

**NDS Document Transmittal #175240**

1/19/00

To: **Nuclear Regulatory Commission  
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RPM 2.3.5, CH1	3	1

Sign and return this form as soon as received to: Diane O'Neill x2451, NDS, B475/3, Millstone Nuclear Power Station, Rope Ferry Rd., Waterford, CT. 06385 or FAX (860) 440-2057.

Signature

Date:

A001

04/09/99  
Approval Date

04/12/99  
Effective Date

### Document Action Request

**A**

Initiated By: Teresa E. Young Date: 12/13/99 Department: HP Support Ext.: 4667

Document No.: RPM 2.3.5 Rev. No.: 3 Chg. No.: 1

Title: INSPECTION AND INVENTORY OF RESPIRATORY PROTECTION EQUIPMENT

**B**

Reason for Request (attach commitments, CR's, AR's, etc)

Editorial correction to correct procedure title.

Continued

**C**

Change Instructions

Change page(s) 4, 29, and 31.

Continued

**D**

Interim Approval

Temporary Change

(1) Plant Mngt Staff Member Print/Sign/Date \_\_\_\_\_ (2) SM/SRO/CFH on Unit Print/Sign/Date \_\_\_\_\_

**E**

Procedure Request/Feedback Disposition

Priority:  Perform Now  Perform Later  Rejected - See Comments

Activity:  New Document  Cancellation  Rev  Minor Rev  Temp Change  Change  OTC

Biennial Review  Place in DNU  Remove from DNU  Edit Corr.: Allan M. Johnson 1/10/00  
Plant Mngt Staff Member - Interim Approval

Comments:

**F**

RI/DPC Print Name and Date

Continued

Reviews	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RAC 06	<input type="checkbox"/>						
Independent	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Writer's Guide	<input type="checkbox"/>						
Validation	<input type="checkbox"/>						

**G**

Safety Evaluation/Environmental Review Attached?  Yes  No

**H**

SQR Program Final Review and Approval

Approval  Disapproval

\_\_\_\_\_  
SQR Qualified Independent Reviewer

\_\_\_\_\_  
Department Head/Responsible Individual

\_\_\_\_\_  
Approval Date

SORC/PORC/RI/DH Final Review and Approval

[Signature] 1/12/00  
Department Head/Responsible Individual

NA  
Approval Signature

NA  
Approval Date and Meeting No.

**I**

Effective Date: 1/21/00

## 2. PREREQUISITES

### 2.1 General

N/A

### 2.2 Documents

2.2.1 NDM 1, "~~Turnover of Nuclear Records~~" *any 1/10/00* <sup>"Turnover and Retrieval of Nuclear Plant Records"</sup>

2.2.2 RPM 2.3.7, "Cleaning and Sanitation of Respiratory Protection Equipment"

2.2.3 RPM 2.3.8, "PAPR Unit Field Testing and Battery Charging"

2.2.4 RPM 2.3.10, "Operation of PosiChek 2" -

### 2.3 Tools and Consumables

2.3.1 Foam filters

2.3.2 Brass wire cloth

2.3.3 Plastic outer lenses

2.3.4 Respirator bags

2.3.5 Respirator filters

2.3.6 Disposable dust masks

### 2.4 Definitions

2.4.1 ABRA – Abrasive Blasting Respirator Assembly

2.4.2 Active Stored Respiratory Protection Equipment – Equipment that has been initial receipt inspected and tested and is readily available to be placed in-service. This equipment may have been previously been in-service but has been stored active to reduce amount of in-service equipment.

2.4.3 BREATHE – To draw air into and expel from the lungs.

2.4.4 EXHALE – To breathe out.

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#### 4.16 Documentation

4.16.1 FILE or STORE RPM Form 2.3.5-1 and RPM Form 2.3.5-3.

4.16.2 On a yearly basis, Refer To NDM-1, "*Turnover and Retrieval of Nuclear Plant Records*," ~~"Turnover of Nuclear Records,"~~ and SEND RPM 2.3.5-1 to NDS. *Amf 1/10/80*

4.16.3 On a monthly basis, SEND or TRANSMIT RPM Form 2.3.5-3 to Emergency Planning. [• Comm. 6.10]

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7.2 Added new Attachment 1, "Combined Millstone Fire Protection Required SCBAs" and steps in Sections 4.7 and 4.8 to verify Fire Protection respiratory protection equipment is present and operable. If inventory is missing or inoperable the Shift <sup>Manager</sup> ~~Manager~~ is notified and the equipment replaced. This addresses A/R 99000357-02.

*Aug 1/10/00*

7.3 Deleted authorized acronyms.

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