

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	
022305	_____	_____	_____	
Course Title Portable Instrument Checks				
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
OJT/OJE Signature Sheet

Trainee name: _____

Hanford ID: _____

Course Number: **022305**

Course Title: RCT/HPT OJT/OJE Task – Portable Instrument Checks

Task Title: Portable Instrument Checks

Form(s) Daily Instrument Source Check Log

Instrument Service Tag

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

Terminal Objective: Demonstrate and Document Receipt, Daily, and Pre-use checks, and Removal from Service, of a portable instrument.

Objectives - A			
Method	Task	Instructor	Evaluator
PS	Perform the physical checks performed when receiving a instrument from calibration		
PS	Perform an initial source check		
PS	Perform the steps of a Daily source check		
PS	Perform a response check for a count rate meter		
PS	Perform removing an instrument from service		