

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	
022314				
Course Title Documentation				
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)	
(Technician Signature)			(Date)	
I have completed all the objectives for this task.				
I verify that the Technician has completed all the objectives for this task.				
(FLM/Supervisor Print Name)			(FLM/Supervisor Signature)	
(Authenticator Print Name)			(Authenticator Signature)	

RCT/HPT Site Standard OJT Program
OJE Signature Sheet

Trainee name: _____

Hanford ID: _____

Course Number: **022314**

Course Title: RCT/HPT OJT/OJE Task – Documentation

Task Title: Documentation

Form(s) N/A

Terminal Objective: Discuss the requirements for radiological documentation

Objectives – Part A			
Method	Task	Instructor	Evaluator
D	State the purpose of using a log book		
D	State the information to be included in a log book		
D	State when/where a log book entry should be identified for emphasis		
D	State what color ink must be used on radiological documentation		
D	Describe what must be entered on a form when there is no data		
D	State what standards must be met when completing radiological documentation		
D	State how corrections are made to radiological documents		