

NOTE

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

*TRAINING MATERIAL NUMBER:

FQC-RP-SENTINEL

Rev 04

*TRAINING MATERIAL TITLE:

Sentinel Software System General

- ☐ 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Lesson Plan/Material Superseded: FQC-RP-SENTINEL, Rev 03

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

Changed elements 4, 10 and 12 from "Must Perform" to "Perform or Simulate". Refer to TEAR RBS-2013-789 for details.

REVIEW / APPROVAL: ☐ Electronic Approval (TEAR _____)

Prepared By:	Peyton Tunstall	7/30/2013
	**Preparer	Date
*Reviewed By:	Jeff Goudeau	7/30/2013
	**Technical Reviewer (e.g., SME, line management)	Date
*Instructional Adequacy Determined By:	<i>mkp for S. Tanner</i>	7/30/2013
	**Instructional Technologist or Qualified Instructor	Date
Approved By:	<i>David H. Heuman</i>	7/31/13
	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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E-DOC TITLE:	E-DOC NO.	REVISION NO.	
TRAINING MATERIAL APPROVAL	TQF-201-DD01	17	

OJT and TPE Qualification Guide

Trainee Name:		Login ID:	
Training Program:	Radiation Protection	Training ID #:	FQC-RP-SENTINEL
Task Title:	Sentinel Software System General		

List the OE to be used for OJT:

Prerequisites:	FLP-RP-SENTINEL, Sentinel General Users	
Prerequisites verified complete:	_____ / _____ Qualified Trainer Date	
OJT completed:	_____ / _____ Qualified Trainer (print & sign name) or N/A & Trainee Initial Date	
N/A if OJT challenged		

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	7

I. Task:

Sentinel Software System General

II. Terminal Objective:

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

III. References:

1. Sentinel Software System For Nuclear Facilities System Manuals (Sentinel User's Manuals for current version of Sentinel in Use).
2. EN-RP-105 "Radiological Work Permits"
3. EN-RP-101 "Access Control for Radiologically Controlled Areas".
4. EN-RP-301 "Radiation Protection Instrument Control".
5. EN-RP-303 "Source Checking of Radiation Protection Instrumentation"

IV. General Tools and Equipment:

1. Computer station with the Sentinel software loaded.

V. Initial Conditions

Radiation Protection personnel need to make updates using the Sentinel program.

VI. Personnel Safety Considerations

None

VII. Commitments

None

VIII. Instructor Notes/Set-up

Prior to beginning training/evaluation, the trainer and evaluator prepare material such as identification of person to be restricted, field change form, etc in order to accomplish the objectives.

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PERFORMANCE OBJECTIVES (Section I)

Task Title: Sentinel Software System General

Task #: FQC-RP-SENTINEL

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.	Verify an Individuals RCA Transaction	P		
3.	Perform Instrument/Equipment Issue	P		
4.	Perform Long Term Instrument/Equipment Issue	P S		
5.	Restrict an Individual from the RCA	P		
6.	Remove a restriction of an Individual barred from the RCA	P		

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7.	Perform Manual Entry of RCA Transaction	P		
8.	Enter a Field Change Form, EAD Dose and Dose Rate Set point Change	P		
9	Enter Authorization of Individuals for RWP/Task Selection	P		
10	Enter Response Check of Instruments	P S		
11	Retrieve Radworker Information	P		
12	Issue/Return Locked High Rad Keys	P S		

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.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

OJT STUDENT FEEDBACK

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

Initiated Actions

WT#