

Appendix C

**Vapor Vacuum Extraction with Treatment
Technician Training Plan
and Technician Qualification Checklist**

**VVET Thermal/Catalytic Oxidizer
Technician Training Plan**

C-4

**RWMC
VVET TECHNICIAN
TRAINING PLAN**

Reviewed By:

Qualified VVET Technician

Date

Training Supervisor

Date

Approved

VVET Project Manager

Date

RWMC Facility Manager

Date

RWMC VVET TECHNICIAN TRAINING PLAN

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Appendix A: Results of Vapor Vacuum Extraction Treatment Technician Table-Top Task Analysis

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RWMC VVET TECHNICIAN TRAINING PLAN

I. Introduction

The purpose of this Training Plan is to ensure that technicians involved in start-up operation and shut-down of the Vapor Vacuum Extraction Treatment (VVET) Unit(s) receive the training required to support the safe performance of all activities. These activities include the walk-downs, start-ups, operational checks, and responding to system abnormal conditions.

II. Determination of Training Requirements

A. General

A table-top job analysis and design meeting was conducted in accordance with MCP-36, "Job Analysis," to identify training requirements. The results of this meeting, including participants are documented on the VVET TASK LIST.

During the meeting the tasks associated with the VVET units were identified and rated as Non-Formal Training, Train, Over-Train, or Pre-Train Tasks as defined in MCP-36. The required training is identified in this plan. The "Train" and "Over-Train" tasks identified will be used to establish performance items for required On-the-Job Training (OJT) and continuing training activities.

B. Assumptions/Prerequisites

1. Technician candidates will be required to possess basic mechanical fundamental knowledge.
2. Technician candidates will be required to have received a High School diploma or General Education Development (GED) equivalent.
3. Technician candidates will be required to possess basic blue print, schematics, and diagram reading skills.
4. In addition to RWMC Facility-Specific Training requirements, technician candidates will be required to receive and maintain the following training courses or equivalent:
 - a. Requirements of Section 4, HASP
 - b. Lockout/Tagout for Authorized Employees (Course # 000TRN14)
 - c. Lockout/Tagout Practical (Course # 000TRN108)

When equivalent training is used, list the TRAIN Number and name of the course or identify the qualifying activity.

4. Technician candidates are trained and qualified to perform the tasks associated with their specialty or work under direct supervision of personnel qualified to

RWMC VVET TECHNICIAN TRAINING PLAN

perform the activity or tasks and are trained and qualified in accordance with Department of Energy requirements.

NOTE: This plan is based on the tasks from the analysis discussed above and these assumptions. Should new tasks be identified or the assumptions change, this plan will be revised accordingly.

III. Training Methods

A. Read and Sign

The process of reading documents or procedures and signing an attached required reading list. The required reading list is maintained with that revision of the document by the Training Coordinator.

B. Briefing

A process where the Field Team Leader (FTL), Assistant FTL, or Chief Engineer (CE) discusses a document with those in attendance, normally during the daily POD meeting. The collective group then discusses the document to gain a full understanding of the content. This process is primarily used for changes or revisions to a document that had been previously trained on. This training is documented in the Plan of the Day (POD) attendance roster and the topic is listed as one of the items in the POD.

C. Classroom training

The process whereby a document is discussed by an instructor using a document content outline and learning objectives. The goal of this training is to review with these individuals the current requirements and best practices regarding procedure use and compliance and review the steps of the procedures that they are required to perform prior to the actual performance. A written or oral quiz will be administered at the end of the classroom training. The purpose of the quiz is to determine the effectiveness of the training. This training will be documented on an attendance roster that identifies the instructor and each attendee.

D. On-the-Job Training

OJT will require the individual to simulate, perform, and/or discuss all steps of the procedures that they are required to perform. Prior to completion, the trainee should be allowed to practice tasks under the direct supervisor. When the trainee is proficient, completion of OJT will be documented on the qualification card. The goal of this training is to ensure these individuals can demonstrate the required knowledge and skills to actually perform their tasks.

RWMC VVET TECHNICIAN TRAINING PLAN

E. Walk Through

A walk through is the process of simulating the action to be performed, without physically taking the action. The completion of this training is documented in the FTL logbook with a description of the activity walked through and a listing of those individuals that participated in the training.

IV. Training Requirements/Activities

A. Technician Candidates

1. Classroom training

Initial training activities are those listed as pre-requisite training in the area of Hazard Waste Operations and Lockout/Tagout training

2. OJT

OJT is required for Technician Candidates on tasks they are required to perform and are identified on the Task-to-Training matrix.

3. Training Evaluation

A comprehensive written exam will be administered prior to the final OJT evaluation. Technician Candidates will be required to receive a grade of 80 percent or better and will be remediated to 100 percent on those items missed. The purpose of the exam is to determine the effectiveness of the training, determine readiness to advance on to the OJT, and is documented on the qualification card.

The qualification card is used to document that the individual has completed required OJT and has successfully demonstrated specific knowledge and skill requirements.

RWMC VVET TECHNICIAN TRAINING PLAN
Appendix A - Table-Top Task Analysis

Performed by: J. Douglas Hall
Bruce Culp

Date: 08/02/99

Participants: Clayton Antonson
Richard Jacobson

Tasks associated with VVET operation:

1. Start-up Extractor
2. Routine Surveillance
3. Operational Checks
4. Shut-down Extractor

Process:

1. Identify tasks for the qualification standard and incorporate into an On-the-Job Training (OJT) Qualification Card.
2. Select tasks for training.
3. Validate analysis results.
4. From the tasks identified, develop Knowledge, Skill and Ability components for tasks to be factored qualification standard and entered on the the OJT Qualification Card.
5. Establish prerequisites and entry-level requirements.

Tasks associated with the VVET process are:

1. Start-up Extractor
 - Pre-operation set-up
 - Pre-heat the extractor
 - Place Extractor in "Run" mode
2. Routine Surveillance
 - Log-keeping
 - Visual checks
 - Alarm responses
 - Operational Sampling
3. Operational Checks
 - Lubrication
 - Air filters
 - Air conditioners
 - Air dryer
4. Shut-down Extractor
 - Normal
 - Intermediate
 - Emergency

RWMC VVET TECHNICIAN TRAINING PLAN
Appendix A - Table-Top Task Analysis

Prerequisites for VVET Technician are:

- High school graduate or equivalent.
- Knowledge of mechanical fundamentals.
- Two-month field experience on VVET under direction of a qualified technician.
- Perform six VVET unit start-up and shut-down cycles.

Testing:

Performance testing by completion of OJT Qualification Card.

Upon completion of Qualification Card, pass a written examination with a score of 80% or better.

RWMC VVET TECHNICIAN TRAINING PLAN
Appendix B - Task-to-Training Matrix

Task #	Task Description/Duty Level	Train Level	Setting	Frequency	Lesson Plan Number	Primary Procedure	Qualification Card Number	JPM Number
Duty Area: 1. Start-up Extractor								
1.A	Pre-Operation Set-up	T	OJT	Initial	N/A	N/A	30020305	N/A
1.B	Pre-heat Extractor	T	OJT	Initial	N/A	N/A	30020305	N/A
1.C	Place Extractor in the "Run" mode	T	OJT	Initial	N/A	N/A	30020305	N/A
Duty Area: 2. Routine Surveillance								
2.A	Tour facility and make visual checks	T	OJT	Initial	N/A	N/A	30020305	N/A
2.B	Log-keeping	T	OJT	Initial	N/A	N/A	30020305	N/A
2.C	Alarm Responses	OT	OJT	Initial Continuing	N/A	N/A	30020305	N/A
2.D	Operational Sampling	T	OJT	Initial	N/A	N/A	30020305	N/A
Duty Area: 3. Operational Checks								
3.A	Lubrication	T	OJT	Initial	N/A	N/A	30020305	N/A
3.B	Air filters	T	OJT	Initial	N/A	N/A	30020305	N/A
3.C	Air conditioners	T	OJT	Initial	N/A	N/A	30020305	N/A
3.D	Air dryer	T	OJT	Initial	N/A	N/A	30020305	N/A
Duty Area: 4. Shut-down Extractor								
4.A	Normal shut-down	T	OJT	Initial	N/A	N/A	30020305	N/A
4.B	Intermediate shut-down	T	OJT	Initial	N/A	N/A	30020305	N/A
4.C	Emergency shut-down	OT	OJT	Initial Continuing	N/A	N/A	30020305	N/A

**VVET Thermal Oxidizer
Technician Qualification Checklist**

RWMC TRAINING QUALIFICATION CARD

Name:

S#

RWMC VVET TECHNICIAN TRAINING

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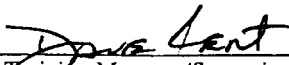
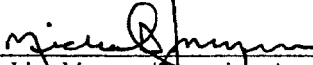


VAPOR VACUUM EXTRACTION AND TREATMENT
TECHNICIAN
INITIAL QUALIFICATION CHECKLIST

Checklist Number: 30020305

Rev. 01

CJ.F.03-01-01

Instructional Developer: J. D. Hall, D. W. Denier

IT/Program Lead Review:  Date: 2/28/01	SME/Technical Review:  Date: 3/1/01
Training Manager/Supervisor Review:  Date: 2/28/01	Line Manager/Supervisor Approval:  Date: 2/28/01

**RWMC Vapor Vacuum Extraction Treatment
Technician
INITIAL QUALIFICATION CHECKLIST**

MODIFICATION RECORD

Submitted by: _____ Date: _____

Change Number	Affected Pages	Description of Change	Management Approval

**RWMC Vapor Vacuum Extraction Treatment
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INITIAL QUALIFICATION CHECKLIST**

Signature Roster

If signing or initialing items within this qualification guide/card enter your name on the roster below. Please print your name legibly in the first column, sign in the second, and place your initials in the last column. Copy this sheet if necessary. Thank you.

Name (Print)	Signature	Initials

**RWMC Vapor Vacuum Extraction Treatment
Technician
INITIAL QUALIFICATION CHECKLIST**

I. INTRODUCTION

- A. This checklist is to be completed by:
1. Each RWMC VVET Technician assigned to work on the VVET System.
- B. The purpose of this checklist is to identify training elements for which technicians must become qualified to work independently on VVET related equipment and to provide assurance that only qualified personnel are assigned to work independently on VVET related equipment.
- C. Satisfactory knowledge of the items in this checklist is determined either through oral checkouts or completion of practical factors.
1. Practical factors are completed under the direct supervision of a qualified individual, *unless specifically stated otherwise*. Practical factors provide both hands-on experience and evaluation for the qualifying individual. Practical factors are required when the task is followed by a **P/S**.
 - a. "**P**" requires the individual to actually perform the operation. Prior to performance, a thorough discussion of the operation must be completed between the individual and the reviewer. The effects the evaluation will have on the associated systems and abnormal situations that may arise will be discussed. Every effort shall be made to perform practical factors. If however, plant status, safety, or equipment availability precludes timely performance of the item a simulation may be performed.
 - b. "**S**" requires the individual to simulate the performance during a walk-through of the evolution in the same detail as a "**P**" except the actual evolution is not performed. The same evolution discussion required for a "**P**" will be conducted. All items shall actually be performed, if plant conditions permit, at the discretion of the reviewing individual. When the task is followed by a **P/S**, the applicable letter must be circled.
 - c. An oral review and/or walk-through at the discretion of the reviewing individual may check out items not marked with a **P/S**.
- D. Each sign-off represents that individual's personal verification to WAG 7 and RWMC Management that the qualifying individual has demonstrated a satisfactory level of knowledge/performance. Once an individual element is signed off as complete, the operator is qualified to work independently on the task(s) signed off on the checklist. Each individual signature will be in permanent

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black ink and consist of a legal signature and full date. As a minimum, a legal signature consists of one initial and full last name. The date will indicate month, day, and year.

- E. All applicable items are to be completed. Items that are not applicable must be marked N/A. All items marked N/A require a justification to delete the item and must be approved by the WAG 7 Field Operations Supervisor. The WAG 7 Field Operations Supervisor documents the justification in the space provided at the end of the checklist and provides a legal signature and date
- F. Upon completion of this checklist it shall be routed to the RWMC Management for final review and approval. The checklist will then be routed to RWMC Training for inclusion in the individual's training record.
- G. By my signature below, I acknowledge that I have reviewed and understand the preceding checklist information. Additionally, I have verified that all pages of this checklist are present.

Qualifying Individuals Signature _____ Date _____

II. SAFETY

- A. Demonstrate, by oral checkout, a satisfactory understanding of the following Safety items listed below. A satisfactory understanding is the ability to describe:
- Your responsibility concerning each safety item
 - The purpose of each
 - How to apply the safety program/practice

B. Checkout shall be by a qualified VVET Technician or a designated Foreman/Supervisor.

1. Electrical Safety Practices (MCP 2731) Signature _____ Date _____

C. Attend the following training sessions. This training is provided by the Site Training Directorate or an outside vendor and must be scheduled as appropriate. Satisfactory completion of training is indicated by the instructor's or training records administrator's signature in the appropriate sign-off block.

1. Lockout/Tagout for Authorized Employees (Limited) (000TRN663) or equivalent

Signature _____ Date _____

2. Lockout/Tagout Practical (000TRN108) or equivalent

Signature _____ Date _____

3. HASP Training Requirements

Signature _____ Date _____

4. Conduct of Operations Training Requirements

a. Con Ops Chapter 1 Ops Organization (00TRN491) or equivalent

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Signature _____ Date _____

b. Con Ops Chapter 2 Shift Routines (00TRN492) or equivalent

Signature _____ Date _____

c. Con Ops Chapter 3 Control Area Activities (00TRN493) or equivalent

Signature _____ Date _____

d. Con Ops Chapter 4 Ops Communication (00TRN494) or equivalent

Signature _____ Date _____

e. Con Ops Chapter 5 Control On-Shift Training (00TRN495) or equivalent

Signature _____ Date _____

f. Con Ops Chapter 6 & 7 Event Investigations (00TRN496) or equivalent

Signature _____ Date _____

g. Con Ops Chapter 8 Control of Equipment (00TRN497) or equivalent

Signature _____ Date _____

h. Con Ops Chapter 10 Independent Verification (00TRN499) or equivalent

Signature _____ Date _____

i. Con Ops Chapter 11 Logkeeping (00TRN500) or equivalent

Signature _____ Date _____

j. Con Ops Chapter 12 Operations Turnover (00TRN575) or equivalent

Signature _____ Date _____

k. Con Ops Chapter 13 Operations Aspects (00TRN576) or equivalent

Signature _____ Date _____

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l. Con Ops Chapter 14 Required Reading (00TRN577) or equivalent

Signature _____ Date _____

m. Con Ops Chapter 15 Timely Orders (00TRN578) or equivalent

Signature _____ Date _____

n. Con Ops Chapter 16 Operations Procedures (00TRN579) or equivalent

Signature _____ Date _____

o. Con Ops Chapter 17 Operator Aids (00TRN580) or equivalent

Signature _____ Date _____

p. Con Ops Chapter 18 Equipment Labeling (00TRN581) or equivalent

Signature _____ Date _____

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INITIAL QUALIFICATION CHECKLIST**

III. RWMC VVET Unit Walk Through Training

- A. **Work with a qualified VVET Technician.** A satisfactory knowledge should include the individual's ability to:
- State the purpose of the system.
 - Identify the major components of the system.
 - Describe the function of each major component.
 - Describe how components affect overall system operations.
 - Describe the steps taken to ensure each component is functioning properly.
 - Identify any special precautions, limitations or technical specifications to be considered prior to starting up, operating, and shutdown on the system.

Note: System Design Document, Technical and Functional Requirements documents, Piping and Instrument Diagrams, and electrical diagrams shall be used to study for and complete this section.

- B. Satisfactory completion of training is indicated by the instructor's or training records administrator's signature in the appropriate sign-off block.

1. RWMC VVET Unit Walk Through Training

Signature _____ Date _____

IV. ADMINISTRATIVE KNOWLEDGE

- A. Demonstrate, by oral checkout, a satisfactory knowledge of the following procedures (TPR), preventative maintenance work orders, and round sheets.
- State the purpose of the procedure, work order, or round sheet.
 - Describe the procedures applicability to job responsibilities.
 - Describe administrative controls (Precautions and Limitations, Prerequisites) associated with each procedure.
 - Identify document location and describe how documents are checked out and checked in.
 - Identify when a Radiological Control Technician (RCT) should be contacted, how the RCT should be contacted, where the RCT foreman resides, and where the radiological monitors are located.
- B. Checkout shall be by a qualified VVET Technician or a designated Foreman/Supervisor.

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1. TPR- 1628 VVET UNIT START-UP, OPERATIONS, AND SHUTDOWN

Signature _____ Date _____

2. TPR-1631, VVET Unit Operational Sampling

Signature _____ Date _____

3. Annual, semi-annual, and monthly preventative maintenance work orders

Signature _____ Date _____

4. VVET round sheets (RS041) for component and operational checks

Signature _____ Date _____

5. VVET Unit logbooks

Signature _____ Date _____

V. PRACTICAL FACTORS

A. Demonstrate competency in each of the practical factors listed below. An oral review and/or walk-through at the discretion of the reviewing individual may check out the following items.

1. Perform Start-Up of a VVET system

Signature _____ Date _____

2. Perform Routine Operational Checks on a VVET system

Signature _____ Date _____

3. Perform Shut-Down of a VVET system

Signature _____ Date _____

4. Perform Operational Sampling

Signature _____ Date _____

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B. Items in this section are OJT. They require the individual to demonstrate the ability to satisfactorily perform or simulate the following practical factors under the instruction of a qualified VVET Technician, or a qualified job supervisor using the applicable procedures, and approved work packages.

1. Perform at least 1 and simulate at least 5 unassisted and without error VVET Unit Start-Ups

1. Signature _____ P or S Date _____

2. Signature _____ P or S Date _____

3. Signature _____ P or S Date _____

4. Signature _____ P or S Date _____

5. Signature _____ P or S Date _____

6. Signature _____ P or S Date _____

2. Perform Operational Checks on an operating VVET unit by completing the daily round sheets and logbooks for a minimum of 8 weeks or until proficiency is demonstrated.

Signature _____ Date _____

3. Perform a minimum of 6 Operating Sampling evolutions

1. Signature _____ Date _____

2. Signature _____ Date _____

3. Signature _____ Date _____

4. Signature _____ Date _____

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5. Signature _____ Date _____

6. Signature _____ Date _____

4. Simulate at least 6 VVET Unit Shut Downs to show emergency, immediate, and normal shut down of the system

1. Signature _____ Date _____

2. Signature _____ Date _____

3. Signature _____ Date _____

4. Signature _____ Date _____

5. Signature _____ Date _____

6. Signature _____ Date _____

**RWMC Vapor Vacuum Extraction Treatment
Technician
INITIAL QUALIFICATION CHECKLIST**

VI. EMERGENCY/ABNORMAL KNOWLEDGE

A. Demonstrate a satisfactory knowledge of the emergency/abnormal situations listed below during an oral checkout or walkthrough. A satisfactory knowledge should include the following, as appropriate.

- Describe reasons for action(s) taken and the effect on the VVET operation. Include the consequences of failure to perform the procedure or mitigate the abnormal or emergency situation.
- State the immediate actions.
- Describe notification requirements for each situation.

1. Simulate the response(s) to a loss of power to a VVET Unit that is operating

Signature _____ Date _____

2. Simulate the response(s) to a loss of propane to a VVET Unit that is operating

Signature _____ Date _____

3. Simulate the response(s) to a VVET Unit that will not start up

Signature _____ Date _____

4. Simulate the response(s) to a propane explosion/fire at a VVET Unit location

Signature _____ Date _____

VII. JUSTIFICATION FOR DELETED OR N/A ITEMS

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This section is provided to document the reason for each N/A. Each N/A will require a signature and date from the WAG 7 Field Operations Supervisor. When completing this portion indicate the section or subsection that is N/A along with the reason for the N/A.

- A. _____

Signature _____ Date _____

- B. _____

Signature _____ Date _____

- C. _____

Signature _____ Date _____

- D. _____

Signature _____ Date _____

- E. _____

Signature _____ Date _____

**RWMC Vapor Vacuum Extraction Treatment
Technician
INITIAL QUALIFICATION CHECKLIST**

VIII. EVALUATION

Satisfactorily complete the RWMC VVET Unit Initial Qualification written examination, with a score of 80% or better, upon completion of all items on this checklist and prior to the qualification approval. The exam proctor's signature indicates satisfactory completion of the exam.

Signature _____ Date _____

IX. QUALIFICATION APPROVAL

I have reviewed this checklist and determined that each item has been either signed, indicating it has been completed, or deemed N/A with my approval. The completion and approval of this checklist qualifies the individual to work independently on the RWMC VVET UNITS A and B.

Signature _____ Date _____
WAG 7 Field Operations Supervisor

Signature _____ Date _____
RWMC Operations Supervisor

X. CHECKLIST REVIEW

A review of the checklist has been completed and it has been determined that all required signatures are present and the checklist is acceptable for inclusion in the individual's training record.

Signature _____ Date _____
Training Representative

**VVET Catalytic Oxidizer
Technician Qualification Checklist**

RWMC TRAINING QUALIFICATION CARD

Name: S# --

RWMC VVET UNIT D TECHNICIAN TRAINING

RWMC TRAINING PROGRAM

VAPOR VACUUM EXTRACTION AND TREATMENT
UNIT D TECHNICIAN
INITIAL QUALIFICATION CHECKLIST

Checklist Number: QL 323304

IT/Program Lead Review: <i>Mark D Smith</i> Date: 4/25/01	SME/Technical Review: <i>Mark D Smith</i> Date: 4/30/01
Training Manager/Supervisor Review: <i>David Lent</i> Date: 4/25/01	Line Manager/Supervisor Approval: <i>Lisa Newberg</i> Date: 4/25/01

RWMC Vapor Vacuum Extraction Treatment
Unit D Technician
INITIAL QUALIFICATION CHECKLIST

I. INTRODUCTION

- A. This checklist is to be completed by:
1. Each RWMC VVET Technician assigned to work on the VVET Unit D.
- B. The purpose of this checklist is to identify training elements for which technicians must become qualified to work independently on VVET Unit D related equipment and to provide assurance that only qualified personnel are assigned to work independently on VVET Unit D related equipment.
- C. Satisfactory knowledge of the items in this checklist is determined either through oral checkouts or completion of practical factors.
1. Practical factors are completed under the direct supervision of a qualified individual, *unless specifically stated otherwise*. Practical factors provide both hands-on experience and evaluation for the qualifying individual. Practical factors are required when the task is followed by a P/S.
 - a. "P" requires the individual to actually perform the operation. Prior to performance, a thorough discussion of the operation must be completed between the individual and the reviewer. The effects the evaluation will have on the associated systems and abnormal situations that may arise will be discussed. Every effort shall be made to perform practical factors. If however, plant status, safety, or equipment availability precludes timely performance of the item a simulation may be performed.
 - b. "S" requires the individual to simulate the performance during a walk-through of the evolution in the same detail as a "P" except the actual evolution is not performed. The same evolution discussion required for a "P" will be conducted. All items shall actually be performed, if plant conditions permit, at the discretion of the reviewing individual. When the task is followed by a P/S, the applicable letter must be circled.
 - c. An oral review and/or walk-through at the discretion of the reviewing individual may check out items not marked with a P/S.
- D. Each sign-off represents that individual's personal verification to WAG 7 and RWMC Management that the qualifying individual has demonstrated a satisfactory level of knowledge/performance. Once an individual element is

**RWMC Vapor Vacuum Extraction Treatment
Unit D Technician
INITIAL QUALIFICATION CHECKLIST**

signed off as complete, the operator is qualified to work independently on the task(s) signed off on the checklist. Each individual signature will be in permanent black ink and consist of a legal signature and full date. As a minimum, a legal signature consists of one initial and full last name. The date will indicate month, day, and year.

- E. All applicable items are to be completed. Items that are not applicable must be marked N/A. All items marked N/A require a justification to delete the item and must be approved by the WAG 7 Field Operations Supervisor or OU 7-08 Project Manager. The WAG 7 Field Operations Supervisor or OU 7-08 Project Manager documents the justification in the space provided at the end of the checklist and provides a legal signature and date
- F. Upon completion of this checklist it shall be routed to the RWMC Management for final review and approval. The checklist will then be routed to RWMC Training for inclusion in the individual's training record.
- G. By my signature below, I acknowledge that I have reviewed and understand the preceding checklist information. Additionally, I have verified that all pages of this checklist are present.

Qualifying Individuals Signature _____ Date _____

RWMC Vapor Vacuum Extraction Treatment
Unit D Technician
INITIAL QUALIFICATION CHECKLIST

II. SAFETY

- A. Demonstrate, by oral checkout, a satisfactory understanding of the following Safety items listed below. A satisfactory understanding is the ability to describe:
 - Your responsibility concerning each safety item
 - The purpose of each
 - How to apply the safety program/practice

- B. Checkout shall be by a qualified VVET Technician or a designated Foreman/Supervisor.
 - 1. Electrical Safety Practices (MCP 2731) Signature _____ Date _____

- C. Attend the following training sessions. This training is provided by the Site Training Directorate or an outside vendor and must be scheduled as appropriate. Satisfactory completion of training is indicated by the instructor's or training records administrator's signature in the appropriate sign-off block.
 - 1. Lockout/Tagout for Authorized Employees (Limited) (000TRN663) or equivalent

Signature _____ Date _____
 - 2. Lockout/Tagout Practical (000TRN726) or equivalent

Signature _____ Date _____
 - 3. OU 7-08 HASP Training Requirements

Signature _____ Date _____

**RWMC Vapor Vacuum Extraction Treatment
Unit D Technician
INITIAL QUALIFICATION CHECKLIST**

4. Conduct of Operations Training Requirements

- a. Con Ops Chapter 1 Ops Organization (00TRN491) or equivalent

Signature _____ Date _____

- b. Con Ops Chapter 2 Shift Routines (00TRN492) or equivalent

Signature _____ Date _____

- c. Con Ops Chapter 3 Control Area Activities (00TRN493) or equivalent

Signature _____ Date _____

- d. Con Ops Chapter 4 Ops Communication (00TRN494) or equivalent

Signature _____ Date _____

- e. Con Ops Chapter 5 Control On-Shift Training (00TRN495) or equivalent

Signature _____ Date _____

- f. Con Ops Chapter 6 & 7 Event Investigations (00TRN496) or equivalent

Signature _____ Date _____

- g. Con Ops Chapter 8 Control of Equipment (00TRN497) or equivalent

Signature _____ Date _____

- h. Con Ops Chapter 10 Independent Verification (00TRN499) or equivalent

Signature _____ Date _____

- i. Con Ops Chapter 11 Logkeeping (00TRN500) or equivalent

Signature _____ Date _____

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j. Con Ops Chapter 12 Operations Turnover (00TRN575) or equivalent

Signature _____ Date _____

k. Con Ops Chapter 13 Operations Aspects (00TRN576) or equivalent

Signature _____ Date _____

l. Con Ops Chapter 14 Required Reading (00TRN577) or equivalent

Signature _____ Date _____

m. Con Ops Chapter 15 Timely Orders (00TRN578) or equivalent

Signature _____ Date _____

n. Con Ops Chapter 16 Operations Procedures (00TRN579) or equivalent

Signature _____ Date _____

o. Con Ops Chapter 17 Operator Aids (00TRN580) or equivalent

Signature _____ Date _____

p. Con Ops Chapter 18 Equipment Labeling (00TRN581) or equivalent

Signature _____ Date _____

**RWMC Vapor Vacuum Extraction Treatment
Unit D Technician
INITIAL QUALIFICATION CHECKLIST**

III. VVET Unit D Academic Training

- A. **Work with authorized personnel.** Classroom training (or video taping of classroom training) should be completed on the theory and functionality of the catalytic oxidizer system and a score of at least 80% must be obtained on the written exam. Through this classroom training, the individual should be able to demonstrate satisfactory knowledge to:
- State the purpose of the system.
 - Identify the major components of the system.
 - Describe the function of each major component.
 - Describe how components affect overall system operations.
 - Describe the steps taken to ensure each component is functioning properly.
 - Identify any special precautions, limitations or technical specifications to be considered prior to starting up, operating, and shutdown on the system.
- B. Satisfactory completion of training is indicated by the instructor's or training records administrator's signature in the appropriate sign-off block.

1. VVET Unit D Academic Training

Signature _____ Date _____

IV. ADMINISTRATIVE KNOWLEDGE

- A. Demonstrate, by oral checkout, a satisfactory knowledge of TPR-1764 VVET Unit D Integrated Test procedure.
- State the purpose of the procedure.
 - Describe the procedures applicability to job responsibilities.
 - Describe administrative controls (Precautions and Limitations, Prerequisites).
 - Identify document location and describe how documents are checked out and checked in.
 - Identify minimum supporting personnel, when they should be contacted, and how they should be contacted.

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B. Checkout shall be by an authorized or qualified VVET Technician or a designated Foreman/Supervisor.

1. TPR- 1764 VVET UNIT D INTEGRATED TEST

Signature _____ Date _____

V. PRACTICAL FACTORS

A. Demonstrate competency in each of the practical factors listed below. An oral review and/or walk-through at the discretion of the reviewing individual may check out the following items.

1. Actively participate in TPR-1764 VVET Unit D Integrated Test

Signature _____ Date _____

2. Perform Start-Up and Shut-Down of VVET Unit D

Signature _____ Date _____

B. Items in this section are OJT. They require the individual to demonstrate the ability to satisfactorily perform or simulate the following practical factors under the instruction of an authorized or qualified VVET Technician, or a qualified job supervisor using the applicable procedures.

1. Perform at least 1 without error VVET Unit D Start-Up

Signature _____ P or S Date _____

2. Perform at least 1 without error VVET Unit D Shut-down

Signature _____ P or S Date _____

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VI. EMERGENCY/ABNORMAL KNOWLEDGE

A. Demonstrate a satisfactory knowledge of the emergency/abnormal situations listed below during an oral checkout or walkthrough. A satisfactory knowledge should include the following, as appropriate.

- Describe reasons for action(s) taken and the effect on the VVET operation. Include the consequences of failure to perform the procedure or mitigate the abnormal or emergency situation.
- State the immediate actions.
- Describe notification requirements for each situation.

1. Simulate the response(s) to a loss of power to VVET Unit D

Signature _____ Date _____

2. Simulate the response(s) to a VVET Unit D that will not start up

Signature _____ Date _____

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VII. JUSTIFICATION FOR DELETED OR N/A ITEMS

This section is provided to document the reason for each N/A. Each N/A will require a signature and date from the WAG 7 Field Operations Supervisor or OU 7-08 Project Manager. When completing this portion indicate the section or subsection that is N/A along with the reason for the N/A.

A. _____

Signature _____ Date _____

B. _____

Signature _____ Date _____

C. _____

Signature _____ Date _____

D. _____

Signature _____ Date _____

E. _____

Signature _____ Date _____

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VIII. EVALUATION

Satisfactorily complete the VVET Unit D Initial Qualification written examination, with a score of 80% or better, upon completion of all items on this checklist and prior to the qualification approval. The exam proctor's signature indicates satisfactory completion of the exam.

Signature _____ Date _____

IX. QUALIFICATION APPROVAL

I have reviewed this checklist and determined that each item has been either signed, indicating it has been completed, or deemed N/A with my approval. The completion and approval of this checklist qualifies the individual to work independently on the VVET UNIT D.

Signature _____ Date _____
WAG 7 Field Operations Supervisor or OU 7-08 Project
Manager

Signature _____ Date _____
RWMC Operations Supervisor

X. CHECKLIST REVIEW

A review of the checklist has been completed and it has been determined that all required signatures are present and the checklist is acceptable for inclusion in the individual's training record.

Signature _____ Date _____
Training Representative

