

*State of New Mexico*  
**ENVIRONMENT DEPARTMENT**  
*Hazardous & Radioactive Materials Bureau*  
2044-A Galisteo Street (87505)  
P.O. Box 26110  
Santa Fe, New Mexico 87502

ENTERED

Phone (505) 827-1557  
Fax (505) 827-1544

**FAX COVER SHEET**

Date: October 7, 1999  
To: Harold Johnson  
Company: DOE/CAO  
Telephone: 505/234-7349  
Fax: 505/234-7008

---

From: Steve Zappe  
Number of Pages (including this cover sheet): 5

---

**COMMENTS**

Harold -

Thanks for the clean figures for the permit. There are still a few figures for which I need clean copies, which I have listed below and attached to this fax. Let me know if you can get these to me within the next week or so. Thanks again!

Still need:

B4-3 - Acceptable Knowledge Auditing  
H-1 - Organizational Location of Training,... Functions (see DOE comment 252)  
H-2 - Oral Board Sheets (two pages)

*Steve*



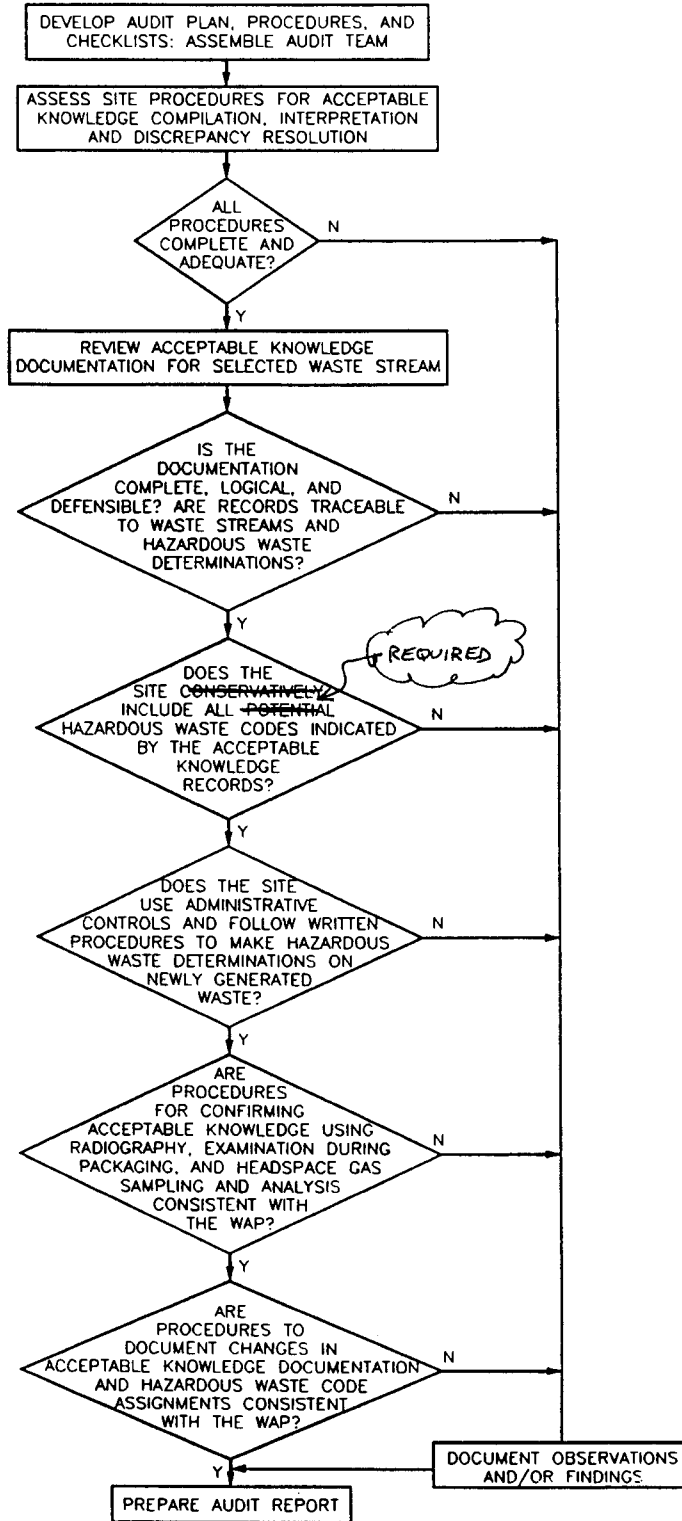
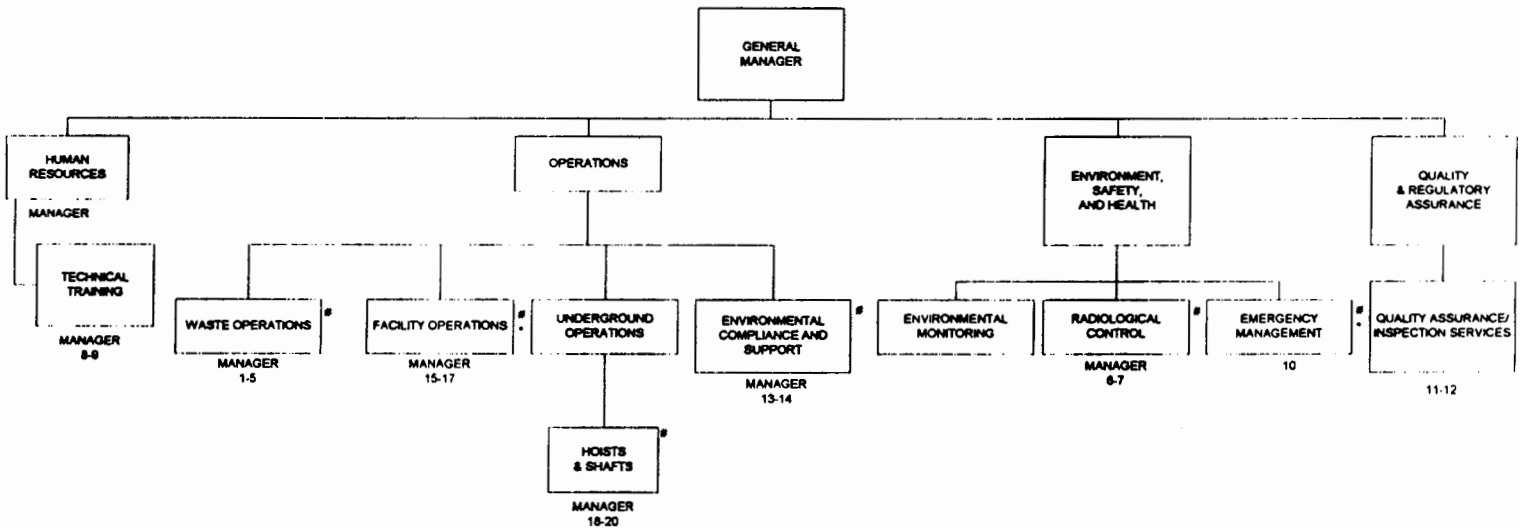


Figure B4-3  
 Acceptable Knowledge Auditing



- # ORGANIZATIONS REQUIRING SIGNIFICANT HAZARDOUS WASTE HANDLING TRAINING
- ORGANIZATIONS REQUIRING SIGNIFICANT EMERGENCY RESPONSE TRAINING

LIST OF HAZARDOUS WASTE MANAGEMENT JOB TITLES

- 1 TRU WASTE HANDLERS
- 2 NON-TRU WASTE HANDLERS
- 3 WASTE OPERATIONS ADMINISTRATIVE
- 4 WYVIS DATA ADMINISTRATOR
- 5 MANAGER, WASTE OPERATIONS\*
- 6 RADIOLOGICAL CONTROL TECHNICIAN
- 7 MANAGER, RADIOLOGICAL CONTROL\*
- 8 TECHNICAL TRAINER
- 9 MANAGER, TECHNICAL TRAINING\*
- 10 EMERGENCY SERVICES TECHNICIAN

- 11 QUALITY ASSURANCE TECHNICIAN
- 12 TEAM LEADER, QUALITY ASSURANCE/INSPECTION SERVICES\*
- 13 SAMPLING TEAM MEMBER
- 14 MANAGER, ENVIRONMENTAL COMPLIANCE & SUPPORT\*
- 15 OPERATIONS ENGINEER
- 16 FACILITY SHIFT MANAGER\*
- 17 CENTRAL MONITORING ROOM OPERATOR
- 18 WASTE HOIST OPERATOR
- 19 WASTE HOIST SHAFT TENDER
- 20 WASTE HOISTING SUPERVISOR MANAGER\*
- 21 HAZARDOUS WASTE WORKER\*

\*SUPERVISORY POSITION  
 \*REPORTS TO VARIOUS GROUPS

Figure H-1  
 Organizational Location of Training, Waste Handling, and Emergency Response Functions



# Oral/OJT Examination Coversheet

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Date: \_\_\_\_\_

Qualcard No.: \_\_\_\_\_ SME Board  Qualification program

Exam questions prepared by: \_\_\_\_\_  
Author

Exam questions reviewed by: \_\_\_\_\_  
Training Coordinator

Exam questions approved by: \_\_\_\_\_  
Board Chairperson

Oral examination grade: Satisfactory  Unsatisfactory

Evaluator: \_\_\_\_\_  
Printed name Signature Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examination verification/validation: \_\_\_\_\_  
Training Manager Date

Figure H-2  
Oral Board Sheets

Oral/OJT Examination Sheet

Student name: \_\_\_\_\_ Qualcard: \_\_\_\_\_ Date: \_\_\_\_\_

Question/Answer

Grade

WP Form 14-TR3005-5: 08/06/96 Page 2 of 2

Figure H-2 (continued)  
Oral Board Sheets