|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Docket Number: 55‑  Facility: Date of Examination: | | | |
| **Title/Description of Tasks (Job Performance Measures)** | **Type**  **Codes\*** | **Evaluation**  **(S or U)** | **Comment Page**  **Number** |
| **Administrative** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Systems** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Emergency/Abnormal Plant Evolutions** |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| Type Codes & Criteria: (A)lternative path (2 systems; 1 emergency/abnormal plant evolution))  (C)ontrol room  (D)irect from bank (≤ 7)  (I)n-plant  (N)ew or (M)odified from bank, including 1(A) (≥ 1/section)  (L)ast NRC exam (≤ 1/section)  (R)efueling accident (1)  (T)echnical specification (≥ 2)  (S)atisfactory or (U)nsatisfactory | | | |

### Form 7.1-2 Operating Test Outline for Senior Operators Limited to Fuel Handling