

Best Practice Title: Electronic Training Forms System

Facility: East Tennessee Technology Park (ETTP) at Oak Ridge/UCOR

Points of Contact:

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Brief description of best practice: The UCOR **Training Forms** system is a fully electronic system used to make timely changes to and receive approval of the following training forms; individual and positional training requirements, grant extensions and exceptions to training courses, submit training material for review, and request new training module numbers. It was created in 2007 by the IT department using Microsoft Visual Studio and runs on Internet Information Server (IIS) with Microsoft SQL Server as the back end database.

Why the best practice was used: This electronic training forms system was developed to reduce the time and effort needed for routing, review, and approval of the training forms that originally existed as hard copy only. This electronic training forms system eliminated the possibility of the forms being lost in transit and also provides the ability to check the status of a training form in a timely manner. These capabilities are very beneficial when organizations are spread over multiple sites and facilities.

What are the benefits of the best practice: The electronic training forms system saves a significant amount of time over hard copy routing and processing. There is also less paper involved so that equates to cost savings and less damage to the environment. Each and every employee has access to the system and has the capability to submit training forms. The electronic training forms retained in this system are deemed official training records. This provides the ability to perform prompt searches of all historical training forms maintained within this system. This is an extremely valuable and efficient training forms retrieval capability for assessments and audits. Maintaining accurate and auditable training records are a fundamental aspect of Competence Commensurate with Responsibility (CCR).

What problems/issues were associated with the best practice: Prior to this system being implemented every change was initiated via paper hard copy form, including any pertinent attachments. These forms were often lost in transit which added to the time it took for processing. The only current problem identified with the use of this system is maintaining the tables of reviewers and approvers up to date.

How will success of the best practice be measured: The success of an electronic training forms system has been measured through the results of internal and external assessments and audits that are focused on project training programs. These typically include a review and determination of the effectiveness of the Training Forms System. Results and feedback from assessments and audits regarding the training forms system have consistently been pointed out as a very positive and highly effective practice. It has been very well received by all training customers who use it.

Attachments: See the next two pages for screenshots of example forms in the system.

Create Request for Training Position Description (TPD) Change (505a)

Part 1: To Be Completed By Requestor

| | | |
|--|--|---|
| Date Requested: 11/30/2015 7:39:17 AM Phone Number: * 8652417484 Training Position Description Title: (If an existing TPD, refer to applicable TPD) <input type="text"/> Function/Project Assigned: * Select Function/Project <input type="button" value="v"/> Reason For Request: <input style="width: 100%; height: 50px;" type="text"/> | Requestor Name: * White, Matthew Badge Number: * 712739 TPD Owner: <input type="text"/> Qualification Associated with the TPD? * If Yes, enter associated qualification number. <input type="radio"/> Yes <input type="radio"/> No | Requestor UID: MHW TPD Type: * Select <input type="button" value="v"/> TPD Change Status: * <input type="radio"/> Revision <input type="radio"/> Deletion Qualification Number: <input type="text"/> |
| TPD Change Request: <input style="width: 100%; height: 50px;" type="text"/> | | |

Individual Required Training Changes:

| Module Number | Module Title | Completion Time | + Add | X Delete |
|--|--------------|-----------------|-------|----------|
| <input type="button" value="Add Required Training"/> | | | | |

Individual Required Reading Changes:

| Document Title | Document Number | Completion Time | Frequency | + Add | X Delete |
|---|-----------------|-----------------|-----------|-------|----------|
| <input type="button" value="Add Required Reading"/> | | | | | |

| | |
|---|---|
| Manager: * First Select Function/Project Assigned Above <input type="button" value="v"/> | Training Manager: * Select to Change Training Manager <input type="button" value="v"/> |
|---|---|

Part 2: To Be Completed By Manager

| | |
|---|--|
| After reviewing this request for a New Training Position Description (TPD), this request is: <input type="radio"/> Approved <input type="radio"/> Not Approved | Manager: Date: <input type="text"/> Badge Number: <input type="text"/> Phone Number: <input type="text"/> |
|---|--|

Part 3: To Be Completed By Training Manager

| | |
|--|---|
| After reviewing this request for a Training Position Description (TPD) Change, this request is: <input type="radio"/> Approved <input type="radio"/> Not Approved | Training Manager: Date: <input type="text"/> Badge Number: <input type="text"/> Phone Number: <input type="text"/> |
|--|---|

Review Request for Training Position Description (TPD) Change (505a)

Part 1: *To Be Completed By Requestor*

| | | |
|--|-------------------------------|---|
| Date Requested: 10/19/2015 3:01:36 PM | Requestor: Chavarria, Roberto | Requestor UID: BCV |
| Phone Number: (865) 241-2416 | Badge Number: 624880 | TPD Type: Project |
| Training Position Description Title: SM-Building 3026 Supervisor/Task Lead | | TPD Owner: SM |
| Function/Project Assigned: SM-Surveillance & Maintenance | TPD Change Status: Revision | Qualification Associated with the TPD? No |

Reason for Request:
 The roles and responsibilities assigned to this position have been expanded to include the supervision of ALL the S&M Chemical Operators. As such, the individual assigned to this position will be responsible for the S&M Chemical Operator operations in Building 3038, 3517, and all of the facilities that fall under the scope of PROC-OR-2001, Conducting Repetitive S&M Inspections For D&D Facilities at ORNL.

TPD Change Request:
 For this TPD: Change the Position Title to read: SM - S&M Chemical Operator Supervisor. Change the Roles and Responsibilities opening statement to read: Responsible for S&M Chemical Operator operations at Building 3038, 3517, and at all of the facilities that fall within the scope of PROC-OR-2001, Conducting Repetitive S&M Inspections For D&D Facilities at ORNL. Ensures that the S&M Chemical Operator operations are conducted in a safe and reliable manner and in compliance with DOE and UCOR requirements. Change the second Roles and Responsibilities statement to read: The S&M Chemical Operator Supervisor shall be responsible for: Delete the Building 3026 reference in bullet number 1. Add the identified training module and Required Reading assignments to this TPD.

Individual Required Training Changes:

| Module Number | Module Title | Completion Time | + Add | ✖ Delete |
|---------------|--|-----------------|-------------------------------------|--------------------------|
| 2490 | Asbestos Awareness | 90 Days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28722 | PCB Awareness | 90 Days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28933 | Temperature Extremes | 90 Days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29284 | Procedure Briefing/Walkdown - PROC-OR-2001, Conducting Repetitive S&M Inspections For D&D Facilities | 90 Days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31409 | Intermodal Roll-Off Containers - Closure Instructions/Briefing | 90 Days | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Individual Required Reading Changes:

| Document Title | Document Number | Completion Time | Frequency | + Add | ✖ Delete |
|--|-----------------|-----------------|--|-------------------------------------|--------------------------|
| Cold Weather and Freeze Protection Program | PROC-FO-1057 | 10 Days | <input type="radio"/> One Time <input checked="" type="radio"/> Every Time | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Temperature Extremes | PROC-IH-5134 | 10 Days | <input type="radio"/> One Time <input checked="" type="radio"/> Every Time | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Conducting Repetitive Surveillance and Maintenance Activities for Decontamination and Decommissionin | PROC-OR-2001 | 10 Days | <input type="radio"/> One Time <input checked="" type="radio"/> Every Time | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| STT Storage Facility General Operations Procedure | PROC-OR-2017 | 10 Days | <input type="radio"/> One Time <input checked="" type="radio"/> Every Time | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| System Description of the 3042 Reactor Pool Bleed and Feed System Oak Ridge, Tennessee | UCOR-4126 | 10 Days | <input type="radio"/> One Time <input checked="" type="radio"/> Every Time | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part 2: *To Be Completed By Manager*

| | |
|---|---|
| After reviewing this request for a Training Position Description (TPD) Change, this request is: | Manager: Billy Staggs |
| Approved | Select to Reassign |
| Comments: | Date: 10/20/2015 5:48:21 PM Badge Number: 032720 Phone Number: (865) 241-2417 |

Part 3: *To Be Completed By Training Manager*

| | |
|---|---|
| After reviewing this request for a Training Position Description (TPD) Change, this request is: | Training Manager: Jack Millsbaugh |
| Approved | Select to Reassign |
| Comments: | Date: 10/21/2015 6:22:58 AM Badge Number: 707213 Phone Number: (865) 576-5480 |

For Training Department Use Only: *To Be Completed By Training Department Personnel*

Comments:

Update Comments | Cancel

* Indicates Required Field