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## Document Update Notification

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WASHINGTON DC 20555**

*DOCUMENT NO:* **OP-1903.060**

*TITLE:* **EMERGENCY SUPPLIES & EQUIPMENT**

*REVISION NO:* **034-00-0**

*CHANGE NO:* **AP-34**

*SUBJECT:* **NEW REVISION**

*If this box is checked, please sign, date, and return transmittal  
in envelope provided.*

*ANO-1 Docket 50-313*

*ANO-2 Docket 50-368*

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Signature

Date

A045



ENTERGY OPERATIONS INCORPORATED  
ARKANSAS NUCLEAR ONE

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TITLE:EMERGENCY SUPPLIES & EQUIPMENT	PROC/WORK PLAN NO. 1903.060	CHANGE NO. 034-00-0
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<input checked="" type="checkbox"/> PROCEDURE	<input type="checkbox"/> WORK PLAN, EXP. DATE <u>N/A</u>	PAGE <u>1</u> OF <u>1</u>
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TYPE OF CHANGE:

<input type="checkbox"/> NEW Procedure or Work Plan	<input checked="" type="checkbox"/> REVISION	<input type="checkbox"/> PC	<input type="checkbox"/> TC	<input type="checkbox"/> DELETION
	<input type="checkbox"/> EZ	EXP. DATE: <u>N/A</u>		

AFFECTED SECTION:  
(Include step # if applicable)

3.4

1903.060Q

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

Added Table of Contents

Added commitment numbers and commitment

Added bold and brackets due to commitment

FORM TITLE: <b>DESCRIPTION OF CHANGE</b>	FORM NO. 1000.006C	CHANGE NO. 047-04-0
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1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits and the periodic inventory requirements for the indicated emergency supplies and equipment.

2.0 SCOPE

This procedure applies to the emergency supplies and equipment contained in a designated emergency kit or room unless otherwise indicated. This procedure contains monitoring requirements for assessing conformance with limiting conditions for operation of Unit 1 Technical Specifications.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

- 3.1.1 Emergency Plan
- 3.1.2 ANO-1 Technical Specifications

3.2 References Used in Conjunction with this Procedure:

- 3.2.1 1000.009, "Surveillance Test Program Control"
- 3.2.2 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"
- 3.2.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"
- 3.2.4 1904.002, "Offsite Dose Projections - RDACS Method"

3.3 RELATED ANO PROCEDURES:

- 3.3.1 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"
- 3.3.2 1003.005, Fire Prevention Inspection
- 3.3.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE: [BOLD] DENOTES COMMITMENTS

- 3.4.1 0CAN128305 (P-4110) Section 6.1.3 and 1903.060C
- 3.4.2 0CAN038313 (P-4141) Form 1903.060C
- 3.4.3 LIC-94-293 (P-14103) 1903.060A, Spare bottles
- 3.4.4 0CAN118202 (P-4067) Form 1903.060Q

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4.0 DEFINITIONS

- 4.1 Physical Inventory - The counting of individual items within the kits to ensure minimum supply.

5.0 RESPONSIBILITIES

5.1 MANAGER, EMERGENCY PLANNING

The Manager, Emergency Planning is responsible for ensuring the periodic inventory of emergency kits described in this procedure and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.

5.2 MANAGER, RADIATION PROTECTION/CHEMISTRY

The Manager, Radiation Protection/Chemistry is responsible for the monthly checklist and periodic inventory of the emergency kits described in this procedure.

5.3 SURVEILLANCE TEST COORDINATOR

The Surveillance Test Coordinator is responsible for scheduling the Radiation Instruments Monthly Battery Checks in accordance with Tech. Specifications.

5.4 THE FIRE PREVENTION COORDINATOR

The Fire Prevention Coordinator is responsible for ensuring the periodic inventory of fire lockers and carts described in Procedure 1003.005, "Fire Prevention Inspection" and for coordinating the maintenance and replacement of equipment and supplies contained in those lockers and carts.

6.0 DESCRIPTION

- 6.1 The following emergency kits are maintained at Arkansas Nuclear One for use in the event of an emergency:

- 6.1.1 Control Room Kit (Unit 1 Control Room Area; shared by both units)
- 6.1.2 Onsite Radiological Monitoring Kit (Operational Support Center)
- 6.1.3 **[Technical Support Center Kit (Technical Support Center)]**
- 6.1.4 Main Guard House Kit
- 6.1.5 Emergency Operations Facility Kit
- 6.1.6 Field Monitoring Kits A, B, C and D (Emergency Operations Facility)
- 6.1.7 Dose Assessment Kit (Emergency Operations Facility)
- 6.1.8 Emergency News Center Kit (Emergency Operations Facility)

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Step 6.1 (Cont.)

- 6.1.9 Hospital Kit - St. Mary's Hospital, Russellville and University of Arkansas Medical Science Center (UAMSC), Little Rock.
- 6.1.10 Fire Lockers (Unit 1 Turbine Bldg. 354' el., Unit 2 Turbine Bldg. 354' el., Turbine Bldg. 386' el., Unit 1 Auxiliary Bldg 386' el.)
- 6.1.11 First Aid Kits (Medical Lockers and Nurse's Station)
- 6.1.12 Initial Environmental Sampling Kit
- 6.2 A Nurse's Station is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.
- 6.3 Contents of the emergency kits are listed on the forms attached to this procedure.

7.0 LIMITS AND PRECAUTIONS

- 7.1 If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.009. "Surveillance Test Program Control" for instructions.
- 7.2 Emergency kits shall be checked at the intervals specified by the Manager of Emergency Planning and the Surveillance Test Schedule.
- 7.3 Checklists shall be completed monthly.
- 7.4 Inventory lists shall be completed quarterly or after each use. If the Emergency Kit has been kept intact per "Emergency Kit Seal Accountability", a physical inventory is not required.
- 7.5 If kit is found unsealed, the contents of the kit shall be inventoried except for the following: First Aid Supplies Kit and ENC Kit.
- 7.6 When performing an inventory, the applicable forms shall be completed. Discrepancies should be noted on applicable form.
- 7.7 Discrepancies shall be resolved or corrective actions shall be initiated. This should be indicated on the inventory form.
- 7.8 When completed, the forms should be forwarded to Emergency Planning for review. Emergency Planning will forward the forms to Records.
- 7.9 Monthly battery checks of portable survey instruments are required per Unit 1 Technical Specification 4.1.a; Table 4.1-1; Item 40.

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8.0 INSTRUCTIONS

8.1 Inventory

- 8.1.1 Emergency kit inventory is required if any of the following conditions exist:
- A. The kit has been used.
  - B. The kit is found unsealed.
  - C. The kit is due for a scheduled quarterly inventory.
- 8.1.2 Kits that have been maintained by seal accountability do not require a physical inventory (Refer to section 8.5). Performance checks must be performed.
- 8.1.3 IF kit meets the requirements for inventory, THEN perform a complete inventory.
- 8.1.4 IF first quarter of year, THEN replace all batteries contained within the kits that will expire prior to the first quarter of the following year and all batteries that do not have an expiration date. Batteries contained in radiological instruments are exempt.
- 8.1.5 Perform a physical inventory by ensuring that the minimum quantity for each item listed on the appropriate inventory form is contained within the kit. This step not required if the kit has been maintained by "Emergency Kit Seal Accountability", section 8.5.
- 8.1.6 Ensure expiration dates have not been exceeded nor will be exceeded within the next quarter on appropriate items except batteries. (Batteries are checked 1st quarter of year)
- 8.1.7 Inspect O-Rings on sample heads. Check for hardness or cracks that may cause the sample head to fail. Replace as necessary.
- 8.1.8 Perform a operability check and battery check of all battery powered equipment. Ensure instruments are left in the off position and batteries are removed when complete, if appropriate. (Radiation instruments are covered by monthly checks.)
- 8.1.9 Ensure that the emergency kits are maintained clean and orderly.
- 8.1.10 Marking items on the inventory form as "SAT" implies that all of the above conditions have been met.
- 8.1.11 Upon completion of inventory, ensure the kit is locked and contains a seal.
- 8.1.12 Complete appropriate forms and forward to Emergency Planning for review.

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8.2 Monthly Performance Checks

**NOTE**

Respirators are maintained in accordance with current HP procedures.

- 8.2.1 Check and record the calibration due dates for the radiological instruments in the kit. Replace or recalibrate any instrument whose calibration due date will expire prior to the next scheduled inspection.
- 8.2.2 Perform an operability check on each instrument listed on Form 1903.060Q as follows:
  - A. Perform a physical condition check on each instrument.
  - B. Perform a battery check on appropriate instruments.
  - C. Perform a qualitative source check on appropriate instruments.
  - D. Perform an operational test on appropriate equipment.
- 8.2.3 Ensure radiation instruments are powered by AC power at all times where appropriate to ensure batteries are charged.
- 8.2.4 Plug in and allow to charge for approximately one hour the following items (unless they are continuously plugged in):
  - A. Frisker
  - B. Self Contained Air Sampler
  - C. EOF Kit Battery (used to check 12 VDC air samplers)
- 8.2.5 Ensure all radiation instruments are turned off where appropriate.
- 8.2.6 Marking items on the checklist form as "SAT" implies that all of the above conditions have been met.
- 8.2.7 Document the monthly instrument check on Form 1903.060Q "Monthly Emergency Kit Surveillance Checklist".
- 8.2.8 Upon completion of monthly checks, ensure the kit is locked and contains a seal.
- 8.2.9 Forward all completed forms to Emergency Planning for review.
- 8.3 ANO Meteorological Tower Data Monthly Report
  - 8.3.1 Perform a monthly review of the Summary Report of "Entergy Operations Inc., ANO Meteorological Tower Data Monthly Report." Document this review on 1903.060R, "Met Tower Data Monthly Review Form".

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- 8.4 Emergency Medical Locker Battery Check
  - 8.4.1 Perform a bi-monthly exchange of Emergency Medical Team Radio Batteries. Document this on Form 1903.060T, "Medical Team Radio Battery Surveillance".
- 8.5 Emergency Kit Seal Accountability
  - 8.5.1 Each emergency kit must have a seal attached such that the kit cannot be used unless the seal is broken. The First Aid Supplies and ENC kits do not require a seal.
  - 8.5.2 IF Emergency Kit is to be opened, THEN log the current seal number on Form 1903.060V. If this kit is being opened for an actual emergency event, this step is not required.
  - 8.5.3 IF Emergency kit supplies are used, THEN, upon completion of use, perform kit inventory.
  - 8.5.4 Upon closure of Emergency Kit, complete the remaining information on Form 1903.060V and install a new seal. Log seal number on form 1903.060V.
  - 8.5.5 Forward completed forms to Emergency Planning.

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9.0 ATTACHMENTS AND FORMS

- 9.1 Form 1903.060A, "Control Room Kit Inventory Form"
- 9.2 Form 1903.060B, "Onsite Radiological Monitoring Kit Inventory Form"
- 9.3 Form 1903.060C, "Technical Support Center Kit Inventory Form"
- 9.4 Form 1903.060D, "Main Guard House Kit Inventory Form"
- 9.5 Form 1903.060E, "Emergency Operations Facility Kit Inventory Form"
- 9.6 Form 1903.060F, "Field Monitoring Kit Inventory Form"
- 9.7 Form 1903.060J, "Hospital Kit Inventory Form"
- 9.8 Form 1903.060K, "First Aid Supplies Inventory Form"
- 9.9 Form 1903.060P, "Dose Assessment Kit Inventory Forms"
- 9.10 Form 1903.060Q, "Monthly Emergency Kit Surveillance Checklist"
- 9.11 Form 1903.060R, "Met Tower Data Monthly Review Form"
- 9.12 Form 1903.060S, "Emergency News Center Kit Inventory Form"
- 9.13 Form 1903.060U, "UAMC Hospital Kit Inventory Form"
- 9.14 Form 1903.060V, "Emergency Kit Seal Accountability Log"

LOCATION: **Unit 1 Control Room**

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required.

INVENTORY LIST

Equipment	Required Quantity	Sat	Corrective Actions
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**SURVEY INSTRUMENTS**

High Range Ion Chamber	2		
Frisker w/Probe	1		
Air Sampler (110 VAC)	1		
Air Sampler (Battery)	1		
Sample Head	2		
Sample Head O-Rings	N/A		
Check Source	1		

**SAMPLING SUPPLIES**

Watch (P)	2		
Cloth Smear	50		
Particulate Air Sample Filter	20		
Silver Zeolite Cartridge	20		

**PERSONNEL****MONITORING EQUIPMENT**

Dosimeter (0 - 200R)	3		
Dosimeter (0 - 5R)	10		
Dosimeter (0 - 200mR)	30		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	6		

FORM TITLE: <b>CONTROL ROOM KIT INVENTORY FORM</b>	FORM NO. <b>1903.060A</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**RESPIRATORY****PROTECTION EQUIPMENT**

SCBA Units (6 -Unit 1 CR, 6 -Unit 2 CR, all medium masks)	12		
<sup>1</sup> Spare SCBA Bottle	12		
Extra SCBA Mask (4 Large, 4 Small)	8		
Canister Mask w/Iodine Canister	12		
Iodine Canister (Spare)	12		

**PROTECTIVE CLOTHING**

Anti-C Clothing	12 sets		
Surgeon Gloves	1 Box		
Maslin	1 bundle		
Masking Tape	2 rolls		
Duct Tape	2 rolls		
Safety Glasses (Beta Protection)	12 pairs		

**POSTING MATERIALS**

Radiological Posting Signs	12		
"Radiation Area" Insert	6		
"High Radiation Area" Insert	6		
"RWP Required for Entry" Insert	6		
"Airborne Radioactivity Area" Insert	6		
"Respiratory Protection Required" Insert	6		
"Notify HP Prior to Entry" Insert	6		
"Contamination Area" Insert	6		
"High Contamination Area" Insert	6		

FORM TITLE: <b>CONTROL ROOM KIT INVENTORY FORM</b>	FORM NO. <b>1903.060A</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
"Radioactive Material" Insert	12		
Blank Insert	6		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	4 rolls		
Control Room Survey Maps	5 copies		
Step-Off Pads	5		

**MISCELLANEOUS**

Pencil	12		
Magic Marker	2		
Clipboard	2		
Cutting Tool	1		
Calculator (P)	2		
TRS-80 Pocket Computer (P)	2		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	4		
Bulbs (Spare)	4		
10 Mile EPZ Map	2		
Meter Bags or equiv.	10		
Ziplock Baggies or equiv.	10		
<sup>2</sup> Printer Paper	1		
Extension Cord (50-ft)	1		
Emergency Telephone Directory	1		

FORM TITLE: <b>CONTROL ROOM KIT INVENTORY FORM</b>	FORM NO. <b>1903.060A</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**Batteries**

"D" Cell	18		
"C" Cell	10		
9-Volt	5		
Watch/Calculator Battery	4		

- 1 - Indicates that spare SCBA bottles have been verified to contain  $\geq$  2000 psi pressure.
- 2 - Approximately 500 sheet bundle
- (P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>CONTROL ROOM KIT INVENTORY FORM</b>	FORM NO. <b>1903.060A</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Maintenance Facility**

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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**SURVEY INSTRUMENTS**

High Range Ion Chamber	1		
Beta-Gamma Survey Meter	1		
Gamma Survey Meter w/Probe	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Air Sampler (Battery)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		

**SAMPLING SUPPLIES**

Watch (P)	2		
Cloth Smear	100		
Particulate Air Sample Filter	50		
Maslin	1 Bundle		
Silver Zeolite Cartridge	20		

**PERSONNEL****MONITORING EQUIPMENT**

Dosimeter (0-200mR)	80		
Dosimeter (0-5R)	80		
Dosimeter (0-200R)	20		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	10		

FORM TITLE: <b>ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM</b>	FORM NO. <b>1903.060B</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**RESPIRATORY****PROTECTION EQUIP**

SCBA Units	4		
<sup>1</sup> Spare SCBA Bottles	4		
Canister Mask w/Iodine Canister	4		
Iodine Canister (Spare)	4		

**PROTECTIVE CLOTHING**

Anti-c Clothing	50 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		

**POSTING MATERIALS**

Radiological Posting Signs	10		
"Radiation Area" Insert	5		
"High Radiation Area" Insert	5		
"RWP Required for Entry" Insert	5		
"Airborne Radioactivity Area" Insert	5		
"Respiratory Protection Required" Insert	5		
"Notify HP Prior To Entry" Insert	5		
"Contamination Area" Insert	5		
"High Contamination Area" Insert	5		
"Radioactive Material" Insert	10		
Blank Insert	5		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	10		

FORM TITLE: <b>ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM</b>	FORM NO. <b>1903.060B</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**MISCELLANEOUS**

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		
Pencil	12		
Magic Marker	2		
Clipboard	3		
Cutting Tool	1		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	2		
Meter Bags or equiv.	15		
Zip-Lock Baggies	30		
Security Badge Clips	15		
Outside Gas Pump Key	1		
Survey Maps (In OSC)	10 ea		

**Batteries**

"D" Cell	24		
"C" Cell	10		
9-Volt	24		

1 - Indicates that spare SCBA bottles have been verified to contain  $\geq$  2000 psi pressure.

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM</b>	FORM NO. <b>1903.060B</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Technical Support Center** (3rd Floor Administration Building)

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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**SURVEY INSTRUMENTS**

Gamma Survey Meter w/Probe	1		
[Frisker w/Detection Chamber]	1		
Check Source	1		
Air Sampler	1		
Sample Head	2		
Sample Head O-Rings	N/A		

**PERSONNEL****MONITORING EQUIPMENT**

Dosimeter (0-500 mR)	20		
Dosimeter Charger (P)	1		
TLD Badge(include 1 as background)	15		

**RESPIRATORY****PROTECTION EQUIPMENT**

[Canister Mask w/Iodine Canister]	25		
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**PROTECTIVE CLOTHING**

[Disposable Suits]	25		
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**SAMPLING SUPPLIES**

Silver Zeolite Cartridge	10		
Charcoal Cartridge	20		

FORM TITLE: <b>TECHNICAL SUPPORT CENTER KIT INVENTORY FORM</b>	FORM NO. <b>1903.060C</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**POSTING MATERIALS**

Radiological Posting Signs	3		
"Radiation Area" Insert	3		
"High Radiation Area" Insert	3		
"RWP Required for Entry" Insert	3		
"Airborne Radioactivity Area" Insert	3		
"Respiratory Protection Required" Insert	3		
"Notify HP Prior to Entry" Insert	3		
"Contamination Area" Insert	3		
"High Contamination Area" Insert	3		
"Radioactive Material" Insert	3		
Blank Insert	3		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	1 rolls		
Admin Building Survey Maps	5 copies		
Step-Off Pads	3		

**MISCELLANEOUS**

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		
Pencil	12		
Note Pad	3		
Clipboards	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	1		

FORM TITLE: <b>TECHNICAL SUPPORT CENTER KIT INVENTORY FORM</b>	FORM NO. <b>1903.060C</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**Batteries**

"D" Cell	6		
"C" Cell	6		
Watch/Calculator Battery	4		

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>TECHNICAL SUPPORT CENTER KIT INVENTORY FORM</b>	FORM NO. <b>1903.060C</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Main Guard House**

- Has been used
- Found unsealed
- Due for inventory
- Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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**EVACUATION EQUIPMENT**

Vests	12		
Bull Horn (P)	1		

**RESPIRATORY**

**PROTECTION EQUIPMENT**

Canister Mask w/Iodine Canister	2		
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**MISCELLANEOUS**

Flashlight (P)	3		
Bulbs (Spare)	3		

**BATTERIES**

"AA" Cell	10		
"D" Cell	6		

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>MAIN GUARD HOUSE KIT INVENTORY FORM</b>	FORM NO. <b>1903.060D</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Emergency Operations Facility** (First Floor Room 110)

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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### SURVEY INSTRUMENTS

Gamma Survey Meter	3		
High Range Ion Chamber	1		
Frisker w/Probe	2 ea.		
Air Sampler (110 V)	2		
Air Sampler (12 V)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		
Extension Cords	2		

### SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	250		
Particulate Air Sample Filter	100		
Maslin	1 Bundle		
Silver Zeolite Cartridge	70		
<sup>2</sup> Sample Bottles ( 1 gal.)	100		
EOF Survey Map	5 ea.		

FORM TITLE: <b>EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM</b>	FORM NO. <b>1903.060E</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**PERSONNEL****MONITORING EQUIPMENT**

Dosimeter (0-5)	10		
Dosimeter (0-200mR)	50		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	20		

**RESPIRATORY****PROTECTION EQUIPMENT**

Canister Mask w/Iodine Canister	13		
Iodine Canister (Spare)	5		
SCBA Units	5		
<sup>1</sup> Spare SCBA Bottles	10		

**PROTECTIVE CLOTHING**

Anti-C Clothing	30 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		

**INITIAL****ENVIRONMENTAL SAMPLING KIT**

Shovel	1		
Sample Bottles, 1 Gal.	3		
Shears	1		
Meter Bags or equiv.	10		
Duct Tape	1 roll		
Paper Towels	1 bundle		
Surgeon Gloves	25 pair		
Carrying Bag	1		

FORM TITLE: <b>EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM</b>	FORM NO. <b>1903.060E</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions Initials*
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**MISCELLANEOUS**

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		
Pencil	12		
Magic Marker	3		
Clipboard	3		
Cutting Tool	2		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	3		
Bulbs (Spare)	3		
Meter Bag or equiv.	30		
Ziplock Baggies or equiv.	30		

**PERSONNEL****DECONTAMINATION SUPPLIES**

Scissors	2		
Razor	4		
Manicure Set	1		
Wash Cloths	100		
Towels	100		
Bristle Brush	30		
Cotton Balls	1 pkg.		
Cotton Swabs	1 pkg.		

FORM TITLE:

**EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM**

FORM NO.

**1903.060E**

CHANGE

**034-00-0**

Equipment	Required Quantity	Sat	Corrective Actions
Hand Soap (Regular)	3		
"Lava" Soap	3		
"Rad-Con"	4 cans		
Shaving Cream	2 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		
Eyewash Solution w/Applicator	2		
Paper Clothing	30		
Bioassay Sample Containers	50		

**POSTING MATERIALS**

Radiological Posting Signs	40		
"Radiation Area" Insert	20		
"High Radiation Area" Insert	20		
"RWP Required for Entry" Insert	20		
"Airborne Radioactivity Area" Insert	20		
"Respiratory Protection Required" Insert	20		
"Notify HP Prior to Entry" Insert	20		
"Contamination Area" Insert	20		
"High Contamination Area" Insert	20		
"Radioactive Material" Insert	40		
Blank Insert	20		
Radiation Warning Rope/Ribbon	2 rolls		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	20		

FORM TITLE:

**EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM**

FORM NO.

1903.060E

CHANGE

034-00-0

Equipment	Required Quantity	Sat	Corrective Actions
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**Batteries**

"D" Cell	24		
"C" Cell	10		
9-Volt	24		
Watch/Calculator Battery	4		

1 - Indicates that spare SCBA bottles have been verified to contain  $\geq$  2000 psi pressure.

2 - Located outside sealed kit

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM</b>	FORM NO. <b>1903.060E</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Emergency Operations Facility** (First Floor Room 110)

Field Monitoring Kit  A  B  C  D

- Has been used  
 Found unsealed  
 Due for inventory (All kits are required to be inventoried)  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	A Sat	B Sat	C Sat	D Sat	Corrective Actions
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### SURVEY INSTRUMENTS

<sup>1,2</sup> High Range Ion Chamber	1					
<sup>1,2</sup> Gamma Survey Meter w/Probe	1					
<sup>1</sup> Frisker w/Probe	1					
<sup>1</sup> Air Sampler (12 VDC)	1					
Sample Head	2					
Sample Head O-Rings	N/A					
Check Source	1					

### SAMPLING SUPPLIES

Watch (P)	1					
Cloth Smear	25					
Particulate Air Sample Filter	25					
Ziplock Baggies or equiv.	25					
Forceps or equiv.	1					
Surgeon Gloves	50 pr					
Charcoal Cartridge	25					
Silver Zeolite Cartridge	20					

### PERSONNEL

### MONITORING EQUIPMENT

Dosimeter (0-500mR)	3					
Dosimeter Charger (P)	1					

FORM TITLE: <b>FIELD MONITORING KIT INVENTORY FORM</b>	FORM NO. <b>1903.060F</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	A Sat	B Sat	C Sat	D Sat	Corrective Actions
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**PROTECTIVE CLOTHING**

Masking Tape	1 roll					
Duct Tape	1 roll					

**MISCELLANEOUS**

KI Tablets, (Btl of 14 Tablets)	4 Bottles					
Pencil	3					
Magic Marker	2					
Grease Pencil	2					
Clipboard	1					
Cutting Tool	1					
Flashlight (P)	3					
Bulbs (Spare)	3					
10 Mile EPZ Map	1					
Russellville City Map	1					
Dardanelle City Map	1					
Calculator (P)	1					
Meter Bags or equiv.	15					

**Batteries**

"D" Cell	8					
"C" Cell	8					
9-Volt	3					

- (P) - Requires performance check  
 1 - May be stored outside of kit.  
 2 - The Merlin Gerin WR-Telepole or equivalent can perform both low (0.05 mr/hr) range and high (1000 R/hr) range measurements and may be used in place of both of the listed instruments.

Performed By \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
 Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>FIELD MONITORING KIT INVENTORY FORM</b>	FORM NO. <b>1903.060F</b>	CHANGE <b>034-00-0</b>
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LOCATION: **St. Mary's Hospital**

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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**Instruments**

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		
Check Source	1		

**SAMPLING SUPPLIES**

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		

**PERSONNEL****MONITORING EQUIPMENT**

Dosimeter (0-200mR)	10		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	15		

**PROTECTIVE CLOTHING**

Anti-C Clothing	2 sets		
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FORM TITLE: <b>HOSPITAL KIT INVENTORY FORM</b>	FORM NO. <b>1903.060J</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**POSTING MATERIALS**

Radiological Posting Signs	20		
"Radiation Area" Insert	10		
"High Radiation Area" Insert	10		
"RWP Required for Entry" Insert	10		
"Health Physics Escort Required" Insert	10		
"Airborne Radioactivity Area" Insert	10		
"Respiratory Protection Required" Insert	10		
"Notify HP Prior to Entry" Insert	10		
"Contamination Area" Insert	10		
"High Contamination Area" Insert	10		
"Radioactive Material" Insert	20		
Blank Insert	10		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	5		

**MISCELLANEOUS**

Pencil	6		
Magic Marker	2		
Clipboard	1		
Flashlight (P)	1		
Bulbs (Spare)	1		
Meter Bags or equiv.	15		

FORM TITLE: <b>HOSPITAL KIT INVENTORY FORM</b>	FORM NO. <b>1903.060J</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**PERSONNEL  
DECONTAMINATION SUPPLIES**

"Rad-Con"	4 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		

**Batteries**

"D" Cell	10		
"C" Cell	6		
9-Volt	4		

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>HOSPITAL KIT INVENTORY FORM</b>	FORM NO. <b>1903.060J</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Nurse's Station, Medical Lockers**

- Has been used
- Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
<b>FIRST AID KITS/SUPPLIES</b>			
Nurse's Station	1		
Medical Locker U1 354'	1		
Medical Locker U2 354'	1		
Medical Locker U1/U2 386'	1		
Medical Kit CA-1	1		
Outage Medical Kit	1		
Medical Kit Central Support Building (CSB)	1		

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>FIRST AID SUPPLIES INVENTORY FORM</b>	FORM NO. <b>1903.060K</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Emergency Operations Facility** (Second Floor Outside Room 260)

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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### Supplies

Pocket Calculators (P)	4		
<sup>1</sup> Pocket Computers (P)	2		
Printer Paper	1 pkg		
Cork Board	1		
EPZ Map (1 mile)	10		
EPZ Map (10 mile)	10		
Dry Erase Markers	10		
Scotch Tape	2 rolls		
Felt-Tip Pens	10		
Ball-Point Pens	10		
Pencils	10		
Binder Clips	25		
Push-Pins and Labels	2 boxes		
Rulers	4		
Clipboard	1		
Dardanelle city map	1		
Russellville city map	1		
Stapler	1		
Staples	1 box		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		

FORM TITLE: <b>DOSE ASSESSMENT KIT INVENTORY FORM</b>	FORM NO. <b>1903.060P</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
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**Batteries**

Watch/Calculator	10		
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1 - Pocket Computers (TRS-80) over the required inventory may be substituted for calculators

(P) - Requires performance check

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>DOSE ASSESSMENT KIT INVENTORY FORM</b>	FORM NO. <b>1903.060P</b>	CHANGE <b>034-00-0</b>
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**TECHNICAL SUPPORT CENTER KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Frisker				
<sup>1</sup> Gamma Survey Meter				
Air Sampler	110V			
Detection Chamber	HP-210 or equiv			
Dosimeter	0-500 mRem	N/A		

Instrument	Location	Instrument Number	Calibration Due Date	Sat
NMC (See Note 1)	TSC			

Note 1: The monthly operational check is satisfied by performing the "Daily Operational Checks" in procedure 1601.463.

**CONTROL ROOM KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Ion Chamber				
<sup>1</sup> Ion Chamber				
<sup>1</sup> Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	Battery			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

FORM TITLE: <b>[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]</b>	FORM NO. <b>1903.060Q</b>	CHANGE <b>034-00-0</b>
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**EMERGENCY OPERATIONS FACILITY KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Ion Chamber				
<sup>1</sup> Frisker				
<sup>1</sup> Frisker				
Detection Chamber	HP-210 or equiv			
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	110 V			
Air Sampler	12 VDC			
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

**ST MARY'S HOSPITAL KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Beta Gamma				
<sup>1</sup> Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Dosimeter	0-200 mRem	N/A		

FORM TITLE:

**[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]**

FORM NO.

**1903.060Q**

CHANGE

**034-00-0**

**FIELD MONITORING KIT A**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1,2</sup> Ion Chamber				
<sup>1,2</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

**FIELD MONITORING KIT B**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1,2</sup> Ion Chamber				
<sup>1,2</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

**FIELD MONITORING KIT C**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1,2</sup> Ion Chamber				
<sup>1,2</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FORM TITLE:

**[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]**

FORM NO.

**1903.060Q**

CHANGE

**034-00-0**

**FIELD MONITORING KIT D**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1,2</sup> Ion Chamber				
<sup>1,2</sup> Gamma Survey Meter	E-530 or equiv			
<sup>1</sup> Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

**UAMC HOSPITAL KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Ion Chamber				
<sup>1</sup> Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			

FORM TITLE:

**[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]**

FORM NO.

**1903.060Q**

CHANGE

**034-00-0**

**ONSITE RADIOLOGICAL MONITORING KIT**

Instrument	Type	Instrument Number	Calibration Due Date	Sat
<sup>1</sup> Ion Chamber				
<sup>1</sup> Beta-Gamma Survey Meter				
<sup>1</sup> Gamma Survey Meter				
<sup>1</sup> Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	Battery			
Air Sampler	110 V			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

1 - Required by Tech Specs.

2 - The Merlin Gerin WR-Telepoles may be used in place of both of the listed instruments. This telepole has a range of 0.05 mRem/hr to 1000 Rem/hr.

Corrective Actions	Init./Date

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]</b>	FORM NO. <b>1903.060Q</b>	CHANGE <b>034-00-0</b>
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LOCATION: Emergency Planning Department

INSTRUCTIONS:

Page 1 of 1

1. Perform a monthly review of the Summary Report of "Entergy Operations Inc., ANO Meteorological Tower Data Monthly Report".
  - A. The purpose of the review will be to assure that the 90% data recovery goal, specified in Reg. Guide 1.23, is satisfied and provide instructions for initiation of corrective action if necessary.
  - B. This review will be performed on a monthly basis.
  - C. Acceptance criteria  $\geq$  90% Data Recovery.

2. Monthly percentage readings:

- A. Horizontal Wind Direction @10 M or @57 M \_\_\_\_\_ %
- B. Horizontal Wind Speed @10 M or @57 M \_\_\_\_\_ %
- C. Delta Temp/Stab Class 10 - 57 M  
OR  
Sig Theta/Stab Class 57 M \_\_\_\_\_ %

3. Results

- A. This review is for the month and year of: \_\_\_\_\_  
 ( ) Satisfactory - All group readings  $\geq$  90%  
 ( ) Unsatisfactory - Any group reading  $<$  90%
- B. IF unsatisfactory,  
 THEN verify that meteorological data was unavailable (using RDACS or other means).
- C. IF data was unavailable,  
 THEN initiate a Condition Report in accordance with Procedure 1000.104, "Condition Reporting and Corrective Action".  
 Condition Report Number: \_\_\_\_\_

Performed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

FORM TITLE: <b>MET TOWER DATA MONTHLY REVIEW FORM</b>	FORM NO. <b>1903.060R</b>	CHANGE <b>034-00-0</b>
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LOCATION: **Emergency Operations Facility** (Second Floor Room 240)

- Has been used
- Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
Media Packets	100		
Emergency Instruction Booklets	20		
Light Pointer	1		
Stick Pointer	1		
Clipboard	4		
Overhead (book)	1		
Systems Training Manual (U1)	4		
Systems Training Manual (U2)	4		
Dry-Erase Markers	5		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		
Media ID Badges	100		
Note Pads	10		

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: <b>EMERGENCY NEWS CENTER KIT INVENTORY FORM</b>	FORM NO. <b>1903.060S</b>	CHANGE <b>034-00-0</b>
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LOCATION: **University of Arkansas Medical Center (UAMC)**

INSTRUCTIONS:

- Has been used  
 Found unsealed  
 Due for inventory  
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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**SURVEY INSTRUMENTS**

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		

**SAMPLING SUPPLIES**

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		
Cutting Tool	1		

**PROTECTIVE CLOTHING**

Anti-C Clothing	8		
Surgeon Gloves or equiv.	1 Box		

**POSTING MATERIALS**

Radiological Posting Signs	4		
"Radiation Area" Insert	2		
"High Radiation Area" Insert	2		

FORM TITLE: <b>UAMC HOSPITAL KIT INVENTORY FORM</b>	FORM NO. <b>1903.060U</b>	CHANGE <b>034-00-0</b>
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Equipment	Required Quantity	Sat	Corrective Actions
ired for Entry" Insert	2		
Radioactivity Area"	2		
P Prior to Entry" Insert	2		
ation Area" Insert	2		
amination Area" Insert	2		
ive Material" Insert	2		
ert	2		
Warning Rope/Ribbon	2 Rolls		
l Magenta Border Tape	1 Roll		
Pads	2		

**NEOUS**

	2		
ker	2		
s	1		
s or equiv.	6		
	1 Bundle		
Cord	1		
	1		
	12		
igs or equiv.	12		

res performance check

By \_\_\_\_\_ Date \_\_\_\_\_  
 by \_\_\_\_\_ Date \_\_\_\_\_  
 Planning Manager \_\_\_\_\_ Date \_\_\_\_\_

FORM TITLE: EMERGENCY KIT SEAL ACCOUNTABILITY LOG  
 FORM NO. 1903.060V  
 CHANGE 034-00-0

<b>UAMC HOSPITAL KIT INVENTORY FORM</b>	FORM NO. 1903.060U	CHANGE 034-00-0
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