

**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 \_\_\_\_\_  
**022312**

Course Title **Alarm/Emergency Response**

**TRAINING STATUS CODE:**

(If blank, default is Complete)  Complete  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: **022312**

Course Title: RCT/HPT OJT/OJE Task – Alarm/Emergency Response

Task Title: Alarm/Emergency Response

Form(s) N/A

Terminal Objective: Describe Alarm/Emergency Response Actions

<b>Objectives – Part A</b>			
<b>Method</b>	<b>Task</b>	<b>Instructor</b>	<b>Evaluator</b>
D	Describe the audible and visual activity alarm components associated with a Continuous Air Monitor (CAM).		
D	List who should be notified of an alarming Continuous Air Monitor (CAM).		
D	State the condition or action that will clear the audible activity alarm on an alarming CAM.		
D	State the condition or action that will clear the visual activity alarm on an alarming CAM.		
D	Identify the basic condition that will cause a activity alarm on a Continuous Air Monitor (CAM)		
D	State the dose or dose rate limits when approaching an alarming Area Radiation Monitor (ARM).		
D	Describe the audible and visible indications associated with an Alert alarm and a High alarm on an Area Radiation Monitor (ARM).		
D	List four (4) equipment/material items that should be taken to the scene of an alarming APM.		
D	State the required action, if contamination is detected during a manual frisk and radon progeny is suspected.		

<b>Objectives – Part A</b>			
<b>Method</b>	<b>Task</b>	<b>Instructor</b>	<b>Evaluator</b>
D	State the required action, if contamination is detected during a manual frisk and is <u>NOT</u> due to radon progeny.		
D	State the required action, if contamination is detected on the APM.		
D	State the actions required when an Alarming Dosimeter alarms.		