

TRAINING COMPLETION RECORD RCT OJT/OJE				Records Use Only
STUDENT				
HID/Person ID	Last Name	First Name	MI	
TRAINING				
Course No.	Date Completed	CACN	Company	
022303				
Course Title <u>Dose Rate Survey</u>				
TRAINING STATUS CODE:				
(If blank, default is Complete) <input type="radio"/> Complete <input type="radio"/> Fail				
COMMENTS:				
SIGNATURES/DATES				
The technician has successfully demonstrated all skills and knowledge.				
_____ / _____				
(Evaluator Print Name)		(Evaluator Signature)		(Date)
I have completed all the objectives for this task.				

(Technician Signature)				(Date)
I verify that the Technician has completed all the objectives for this task.				
_____ / _____				
(FLM/Supervisor Print Name)		(FLM/Supervisor Signature)		(Date)
_____ / _____				
(Authenticator Print Name)		(Authenticator Signature)		(Date)

RCT/HPT Site Standard OJT Program
OJE Signature Sheet

Trainee name: _____

Hanford ID: _____

Course Number: **022303**

Course Title: RCT/HPT OJT/OJE Task – Dose Rate Survey

Task Title: Dose Rate Survey

Form(s) Radiological Survey Report

[Generic forms may be used in lieu of contractor/facility specific forms]

Terminal Objective: Demonstrate and Document a Dose Rate Survey

Objectives – Part A			
Method	Task	Instructor	Evaluator
D	Define the term "Whole Body".		
D	Define the term "Extremity".		
D	State the administrative control levels for annual equivalent dose for whole body, skin and extremity, lens of eye and organs per Table 2-0.		
D	State the dose limits for general employees for annual equivalent dose for whole body, skin and extremity, lens of eye and organs per Table 2-1.		
D	Discuss correction factors (CF) associated with the instruments		
D	Discuss obtaining contact, 30 cm and general area gamma readings		
D	Discuss proper method of obtaining Beta dose rate readings		

Objectives – Part B			
Method	Task	Instructor	Evaluator
P	Given a radiation survey instrument, demonstrate the following distances: Contact 30cm General area		
P	Given a RSR, window open and window closed readings and a correction factor; document the deep and shallow dose rate (CHPRC/WPRS/MSA) WCH only- document gamma and beta dose rates		