

MEETING AND TRAINING RECORD

Refer to Policy: 5-22

Date: 04/23/2019 Time: 9:30 A.M Unit Supervisor: (if applicable)

Location: CONFWGSMAIN Name of Group/Unit:

Title or Purpose: Annual exercise for WGS Slurry Pond 3&4 EAP requirement If minutes were taken, where filed:

Topics Discussed: CCR requirement §257.73(a)(3)

Source of Information: (e.g., video, safety manual)

Summary: WGS EAP for Units 3&4 Slurry Pond review, review inundation map, update contact information.

Next Meeting Scheduled (if applicable)

Date: Time: Scheduled By:

Location:

Persons in Attendance (Each person in attendance must sign their name.)

	Signature	Emp. No		Signature	Emp. No
1.	<i>Deanne B. Kinnett</i>		16.		
2.	<i>Zoe Benagnino</i>		17.		
3.	<i>Cindy Grace (LEPC)</i>		18.		
4.	<i>Domenic Ciccolli</i>		19.		
5.	<i>None</i>		20.		
6.	<i>Darlaw Bamette</i>		21.		
7.	<i>[Signature]</i>		22.		
8.	<i>[Signature]</i>		23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		