

Form 2.3-1 Examination Outline Quality Checklist

| Facility: Monticello | | Date of Examination: 10/17/2022 | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|----|-----|-----------|------------------------|------|--------------------------|-----------------------------------|------------------|---------------------|-------|-----------------|--------------------|-------|--|----------------|-------|--|
| Item | Task Description | (Y)es / (N)o | | | | | | | | | | | | | | | | | |
| | | a | b* | c# | | | | | | | | | | | | | | | |
| WRITTEN | a. The outline was systematically and randomly prepared in accordance with the instructions in Section B of ES-4.1, and all knowledge and ability (K/A) categories are appropriately sampled. | Y | | TDN | | | | | | | | | | | | | | | |
| | b. The outline does not overemphasize any systems, evolutions, or generic topics. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | c. Justifications for deselected or rejected K/A statements are acceptable. | Y | Y | TDN | | | | | | | | | | | | | | | |
| SIMULATOR | a. Using Form 3.4-1, Events and Evolutions Checklist, verify that the proposed scenario set contains the required number of normal evolutions, reactivity evolutions, instrument and component failures, manual control evolutions, technical specifications, and major transients. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | b. There are enough scenarios (and spares) for the projected number and mix of applicants in accordance with the expected crew composition and rotation schedule without compromising exam integrity. Ensure that scenarios will not be repeated on subsequent days. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | c. Ensure that all scenarios are new or significantly modified in accordance with ES-3.4 and that no scenarios are duplicated from the applicants' audit test(s). | Y | Y | TDN | | | | | | | | | | | | | | | |
| | d. To the extent possible, assess whether the outline(s) conforms with the qualitative and quantitative simulator set criteria specified on Form 2.3-2. | Y | Y | TDN | | | | | | | | | | | | | | | |
| JPMS | a. Verify that the administrative outline meets the criteria specified in the instructions on Form 3.2-1 and that no tasks are duplicated from the applicants' audit test(s). | Y | Y | TDN | | | | | | | | | | | | | | | |
| | b. Verify that the control room and in-plant systems outline meets the criteria specified in the instructions on Form 3.2-2 and that no tasks are duplicated from the applicants' audit test(s). | Y | Y | TDN | | | | | | | | | | | | | | | |
| | c. Determine whether the number of job performance measures (JPMs) and JPM types is sufficient for the projected number and mix of applicants and ensure that no items are duplicated on subsequent days. | Y | Y | TDN | | | | | | | | | | | | | | | |
| GENERAL | a. Assess whether the appropriate exam sections cover plant-specific priorities (including probabilistic risk assessment and individual plant examination insights). | Y | Y | TDN | | | | | | | | | | | | | | | |
| | b. Assess whether the 10 CFR 55.41, 10 CFR 55.43, and 10 CFR 55.45 sampling is appropriate. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | c. Check whether K/A importance ratings (except for plant-specific priorities) are greater than or equal to 2.5. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | d. Check for duplication and overlap across the exam and with the last two NRC exams. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | e. Check the entire exam for balance of coverage. | Y | Y | TDN | | | | | | | | | | | | | | | |
| | f. Assess whether the exam fits the appropriate job level (reactor operator or senior reactor operator). | Y | Y | TDN | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>a. Author</td> <td>Printed Name/Signature</td> <td>Date</td> </tr> <tr> <td>b. Facility Reviewer (*)</td> <td><u>Brandon Kant / [Signature]</u></td> <td><u>4-27-2022</u></td> </tr> <tr> <td>c. NRC Reviewer (#)</td> <td>_____</td> <td><u>5-2-2022</u></td> </tr> <tr> <td>NRC Chief Examiner</td> <td>_____</td> <td></td> </tr> <tr> <td>NRC Supervisor</td> <td>_____</td> <td></td> </tr> </table> | | | | | a. Author | Printed Name/Signature | Date | b. Facility Reviewer (*) | <u>Brandon Kant / [Signature]</u> | <u>4-27-2022</u> | c. NRC Reviewer (#) | _____ | <u>5-2-2022</u> | NRC Chief Examiner | _____ | | NRC Supervisor | _____ | |
| a. Author | Printed Name/Signature | Date | | | | | | | | | | | | | | | | | |
| b. Facility Reviewer (*) | <u>Brandon Kant / [Signature]</u> | <u>4-27-2022</u> | | | | | | | | | | | | | | | | | |
| c. NRC Reviewer (#) | _____ | <u>5-2-2022</u> | | | | | | | | | | | | | | | | | |
| NRC Chief Examiner | _____ | | | | | | | | | | | | | | | | | | |
| NRC Supervisor | _____ | | | | | | | | | | | | | | | | | | |
| <p>* The facility licensee signature is not applicable for NRC-developed tests. # An independent NRC reviewer performs the steps in column "c." This may be the NRC Chief Examiner if he/she did not develop the outline under review.</p> | | | | | | | | | | | | | | | | | | | |