

**NEW YORK POWER AUTHORITY
 JAMES A. FITZPATRICK NUCLEAR POWER PLANT
 P.O. BOX 41
 LYCOMING, NY 13093
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DATE: March 27, 2000
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FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT

SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to **Cathy Izyk in the Emergency Planning Department within 15 days**. If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

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VOLUME 1 Update List Dated N/A			
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VOLUME 3 Update List Dated March 27, 2000			
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SAP-2	REPLACE ALL	29	

AD45

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3

UPDATE LIST

CONTROLLED COPY # ~~3~~Date of Issue: March 27, 2000

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 11	02/98	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 9	02/98	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 5	02/98	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 0	12/98	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 2	02/00	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 5	02/98	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 13	04/99	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 47	02/00	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	02/98	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM	REV. 5	02/98	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 15	02/00	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 29	03/00	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 66	02/00	Reference

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

Date of Issue: March 27, 2000

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 8	03/00	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 15	02/00	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 34	02/98	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 10	02/98	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 8	03/00	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 9	07/99	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 3	03/98	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 3	02/98	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 6	02/98	Continuous
SAP-19	SEVERE WEATHER	REV. 3	03/98	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 17	06/99	Informational
SAP-21	PLACEMENT, TESTING AND OPERATION OF WIRELESS TELEPHONE EQUIPMENT IN PLANT ENVIRONS	REV. 2	10/98	Informational
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 1	10/98	Informational

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY*
SAP-2
REVISION 29

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A DATE N/A

APPROVED BY: *M. Antkowiak* DATE 3/27/00
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: March 24, 2000

FIRST ISSUE FULL REVISION LIMITED REVISION

***** * * INFORMATIONAL USE * * *****	***** * * TSR * * *****
***** * * ADMINISTRATIVE * * *****	CONTROLLED COPY # <u> 34 </u>

PERIODIC REVIEW DUE DATE: March 2004

REVISION SUMMARY SHEET

REV. NO.	CHANGE AND REASON FOR CHANGE
29	<ol style="list-style-type: none">1. Corrected RP Procedure Number on page 5, Section 4.5.2. Added EOF to Attachment 1, Field Survey Kits.3. Changed RES3 on Attachment 5 to read OS-3/EOF.4. Added Date/Time to the Perform Operability Check on Attachment 7, for Fax Machines.5. Due to RP procedure changes, adjustments were made to Attachment 8. RP-OPS-02.01 to RP-OPS-03.04 and corrected RP-OPS-02.09 to RP-INST-02.09.6. Added Fax Machine operability check to the bottom of Attachment 12.7. Added Performed by and E-Plan Coordinator signature lines to the bottom of Attachment 13.8. Editorial Correction on page 5, Section 4.5.1.
28	<ol style="list-style-type: none">1. Change location of Downwind Survey Kit and Onsite Survey Kit from OSC to Emergency Vehicles.2. Revised all attachments to reflect actual inventory and to place in walkdown order.3. Added records retention guidance for Quality Records to Step 4.10.4. Deleted Attachments 9 and 14 and incorporated contents into Attachments 5 and 6.5. Change Security Building inventory of TLDs and DRDs as requested by RES. Change quantity 50 and show range of DRD as 0-500 mR.6. Add inventory of keys located in the RES Office for Emergency Vehicles.

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1.0 **PURPOSE**

This procedure provides guidance for the inspection, inventory and operational checking of emergency equipment and instruments to ensure that this equipment is obtainable and functional.

2.0 **REFERENCES**

2.1 **Performance References**

NONE

2.2 **Developmental References**

2.2.1 Equipment Manufacturers' Manuals

2.2.2 NUREG-0041, Manual of Respiratory Protection Against Airborne Radioactive Materials

2.2.3 Radiation Protection Procedures

2.2.4 FPP-1.1, Fire Brigade Duties and Outside Fire Department Response

3.0 **INITIATING EVENTS**

None

4.0 PROCEDURE

- 4.1 The RES Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment listed on Attachment 1.
- 4.2 The Fire Brigade Leader shall ensure that all equipment used by the Fire Brigade is returned to service following fire drills and real events.
- 4.3 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked using Attachments 2 through 17 as follows:
- 4.3.1 At least each calendar quarter.
 - 4.3.2 After each use.
 - 4.3.3 After a seal has been found broken.
- 4.4 Items included for use by the Fire Brigade, First Aid Team or Rescue Team (Attachments 2, 3 and 4) shall be inventoried, physically inspected and operationally checked as follows:
- 4.4.1 At least each calendar quarter.
 - 4.4.2 After each use.
 - 4.4.3 After a seal has been found broken.
- 4.5 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with RP-RESP-01.01 as follows:
- 4.5.1 At least monthly.
 - 4.5.2 After each use. (Fire Brigade equipment will be replaced by Fire Brigade following use).
 - 4.5.3 After a seal has been found broken.
- 4.6 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs) and Calibration Group (DRDs).
- 4.7 The person performing the equipment inventory shall use the appropriate Attachment, 2 through 17. (Fire Brigade may use the checklist provided at the lockers by Fire Protection following drills or real events).

4.8 Instruments and air samplers shall be issued to E-Plan by the RES Calibration Group or RES Respiratory Protection Group, as applicable. The applicable RES group is responsible for:

- 4.8.1 Tracking calibration due dates and replacing instruments as required.
- 4.8.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.

4.9 The following information should be used as a guide for performing inventories:

4.9.1 Survey Instruments

- A. Perform an inventory. Notify RES Calibration Group to replace any missing instruments.
- B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.
- C. Perform an operability check in accordance with applicable instrument procedure.
- D. Perform a quarterly source check in accordance with applicable instrument procedure.
- E. Notify RES Calibration Group to replace any unsatisfactory instruments.
- F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
- G. Ensure any radioactive sources are accounted for in accordance with RP-RAM-102.
- H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.2 Air Samplers

- A. Perform an inventory. Replace any missing samplers.
- B. Check that calibration dates are current. Notify RES Respiratory Group to replace with recently calibrated instruments as necessary.
- C. Verify samplers are operational by energizing and running for at least 1 minute. Note the results on the checklist. Replace any unsatisfactory samplers.
- D. Record the identification number and calibration date of any replacement samplers on the checklist.
- E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.3 Self-contained Breathing Apparatus/Breathing Air Systems

- A. Perform an inventory. Notify RES Respiratory Group to replace any missing equipment.

4.9.4 Iodine Cartridges for Respirators

- A. Perform an inventory. Notify RES Respiratory Group to replace any missing equipment.
- B. Check the expiration date on the iodine cartridges and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges.

4.9.5 Rubber Equipment

- A. Perform an inventory. Replace any missing equipment.
- B. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.
- C. Note any equipment replacement on the checklist.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.6 Decontamination Supplies And Solutions

- A. Perform an inventory. Replace any missing items.
- B. Check containers which contain liquid for any evidence of leakage and replace, as necessary.
- C. Note any other equipment replacement on the checklist.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.7 Mechanical Equipment

- A. Perform an inventory. Replace any missing equipment.
- B. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.8 Office Supplies

- A. Perform an inventory. Replace any missing items.
- B. Replace any items which appear to be deteriorated or unusable for any reason.
- C. Note any equipment replacement on the checklist.

4.9.9 Plans, Maps, Lists, Procedures, etc.

- A. Perform an inventory. Replace any missing items with a copy of the current revision. Obtain the current revision numbers of the Emergency Plan and Procedures from the Emergency Planning Coordinator, prior to performing the inventory.
- B. Replace any items which appear to be deteriorated or unusable for any reason.
- C. Verify procedures are the current revision and replace, as necessary.
- D. Note any equipment replacement on the checklist.

4.9.10 Medical Supplies

- A. Perform an inventory. Replace any missing items.
- B. Check for open containers and damaged items. Replace, as necessary.
- C. Check the expiration date on items and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the supplies.
- D. Note any equipment replacement on the checklist.

4.9.11 110 Volt Power Supplies

- A. Check for mechanical operability. Energize and run an air sampler for at least 1 minute.
- B. Note any malfunction on the checklist.

4.9.12 Use of Seals

- A. Numbered seals may be used on kits or inventoried items to indicate that the inventory has not been depleted since the seal was attached.
- B. An inventory of the contents does not have to be performed unless the seal has been broken or the seal numbers do not agree with the seal numbers on the previous inventory sheet.

4.9.13 Medical Stretchers

- A. Blue restraints - check for fraying and signs of wear.
- B. Lifting bridle - check for fraying and signs of wear.
- C. Blue swing - check for fraying and signs of wear.
- D. Orange stretcher - check for cracking, especially the hand holds.

4.9.14 Accountability Card Readers

Perform a test of accountability card readers at the following locations:

- Control Room
- OSC
- TSC
- Old Admin Bldg, 272' El., near the OSC Control Point:
 - A. Contact Security to perform an accountability system check with the SAMS computer/printer.
 - B. Swipe badge at each accountability card reader.
 - C. Obtain verification from Security that accountability indicated satisfactory from all card readers.

4.10 The person performing the inventory shall complete and sign the appropriate checklists and forward the completed checklists to the Emergency Planning Coordinator.

4.11 The Emergency Planning Coordinator, or designee, shall review, sign, and file the completed checklists.

4.12 Attachments 2 through 14, and 17, are Quality Records retained per AP-02.08.

4.13 The Emergency Planning Coordinator, or designee, shall ensure inventories are satisfactory.

5.0 ATTACHMENTS

1. EMERGENCY PLAN EQUIPMENT LOCATIONS
2. FIRE BRIGADE EQUIPMENT INVENTORY
3. AMBULANCE KIT INVENTORY
4. RESCUE KIT INVENTORY
5. FIELD SURVEY KIT INVENTORY
6. EOF EMERGENCY PLAN INVENTORY
7. EOF OFFICE SUPPLY INVENTORY
8. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
9. TRAUMA KIT INVENTORY
10. SECURITY BUILDING INVENTORY
11. CONTROL ROOM INVENTORY
12. TECHNICAL SUPPORT CENTER INVENTORY
13. EOF DECONTAMINATION ROOM INVENTORY
14. EMERGENCY KEY INVENTORY
15. PASS CABINET INVENTORY
16. DECON SUPPLY INVENTORY
17. OSC EMERGENCY PLAN INVENTORY

EMERGENCY PLAN EQUIPMENT LOCATIONS

EQUIPMENT	ATTACHMENT	LOCATION
Fire Brigade Equipment	2	Near the entrance of: 1. Old Admin. Bldg. 272' E1, near OSC roll up door. 2. S&A Facility. 272' E1 - Center 3. Old Admin Bldg. 272' E1, Hallway between TB and RB entrances 4. Screenwall 272' E1, Northeast
Ambulance Kit	3	Admin. Bldg. 272' E1, Near elevator
Rescue Kit	4	Admin. Bldg. 272' E1, Near elevator
Field Survey Kits	5	Emergency Vehicles & EOF
EOF Emergency Plan	6	EOF
EOF Office Supplies	7	EOF
Oswego Hospital Emerg Plan	8	Oswego Hospital Emergency Entrance
Trauma Kits	9	1. Control Room 2. Radwaste Control Room 3. OSC 4. Nurse's Office Admin. Bldg. 5. Warehouse
Security Building Kit	10	Main Security Building
Control Room	11	Control Room
Technical Support Center	12	TSC
EOF Decontamination Room	13	EOF
Emergency Keys	14	1. TSC 2. EOF
PASS Cabinet	15	Fan Room Entrance
Decon Supplies	16	Old Admin Building Near Control Point
OSC Emergency Plan	17	OSC

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin. Bldg. 272' El, near OSC roll up door.
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Fire Helmet	2		
Hood, Nomex	2		
Fire Resistant Gloves	2 pair		
Coats, Turnout	2		
Boots, Turnout	2 pair		
Hand Lantern	2		

Staged at lockers:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Scott Pak	6		
Spare Air Cylinder	3		
Fire Axe	1		
Wrecking bar	1		

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Support & Admin Facility 272' E1 - Center hallway from mens locker room
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Fire Helmet	2		
Hood, Nomex	2		
Fire Resistant Gloves	2 pair		
Coats, Turnout	2		
Boots, Turnout	2 pair		
Hand Lantern	2		

Staged at lockers:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Scott Pak	6		
Spare Air Cylinder	3		
Fire Axe	1		
Wrecking bar	1		

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin Bldg. 272' E1, Hallway between TB and RB entrances
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Fire Helmet	1		
Hood, Nomex	1		
Fire Resistant Gloves	1 pair		
Coats, Turnout	1		
Boots, Turnout	1 pair		
Hand Lantern	1		

Staged at lockers:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Scott Pak	10		
Spare Air Cylinder	3		
Fire Axe	1		
Wrecking bar	1		

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Screenwall 272' E1, Northeast
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Fire Helmet	1		
Hood, Nomex	1		
Fire Resistant Gloves	1 pair		
Coats, Turnout	1		
Boots, Turnout	1 pair		
Hand Lantern	1		

Staged at lockers:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Scott Pak	6		
Spare Air Cylinder	3		
Fire Axe	1		
Wrecking bar	1		

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

AMBULANCE KIT INVENTORY

Location: Admin. Bldg., 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
EAP-2	1	Rev. No.:	
Decontamination And Treatment Of The Radioactively Contaminated Patient At The Oswego Hospital	1		
Surgical Gloves	1 box		
Air Sample Collection Envelopes	24		
Particulate Air Sample Filters	24		
Filter Heads for Sampler	2		
Dosimeters (0 - 500 mR)	10	Cal. Due Date:	
Dosimeter Charger	1		
TLDs	10	Date Issued:	
Portable Count Rate Meter Serial No.: _____	1	Cal Due Date:	
Hi Vol. Sampler 110 VAC with spare fuses	1	Cal Due Date:	
Portable Dose Rate Meter Serial No.: _____	1	Cal Due Date:	
Keys To Emergency Vehicles	4		
Radioactive Sources accounted for per RP-RAM-102	NA		
Gurney (AB 272' by stairs)			

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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RESCUE KIT INVENTORY

Location: Admin. Bldg, 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Hacksaw	2		
Flashlights	2		
Spare batteries	4		
EAP-9 Search & Rescue Operations	1	Rev. No.:	
Life Lines 100'	2		
Bolt Cutter	1		
Sledgehammer (6 pound)	1		
Sledgehammer (12 pound)	1		
Wrecking Bars	2		
Tripod with winch	1		
Portable Torch	1		
Stretcher (Outside OSC)	1		
Stretcher (Outside CR)	1		

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EP1 EP2 OS-3/EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring	1	Rev. No.	
EAP-5.3, Attachment 1	5	Rev. No.	
EAP-5.3, Attachment 2	5	Rev. No.	
EAP-5.3, Attachment 3	5	Rev. No.	
EAP-5.3, Attachment 14	5	Rev. No.	
EAP-5.3, Attachment 15	5	Rev. No.	
EAP-6, In-plant Emergency Survey/Entry	1	Rev. No.	
Clipboards	1		
Masking Tape	2 rolls		
Pads	1		
Rainsuits	2		
Hearing Protectors	2		
Surgeons Gloves	1 box		
Plastic Food Wrap	1 box		
Sampling Utensils	1 set		
Masslinn Cloth	1 bundle		
P-5 Key to Environmental Stations	1		
Gallon Jugs	3		

- This is a Quality Record -

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Rev. No. 29

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 5

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NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Pens	3		
Disc Smears	1 box		
Watch	1		
Tweezers	2		
Assorted plastic bags	12		
Quart size ziploc bags	1 box		
Pint size ziploc bags	1 box		
Filter Heads for Sampler	2		
Silver Zeolite Cart	10		
Fiberglass Air Filters	1 box		
Ring Planchets	10		
Air Sample Collection Envelopes	24		
Sample Location Stakes	12		
High Visibility Vests	3		
Paper Coveralls	4		
Shoe Covers	8 pair		
Rubbers	8 pair		
Folder of Maps	1		
110V Power Supply	1		

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring	1	Rev. No.	
EAP-5.3, Attachment 1	5	Rev. No.	
EAP-5.3, Attachment 2	5	Rev. No.	
EAP-5.3, Attachment 3	5	Rev. No.	
EAP-5.3, Attachment 12	5	Rev. No.	
EAP-5.3, Attachment 13	5	Rev. No.	
EAP-5.3, Attachment 14	5	Rev. No.	
EAP-5.3, Attachment 15	5	Rev. No.	
EAP-6, In-plant Emergency Survey/Entry	1	Rev. No.	
EAP-19	1	Rev. No.:	
RP-INST-02.09	1	Rev. No.:	
Surgeons Gloves	6 boxes		
Masslinn	6 packages		
Respirator Cartridges (Iodine)	16	Exp Date:	
Respirator Filters (Particulate)	16		
Respirators	8	Due Date:	
DRDs (0-500 mR)	5	Due Date:	
Charger	2		
Dosimeters (0-200 mR)	50	Cal Due Date:	
Hearing Protection	1 set		
Masking Tape	3 rolls		
Pens	6		
Tape Dispenser	1		

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Batteries (D size)	12		
Flashlights	6		
Batteries for RO-5	6		
Watch	1		
Clipboard	2		
Pad	2		
Spare security seals	2		
Gallon bags	1 box		
Quart bags	1 box		
Pint bags	1 box		
Assorted Plastic Bags	12		
Plastic wrap	2 rolls		
1 liter bottles	3		
KI Tablets	100	Exp Date:	
Disc Smears	4 boxes		
Particulate Samp Filters	24		
Air Sample Collection Envelopes	24		
Filter Heads for Sampler	6		
Silver Zeolite Cartridges	20		
Ring Planchets 2"	20		
Hi Vol. Sampler 110 VAC and spare fuses Serial No: _____ Serial No: _____ Serial No: _____ Serial No: _____	4	Cal Due Date: _____ _____ _____ _____	

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Portable Count Rate Meter Serial No: _____ Serial No: _____ Serial No: _____ Serial No: _____	4	Cal Due Date: _____ _____ _____	
Portable Dose Rate Meters Serial No: _____ Serial No: _____ Serial No: _____ Serial No: _____	4	Cal Due Date: _____ _____ _____	
Teletector Serial No: _____	1	Cal Due Date: _____	
Radioactive Sources accounted for per RP-RAM-102			
Mini-Scaler with HP210 Probe and spare fuses Serial No: _____ Serial No: _____ Serial No: _____	3	Cal Due Date: _____ _____ _____	
Disposable White Coveralls	16		
Rainsuits	4		
Plastic shoe covers (high top)	24		
Coveralls	5		
Hoods	5		
Boot Covers	20 pair		
Rubbers	20 pair		
Rubber Gloves	40 pair		

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Cotton liners	40 pair		
Cotton Work Gloves	8 pair		
PAWS	40		
Sampling tools	1 set		
rope - yellow & magenta - 100'	1		
radiation warning signs	4		
Stanchions	3		
Collection container (40 gal)	1		
garden hose	1		
Buckets	2		
Sponges	6		
TLD Labeled "Control" (stored in lead cave)	1	Date Issued:	
TLDs (stored in lead cave)	55	Issue Date:	

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

OFFICE SUPPLIES

FAX/Copy Room

DESCRIPTION	STOCK NO.	QUANTITY	SAT (✓)
Pads of paper		35	
Clipboards		6	
Pens		50	
Dry Erase Markers		24	
Telecopier Paper	561117	6 rolls	
Xerox Paper		1 case	
Toner (PC-25 copier)	161183	1 cart.	
Toner (Laserjet 2)	92295A	1 cart.	
Toner (Laserjet 4)	92298A	1 cart.	
Toner (Canon Fax 7000-FX2)		2 cart.	
Toner (Sharp SF-7900 copier)		1 cart.	
Imaging Cartridge (Xerox fax)	161185	2 rolls	
708 Okidata Ribbon	651032	6 cart.	
182 Okidata 182 Ribbon	651203	6 cart.	
Seiko Ribbon (EDAMS & EPIC)	411089	4 rolls	
14-7/8 x 11 Paper	560147	1 cases	
9½ x 11 Paper	561048	1 cases	
12 x 8½ Paper	561063	1 cases	
Seiko Paper	561090	2 rolls	

PUBLIC ADDRESS

DESCRIPTION	SAT (✓)
Dial 5899 from any phone.	

- This is a Quality Record -

FAX MACHINES

Perform operability check:

DESCRIPTION	PHONE NO.	OPERABILITY CHECK		DATE/TIME
		SEND (✓)	RECEIVE (✓)	SAT (✓)
FAX A	593-5951			
FAX B	593-5952			
FAX C	593-5953			
Dose Assessment Room	593-5992			
State/Local Room	593-5975			

Verify programming:

DESCRIPTION	SAT (✓)
Verify State and County FAX numbers are correctly programmed into FAX B.	
Verify TSC, JNC, and WPO-ERC FAX numbers are correctly programmed into FAX C.	

COPY MACHINES

Perform operability check:

DESCRIPTION	SAT (✓)
Dose Assessment Room	
Fax/Copy Room	

READER PRINTERS (Plant Assessment Room)

Perform operability check:

DESCRIPTION	SAT (✓)
Minolta RP600Z (A)	
Minolta RP600Z (B)	
OCE 3600	

- This is a Quality Record -

READER PRINTERS (Continued)

Supplies:

DESCRIPTION	QUANTITY	SAT (✓)
Minolta toner (Part No. 8910-404) (obtain supplies from RMS)	2 cartridges	
OCE 3600 dispersant (Stock No. 280825) (obtain supplies from Warehouse)	2 gallons	
OCE 3600 paper (Stock No. 560156) (obtain supplies from Warehouse)	2 rolls	

COMPUTER TERMINALS

Perform operability check:

DESCRIPTION	SAT (✓)
EPIC Technical Liaison Dose Assessment Room Printer	___ ___ ___
EDAMS (Dose Assessment Room) North South Printers	___ ___ ___
NETWORK Plant Assessment Room Terminal Printer Dose Assessment Room Computer Technical Liaison Computer State/Local Room Terminal Emergency Director Computer Purchasing/Accounting Computer NRC Area Computer	___ ___ ___ ___ ___ ___ ___
MET ADVISOR (Dose Assessment Room) Computer Printer	___ ___

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

Location: Closet next to REA and Hallway near X-Ray Department

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Pre-Cut White Herculite - 1	1		
Pre-Cut Green Herculite - 1	1		
Yellow & Magenta Rope	2 - 25' 1 - 50'		
Control TLD (NMPC)	1		
Count Rate Meter (NYPA) Serial No.: _____	1	Cal Due Date:	
Dose Rate Meter (NYPA) Serial No.: _____	1	Cal Due Date:	
Dose Rate Meter (NMPC) Serial No.: _____	1	Cal Due Date:	
Extension Cord (for count rate meter)	1		
EAP-2	1	Rev. No.:	
RP-OPS-03.04	1	Rev. No.:	
RP-OPS-03.04, Attachment 1	10	Rev. No.:	
RP-OPS-03.04, Attachment 6	10	Rev. No.:	
RP-INST-02.09	1	Rev. No.:	
NMPC Check Source	1		
Masking Tape	10 rolls		
Dosimeter Charger (1 battery powered, 1 AC powered)	2		
Count Rate Meter (NMPC) Serial No.: _____	1	Cal Due Date:	
MS-2 with HP 210 Probe (NYPA) And spare fuses Serial No.: _____	1	Cal Due Date:	

- This is a Quality Record -

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Magnets	6		
Atomic Wipes	50		
Q Tips	1 box		
Markers	2		
Smears	50		
Latex Gloves	1 box		
Sodium Chloride	1 bottle	Exp. Date:	
Betadine	1 bottle	Exp. Date:	
Dosimeters (NMPC)	5		
Dosimetry Issue Log and Cross Reference to Kit # (NMPC)	1		
Protective Clothing Kits (inventory per table below)	10		
Assorted Bags	15		
Radiation Signs	10		
Radiation Tags (tie)	20		
Radiation Tags (adhesive)	20		
RMC Sample Collection Kit (inventory per Att. G in Hospital Plan)	1		
RMC Decontamination Kit (inventory per Att. G in Hospital Plan)	1		
RMC Accident Proc. Poster	1		
Portable Stanchion	2		
Lead Pig	1		
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (located at nurses' station)	1		

- This is a Quality Record -

SAP-2
Rev. No. 29

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 8
Page 29 of 45

PROTECTIVE CLOTHING KITS, each kit contains the following:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
shoe covers	1 pair		
long sleeve gowns	2		
head cover	1		
mask with shield	1		
exam gloves	1 pair		
gauntlet gloves	1 pair		
tape strips	2		
TLD badges	1		
self reading dosimeters (low range)	1		
self reading dosimeters (high range) (dosimetry in cabinet belongs to NMPC)	1		

NOTE: Satisfactory applies to quantity and physical/operational condition.

Room ED-109

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
RMC Decontamination Table Top	1		
Yellow Trash Receptacles	2		
Yellow Water Receptacles	2		
Movable Base for Trash Receptacles	2		
Hose and Nozzle for Decontamination Table Top	2		
Step-off Pads	2		

REMARKS: _____

Performed by _____

Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2
Rev. No. 29

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 8
Page 30 of 45

TRAUMA KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Kerlix 2-1/4" Sterile Roller Gauze	1		
Kling Sterile 4" x 5 yd. Roller Gauze	4		
Parr Triangular Bandage	5		
5 x 9 Stle. Surgipad Dressing	5		
4 x 4 Stle. Sponges	14		
Vaseline Gauze Dressing	2		
3 x 4 Stle. Gauze Sponges	10		
X-Large Bandaid 2 x 4	8		
Gloves, Latex Sterile, Lg	4		
Alcohol Prep Pads Medium	10		
Adhesive Tape 1"x5 yd in tin	2		
0.9% Sodium Chloride 500 ML bottle	1	Exp. Date:	
Junior Ice Pack-Unit Size	4		
12 Gal. Red Biohazard Bags	3		
PCR Sheets	2		
Notebook and Pen	1		
Sam Splint roll	3		
Surgeons Gloves	1 box		
Trauma Case - Orange	1		
Sample Kit Box	1		
Back Board	1		
Bloodborne Pathogen Kit	1		

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>29</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 9 Page <u>32</u> of <u>45</u>
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Location: Main Security Building

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Coveralls	8		
Booties	8 pair		
Hoods	8		
Cloth Gloves	8 pair		
Rubber Gloves	2 boxes		
Cotton Liners	2 boxes		
Surgeons Gloves	1 box		
PAWS	32		
Resp. Cartridges (Iodine)	16	Exp Date:	
Resp. Cart. (Particulate)	16		
Tape	2 rolls		
Herculite for ambulance	1		
TLDs	50	Date Issued:	
DRDs (0-500 mR)	50	Cal Due Date:	
Rubbers	8 pair		
Dosimeter Charger	1		
Respirators	8	Due Date:	
Scott Pak	4		
Spare Air Cylinders	4		

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Face Masks	5		
Air Bottles (330 cu. ft.)	5		
Air Lines	5		
SCBA	8		
Spare Bottles	4		
Meals (key with coffee keys)	90		
JAFNPP Emergency Plan and Implementing Procedures (Inside Horseshoe, SE bookshelf)	2	Date of Issue: Vol. 1 _____ Vol. 2 _____ Vol. 3 _____	
IAP-1, Attachment 1	20	Rev. No.:	
EAP-1.1, Attachment 1	20	Rev. No.:	
EAP-1.1, Attachment 4	20	Rev. No.:	
EAP-1.1, Attachment 5	20	Rev. No.:	
EAP-1.1, Attachment 6	20	Rev. No.:	
EAP-2, Attachment 1	20	Rev. No.:	
SAP-8, Attachment 1	20	Rev. No.:	
Classification of Emergency Conditions - Figure IAP-2.1	1	Rev. No.:	
EDAMS Terminal	1		
LA-100 Terminal	1		
Bottled Water (break room)	8		

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
JAFNPP Emergency Plan and Implementing Procedures	3	Date of Issue: Vol. 1 _____ Vol. 2 _____ Vol. 3 _____	
Oswego County Radiological Emergency Plan and Procedures	1		
NYS Radiological Emergency Preparedness Plan	1		
Decontamination And Treatment Of Radioactively Contaminated Patient At The Oswego Hospital	1		
Nine Mile Point Emergency Plan (In EP Coordinators Office)	1		
JAFNPP FSAR (volumes 1 - 10) (Located With OPS Procedure Writers)	1 set		
JAFNPP Operating Procedures	1		
Wall Map 10 Mile EPZ	1		
Wall Map 50 Mile EPZ	1		
Computer Terminals/PCs/Printers operability check	all		
Emergency Director Podium operability check	1		
Flashlights	3		
Spare batteries (D size)	1 box		
AMS-3 CAM	1	Cal Due Date:	
Iodine Monitor IM1A	1	Cal Due Date:	
Accountability System Operability Test (Contact SAS or CAS)	5 card readers		
Fax Machine Operability Check (Date and Time)	3		

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>29</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 12 Page <u>35</u> of <u>45</u>
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Location: Decontamination Room

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Bar soap	2		
Surgical Scrub Brushes	10		
Cotton swabs	300		
Hair Remover	2 cans		
Shaving Cream	2 cans		
Disposable razors	6		
Shampoo (60 ml bottles)	2		
Cotton Gauze Pads	50		
Surgical Tape	2		
Scissors	2		
Plastic wrap	2		
Paper Hand Towels	6		
Plastic Bags	2		
Plastic Rain Suits	2		
Plastic Booties			
Masslinn	2 boxes		
Surgical Gloves	10		
Coveralls	6 pair		
Cotton Gloves	6 pair		
Step-off pads	2		
Glove liners	10		
Paper Bath Towels	1 carton		

REMARKS:

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>29</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 13 Page <u>36</u> of <u>45</u>
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CONTROL ROOM

KEY	SAT (✓)
EMERGENCY VEHICLES (4)	
TSC/OSC DOOR	
METEOROLOGICAL COMPUTER ROOM (AB 286' EL, NE)	
EPIC ROOM	
NURSE/FIRST AID OFFICE	
EMERGENCY CABINETS	
ENVIRONMENTAL STATIONS	
EOF DOOR	
JOINT NEWS CENTER	

EOF

KEY	SAT (✓)
EMERGENCY VEHICLE (4)	
ENVIRONMENTAL STATIONS (P-5)	
METEOROLOGICAL BUILDINGS	
JOINT NEWS CENTER	

RES OFFICE (S&A Facility, 272')

KEY	SAT (✓)
EMERGENCY VEHICLE (4)	

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Dosimeters (0 - 1 R)	5	Due Date:	
Dosimeters (0 - 5 R)	5	Due Date:	
Dosimeter Charger	1		
Radios - base station	1		
Radios - headsets	5		
Spare AA Batteries	12		
Extension Cord	1		
RAD Rope - 50'	1		
RAD Signs	2		
Absorbent Towels	1 box		
Surgeons Gloves	2 bags		
Portable Count Rate Meter Serial No.: _____	1	Cal Due Date:	
Duct Tape	1 roll		
Trash and PC Bags	2 yellow 2 red 2 white		
Plastic Bags	10		
PAWS	40		
Bath Towels	2		
Full Face Respirator	3		
Finger Ring TLDs	5 sets	Issue Date:	
TLDs	5	Issue Date:	
Control TLD	1	Issue Date:	
Radioactive Sources accounted for per RP-RAM-102	NA		
Sources	2		

- This is not a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Teletector Serial No.: _____	1	Cal Due Date:	
Booties	10		
Hoods	10		
Surgeon's Caps	10		
Rubbers	10		
Cotton Liners	1 package		
Rubber Gloves (size 9 or med)	1 box		
Rubber Gloves (size 10 or lg)	1 box		
Coveralls	10		

Trash and PC Bag Stands (located behind cabinet)	1		
SOP (behind cabinet)	3		
Stanchions	2		
Lo Vol Sampler (in MG Set Room)	1	Cal Due Date:	
Airline 100' (located on reel in MG Set Room)	4		
Airline Triple Connection (located on Cascade System in MG Set Room)	1		

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is not a Quality Record -

DECON SUPPLY INVENTORY

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Bar Soap	1 box		
Shampoo	5 bottles		
Paper Towels	1 roll		
Disposable Razors	50		
Shaving Cream	10 cans		
Scissors	3 pair		
Liquid Hair Remover	5 bottles		
Cotton Gauze Pads	3 boxes		
Scrub Brushes	5		
Glove Liners	1 package		
Surgical Gloves	3 boxes		
Tape (surgical)	6 rolls		
Cotton Swabs	2 boxes		
Plastic Food Wrap	1 box		
Plastic Rain Suits	2 pair		
Towels	1 box		
Nail Clippers	5		
Masking Tape	6 rolls		
Dermatological Sponge	1 box		
50:50 Mixture of Dry Tide Detergent and Cornmeal	1		
Sample Collection Kit	1		

- This is not a Quality Record -

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Cotton Balls	1 package		
Phisoderm	1 bottle		
Ear Plugs	6 pair		
Irrigating Eye Wash Sterile Solution	3 bottles	Expiration Date:	

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is not a Quality Record -

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Respirator Filters (Particulate)	15		
Respirator Cartridges (Iodine)	25	Expiration Date:	
Respirators	25	Due Date:	
Scott Pak	2		
Spare Air Cylinders	4		
Portable Cell Phone (349-6823)	1		
Clipboard	10		
Pads	20		
Pens	25		
Watch	1		
Pencils	10		
Tweezers	2 pair		
Assorted Plastic Bags	10		
Paper Towels	2 packages		
Surgeons Gloves	1 box		
Dry Erase Markers	10		
Sharpie Markers	5		
Disc Smears	1 box		

- This is a Quality Record -

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Dosimeters (0-200 mR)	10	Cal Due Date:	
Dosimeters (0-500 mR)	15	Cal Due Date:	
Dosimeters (0-1 R)	15	Cal Due Date:	
Dosimeters (0-5 R)	10	Cal Due Date:	
Dosimeters (0 - 100 R)	10	Cal Due Date:	
Ring Planchets	10		
Particulate Samp Filters	1 box		
EP Vehicle Keys	4 sets		
Teletector Serial No.: _____	1	Cal Due Date:	
Dosimeter Charger	1		
Portable Dose Rate Meter Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____	5	Cal Due Date: _____ _____ _____ _____ _____	
TLDs	35	Date Issued:	
Mini-Scaler (MS-2) with HP 210 Probe and with spare fuses Serial No.: _____ Serial No.: _____ Serial No.: _____	3	Cal Due Date: _____ _____ _____	

- This is a Quality Record -

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Air Sample Collection Envelopes	25		
Hi Vol Sampler 110 V with spare fuses Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____	6	Cal Due Date: _____ _____ _____ _____ _____	
Filter Heads for Sampler	2		
Flashlights	10		
Spare Batteries	20		
KI (general use)	100 bottles	Exp. Date:	
RAD Rope	1 spool		
Silver Zeolite Cartridge	24		
Radioactive source accounted for per RP-RAM-102	NA		
Step-Off Pads	2		
Portable Count Rate Meter Serial No.: _____ Serial No.: _____ Serial No.: _____ Serial No.: _____	4	Cal Due Date: _____ _____ _____ _____	

- This is a Quality Record -

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)
Area Radiation Monitor Serial No.: _____	1	Cal Due Date:	
Personnal Computer Operability Check	all		
JAF Operating Procedures	1 set		
JAFNPP Emergency Plan & Procedures	1 set		
Radiation Protection Procedures	1 set		
Maintenance Procedures	1 set		
I&C Procedures	1 set		
Hoods	30		
Caps	30		
Booties, Cloth	30 pair		
Cotton Liners	2 packages		
PAWS	120		
Duct Tape	5 rolls		
Orange PCs (Electrical Hot Work Suits)	10		
Coveralls	30		
Booties, Plastic	30 pair		
Rubber Shoe Covers	30 pair		
Rubber Gloves (size 9 & 10)	30 pair		
Gore Tex Suits	5		

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

**NEW YORK POWER AUTHORITY
 JAMES A. FITZPATRICK NUCLEAR POWER PLANT
 P.O. BOX 41
 LYCOMING, NY 13093
 DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

DATE: March 25, 2000
 CONTROLLED COPY NUMBER: 34

TO: U.S.N.R.C. Document Center/Washington, DC

FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT

SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to ***Cathy Izyk in the Emergency Planning Department within 15 days.*** If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

PLEASE INSERT THE DOCUMENTS LISTED BELOW!

VOLUME 1 Update List Dated N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
	N/A		

VOLUME 2 Update List Dated N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
	EDITORIAL CORRECTIONS		
EAP14.1	REPLACE PAGES 9, 10, 11 & 12	20	

VOLUME 3 Update List Dated N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
	N/A		

FACILITY STATUS GUIDELINES

These three conditions describe the various stages of facility readiness:

Activated - An order has been made to activate an emergency response facility, and the facility is in the process of being staffed.

Staffed - The emergency response facility has been activated and sufficient personnel are available to perform the required functions as determined by the facility manager.

Operational - The emergency facility has been activated and staffed, and has assumed responsibilities for performing its intended functions.

TSC ACTIVATION CHECKLIST

Requirements for TSC Activation:

	Verified	
	By	Time
1. Institute TSC habitability survey per EAP-14.6 (as conditions warrant)		
2. Activation of the TSC and Control Room ventilation system (as radiological conditions warrant)		
3. Positions listed in Step 4.2.4 are staffed, as appropriate		
4. Prohibit Smoking, eating and drinking if abnormal radiological conditions exist or are suspected (see EAP-14.6)		
5. Ensure communications equipment ready - Gaitronics volume turned up - Podium P.A. system on and operable - Satellite phone power turned on		
6. Dose Assessment capability available		
7. Status Boards updated		
8. Computer terminals (SAP, 708 System, EPIC, etc.) are activated		
9. Clock is synchronized with Control room, OSC and, if applicable, EOF		
10. If an <u>ALERT</u> or higher classification has been declared, activate ERDS in accordance with EAP-28		
11. Emergency Director shall make an announcement over the P.A. system declaring the facility operational		
12. If EOF ACTIVATED during normal working hours, ensure Environmental Lab notified		

ATTACHMENT 3
TSC TELEPHONE LIST

Emergency Director JAF Ext. 6710
or 782-6477

TSC Manager JAF Ext. 6711

Emergency Director Aide JAF Ext. 6772

Emergency Security Coordinator and Staff JAF Ext. 6121

Technical Coordinator and Plant Engineers JAF Ext. 6778

Communication & Records Coordinator & Staff JAF Ext. 6780
or 342-5120
TSC-WPO Hotline

Emergency Log Keeper JAF Ext. 6711

Emergency Maintenance Coordinator JAF Ext. 6771
or 342-1183

Fax (Receiving) JAF Ext. 6053

Fax (Sending) 342-4268

Fax (Verification) JAF Ext. 6052

Rad Support Coordinator and Staff JAF Ext. 6719

Rad Engineer JAF Ext. 6770
TSC-EOF Hotline
or 342-2367

Radio Dispatcher JAF Ext. 6707

Public Information JAF Ext. 6776

Communicators JAF Ext. 6778

NRC Communicator JAF Ext. 6779

RECS Communicator JAF Ext. 6170

Emergency Notification System (ENS) FTS: 700-371-5321

Health Physics Network (HPN) FTS: 700-371-6773

EPIC Computer Room JAF Ext. 6164

Computer Room JAF Ext. 6165

Tie Lines: TSC to EOF - 85
TSC to JNC - 81

Cellular Phones
TSC Manager: 591-0479
Dispatcher: 591-0476
Near RECS: 591-0473

Watertown Lines: 315-782-6477
315-782-6478
315-782-6479

ATTACHMENT 4

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TSC BRIEFING CHECKLIST

TSC Manager should brief the facility **EVERY 60 MINUTES** or sooner if plant conditions change.

TSC Manager should call on group leaders to provide briefing information in their area of expertise.

- I. Emergency Classification and Reason for Classification
- II. Plant Conditions
 - A. Plant Status (stable, improving, degrading)
 - B. Equipment Failures (inoperative, malfunctioning)
 - C. Status of Restorative Activities
 - D. Offsite Assistance Requested, if any
- III. Is a Release in Progress?
 - A. Source of Release
 - B. Release Characteristics (source: PASS, Stack Sample, Reactor Sample, Default)
 - C. Expected Release Duration
 - D. General Wind Direction and Speed
 - E. Release Rate
 - F. Actions Underway to Stop or Reduce Releases
 - G. Maximum Offsite and Onsite Doses and Location
 1. Measured, or
 2. Calculated
- IV. Protective Action Recommendations
 - A. JAFNPP Protective Action Recommendations
 - B. Oswego County or New York State Protective Actions Implemented
- V. Facility Habitability: CR, TSC and OSC
- VI. Accountability Status (if necessary) and Missing Persons
- VII. Engineering Projects Assigned and Their Priorities
- VIII. Solicit Reports from Group Leaders (as necessary)
- IX. Solicit Questions from Staff