

## ORAL EXAMINATION WALK-THROUGH EVALUATION PROCESS

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### **Purpose**

The purpose of this Walk-Through is to determine if the candidate is able to accomplish the following tasks:

- access the facility in a safe manner;
  - locate and interact with appropriate levels of management;
  - locate and use key facility documentation; and
  - recognize and understand the significance of all general hazards contained within the facility.
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### **Checklist**

The following checklist should be used by the evaluator during the facility walk-through as a guideline for assessing the candidate's knowledge of the facility. The evaluator determines whether the candidate's knowledge is satisfactory and checks the appropriate space on the checklist.

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### **Items**

Each candidate should be assessed on all appropriate items on the checklist. Items that are not appropriate to a specific facility should be marked.

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### **Rating Scale**

The rating scale used on the checklist consists of three categories:

- satisfactory;
- unsatisfactory; and
- not appropriate.

If the candidate successfully completes the task, an "S" should be assigned. If the candidate is unable to successfully complete the task, a "U" should be assigned. If the item is not appropriate for the facility, "NA" should be marked.

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### **Scoring**

In order to pass this walk-through, the candidate must receive an "S" on at least 80 percent of the items administered.

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## ORAL EXAMINATION WALK-THROUGH EVALUATION PROCESS

Candidate: \_\_\_\_\_

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

<b>1. Key Facility Attributes</b>			
a. Normal Points of Ingress/Egress	<b>S</b>	<b>U</b>	<b>NA</b>
i. Office Area			
ii. Material Access Area			
iii. Other			
Specify: _____			
b. Building/Area Boundaries- -Changes in Rules & Procedures at Area Boundaries	<b>S</b>	<b>U</b>	<b>NA</b>
i. Radiological Control Area(s)			
ii. Material Access Area			
iii. Interfaces/Pathways to Adjacent Buildings			
c. Emergency Egress and Assembly Areas	<b>S</b>	<b>U</b>	<b>NA</b>
i. Normal FacRep Office Area Egress & Assembly Areas			
ii. Building Work Area Egress & Assembly Area			
<b>2. Name &amp; Locations of Key Personnel</b>	<b>S</b>	<b>U</b>	<b>NA</b>
a. Facility Manager			
b. Supervisor(s) Responsible for:	<b>S</b>	<b>U</b>	<b>NA</b>
i. Operations			
ii. Maintenance			
iii. Radiation Control			
iv. Criticality Safety			
v. Quality Assurance			
vi. Procedures and Programs			
vii. Engineering			

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Date: \_\_\_\_\_

Facility: \_\_\_\_\_

<b>2. Name &amp; Locations of Key Personnel</b>			
b. Supervisor(s) Responsible for: (continued)	<b>S</b>	<b>U</b>	<b>NA</b>
viii. Training			
ix. Security			
x. Nuclear Material Safeguards & Accountability			
xi. Others _____			
_____			
<b>3. Name &amp; Locations of Key Personnel</b>	<b>S</b>	<b>U</b>	<b>NA</b>
a. OSRs			
b. CSAs			
c. SARs			
d. Other _____			
e. _____			
<b>4. Major Facility Systems/Equipment and Associated Hazards</b>	<b>S</b>	<b>U</b>	<b>NA</b>
a. Major Processes/Systems			
i. Safety Systems (Major Components)			
ii. Non-Safety Systems (Major Components)			
b. Chemical/Toxic Hazards			
c. Criticality Safety Hazards			
d. Electrical Hazards			
e. Fire/Flammability Hazards			
f. Industrial Safety Hazards			
g. Radiation Hazards			

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**Candidate:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**5. Doffing Protective Clothing**

**See Attached**

**Evaluator Comments:**

**Evaluator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_