

## ANSWER KEY AND EXAM BOOKLET CHECKOFF SHEET

**Rate** \_\_\_\_\_  
**Series** \_\_\_\_\_  
**Cycle** \_\_\_\_\_

\_\_\_\_\_ **Exam Day Verification**  
 \_\_\_\_\_ **Random Verification**  
 \_\_\_\_\_ **Substitute Verification**

Document	Action	Example																												
<b>Exam Front Cover</b>	In the upper right-hand corner: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Write the word "Verified"</li> <li>• <input type="checkbox"/> Sign</li> <li>• <input type="checkbox"/> Date</li> <li>• <input type="checkbox"/> List items deleted or changed</li> </ul>	Verified John R. Jones 10 Nov 1998 Deleted: 003 Changed: 007																												
<b>Answer Key</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Circle changes directly to answer key.</li> <li>• <input type="checkbox"/> Sign and date in upper right hand corner.</li> </ul> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">IF ...</th> <th style="width: 50%;">THEN ...</th> </tr> </thead> <tbody> <tr> <td>there is more than one answer key</td> <td>sign the one with the most recent date</td> </tr> </tbody> </table>	IF ...	THEN ...	there is more than one answer key	sign the one with the most recent date	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">ITEM</th> <th style="width: 10%;">R</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr><td>1</td><td>3</td><td></td></tr> <tr><td>2</td><td>4</td><td></td></tr> <tr><td>3</td><td>1</td><td>D</td></tr> <tr><td>4</td><td>2</td><td></td></tr> <tr><td>5</td><td>3</td><td></td></tr> <tr><td>6</td><td>3</td><td></td></tr> <tr><td>7</td><td>1</td><td>2</td></tr> </tbody> </table>	ITEM	R		1	3		2	4		3	1	D	4	2		5	3		6	3		7	1	2
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<b>Answer Key Change Sheet</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Complete top and bottom of form</li> <li>• <input type="checkbox"/> List deleted or changed items (3-digit item No.)</li> </ul> <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">IF ...</th> <th style="width: 50%;">THEN ...</th> </tr> </thead> <tbody> <tr> <td>there are no deletions or changes</td> <td>do not fill out the change sheet</td> </tr> </tbody> </table>	IF ...	THEN ...	there are no deletions or changes	do not fill out the change sheet	<table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">ITEM#</th> <th style="width: 50%;">RESP</th> </tr> </thead> <tbody> <tr> <td>003</td> <td>D</td> </tr> <tr> <td>007</td> <td>2</td> </tr> </tbody> </table>	ITEM#	RESP	003	D	007	2																		
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<b>Inside pages of exam booklet</b>	For <i>deleted</i> items: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Draw a diagonal line through item</li> <li>• <input type="checkbox"/> Write reason for deletion</li> <li>• <input type="checkbox"/> Date</li> <li>• <input type="checkbox"/> Initial</li> </ul>	3. What color is a ring buoy? Deleted 2CR 10 Nov 98 JRJ 1. Red 2. Orange 3. Purple 4. Aqua																												