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I-27

TRAINING MEETING ATTENDANCE RECORD

NAME OR SUBJECT OF COURSE OR CLASS No Smoking

DATE 7-7-79 INSTRUCTOR(S) Ray Matthews

LOCATION Control Room and Rx area NUMBER OF HOURS 15 Minutes

DESCRIBE WHAT HAPPENED (Major points covered, what was demonstarted, what was practiced, what training aids were used, etc.) Attach separate sheet if necessary.

We all went on each Rx Guard, and we found the Guard to each come to Lift to Rx Lift Area, Rain Equipment. We all decided that if they were all just put on simple manuall valves that it would be much simpler and effective.

SIGNATURE Ray Matthews

TRAINEES

DEPT.	CLOCK NO.	NAME (PRINT)	DEPT	CLOCK NO.	NAME (PRINT)
		Ray Matthews			
	521	Reggie Dorp			
	523	C. Holcomb			
	1553	Billy Young			