

## CLASSROOM TRAINING

### 1.0 Objective

The objective of this surveillance is to evaluate the effectiveness of classroom training completed at the laboratory. The Facility Representatives or Environmental, Safety, and Health Support Specialists evaluate whether classroom training enhances the knowledge, skills, and abilities of personnel so that they perform their assigned duties and responsibilities more effectively.

The surveillance can be completed for a broad range of training classes including those listed in Table 1.

During this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialists will evaluate key aspects of classroom training including training materials, instructor qualification, training presentation, and evaluation of knowledge transfer. The Facility Representative or Environmental, Safety, and Health Support Specialists will examine compliance with key DOE requirements and implementation of best practices.

### 2.0 References

- 2.1 DOE O360.1, *Training*
- 2.2 DOE 5480.20A, *Personnel Selection, Qualification, Training, and Staffing Requirements at DOE Reactor and Non-Reactor Nuclear Facilities*
- 2.3 10 CFR Part 835, Subpart J, Section 901, *Radiation Safety Training*
- 2.4 DOE-STD-1070-94, June 1994, *Guidelines for Evaluation of Nuclear Facility Training Programs*

### 3.0 Surveillance Activities

The Facility Representative or Environmental, Safety, and Health Support Specialist performs the following activities in conducting this surveillance:

- 1. Review training materials for the class including lesson plans, instructor guides, student handout materials, and examinations.
- 2. Observe classroom instruction and examination.
- 3. Interview personnel who attended training.

**Table 1. - Training Programs That Can Be Evaluated**

Radiation Worker  
Hazardous Waste Operations  
Criticality Safety  
Occupational Safety and Health  
Operator  
General Employee  
Emergency Preparedness  
Confined Space  
Respirator  
Hazard Awareness  
Electrical Safety  
Pressure Safety  
Radiological Controls Technician  
Supervisor  
Lock and Tag

**Surveillance Guideline  
 CLASSROOM TRAINING**

Surveillance No.: \_\_\_\_\_

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

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

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>Activity One - Review Training Materials</b>				
1.	Are the learning objectives for the training stated for both the instructor and the student?	_____	_____	_____
2.	Are learning objectives written in observable and measurable terms?	_____	_____	_____
3.	Do training materials include references to current facility information such as safety analysis reports, interim safety basis documents, and operating procedures?	_____	_____	_____
4.	Do training materials accurately reflect current facility design, operations practices, or health and safety program requirements?	_____	_____	_____
5.	Do lesson plans support the learning objectives?	_____	_____	_____
6.	Do lesson plans contain sufficient detail to ensure consistent and repeatable training?	_____	_____	_____
7.	Have training materials been reviewed by a subject matter expert and by line management?	_____	_____	_____
8.	Are training materials controlled to ensure that only the most current materials are used?	_____	_____	_____
9.	Is student handout material written at a level that can be readily grasped by students?	_____	_____	_____
10.	Do examinations verify that the learning objective have been met?	_____	_____	_____

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YES      NO      N/A

**Activity 2 - Observe Classroom Training**

- |     |  |       |       |       |
|-----|--|-------|-------|-------|
| 11. | Does the instruction adhere to the approved lesson plan and instruction guide?   | _____ | _____ | _____ |
| 12. | Does the instructor use the most current approved versions of training materials?  | _____ | _____ | _____ |
| 13. | Do instructors use references, tools, and equipment in conducting training that are consistent with conditions in the workplace? | _____ | _____ | _____ |
| 14. | Has the instructor been qualified through the laboratory's instructor training program?  | _____ | _____ | _____ |
| 15. | Is an examination administered at the conclusion of training to measure knowledge transfer?                                      | _____ | _____ | _____ |
| 16. | Is the examination proctored to ensure that students do not cheat?   | _____ | _____ | _____ |
| 17. | Is attendance taken to document the personnel that attended the training?  | _____ | _____ | _____ |
| 18. | Are course and instructor critiques distributed, completed, and collected to obtain feedback on the training from the students?  | _____ | _____ | _____ |

**Activity Three - Interview Students**

The Facility Representative or Environmental, Safety, and Health Support Specialist interviews at least three students who participated in the training.

- |     |   |       |       |       |
|-----|---|-------|-------|-------|
| 19. | Were the training materials including student handout materials consistent with facility configuration and current operating or work practices? | _____ | _____ | _____ |
| 20. | Did the students understand the expectations of what they were to learn during the course?  | _____ | _____ | _____ |



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PERSONNEL CONTACTED: \_\_\_\_\_

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP  
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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Finding No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_

**OBSERVATIONS:**

Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Surveillance Guideline  
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Observation No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOLLOWUP ITEMS:**

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_



**Surveillance Guideline  
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Followup Item No.: \_\_\_\_\_

Description: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Facility Representative or  
Environmental, Safety, and Health Support Specialist