

Evidence for the Completion of the RSC Checklist Training

Training Dashboard for Weiland, Conan(PS — Q6498)

Action Required	JTAs	Training History								
		<table border="1"><tr><td>LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)</td><td>PS-OJT-RADCOMP-7ID1</td><td>Completed 2/15/2018</td><td>Does Not Expire</td></tr><tr><td>LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)</td><td>PS-OJT-RADCOMP-7ID2</td><td>Completed 2/15/2018</td><td>Does Not Expire</td></tr></table>	LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID1	Completed 2/15/2018	Does Not Expire	LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID2	Completed 2/15/2018	Does Not Expire
LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID1	Completed 2/15/2018	Does Not Expire							
LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID2	Completed 2/15/2018	Does Not Expire							

Training Dashboard for Jaye, Chernob(LT — O6156)

Action Required	JTAs	Training History								
		<table border="1"><tr><td>LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)</td><td>PS-OJT-RADCOMP-7ID2</td><td>Completed 2/15/2018</td><td>Does Not Expire</td></tr><tr><td>LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)</td><td>PS-OJT-RADCOMP-7ID1</td><td>Completed 2/15/2018</td><td>Does Not Expire</td></tr></table>	LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID2	Completed 2/15/2018	Does Not Expire	LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID1	Completed 2/15/2018	Does Not Expire
LS2 OJT Rad Comp Insp 7ID2 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID2	Completed 2/15/2018	Does Not Expire							
LS2 OJT Rad Comp Insp 7ID1 (NSLSII-ESH-PRC-004)	PS-OJT-RADCOMP-7ID1	Completed 2/15/2018	Does Not Expire							

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National Synchrotron Light Source II, Brookhaven National Laboratory			
Doc No. PS-TRN-CRF-0030	Author: M. Corwin	Effective Date: 04MAR2015 Review Frequency: 3 yrs	Version 3
Title: NSLS-II Training Roster		Form	

Purpose: This form is to be used by supervisors, system owners, and qualified trainers to document proof of instructor-led "on-the-job training" (OJT) or other instructional information provided to workers for job-specific knowledge or skills on procedures, tasks involving steps or checklists, and operations of equipment and systems.

Rosters with incomplete fields will not be entered into training histories and the form will be returned to the trainer.

Section I Trainer completes all fields in this section.	
Name of Instructor: Robert Chmiel	Date of Training: 2/15/18
Enter the Course Code for this training if it is listed on the following webpage (leave blank if it is not listed) http://www.bnl.gov/ps/training/courses/	Course Code Number: PS-OJT-RAD-COMP-INSP
Enter the Controlled Document Number the procedure (if training involves a PSD procedure)	Procedure Number: NSLSII-ESH-PRC-004
Indicate if this training is: RA: Read and Acknowledge of a procedure or OJT: On-the-Job Training of a procedure	Type of Training: <input type="checkbox"/> RA <input checked="" type="checkbox"/> OJT
Provide a Training Title or Description for this training: 7ID Radiation Safety Component Checklist OJT training	

Section II

- Trainees sign below upon completion of the course. Use additional copies of this form if needed.
- Rosters for on-the-job (OJT) training or evaluation of lockout/tagout (LOTO) of NSLS-II equipment or systems must show if the trainee is a "Primary Authorized Worker" or an "Authorized Worker" – check the appropriate box.

	Trainee's Last Name	Trainee's First Name	Life No.	Trainee's Signature	[AW] Authorized Worker [PAW] Primary Authorized Worker [NA] Not applicable
1	Wedland	Conan	06498		<input type="checkbox"/> AW <input type="checkbox"/> PAW <input checked="" type="checkbox"/> NA
2	JAYE	CHERNO	06156		<input type="checkbox"/> AW <input type="checkbox"/> PAW <input checked="" type="checkbox"/> NA
3					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
4					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
5					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
6					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
7					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
8					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
9					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
10					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
11					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA
12					<input type="checkbox"/> AW <input type="checkbox"/> PAW <input type="checkbox"/> NA

Section III Trainer must complete this section.
Instructor's signature certifies attendance and satisfactory completion of training.
Instructor's Signature

Send completed forms to:
NSLS-II Training, Bldg 745