



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37379

April 3, 2000

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, D.C. 20555

Gentlemen:

In the Matter of ) Docket Nos. 50-327  
Tennessee Valley Authority ) 50-328

**SEQUOYAH NUCLEAR PLANT (SQN) - UNITS 1 AND 2 - EMERGENCY PLAN  
IMPLEMENTING PROCEDURE (EPIP) REVISION**

In accordance with the requirements of 10 CFR 50, Appendix E,  
Section V, enclosed is a copy of SQN EPIP-17, Revision 18,  
"Emergency Equipment and Supplies."

If you have any questions concerning this matter, please  
telephone me at (423) 843-7170 or J. D. Smith at  
(423) 843-6672.

Sincerely,

Pedro Salas  
Licensing and Industry Affairs Manager

Enclosure

cc: See page 2

A045

U.S. Nuclear Regulatory Commission  
Page 2  
April 3, 2000

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TENNESSEE VALLEY AUTHORITY  
SEQUOYAH NUCLEAR PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

**EPIP-17**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

Revision 18

**QUALITY RELATED**

PREPARED/PROOFREAD BY: J R Ford DATE: 3/21/00

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: J H Casey

EFFECTIVE DATE: 03/21/2000

LEVEL OF USE: REFERENCE

**REVISION**

**DESCRIPTION:** Intent Change with substantial reformatting. Added Silver Zeolite, Marinelli Beakers, and Shielded Detector Pig to Appendix C. Revised Teletector to High Range Survey Instrument since Teletector is no longer available. Added the verification of Wall Maps to Appendix H and I. Added tool kits to Appendix I. These changes were made for standardization between sites. Removed Panafax Paper from App H, this paper is no longer required since the fax machine was changed. Designated number of doses of KI to be kept in the OSC. Removed Surrogate Tour. Incorporated changes identified in EP Self Assessment. Removed communications equipment already being checked under 0-PI-REM-244.001. Added SAMG manuals to TSC.

## TABLE OF CONTENTS

Section	Title	Page
	Table of Contents.....	2
<b>1.0</b>	<b>PURPOSE.....</b>	<b>3</b>
<b>2.0</b>	<b>REFERENCES.....</b>	<b>3</b>
<b>3.0</b>	<b>INSTRUCTIONS.....</b>	<b>3</b>
3.1	General Instructions.....	3
3.2	Detailed Instructions.....	3
3.3	Completion of Appendices.....	4
<b>4.0</b>	<b>RECORDS.....</b>	<b>5</b>
4.1	QA Records.....	5
4.2	Non QA Records.....	5
 <b>APPENDICES</b>		
Appendix A	Emergency Equipment - Main Control Room (MCR).....	6
Appendix B	Emergency Equipment - Communication Room.....	7
Appendix C	Emergency Equipment - RADCON Lab.....	8
Appendix D	Site Medical Emergency Supplies.....	9
Appendix E	Self-Contained Breathing Apparatus.....	10
Appendix F	Emergency Equipment - RADCON Vans.....	11
Appendix G	Hospital Cabinet Inventory.....	12
Appendix H	Technical Support Center (TSC).....	13
Appendix I	Operations Support Center (OSC).....	14
Appendix J	OSC Response Team Equipment.....	15
Appendix K	Emergency Equipment-480V Reactor MOV Board Room.....	16
Appendix L	Decon Facility - Service Building.....	17
Appendix M	Responsibilities-Inventory and Maintenance.....	18
<b>SOURCE NOTES.....</b>		<b>19</b>

## 1.0 PURPOSE

This instruction is used to comply with the requirements of the Radiological Emergency Plan for periodic inspection and maintenance of equipment and supplies.

## 2.0 REFERENCES

A. CECC EPIP-9, Attachment J.

## 3.0 INSTRUCTIONS

### 3.1 General Instructions

**3.1.1** The responsibility and frequency of inventories are specified in Appendix M. For the purposes of these inventories, monthly is defined as once per calendar month, quarterly is defined as once per calendar quarter, and annual is defined as once per calendar year.

**3.1.2** The individuals performing the inspection shall complete the appendices and the Emergency Preparedness Manager shall review the results as indicated and make arrangements to correct deficiencies.

**3.1.3** List any deviations and the disposition on the appropriate Appendix Data Sheet. Deficient, outdated or missing items shall be replaced.

**3.1.4** Special checks of certain material in the cabinets shall be performed. The following checks shall be made where applicable:

A. The protective clothing shall be checked for deterioration.

B. The smoke tubes and aspirator bulbs shall be checked for deterioration and that the tubes have not been broken or used.

C. Replace all flashlight batteries at the end of shelf-life with fresh batteries drawn from Power Stores. (Do not discard batteries. Return them to the tool room.)

D. Check to determine that flashlights are operable.

E. Rezero all emergency dosimeters to assure proper operation.

### 3.2 Detailed Instructions

**3.2.1** The emergency equipment, listed in Appendices A and B, are stored in cabinets provided with a lock or plastic seal. This provides a means of controlling access or determining that the cabinet has not been opened. An inventory list of the equipment may be posted on the outside of the cabinet. The two cabinets are located in the Main Control Room corridor, and Communications Room.

**3.2.2** Each cabinet and storage location, including the medical treatment area, shall be inventoried and required equipment inspected and checked for operation and/or condition. Equipment in certain cabinets is separated into Table A and Table B. Table A is a list of all non-perishable items stored in a small metal box equipped with a security seal within the cabinet itself. These items will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated. Those items listed in Table B of these attachments are inventoried on a quarterly basis.

**3.2.3** The radiation monitoring instruments, which are in normal plant use, are located in the RADCON laboratory as listed in Appendix C.

**3.2.4** The Site Medical Emergency Supplies listed in Appendix D are located in the site ambulance or the site medical station.

- 3.2.5 All self-contained breathing units in service on Appendix E shall be inventoried and inspected monthly by Fire Protection.
- 3.2.6 The emergency equipment, referenced in Appendix F is located in the environmental monitoring emergency vans. In the event of a radiological emergency that requires the emergency vans to be used, a RADCON technician will obtain the additional equipment listed in CECC-EPIP-9, Attachment J. This equipment will be transported to the vans.
- 3.2.7 The emergency room supplies furnished by TVA for use of the agreement hospital(s) in case of injury to personnel involving radioactive materials are listed in Appendix G.
- 3.2.8 References and supplies listed in Appendix H are stored in the Technical Support Center for use during an emergency and Appendix I for the Operations Support Center.
- 3.2.9 Protective clothing for use by the OSC response teams is located in the Operations Support Center storage room and is listed in Appendix J.
- 3.2.10 Protective clothing for use in contamination controls from affected plant areas in the Control Building are listed in Appendix K and is located in the 480 V Reactor MOV Board Room, Elevation 734.
- 3.2.11 Supplies for decontamination of personnel are stored in the El.690' Decon. Room near the RadCon lab and are listed in Appendix L.

### 3.3 Completion of Appendices

- 3.3.1 If the particular items are present and in sufficient quantities and, when applicable, in good working condition, then check the "Yes" column.
- 3.3.2 If a deficiency is noted, then check the "No" column and replace deficient items. All deficiencies must be corrected as soon as possible. If circumstances do not allow deficiencies to be corrected, then the appropriate supervisor shall be notified.
- 3.3.3 Under the "Remarks" column, explain the corrective actions taken.
- 3.3.4 All comments in the "Remarks" column should be detailed enough to leave no doubt as to the actions taken. Comments to the effect - "batteries missing" will not suffice. A simple check in the "No" column will represent that a deficiency exists. Such comments do not allow a person to determine what, if any, action has been taken. Comments should read for example: "Batteries missing, replaced on March 5, 2000".

### 4.0 RECORDS

#### 4.1 QA Records

None

#### 4.2 Non-QA Records

The Appendices/Checklists in this Instruction are NON-QA documents and will be retained by the SQN Emergency Planning (EP) Manager for at least two years.

## APPENDIX A

MAIN CONTROL ROOM CORRIDOR CABINET - CONTROL BUILDINGTABLE A

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
	Security seal intact:.....	___	___	_____
	<b>NOTE:</b> Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.			
12 pr.	Rubber overshoes - Various sizes .....	___	___	_____
6 pr.	Canvas gloves.....	___	___	_____
12 pr.	Rubber gloves- Various sizes .....	___	___	_____
6	Hoods.....	___	___	_____
2	Pencils.....	___	___	_____
2	Clipboards with paper .....	___	___	_____
2	Boxes smoke tubes.....	___	___	_____
2	Aspirator bulbs.....	___	___	_____
1	Log Book.....	___	___	_____
4 rolls	Duct tape and/or masking tape .....	___	___	_____
	Security seal replaced .....	___	___	_____

TABLE B

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
12	Pairs of paper overalls - Various sizes .....	___	___	_____
2	Hardhats.....	___	___	_____
2	Flashlights .....	___	___	_____
12	Spare flashlight batteries Expires: _____ .....	___	___	_____
2	Spare flashlight bulbs.....	___	___	_____
1	First-aid kit.....	___	___	_____
12	Face Goggles .....	___	___	_____
1	Radiation Survey Meter .....	___	___	_____
	Cabinet Relocked or Resealed .....	___	___	_____

Inspection performed by:  
RADCON Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:  
Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_  
**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX B**

**COMMUNICATIONS ROOM - CONTROL BUILDING**

**TABLE A**

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
	Security seal intact:.....	_	_	_
<b>NOTE:</b> Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.				
6	Pairs of rubber overshoes.....	_	_	_
6	Pairs canvas gloves.....	_	_	_
6	Pairs rubber gloves.....	_	_	_
6	Hoods.....	_	_	_
2	Pencils.....	_	_	_
2	Clipboards with paper.....	_	_	_
2	Boxes smoke tubes.....	_	_	_
2	Aspirator bulbs.....	_	_	_
1	Log Book.....	_	_	_
	Security seal replaced.....	_	_	_

**TABLE B**

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
6	Pairs of coveralls - various sizes.....	_	_	_
2	Hardhats.....	_	_	_
2	Flashlights.....	_	_	_
12	Spare flashlight batteries Expires:_____.....	_	_	_
2	Spare flashlight bulbs.....	_	_	_
1	First-aid kit.....	_	_	_
	Cabinet Relocked or Resealed.....	_	_	_

Inspection performed by:  
 RADCON Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:  
 Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_  
**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**



## APPENDIX C

RADIOLOGICAL CONTROL LABORATORY - SERVICE BUILDING

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
1	Alpha Survey Meter (500,000 cpm).....	—	—	_____
1	Neutron dose rate survey meter (.025 eV - 10 MeV/5,000 mR/hr) .....	—	—	_____
2	High Range Survey Instrument (1,000 R/hr with extendible probe) .....	—	—	_____
6	ION Chamber Survey Meter (50 R/h).....	—	—	_____
1	ION Chamber Survey Meter (20,000 R/h).....	—	—	_____
5	High volume Air Samplers (and support equipment) .....	—	—	_____
10	Frisker Type Survey Meters (0-50,000 cpm).....	—	—	_____
5	Low-volume air samplers (and support equipment) .....	—	—	_____
1	Portable Mini-Scaler .....	—	—	_____
5	Calculators .....	—	—	_____
2	Cal/Response Ck Sources.....	—	—	_____
5	Noble Gas Sampling Syringes .....	—	—	_____
10	Silver Zeolite Cartridges.....	—	—	_____
5	Marinelli Beakers.....	—	—	_____
1	Shielded Detector Pig.....	—	—	_____

Inspection performed by:

RADCON Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:

Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX D**

**SITE MEDICAL EMERGENCY SUPPLIES**

	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<input type="checkbox"/> Ambulance or <input type="checkbox"/> Nurse's Station			
Blood Pressure Apparatuses.....	—	—	_____
Marion Ventilators with Oxygen .....	—	—	_____
Oxygen - Large tanks in ambulance .....	—	—	_____
I.V. Setup - fluids .....	—	—	_____
tubing .....	—	—	_____
needles.....	—	—	_____
Suctions - Portables in Ambulance .....	—	—	_____
Anaphylaxis Kits .....	—	—	_____
Immobilizing Equipment:			
Stokes Baskets .....	—	—	_____
Scoop Stretchers .....	—	—	_____
Back Boards .....	—	—	_____
Hare Splints.....	—	—	_____
Air Splints .....	—	—	_____
Splints - arm, finger, and leg .....	—	—	_____
Extrication Collars.....	—	—	_____
Sand Bags.....	—	—	_____
Stretcher Straps .....	—	—	_____
Mast Trousers in Ambulance .....	—	—	_____
Trauma Kits: .....	—	—	_____
Burn Sheets      Triangular Bandages      Air Splints      Bite Sticks			
Dressings      Pocket Masks      Gloves      Scissors			
Adhesive Tape      Irrigating Solution      Cold Packs      Flashlight			
Disposable Gowns .....	—	—	_____
Blankets .....	—	—	_____
Cleaning Solution:			
Betadine Solution.....	—	—	_____
Hydrogen Peroxide.....	—	—	_____
Brushes.....	—	—	_____

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

Review and Approval:

Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX E**  
Page 1 of 1

**SELF-CONTAINED BREATHING APPARATUS**

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
<b><u>RELAY ROOM OUTSIDE TECHNICAL SUPPORT CENTER (EL 732)</u></b>				
12	Self-contained breathing apparatus.....	—	—	_____
12	Additional air cylinders .....	—	—	_____
<b><u>COMMUNICATIONS ROOM</u></b>				
3	Self-contained breathing apparatus.....	—	—	_____
<b><u>SERVICE BUILDING EL 690 (PASF Units)</u></b>				
8	Dual Purpose self-contained breathing apparatus.....	—	—	_____
4	Dual Purpose Airline Hoses .....	—	—	_____
<b><u>SERVICE BUILDING EL 690 (RADCON AND RADCHEM LABS)</u></b>				
13	Self-contained breathing apparatus.....	—	—	_____
<b><u>SERVICE BUILDING (EL. 706) FIRE EQUIPMENT CAGE</u></b>				
6	Self-contained breathing apparatus.....	—	—	_____
12	Additional cylinders .....	—	—	_____
<b><u>AUXILIARY BUILDING (EL. 734) FIRE EQUIPMENT CAGE</u></b>				
3	Self-contained breathing apparatus.....	—	—	_____
5	Additional Cylinders .....	—	—	_____

Inspection performed by:  
 Fire Protection Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:  
 Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_  
**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

## APPENDIX F

EMERGENCY EQUIPMENT

ENVIROMENTAL MONITORING EMERGENCY VANS  
(SEE CECC-EPIP-9, ATTACHMENT J).

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX G**

HOSPITAL CABINET INVENTORY

North Park  
 Erlanger

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
20 pair	Plastic shoe covers .....	_	_	_____
12 pkgs	Dress out packages .....	_	_	_____
50 pair	Surgical gloves.....	_	_	_____
6	Surgical gowns, (extra) .....	_	_	_____
6 pair	Rubber gloves, Anti-C.....	_	_	_____
6	Disposable Coveralls.....	_	_	_____
6 rolls	Masking tape, 2 in. paper .....	_	_	_____
1	Tape dispenser, 2 in. ....	_	_	_____
1 roll	Wrapping paper, 3 ft. wide.....	_	_	50 ft. min
1 roll	Polyvinyl sheeting, 10 ft. wide .....	_	_	20 ft. min.
2 pair	Scissors .....	_	_	_____
20	Large plastic bags .....	_	_	_____
20	Small plastic bags .....	_	_	_____
12 each	Zip-Lock Sample bags,(small & med.).....	_	_	_____
100 ft	Warning rope/ribbon .....	_	_	_____
1 roll	Self sticking labels "RADIOACTIVE MATERIAL" .....	_	_	_____
8	Warning signs, "Radiation and Contamination Areas" .....	_	_	_____
12	"Radioactive Material" tags .....	_	_	_____
1 roll	Radiation warning tape.....	_	_	_____
200 each	Smears and envelopes.....	_	_	_____
3	Step off pads.....	_	_	_____
2 rolls	Duct Tape.....	_	_	_____
2	Contamination Survey meters (Bicron Surveyor-50).....	_	_	#
1	Ion chamber survey meter (Bicron RSO-50) .....	_	_	#
1	Wound probe w/extra cord .....	_	_	_____
10 each	TLD .....	_	_	_____
10	Electronic Dosimeters w/storage tray.....	_	_	_____
1 each	Massilin mop/cloth pkg. ....	_	_	_____
1	Lead Shield Container .....	_	_	_____
1	Decontamination Tabletop.....	_	_	_____
1 ea size	Polyvinyl Funnel w/tubing (12 in. and 20 in. diameter).....	_	_	_____
2	Collection bottle, 2 gal. min.....	_	_	_____
12	Sample Bag labels.....	_	_	_____
1 container	Decontamination media .....	_	_	_____
1	Hospital-specific response booklet .....	_	_	_____
1	Wall poster ("Care of Contaminated Patient") .....	_	_	_____

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

Review and Approval:

Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX H**

**TECHNICAL SUPPORT CENTER**

<u>Qty</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
	Assorted Dryboard Supplies (Erasers, markers, etc.).....	—	—	_____
	Assorted Desktop Supplies (Stapler, Tape, Logbooks).....	—	—	_____
	Assorted Office Supplies (Pen, Pencils, Staples, Etc.).....	—	—	_____
	TSC Position notebooks (Verify rev level of forms, etc).....	—	—	_____
2	ASME Steam Tables .....	—	—	_____
4	Communications Head Sets .....	—	—	_____
4	Sequoyah Phone Directories (latest edition).....	—	—	_____
3	Chattanooga Phone Directories (latest edition).....	—	—	_____
2	TVA Phone Directories (latest edition).....	—	—	_____
	Verify wall maps are latest revision (see CECC EPIP-9)			
	2 Mile Map            Latest Rev. _____	—	—	_____
	10 Mile Evac Map    Latest Rev. _____	—	—	_____
	50 Mile Sample Map   Latest Rev. _____ (2 copies).....	—	—	_____
	50 Mile Map            Latest Rev. _____ (1 copy).....	—	—	_____
	Verify presence only (DCU controls contents)			
	REP (Radiological Emergency Plan) (4 copies).....	—	—	_____
	REND (Radiological Emergency Notification Directory) (2 copies) .....	—	—	_____
	Central Emergency Control Center EPIP (CECC EPIP) (2 Copies).....	—	—	_____
	SQN EPIP (4 copies).....	—	—	_____
	Severe Accident Management Guidance (SAMG) (4 copies).....	—	—	_____
	Updated SQN FSAR .....	—	—	_____
	Unit 1 Technical Specifications (2 sets).....	—	—	_____
	Unit 2 Technical Specifications (2 sets).....	—	—	_____
	Site Health and Safety Manual.....	—	—	_____
	State of Tennessee Multijurisdictional REP Response Plan.....	—	—	_____
	INPO Emergency Resources Manual .....	—	—	_____
	System Operating Manual/System Operating Instructions (SO/SOI).....	—	—	_____
	Annunciator Response Manuals (AR) .....	—	—	_____
	Periodic Instructions (PI) .....	—	—	_____
	Abnormal Operating Procedures (AOP) (2 Sets) .....	—	—	_____
	Technical Instructions (TI).....	—	—	_____
	General Operating Instructions (GO).....	—	—	_____
	SQN Offsite Dose Calculation Manual (ODCM) .....	—	—	_____
	SQN Process Control Program (PCP).....	—	—	_____
	Radiological Control Instructions (RCI).....	—	—	_____
	Radwaste Handling/Shipping Index (RHSI) .....	—	—	_____
	Functional Restoration Guidelines (2 sets).....	—	—	_____
	Emergency Instructions (2 sets).....	—	—	_____
	Emergency Abnormal Procedures (EAPs) (2 sets) .....	—	—	_____
	Emergency Contingency Actions (2 sets).....	—	—	_____
	Users Manual - Meteorological Data Print Program (2 copies) .....	—	—	_____
	Users Manual - FRED (2 copies).....	—	—	_____
	Users Manual - Meteorological Data Display.....	—	—	_____
	Users Manual - CECC Information System.....	—	—	_____
	Users Manual - ICS.....	—	—	_____

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

Review and Approval:

Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX I**

**OPERATIONS SUPPORT CENTER (OSC)**

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
Assorted	Desktop Supplies (stapler, tape, logbook).....	—	—	_____
Assorted	Office Supplies (pens, pencils).....	—	—	_____
Assorted	Dryboard Supplies (eraser, markers, etc.).....	—	—	_____
1	SQN EPIPs .....	—	—	_____
1 each	OSC Position notebooks (Verify rev level of forms, etc) ..	—	—	_____
2	SQN Telephone Book (latest edition) .....	—	—	_____
2	TVA Telephone Book (latest edition) .....	—	—	_____
1	User Manual - ICS .....	—	—	_____
4	Communication Headsets.....	—	—	_____
1	Polaroid Camera W/Film Expires _____ .....	—	—	_____
2	Team Tracking Status Boards.....	—	—	_____
1	Ops Tracking Status Boards .....	—	—	_____
1	RadCon/Chem Tracking Status Boards .....	—	—	_____
1000 doses	KI (Expires _____) (#Pkgs * #Tablets/pkg = #doses) ....	—	—	_____
	Plant Drawings (verify existence only DCU controls listing) .....	—	—	_____

Verify wall maps are latest revision (see CECC EPIP-9 for latest map revision levels)

2 Mile Map	Latest Rev. _____	—	—	_____
10 Mile Evac Sector Map	Latest Rev. _____	—	—	_____
10 Mile Sampling Point Map	Latest Rev. _____	—	—	_____

Tool Room Tool Kits: .....

Note: Tool Room tool kits are inventoried in accordance with 0-PI-REM-000.001Q

- Mechanical tool kit #1
- Mechanical tool kit #2
- Electrical tool kit #3
- Mechanical tool kit #4
- Mechanical tool kit #5
- Mechanical tool kit #6
- Electrical tool kit #7

Note: Additional Communications Equipment is checked under 0-PI-REM-244.001.0

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

Review and Approval:

Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

**APPENDIX J**

**OSC RESPONSE TEAM EQUIPMENT**  
**CAFETERIA OSC EQUIPMENT STORAGE ROOM**

<u>Quantity</u>	<u>Description</u>	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
40 pr.	Cotton liners.....	—	—	_____
40 pr.	Rubber gloves - Various sizes.....	—	—	_____
40 pr.	Plastic booties.....	—	—	_____
40 pr.	Rubber overshoes - Various sizes.....	—	—	_____
30 pr.	Coveralls - Various sizes.....	—	—	_____
30	Surgeon caps.....	—	—	_____
30	Hoods.....	—	—	_____
4 rolls	Duct Tape and/or Masking Tape.....	—	—	_____
2	Hardhats.....	—	—	_____
6 pr.	Canvas gloves.....	—	—	_____
2	Spare flashlight bulbs.....	—	—	_____
12	Spare flashlight batteries Expires_____.....	—	—	_____
Door Relocked.....		—	—	_____

Inspection performed by:  
 RADCON Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:  
 Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_  
**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**



**APPENDIX K**

**480V REACTOR BOARD ROOM**  
**AUXILIARY BUILDING (EL. 734)**

<u>Quantity</u>	<u>Description</u> .....	<u>Yes</u>	<u>No</u>	<u>Remarks</u>
40 pr.	Cotton liners.....	—	—	_____
40 pr.	Rubber gloves - Various sizes.....	—	—	_____
40 pr.	Plastic booties .....	—	—	_____
40 pr.	Rubber overshoes - Various sizes.....	—	—	_____
30 pr.	Paper coveralls .....	—	—	_____
30	Surgeon caps.....	—	—	_____
1	Box of vinyl gloves.....	—	—	_____
4 rolls	Duct Tape and/or Masking Tape.....	—	—	_____
6 pr.	Canvas gloves .....	—	—	_____
2	Flashlights.....	—	—	_____
2	Spare flashlight bulbs .....	—	—	_____
12	Spare flashlight batteries Expires _____ .....	—	—	_____
Cabinet Relocked or Resealed .....		—	—	_____

Inspection performed by:  
RADCON Representative \_\_\_\_\_ Date \_\_\_\_\_

Review and Approval:  
Emergency Preparedness Manager \_\_\_\_\_ Date \_\_\_\_\_  
**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

## APPENDIX L

EL. 690' DECONTAMINATION ROOM

(SEE RADCON SQN RMD A-04)

**EP Manager shall retain the completed form as a Non-OA Record for at least 2 years**

## APPENDIX M

INVENTORY AND MAINTENANCE RESPONSIBILITIES

<u>Appendix</u>	<u>Frequency</u>	<u>Responsible</u>
A. Main Control Room - Corridor Cabinet		RADCON
Table A	Annually	
Table B	Quarterly	
B. Communications Room Control Building		RADCON
Table A	Annually	
Table B	Quarterly	
C. Radiological Control Lab	Monthly	RADCON
D. Medical Emergency Supplies	Quarterly	Fire Protection/Medical
E. Self-contained Respiratory Equipment	Monthly	Fire Protection
F. Emergency Vans	Quarterly	RADCON
G. Hospital Emergency Room Cabinet	Quarterly	Corporate EP
H. Technical Support Center Cabinets, References & Supplies	Quarterly	EP Manager
I. Operations Support Center Storage, References & Supplies	Quarterly	EP Manager
J. OSC Response Team Storage, Service Bldg. EL. 706'	Quarterly	RADCON
K. 480V RX MOV Board Room EL. 734'	Quarterly	RADCON
L. Decon. Facility, Service Building EL. 690'	Monthly	RADCON

## SOURCE NOTES

**REQUIREMENTS  
STATEMENT****SOURCE DOCUMENT****IMPLEMENTING  
STATEMENT**

H-10

NUREG 0654

"Emergency Equipment  
Inspections"

Appendix E, Section E

10 CFR 50

Section 8.0

NP REP

"Emergency Response  
Facilities, Equipment, and  
Supplies"

NUREG 0696

"Functional Criteria For  
Emergency Response  
Facilities"