 5

**Task Standard:**

The Examinee will determine whether personnel assigned to perform radiation work will exceed RWP and/or annual (administrative and/or regulatory) dose limits by calculating expected dose for the work task using the guidance in RP-AA-203.

| STEP | ELEMENT | STANDARD | SAT | UNSAT | Comment Number |
|---|---|---|---|---|---|
| **Note** | Provide the examinee with the supplied copies of EP-AA-113, EP-AA-113-F-02, and EP-AA-113-F-03. | | | | |
| 1. | Examinee determines need for emergency action. | Emergency action is needed per initiating cue. | ☐ | ☐ | ___ |
| **Cue** | If asked, Clay and Jax do NOT have any adverse reactions to KI. | | | | |
| 2. | Examinee recognizes per the initiating cue that authorization to take KI must also be completed prior to the emergency workers entering the space. | Recognizes that authorization to take KI must also be completed. | ☐ | ☐ | ___ |
| *3. | Examinee determines there is or has been a Loss of Fuel Clad Barrier (based on initiating cues). Determines from step 4.4.1.B, condition 1, that workers will be entering an unknown radiological atmosphere that is suspected to have a high iodine concentration. Determines KI must be issued. | Determines KI must be issued. | ☐ | ☐ | ___ |
| **Note** | If required, ask the examinee the reason for issuing KI | | | | |
| *4. | Examinee documents the decision to issue KI using THYROID BLOCKING AGENT AUTHORIZATION Form (EP-AA-113-F-03). | Enters Employee Name and ID Numbers on EP-AA-113-F-03:<br>Clay Morrow 123456<br>Jax Teller 891001 | ☐ | ☐ | ___ |
| **Note** | If asked for Radiation Protection Manager to sign and date EP-AA-113-F-03, enter name as “TIG TRAGER” and today’s date in the appropriate blanks. | | | | |
| 5. | Examinee notifies Occupational Health (Medical) Services Department promptly that KI is to be issued to Exelon Nuclear personnel or contractors. | Examinee states that he/she would notify OHS. | ☐ | ☐ | ___ |
| **Note** | JPM is complete when applicant notifies OHS of KI use. | | | | |

JPM Stop Time: _____

**JPM SUMMARY**

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

**Job Title**: ☒ SRO

**JPM Title:** Authorize Use of KI

**JPM Number**: A-N-5-S **Revision Number:** 04

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

**Task Standard:** The Examinee will determine whether personnel assigned to perform radiation work will exceed RWP and/or annual (administrative and/or regulatory) dose limits by calculating expected dose for the work task using the guidance in RP-AA-203.

**K/A Number and Importance:** Generic 2.4.40 -- / 4.5

**Suggested Testing Environment:** Classroom

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

**Reference(s):**

| | | | |
|---|---|---|---|
| Procedure: | EP-AA-113 | Revision: | 16 |
| Procedure: | EP-AA-113-F-02 | Revision: | B |
| Procedure: | EP-AA-113-F-03 | Revision: | G |

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

**Testing Method:** ☐ Simulate ☒ Perform

**Estimated Time to Complete:** 10 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

**NOTE:** Enter finalized grading, comments, and notes relevant to this evaluation in the associated TQ-AA-150-F03A/B. (See AR 4282419).

**Evaluator's Name** (Print): _____

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

## INITIAL CONDITIONS

1. You are the Shift Emergency Director
2. A General Emergency has been declared
3. There is an offsite release in progress
4. A Loss of the Fuel Clad Barrier has occurred, together with a failure of the RCS
5. Containment is currently being challenged
6. The TSC has NOT been activated, but the appropriate EAL has been declared
7. An Emergency life-saving operation MUST be performed
8. The operation will take between 15 and 20 minutes in a 200 R/hr field (CDE) with unknown fission product gas concentration in the room
9. The operation requires two people to enter the field
10. Clay Morrow, Employee ID #123456 and Jax Teller Employee ID #891001 have volunteered.
11. Clay and Jax have NEVER received an emergency exposure before
12. Authorized for Emergency Exposure (EP-AA-113-F-02 forms) have been filled out for Clay and Jax

## INITIATING CUE

1. Execute section 4.4 of EP-AA-113

Exelon Nuclear

# AUTHORIZATION FOR EMERGENCY EXPOSURE

Name: CLAY MORROW  Date / Time: TODAY  07 : 00

Employee ID Number: 123456  Current Annual Exposure: 210 mRem

Reason For Request:

EMERGENCY LIFE SAVING ACTIONS

REQUESTING AUTHORIZATION TO EXCEED:

- ☐ 5 Rem TEDE (Authorized to receive greater than 5 Rem TEDE but less than 10 Rem TEDE)
- ☐ 10 Rem TEDE (Authorized to receive greater than 10 Rem TEDE but less than 25 Rem TEDE)
- ☒ 25 Rem TEDE (Authorized to receive greater than 25 Rem TEDE)

*Clay Morrow* — *Today / 0705*

* Emergency Worker Signature — Date / Time

* Emergency Worker Exposure Limits and Associated Risks (EP-AA-113 Attachment 1) have been reviewed and the potential health affects are understood.

*Bobby Munson* — *Today / 0710*

Rad. Protection Management (Review) — Date / Time

*Tig Trager* — *Today / 0715*

# Station Emergency Director (Authorization) — Date / Time

# The Shift Manager (Shift Emergency Director) may approve prior to transferring Command and Control to the Station Emergency Director.

Exelon Nuclear

# AUTHORIZATION FOR EMERGENCY EXPOSURE

Name: JAX TELLER  Date / Time: TODAY  07 : 00

Employee ID Number: 891001  Current Annual Exposure: 141 mRem

Reason For Request:

EMERGENCY LIFE SAVING ACTIONS

REQUESTING AUTHORIZATION TO EXCEED:

- ☐ 5 Rem TEDE (Authorized to receive greater than 5 Rem TEDE but less than 10 Rem TEDE)
- ☐ 10 Rem TEDE (Authorized to receive greater than 10 Rem TEDE but less than 25 Rem TEDE)
- ☒ 25 Rem TEDE (Authorized to receive greater than 25 Rem TEDE)

*Jax Teller* — *Today / 0705*

* Emergency Worker Signature — Date / Time

* Emergency Worker Exposure Limits and Associated Risks (EP-AA-113 Attachment 1) have been reviewed and the potential health affects are understood.

*Bobby Munson* — *Today / 0710*

Rad. Protection Management (Review) — Date / Time

*Tig Trager* — *Today / 0715*

# Station Emergency Director (Authorization) — Date / Time

\# The Shift Manager (Shift Emergency Director) may approve prior to transferring Command and Control to the Station Emergency Director.