

NOTE

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

*TRAINING MATERIAL NUMBER:

FQC-RP-SENT-RWP

Rev

3

*TRAINING MATERIAL TITLE:

Sentinel Software System ALARA/RWP

- ☐ 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Lesson Plan/Material Superseded: FQC-RP-SENT-RWP, Rev. 2

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:	Shawn Tanner <i>Shawn Tanner</i>	6/6/13
	**Instructional Technologist or Qualified Instructor	Date
Approved By:	Darrell Newman <i>Darrell 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

ENTERGY NUCLEAR		Page 1
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-SENT-RWP
Task Title:	Sentinel Software System ALARA/RWP		

List the OE to be used for OJT:

Prerequisites: a. FLP-RP-SENT-RWP

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 / Date
(print and sign name)

(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.

ENTERGY NUCLEAR		Page 2 of 7
E-DOC TITLE:	OJT/TPE	E-DOC NO. TQF-201-OJT REVISION NO. 6

I. **Task:**

Sentinel Software System ALARA/RWP

II. **Terminal Objective:**

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

III. **References:**

1. EN-RP-105, Radiological Work Permits
2. EN-RP-110, ALARA Program
3. 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 make updates to an RWP using the Sentinel program.

VI. **Personnel Safety Considerations**

None

VII. **Commitments**

None

VII. **Instructor Notes/Set-up**

1. Prior to beginning training/evaluation, the trainer/evaluator should set up an RWP for revision or creation and should be familiar with the RWP being used.

ENTERGY NUCLEAR		Page 3 of 7
E-DOC TITLE:	OJT/TPE	E-DOC NO. TQF-201-OJT
		REVISION NO. 6

PERFORMANCE OBJECTIVES (Section I)

Task Title: Sentinel Software System ALARA/RWP

Task #: FQC-RP-SENT-RWP

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.	Create a new RWP with General, Settings and Location Tabs	P		
3.	Enter written direction for tasks	P		
4.	Enter radiological/ALARA data	P		
5.	Complete RWP approval	P S		

ENERGY NUCLEAR			Page 4 of 7
E-DOC TITLE:	OJT/TPE	E-DOC NO. TQF-201-OJT	REVISION NO. 6

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# _____

ENTERGY NUCLEAR		Page 6 of 7
E-DOC TITLE:	OJT/TPE	E-DOC NO. TQF-201-OJT
		REVISION NO. 6

TPE STUDENT FEEDBACK

TPE Evaluator: _____ Date: _____		Exceeds Expectations	Met Expectations	Needs Improvement	Not Applicable
Qualification Card Number/Name _____					
Program: _____					
Optional	Name _____ Do you want a response to your feedback? <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# _____