

NOTE

This form is used to approve training materials that do not have a review/approval block.

*TRAINING MATERIAL NUMBER:

FQC-RP-SENT-DOS

Rev

3

*TRAINING MATERIAL TITLE:

Sentinel Software System Dosimetry

- ☐ Lesson Plan
 ☒ Qualification Card / Familiarization Guide
 ☐ Lab Guide
 ☐ Simulator Guide
- ☐ CBT Course
 ☐ Electronic Document/Form
 ☐ Graded Approach to Training
 ☐ Other _____
- ☐ New Material
 ☐ Minor Revision
 ☒ Major Revision
 ☐ Cancellation

Lesson Plan/Material Superseded: FQC-RP-SENT-DOS, Rev. 02

REASON FOR REVISION (include reason for site specific exception date as necessary):

Update to new revision of EN-TQ-204 requirements and new OJT/TPE template.

REVIEW / APPROVAL: ☐ Electronic Approval (TEAR _____)

Prepared By:	John Harrell	5/08/2013
	**Preparer	Date
*Reviewed By:	Peyton Tunstall	5/31/2013
	**Technical Reviewer (e.g., SME, line management)	Date
*Instructional Adequacy Determined By:	<i>Sharon Janner</i>	6/6/13
	**Instructional Technologist or Qualified Instructor	Date
Approved By:	<i>Harrell Newman</i>	6/6/13
	Discipline Training Superintendent or Fleet Training Manager	Date

*Technical review, instructional adequacy, and fleet review N/A for electronic document or form. Instructional adequacy review is not required for graded approach to training topics.

**Indicates that the training material has been reviewed for inclusion of items referenced on TQF-201-DD06, Training Material Checklist as appropriate.

FLEET PROGRAM REVIEW POINT OF CONTACT: ☒ Not Applicable

	Name or N/A	Exception Date		Name or N/A	Exception Date
ANO			NP		
BRP			PLP		
CNS			PNPS		
GGNS			RBS		
HQN			VY		
IPEC			W3		
JAF					

Indexing Information

Class Code: _____

END OF DOCUMENT

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TRAINING MATERIAL APPROVAL	TQF-201-DD01	17	

OJT and TPE Qualification Guide

Trainee Name:		Login ID:	
Training Program:	Radiation Protection	Training ID #:	FQC-RP-SENT-DOS
Task Title:	Sentinel Software System Dosimetry		

List the OE to be used for OJT:

Prerequisites:	FLP-RP-SENT-DOS	
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Prerequisites verified complete:		/	
	Qualified Trainer		Date

OJT completed:		/	
N/A if OJT challenged	Qualified Trainer (print & sign name) or N/A & Trainee Initial		Date

Task Performance Evaluation (TPE)

OJT has been completed / challenged per EN-TQ-204 for the listed task and I am ready to take the TPE.

/
 Trainee Signature (print and sign name) Date

☐ **TPE unsuccessful** (Document TPE failures per EN-TQ-204)

☐ **SAT** - Task evaluation was successfully completed in accordance with EN-TQ-204.

/
 Qualified Evaluator (print and sign name) Date

☐ **Qualification**

Trainee is competent (qualified) to perform this task independently.

/
 Training Program Owner or designee or N/A
 (print and sign name) Date

(N/A for Duty Area or Job Qualification)

☐ **Verification**

Record has been verified to be complete.

/
 Training Supervision (print and sign name) Date

Training Records Updated

Entered /
Print and Sign Name Date

Send completed OJT/TPE Documentation and Comment Sheets to Training Records

☐ Check here indicates the LMS was updated.

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OJT/TPE	TQF-201-OJT	6

I. Task:

Sentinel Software System Dosimetry

II. Terminal Objective:

Given the need to enter Dosimetry information, the trainee will perform Sentinel Dosimetry functions in accordance with applicable procedures and references.

III. References:

1. EN-RP-201, Dosimetry Administration
2. EN-RP-202, Personnel Monitoring
3. EN-RP-203, Dose Assessment
4. EN-RP-204, Special Monitoring Requirements
5. Sentinel Software System For Nuclear Facilities System Manuals (Sentinel User's Manuals for current version of Sentinel in Use)

IV. General Tools and Equipment:

1. Computer station with the Sentinel software installed.

V. Initial Conditions:

Radiation Protection personnel need to perform Dosimetry activities using the Sentinel program.

VI. Personnel Safety Considerations:

None

VII. Commitments:

None

VII. Instructor Notes/Set-up:

Prior to beginning training/evaluation, the trainer/evaluator should review the objectives and ensure any items, such as DLRs, are identified and available for use.

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PERFORMANCE OBJECTIVES (Section I)

Task Title: Sentinel Software System Dosimetry

Task #: FQC-RP-SENT-DOS

Trainee Name _____ Date _____

☐ Check if management observation required or stamp here

☐ Initial ☐ Continuing

Overall Grade: PASS FAIL (Circle One)

Shaded objective numbers indicate a “must perform” step.

An “*” next to the objective number indicates an alternate path. All alternate paths must be trained during OJT; at least one alternate path per performance objective must be evaluated during TPE.

OBJECTIVES		Code	OJT Complete	TPE Complete
1.	Management expectations/core work practices applied appropriately for the task. (See attachment 9.2 of EN-TQ-204 for pass/fail criteria).	P		
2.	Add a New Batch of DLRs to Inventory	P S		
3.	Perform Batch Assignments for DLR Change-out	P S		
4.	Issue/Return Replacement DLR	P		

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E-DOC TITLE:	OJT/TPE	E-DOC NO. TQF-201-OJT	REVISION NO. 6

OBJECTIVES		Code	OJT Complete	TPE Complete
5.	Update personal information in Sentinel	P		
6.	Issue a DLR for Whole Body Monitoring	P		
*7.	Create a Predefined Multipack Set	P S		
8.	Create a Non-Standard Multipack Set	P S		
9.	Assign a Multipack	P S		
10.	Enter the Return of a used Multipack	P S		
11.	Release an Unused Multipack	P S		
12.	Enter DLR Dose Information	P S		
13.	Resolve Errors with DLR Posting and Edit Results	P S		
14.	Enter Bio Assay result Information	P S		
15.	Create NRC Form 4	P S		
16.	Create NRC Form 5	P S		
17.	Create Dose Request Letter	P S		
18.	Create Dose Response Letter	P S		
19.	Create Annual Electronic NRC Report	P S		
*20.	Update dose history of a radiation worker	P		
21.	Perform a dose limit extension	P S		
22.	Terminate a radiation worker	P		

COMMENTS (Section II)

COMMENTS:

- Any clarifying questions asked, and the trainee response, must be documented.
- Note any opportunities for improvement provided to the trainee.
- Note reason for TPE failure, if applicable.

[illegible]

OJT STUDENT FEEDBACK

OJT Trainer: _____ Date: _____		Exceeds Expectations	Met Expectations	Needs Improvement	Not Applicable
Qualification Card Number/Name _____					
Program: _____					
<i>Optional</i>	Name _____ Do you want a response to your feedback? <input type="checkbox"/> YES <input type="checkbox"/> No				
The trainer verified I had the prerequisite knowledge, skills, and abilities necessary to receive this training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer explained the purpose, importance, and scope of the training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training area was prepared and appropriately simulated the work environment in which the task is performed, and the trainer explained differences between training and actual plant settings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer conducted a pre-training briefing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer reinforced the established values and management expectations (e.g., safety, human performance, ALARA, etc.) throughout the training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials were accurate and met my needs and expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer pointed out error-likely situations and consequences of improper performance.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer demonstrated how to correctly perform the task.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided appropriate time for me to practice the task.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer provided coaching as appropriate during my practice session(s).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt prepared for TPE upon completion of the OJT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, this training met my expectations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide any additional comments you have on this OJT.					

Initiated Actions

WT# _____

TPE STUDENT FEEDBACK

TPE Evaluator: _____ Date: _____		Exceeds Expectations	Met Expectations	Needs Improvement	Not Applicable
Qualification Card Number/Name _____					
Program: _____					
Optional	Do you want a response to your feedback?				
Name _____	<input type="checkbox"/> YES <input type="checkbox"/> No				
The evaluator explained the purpose, importance, and scope of the TPE.		□	□	□	□
The TPE area appropriately simulated or reflected the work environment in which the task is performed.		□	□	□	□
The evaluator defined the interactions and role-play between the evaluator and the student necessary to support the TPE.		□	□	□	□
The evaluator reviewed the performance criteria including management expectations.		□	□	□	□
The evaluator provided a pre-evaluation briefing prior to the start of TPE.		□	□	□	□
The evaluator clearly announced the start of the TPE.		□	□	□	□
The evaluator did not prompt or coach me during the TPE.		□	□	□	□
The evaluator provided feedback at the end of the TPE.		□	□	□	□
The written materials used to support this evaluation were current and correct.		□	□	□	□
Overall, this TPE met my expectations.		□	□	□	□
Please provide any additional comments you have on this TPE.					

Initiated Actions

WT# _____