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NUCLEAR BUSINESS UNIT
EMERGENCY PLAN IMPLEMENTING PROCEDURES

May 12, 2000
CHANGE PAGES FOR
REVISION #84

PSE&G
CONTROL
COPY # EPIPO59

The Table of Contents forms a general guide to the current revision of each section of the Administrative EPIPs. The changes that are made in this TOC Revision #84 are shown below. Please check that your revision packet is complete and remove the outdated material listed below:

ADD			REMOVE		
Page	Description	Rev.	Page	Description	Rev.
All	TOC	84	All	TOC	83
All	EPIP 1006	22	All	EPIP 1006	21
All	NC.EP-AP.ZZ-1006	0	N/A		

PSEG NUCLEAR EMERGENCY PLAN
 ADMINISTRATIVE PROCEDURES
 TABLE OF CONTENTS
 May 12, 2000

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COPY # EPIPO59

EMERGENCY PREPAREDNESS ADMINISTRATIVE PROCEDURES

PLAN, EPIP, ECG ADMINISTRATION:	<u>Revision Number</u>	<u>Number Pages</u>	<u>Effective Date</u>
EPIP 1001 Revision and Development of PLAN/EPIPs/ECG.....	2	12	02/02/96
EPIP 1002 Distribution of PLANS/EPIPs/ECG...	2	4	05/01/98
EPIP 1003 Review and Approval of PLAN/EPIPs/ECG.....	11	12	05/10/96
EPIP 1004 Format of PLAN/EPIPs/ECG.....	4	12	02/02/96
EPIP 1005 Emergency Preparedness Deficiency/Revision Tracking.....	4	3	05/01/98
 FACILITIES AND EQUIPMENT:			
EPIP 1006 Emergency Equipment Inventory (Radiation Protection).....	22	D	05/12/00
NC.EP-AP.ZZ-1006 Emergency Equipment Inventory (Radiation Protection)..	0	64	05/12/00
EPIP 1007 EOF/ENC Supply & Locker Inventory.....	17	12	04/25/97
EPIP 1008 Emergency Communications Drills.....	16	33	06/23/99
EPIP 1009 Emergency Response Callout Test Procedure.....	11	5	02/27/98
EPIP 1010 ERF Status Boards.....	6	52	10/25/96
 TRAINING:			
EPIP 1011 Maintenance of Emergency Response Organization.....	14	17	11/16/99
EPIP 1012 Preparation, Conduct, and Evaluation of Emergency Preparedness Annual Exercises.....	6	27	12/18/98
EPIP 1013 Emergency Response Personnel Telephone List.....	45	D	06/23/99
EPIP 1014 Emergency Preparedness Classroom Training Administration.....	2	D	06/23/99
NC.EP-AP.ZZ-1014 Emergency Preparedness Classroom Training Administration..	0	15	06/23/99
EPIP 1015 PC Dose Assessment Software Control.....	5	7	03/08/96
 EMERGENCY SUPPORT EQUIPMENT:			
EPIP 1016 Test Procedures for EOF Backup Generator, Vent System and HVAC Filter Replacement.....	5	49	02/07/00

PSEG NUCLEAR EMERGENCY PLAN
ADMINISTRATIVE PROCEDURE
EMERGENCY EQUIPMENT INVENTORY
RADIATION PROTECTION
EPIP 1006

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COPY # EPIP059

This procedure has been superceded by NC.EP-AP.ZZ-1006(Z) in NAP 1 format.

Prepared By: MARK J. AZZARO (REV 2) 5-5-00
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: N/A _____
Station Qualified Reviewer Date

Reviewed By: N/A _____
Department Manager Date

Reviewed By: Raymond Bruce (R. BRUCE) for D. MILLER 05/05/2000
Manager - CA/EP/IT Date

Reviewed By: N/A _____
Director - QA & Nuclear Safety Review
(If Applicable) Date

SORC Review and Station Approvals

Mtg. No. N/A Salem Chairman

Date

Mtg. No. N/A Hope Creek Chairman

Date

N/A General Manager - Salem

Date

N/A General Manager - Hope Creek

Date

Effective Date of this Revision is 5/12/00
Date

PSE&G

CONTROL

COPY # EPIPO59

EMERGENCY PREPAREDNESS INVENTORY RADIATION PROTECTION

USE CATEGORY: **II**

REVISION SUMMARY:

1. This procedure is a reformat of "Emergency Plan Implementing Procedure (EPIP) 1006, Emergency Equipment, Rev. 21, into the NC.NA-AP.ZZ-0001(Q) Nuclear Procedure System, structure. Revision bars were not used due to the extent of the reformatting.
2. Typographical errors were fixed in all tables to change the low range SRDs to 0-200 mR.
3. Typographical errors were fixed in all tables to change the high range SRDs to 0-10 R or 0-5R.
4. A clarification in meaning was added to all tables to better explain that SRDs are not required if electronic dosimeters are in the emergency lockers and electronic dosimeters are not required if SRDs are in the emergency lockers.
5. This revision satisfies the requirement for a biennial review.

IMPLEMENTATION REQUIREMENTS

Issued for use.

APPROVED:

Raymond Bruce (R. REECE) and D. MILLER
Manager - EP & IT

04/26/2000
Date

APPROVED:

N/A
Vice President - Operations

N/A
Date

EMERGENCY PREPAREDNESS INVENTORY RADIATION PROTECTION**TABLE OF CONTENTS**

<u>Section</u>	<u>Title</u>	<u>Page</u>
1.0	PURPOSE	3
2.0	PREREQUISITES.....	3
3.0	PRECAUTIONS AND LIMITATIONS.....	3
3.1	Individuals Who Will Implement This Procedure.....	3
3.2	Expectation for all ERO Members	3
4.0	EQUIPMENT REQUIRED	3
5.0	PROCEDURE.....	3
5.1	The Manager - NBURP Or Designee Should Perform The Following	3
6.0	RECORDS.....	4
7.0	REFERENCES	4
ATTACHMENTS		
Attachment– 1	Salem Generating Station Emergency Equipment Inventory – Main Control Point	5
Attachment – 2	Salem Generating Station Emergency Equipment Inventory – Control Room/OSC	10
Attachment – 3	Salem Generating Station Emergency Equipment Inventory – Emergency Vehicle	15
Attachment – 4	Salem Generating Station Emergency Equipment Inventory – Technical Support Center (TSC)	20
Attachment – 5	Hope Creek Generating Station Emergency Equipment Inventory – Main Control Point	25
Attachment – 6	Hope Creek Generating Station Emergency Equipment Inventory – Control Room/OSC	29
Attachment – 7	Hope Creek Generating Station Emergency Equipment Inventory – Emergency Vehicle	34
Attachment – 8	Hope Creek Generating Station Emergency Equipment Inventory – Technical Support Center (TSC)	39

Attachment – 9 Salem and Hope Creek Generating Station EOF Field Team Kit
Equipment Inventory 44

Attachment – 10 Salem and Hope Creek Generating Station EOF Spare Field
Team Kit Equipment Inventory 55

Attachment – 11 Salem Memorial Hospital Emergency and Equipment Inventory 60

Attachment – 12 Equipment Equipment Inventory Discrepancy Form..... 63

1.0 **PURPOSE**

To provide instructions concerning the inventory of emergency equipment quarterly, as required by a Work Activity Surveillance.

2.0 **PREREQUISITES**

Prerequisites To Be Followed Prior To Implementing This Procedure:

Implement this procedure:

- If requested by the Manager – Emergency Preparedness & Instructional Technology, following a drill/exercise
- As requested by the Manager-Nuclear Business Unit Radiation Protection, or designee.

3.0 **PRECAUTIONS AND LIMITATIONS**

Individuals Who Will Implement This Procedure Are:

- Manager-Nuclear Business Unit Radiation Protection (Manager-NBURP)
- Nuclear Technical Supervisor - Radiation Protection (NTS-RP)
- Radiation Protection Technician (RPT)

4.0 **EQUIPMENT REQUIRED**

None

5.0 **PROCEDURE**

5.1 **THE Manager-NBURP Or Designee Should:**

5.1.1 IF a Work Activity Surveillance has been received, THEN record the date and surveillance number below.

____/____/____ _____

5.1.2 ENSURE an inventory is performed after each drill, exercise, actual event, IF the seal on any locker/kit has been broken.

5.1.3 ASSIGN persons to perform the inventories and list the names of the individuals and the date of the inspection below.

NAME	LOCATION	ATTACHMENT	DATE
	SNGS – MAIN CONTROL POINT	1	
	SNGS – CONTROL ROOM/OSC	2	
	SNGS – EMERGENCY VEHICLE	3	
	SNGS – TECHNICAL SUPPORT CENTER	4	
	HCGS – MAIN CONTROL POINT	5	
	HCGS – CONTROL ROOM/OSC	6	
	HCGS – EMERGENCY VEHICLE	7	
	HCGS TECHNICAL SUPPORT CENTER	8	
	EMERGENCY OPERATIONS FACILITY	9	
	EMERGENCY OPERATIONS FACILITY	10	
	SALEM MEMORIAL HOSPITAL	11	

5.1.4 Obtain a copy of this procedure and distribute the appropriate attachment(s) to the assigned RPT(s) or individual(s) performing the inventory.

5.1.5 Signify the inventory has been reviewed for the appropriate Attachment(s) 1 through 12 by signing and dating the line below.

Manager-NBURP Date

6.0 RECORDS

Ensure copies of appropriate completed forms are forwarded to Manager- EP & IT or designee. Attach any referenced completed EIPs/EPEPs/EPAPs or attachments.

7.0 REFERENCES

PSEG - Emergency Plan, Section 9, Emergency Facilities and Equipment.

ATTACHMENT 1

Page 1 of 5

**SALEM GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - MAIN CONTROL POINT**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|--|
| _____ | 1. Using Attachment 1, conduct an inventory of the emergency equipment located at the Main Control Point. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration dates in the Comments column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. |
| _____ | 4. Verify operability of the air sampler(s). |
| _____ | 5. Verify the operability of each portable lantern or flashlight and replace batteries if necessary. |
| _____ | 6. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |

ATTACHMENT 1

Page 2 of 5

- _____ 7. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.

- _____ 8. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.

- _____ 9. Return attachment to the Nuclear Technical Supervisor - Radiation Protection (NTS-RP) for review.

- _____ 10. Return attachment to Manager-NBURP or designee, following review by the NTS-RP.

ATTACHMENT 1

Page 3 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A/or equivalent	2*					
2	Teletector or equivalent	2*					
3	E520 with HP177C or HP270 probe or equivalent probe and meter.	2*					
4	E140N with HP260 or HP210 probe or equivalent meter and probe	2*					
5	Hi Range SRDs (0-5 or 0-10R)(CP) +	10*		N/A			
6	Low Range SRDs (0-200mR) (CP) +	10*		N/A			
7	Dosimeter Chgr (CP) +	1*					
8	Electronic Dosimeters (0-10)++	10		N/A			
9	Air Sampler (A/S)	2*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Particulate Filter Paper A/S	1Bx*		N/A			
12	Flashlights	5*					
13	Spare Battery for each instrument & flashlight	1 ea.*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

Date _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 1

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
14	Sample Container or Small Bags	20		N/A			
15	Large Plastic Bags	10		N/A			
16	Smears	10bx		N/A			
17	Step-Off Pads	5		N/A			
18	Paper Coveralls	20		N/A			
19	Respirators & GMIH Cartridges	10*		N/A			
20	AIEP or EPAP CC#96	1		N/A			
21	EPIP or EPEP Salem CC #96	1		N/A			
22	Envl. Air Part. Sample	100*		N/A			
23	9.5L Marinelli Bkr for Emerg. Air Sample	2*		20" – 30" HG	Inches Hg _____		
24	1 Liter Poly Bottle w/ Septum Lid	6*		N/A			
25	KI Tab. (Exp. Date) A/S	5* bot		N/A			
26	First Aid Kit (CP)	1*		N/A			

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 1

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
27	Hessel Blocks	2*		N/A			
28	Evac. Pump-RASP pump (CP)	1*		N/A			
29	Ch Source – Instr. Issue	2*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 2

Page 1 of 5

**SALEM GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY FOR CONTROL ROOM/OSC**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|--|
| _____ | 1. Using Attachment 2, conduct an inventory of the emergency equipment located in the OSC storage cabinets outside of the Work Control Center. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs, or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comments Column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. |
| _____ | 4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or the bag they are contained in. |
| _____ | 5. Verify operability of the air sampler(s). |
| _____ | 6. Verify the operability of each portable lantern or flashlight and replace batteries if necessary. |

ATTACHMENT 2

Page 2 of 5

- _____ 7. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles.
- _____ 8. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
- _____ 9. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 10. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
- _____ 11. Return attachment to Manager-NBURP or designee, following review by the NTS-RP.

ATTACHMENT 2

Page 3 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	1*					
2	Teletector or equivalent	1*					
3	E140N with HP260 or HP210 probe or equivalent meter and probe.	1*					
4	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
5	Hi Range SRDs (0 to 5 or 0-10R)+	20*		N/A			
6	Low Range SRDs (0-200mR)+	20*		N/A			
7	Dosimeter Chgr (CP)+	1*					
8	Electronic Dosimeters (0-10R)++	20					
9	Air Sampler (A/S)	2*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Part. Filter paper – A/S	1bx*		N/A			
12	Log	1 bk		/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 2

Page 4 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Flashlights	5*					
14	Spare battery for each instrument and flashlight	1ea*		N/A			
15	Sample Container or Sm. Bags	20		N/A			
16	TLDs	5*		N/A			
17	Rad Info Signs with inserts	6		N/A			
18	Stanchions	4		N/A			
19	Barricade Rope Ribbon	1 roll		N/A			
20	Tape	2		N/A			
21	Lg. Plastic Bags	5		N/A			
22	Smears	2 bxs		N/A			
23	Step-Off Pads	3		N/A			
24	Paper Coveralls	20		N/A			
25	Shoe covers	20 pr		N/A			
26	Rubber gloves	20 pr		N/A			
27	Hoods & Caps	20		N/A			
28	Respirators w/GMIH Cart.	10*		N/A	OSC storage cabinet		
29	EPIP or EPEP Salem CC #100	1*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 2

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
30	KI Tab. (Exp date)	5* bot		N/A			
31	Envel. For Part. A/S	100*		N/A			
32	Ck source button.	1*		N/A			
33	Hessel blocks	2*		N/A			
34	Amine Cart.	10*		N/A			
35	Laser Jet 4P MIDAS Printer Cartridge	1*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 3

Page 1 of 5

**SALEM GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - EMERGENCY VEHICLE**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|---|
| _____ | 1. Using Attachment 3, conduct an inventory of the emergency equipment located at the Main Control Point. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs, or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration dates in the comments column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. |
| _____ | 4. Verify operability of the air sampler(s). |
| _____ | 5. Verify the operability of each flashlight and replace batteries if necessary. |
| _____ | 6. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |

ATTACHMENT 3

Page 2 of 5

- _____ 7. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
- _____ 8. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 9. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
- _____ 10. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 3

Page 3 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02A or equivalent	1*					
2	Teletector or equivalent	1*					
3	E140N with HP260 or HP210 probe or equivalent meter or probe	1*					
4	E520 with HP177C or HP270 probe or equivalent meter or probe	1*					
5	Hi Range SRDs (0 - 5 or 0-10R) +	5*		N/A			
6	Low Range SRDs (0-200mR) +	5*		N/A			
7	Dosimeter Chgr +	1*					
8	Electronic Dosimeters (0-10R)++	5		N/A			
9	Air sampler (A/S)	2*					
10	Silver Zeolite Cartridges (Sealed)	20*		N/A			
11	Part. Filter Paper - A/S	1* bx		N/A			
12	Lead Blanket	2*		N/A			
13	Flashlights	2*					

+ Not Required If Electronic Dosimeters Are Being Used.
 ++ Not Required If SRDs Are Being Used.
 * Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 3

Page 4 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
14	Spare Battery for each instrument & flashlight	1 ea*		N/A			
15	Sample container or Sm. Bags	20*		N/A			
16	Absorb Matrl.	1 bx		N/A			
17	Tape	2 rls		N/A			
18	Lg. Plastic Bags	10*		N/A			
19	Smears	2 bxs		N/A			
20	Paper coveralls/PCs	5*		N/A			
21	Shoe covers	5*		N/A			
22	Rubber Gloves	5*		N/A			
23	Hood or Caps	5*		N/A			
24	Respirator w/GMIH Cartridges	3*		N/A			
25	NJ/DE Road Maps (EPZ)	1*		N/A			
26	Envel. For Part A/S	100*		N/A			
27	KI Tab. (Exp Date)	1* bot		N/A			
28	R45 Grab Sample rig	1*		N/A			
29	Tweezers	1*		N/A			
30	Ck Source but	1*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 3

Page 5 of 5

Item No.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
31	First Aid Kit	1*		N/A			
32	Onsite Map (Field Team Form's Kit)	1*		N/A			
33	10 Mile EPZ Map (Field Team's Forms Kit)	1*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 4

Page 1 of 5

**SALEM GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - TECHNICAL SUPPORT CENTER**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|--|
| _____ | 1. Using Attachment 4, conduct an inventory of the emergency equipment located at the Technical Support Center. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comments Column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. |
| _____ | 4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or the bag they are contained in. |
| _____ | 5. Verify operability of the air sampler(s). |
| _____ | 6. Verify the operability of each flashlight and replace batteries if necessary. |
| _____ | 7. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |
| _____ | 8. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present. |

ATTACHMENT 4

Page 2 of 5

- _____ 9. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 10. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
- _____ 11. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 4

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	2*					
2	Teletector or equivalent	2*					
3	E140N with HP260 or HP210 probe or equivalent meter or probe	2*					
4	E520 with HP177C or HP270 probe or equivalent meter or probe	1*					
5	Hi Range SRDs (0 – 5 R or 0-10R)+	30*		N/A			
6	Low Range SRDs (0-200mR)+	30*		N/A			
7	Dosimeter Chgr+	2*					
8	Electronic Dosimeters (0-10R)++	30		N/A			
9	Air sampler Low-Vol (1 AMS)	3*					
10	Silver Zeolite Cartridge (Sealed)	20*		N/A			
11	Flashlights	5					
12	Spare Battery for each instrument & flashlight	1 ea*		N/A			

- + Not Required If Electronic Dosimeters Are Being Used.
- ++ Not Required If SRDs Are Being Used.
- * Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 4

Page 4 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Sample container or Sm. Bags	20*		N/A			
14	Absorb. Matrl.	1bx		NA			
15	Rad Info Signs with Inserts	5*		N/A			
16	Stanchions	2*		N/A			
17	Barricade Rope Ribbon	1 roll		N/A			
18	Tape	2 rolls		N/A			
19	Lg. Plastic Bags	10*		N/A			
20	Smears	2 bxs		N/A			
21	Step-Off Pads	5		N/A			
22	Paper coveralls	20		N/A			
23	Shoe Covers	20pr		N/A			
24	Rubber Gloves	20pr		N/A			
25	Hoods & Caps	20		N/A			
26	Respirator & GMIH Cart. (Instr. Issue)	10*		N/A			
27	Radio (Portable located in Rad Pro Area)	1*					
28	Radio (Base Station located in Rad Pro Area)	1*					
29	KI Tab. (Exp. Date _____)	5* btls		N/A			
30	Envel. For Part. A/S	100*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 4

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
31	Ck source -Button	1*		N/A			
32	Part. Filter Paper for A/S	1* bx		N/A			
33	EPEP Salem (CC #101)	1*		N/A			
34	TLDs	5*		N/A			
35	Blk &Clr MIDAS Print Cart (Ink Jet)	1 ea*		N/A			

*Minimum Required Number

DATE _____ (Inspection) SIGNED _____ (Performed By) _____ (Reviewed By)

ATTACHMENT 5

Page 1 of 4

HOPE CREEK GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - MAIN CONTROL POINT

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

1. Using Attachment 5, conduct an inventory of the emergency equipment located at the Main Control Point.
2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs, or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comments Column.
3. Verify operability of the dosimeter charger and replace batteries if necessary.
4. Verify operability of the air sampler(s).
5. Verify the operability of each flashlight and replace batteries if necessary.
6. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles.

ATTACHMENT 5

Page 2 of 4

7. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
8. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
9. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
10. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 5

Page 3 of 4

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	2*					
2	Teletector or equivalent	1*					
3	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
4	E140N with HP260 or HP210 probe or equivalent meter and probe	2*					
5	Hi Range SRDs (0-5 or 0-10R)+	10*		N/A			
6	Low Range SRDs (0-200mR)+	10*		N/A			
7	Dosimeter Chgr +	1*					
8	Electronic Dosimeters (0-10R)++	10		N/A			
9	Air sampler	2*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Particle A/S filter Paper	1 Bx		N/A			
12	Flashlights	5					
13	Spare Battery for each instrument & flashlight	1 ea*		N/A			
14	Sample container & Sm. Bags	10		N/A			
15	Lg. Plastic Bags	5*		NA			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 5

Page 4 of 4

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
16	Smears	10bx		N/A			
17	Paper Coveralls	10*		N/A			
18	Respirator & GMH Cartridges	10*		N/A			
19	AIEP or EPAP CC #43	1*		N/A			
20	EPIP or EPEP HC CC #43	1*		N/A			
21	Envel. Air Part. Sample	50*		N/A			
22	KI Tab. (Exp. Date ____)	5* bot		N/A			
23	First Aid Kit (CP)	1		N/A			
24	Hessel blocks	2*		N/A			
25	Check source	2*		N/A			
26	9.5 liter marinelli Beaker Emerg. A/S Assembly	1*		20" – 30"Hg	Inches Hg ____		
27	1 liter Poly Bottle with Septum Lid	2*		N/A			
28	Evac Pump (Instrument Issue)	1*					
29	Blk & Clr MIDAS Printer Cart. (Ink Jet)	1ea*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 6

Page 1 of 5

**HOPE CREEK GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - CONTROL ROOM/OSC**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|--|--|
| | 1. Using Attachment 6, conduct an inventory of the emergency equipment located at the Control Room. |
| | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs, or electronic dosimeters have current calibration Record instrument ID numbers and calibration expiration date in the Comments Column. |
| | 3. Verify operability of the dosimeter charger and replace batteries if necessary. |
| | 4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or the bag they are contained in. |
| | 5. Verify operability of the air sampler(s). |
| | 6. Verify the operability of each flashlight and replace batteries if necessary. |
| | 7. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |

ATTACHMENT 6

Page 2 of 5

- _____ 8. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
- _____ 9. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 10. Return attachment to the Nuclear Technical Supervisor -Radiation Protection for review.
- _____ 11. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 6

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	2*					
2	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
3	E520 HP177C or HP270 Probe or equivalent meter and probe	1*					
4	Teletector or equivalent	1*					
5	Hi Range SRDs (0-5 or 0-10R)+	20*		N/A			
6	Low Range SRDs (0-200mR)+	20*		N/A			
7	Dosimeter Chgr +	1*					
8	Electronic Dosimeters (0-10R)++	20		N/A			
9	Air sampler	2*	*	N/A			
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Particle filter Paper A/S	1 Bx		N/A			
12	Log	1bk		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.
 ++ Not Required If SRDs Are Being Used.
 * Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 6

Page 4 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Flashlights	5					
14	Spare Battery for each instrument & flashlight	1 ea*		N/A			
15	Sample content Sm. Bags	10		N/A			
16	Rad info Signs with Inserts	6*		N/A			
17	Stanchions	4*		N/A			
18	Barricade Rope/Ribbon	1 roll		N/A			
19	Tape	2 rolls		N/A			
20	Lg. Plastic Bags	5		N/A			
21	Smears	2 boxes		N/A			
22	Step-Off pads	3		N/A			
23	Paper coveralls	10*		N/A			
24	Shoe Covers	20Pr		N/A			
25	Rubber Glovers	20pr		N/A			
26	Hoods or Caps	10*		N/A			
27	Respirator & GMH Cartridges	10*		N/A			
28	KI Tab. (Exp. Date)	5* bot		N/A			

DATE _____ SIGNED _____ (Performed By) _____ (Reviewed By) _____
 (Inspection)

ATTACHMENT 6

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
29	Envel. For part. A/S	10*		N/A			
30	Ck source Button	1*		N/A			
31	Hessel Blocks	2*		N/A			
32	First Aid Kit	1*		N/A			
33	Amine Cartridges (ammonia removing)	10*		N/A			
34	TLDs	5*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 7

Page 1 of 5

**HOPE CREEK GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - EMERGENCY VEHICLE**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

1. Using Attachment 7, conduct an inventory of the emergency equipment located at the Emergency Vehicle Equipment Storage Area.
2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration dates in the Comments Column. If applicable, plug the battery pack into an Analyzer and run for 4 hours. Recharge the battery pack for 4 hours.
3. Verify operability of the dosimeter charger and replace batteries if necessary.
4. Verify operability of the air sampler(s).
5. Verify the operability of each flashlight and replace batteries, if necessary.
6. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles.
7. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
8. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.

ATTACHMENT 7

Page 2 of 5

- _____ 9. Return attachment to the Nuclear Technical Supervisor -Radiation Protection for review.

- _____ 10. Return attachment to Manager-NBURP, S-RP, or designee, as appropriate, following review by the NTS-RP.

ATTACHMENT 7

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02A or equivalent	1*					
2	Teletector or equivalent	1*					
3	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
4	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
5	Hi Range SRDs (0-5 OR 0-10R)+	5*		N/A			
6	Low Range SRDs (0-200mR)+	5*		N/A			
7	Dosimeter Chgr+	2*					
8	Electronic Dosimeters (0-10R)++	5		N/A			
9	Air Sampler (A/S)	2*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Part. Filter paper - A/S	1* Bx		N/A			
12	Lead Blanket	2*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 7

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Flashlights	2*					
14	Spare Battery for each instrument flashlight	1 ea*		N/A			
15	Sample Container/ Sm. Bags	10*		N/A			
16	Absorbent Material	1 bx		N/A			
17	Tape	2 rolls		N/A			
18	Lg. Plastic Bags	10*		N/A			
19	Smears	2 bxs		N/A			
20	Paper Coveralls/PCs	5*		N/A			
21	Shoe Covers	5*		N/A			
22	Rubber Gloves	5*		N/A			
23	Hood or Caps	5*		N/A			
24	Respirator & GMIH Cartridge	3*		N/A			
25	EPIP or EPEP HC CC#45	1*		N/A			
26	NJ/DE Road Maps (EPZ)	1*		N/A			
27	Envel. For Part. A/S	50*		N/A			
28	KI Tab. (Exp. Date)	1* bot		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 7

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
29	Onsite Map in Field Team's Forms Kit	1*		N/A			
30	Tweezers	1*		N/A			
31	Ck Source Button	1*		N/A			
32	First Aid Kit	1*		N/A			
33	10 Mile EPZ Map in Field Team's Forms Kit	1*		N/A			

*Minimum Required Number

DATE _____ (Inspection) SIGNED _____ (Performed By) _____ (Reviewed By)

ATTACHMENT 8

Page 1 of 5

**HOPE CREEK GENERATING STATION
EMERGENCY EQUIPMENT INVENTORY - TECHNICAL SUPPORT CENTER**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon

Initials

1. Using Attachment 8, provided, conduct an inventory of the emergency equipment located at the Technical Support Center.
2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comments Column.
3. Verify operability of the dosimeter charger and replace batteries if necessary.
4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or the bag they are contained in.
5. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles.
6. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.

ATTACHMENT 8

Page 2 of 5

- _____ 7. Verify operability of the air sampler(s).
- _____ 8. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 9. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
- _____ 10. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 8

Page 3 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	2*					
2	Teletector or equivalent	1*					
3	E140N with HP210 or HP260 probe or equivalent meter and probe	2*					
4	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
5	Hi Range SRDs (0-10R)+	30*		N/A			
6	Low Range SRDs (0-200mR)+	30*		N/A			
7	Dosimeter Chgr+	2*					
8	Electronic Dosimeters (0-5 OR 0-10R)++	30		N/A			
9	Air sampler 2-Low Volume 1-AMS	3*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Spare Battery for each instrument & flashlight	1 ea*		N/A			
12	Sample container/ Sm. Bags	10*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.
 ++ Not Required If SRDs Are Being Used.
 * Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 8

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Absorb. Material.	1bx		N/A			
14	Rad Info Signs with Inserts	5*		N/A			
15	Stanchions	2*		N/A			
16	Barricade Rope/Ribbon	1 roll		N/A			
17	Tape	2 rolls		N/A			
18	Lg. Plastic Bags	10*		N/A			
19	Plastic Sheet	1 roll		N/A			
20	Smears	2 bxs		N/A			
21	Step-Off Pads	5		N/A			
22	Paper Coveralls	20		N/A			
23	Shoe Covers	20pr		N/A			
24	Rubber Gloves	20pr		N/A			
25	Hoods & Caps	20		N/A			
26	Respirator & GMIH Cartridges	10*		N/A			
27	Radio (Portable located in Rad Pro Area)	1*					
28	Radio (Base Station located in Rad Pro Area)	1*					

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 8

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
29	KI Tab. (Exp. Date)	5* btls		N/A			
30	Envel. For Part. A/S	100*		N/A			
31	Ck source – Button	1*		N/A			
32	Part. Filter Paper fo A/S	1* bx		N/A			
33	Flashlights	6*		N/A			
34	Chart Paper	1 roll		N/A			
35	EPIP or EPEP HC CC # 78 (Loacted at RAC's Work Station)	1		N/A			
36	TLDs	5*		N/A			
37	Blk & Clr MIDAS Cartridges (Ink Jet)	1 ea*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9

Page 1 of 2

**SALEM AND HOPE CREEK GENERATING STATION
EMERGENCY OPERATIONS FACILITY
FIELD TEAM KIT EQUIPMENT INVENTORY**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|--|
| _____ | 1. Using Attachment 9, conduct an inventory of the field team kits located at the Emergency Operations Facility. Reseal the kits at the completion of the inventory if all items are satisfactory. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comment Column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. If SRD readers are used then check for operability. |
| _____ | 4. Verify the operability of each portable lantern or flashlight and replace batteries if necessary. |
| _____ | 5. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |
| _____ | 6. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present. |
| _____ | 7. Verify operability of all non-DC powered sampler(s). |

ATTACHMENT 9

Page 2 of 2

- _____ 8. Check physical condition of DC powered sampler(s).
- _____ 9. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 10. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 9A

Page 1 of 3

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	1*					
2	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
3	High Range SRDs (0-5 or 0-10R)+	3*		N/A			
4	Low Range SRDs (0-200mR)+	3*		N/A			
5	Dosimeter Chrg+	1					
6	Electronic Dosimeters (0-10R)++	3		N/A			
7	Flashlights w/batteries	1*					
8	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
9	Air Sampler (Radeco or equivalent)	1					
10	Silver Zeolite Cartridge Sealed	20*		N/A			
11	Part. Filter paper - A/S	1 bx*		N/A			
12	Lead Blanket	1*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9A

Page 2 of 3

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHEC K	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Batteries D cell 9 volt AA Cell	8* 4* 2*		N/A			
14	Sample container or Sm. Bag	20*		N/A			
15	Absorbent Material	5 shts		N/A			
16	First Aid Kit	1*		N/A			
17	Masking Tape	2 rolls		N/A			
18	Paper Coveralls/PCs	5*		N/A			
19	Shoe Covers	5pr*		N/A			
20	Hoods or Caps	5*		N/A			
21	Plastic Gloves	5pr*		N/A			
22	Large Plastic Bags	3*		N/A			
23	NJ/DE road Maps (EPZ)	1*		N/A			
24	Envel. For Part. – A/S	20*		N/A			
25	KI Tab. (Exp Date _____) in first aid kit	1* bot		N/A			
26	Tweezers	1*		N/A			
27	Smears	1bx*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9A

Page 3 of 3

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
28	Onsite Map	1*		N/A			
29	10 Mile EPZ Map	1*		N/A			

DATE _____ SIGNED _____
(Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9B

Page 1 of 2

FIELD TEAM KIT #2 INVENTORY – EOF

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	1*					
2	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
3	High Range SRDs (0-5 or 0-10R)+	3*		N/A			
4	Low Range SRDs (0-200mR)+	3*		N/A			
5	Dosimetry Chrg+	1					
6	Electronic Dosimeters (0-10R)++	3		N/A			
7	Flashlights w/batteries	1*					
8	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
9	Air Sampler (Radeco or equivalent)	1					
10	Silver Zeolite Cartridge Sealed	20*		N/A			
11	Part. Filter paper – A/S	1 bx*		N/A			
12	Lead Blanket	1*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9B

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Batteries D cell 9 volt AA Cell	8* 4* 2*		N/A			
14	Sample container or Sm. Bag	20*		N/A			
15	Absorbent Material	5 shts		N/A			
16	First aid Kit	1*		N/A			
17	Masking Tape	2 rolls		N/A			
18	Paper Coveralls/PCs	5*		N/A			
19	Shoe Covers	5pr*		N/A			
20	Hoods or Caps	5*		N/A			
21	Plastic Gloves	5pr*		N/A			
22	Large Plastic Bags	3*		N/A			
23	NJ/DE road Maps (EPz)	1*		N/A			
24	Envel. For Part. – A/S	20*		N/A			
25	KI Tab. (Exp Date _____) in first aid kit	1* bot		N/A			
26	Tweezers	1*		N/A			
27	Smears	1bx*		N/A			
28	Onsite/10 Mile EPZ Map	1*/1*		N/A			

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9C

Page 1 of 2

FIELD TEAM KIT #3 INVENTORY - EOF

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	1*					
2	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
3	High Range SRDs (0-5 or 0-10R)+	3*		N/A			
4	Low Range SRDs (0-200mR)+	3*		N/A			
5	Dosimeter Chrg+	1					
6	Electronic Dosimeters (0-10R)++	3		N/A			
7	Flashlights w/batteries	1*					
8	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
9	Air Sampler (Radeco or equivalent)	1*					
10	Silver Zeolite Cartridge Sealed	20*		N/A			
11	Part. Filter paper - A/S	1 bx*		N/A			
12	Lead Blanket	1*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____
(Inspection)SIGNED _____
(Performed By)_____
(Reviewed By)

ATTACHMENT 9C

Page 2 of 2

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Batteries D cell 9 volt AA Cell	8* 4* 2* 20*		N/A			
14	Sample Container or Sm. Bag			N/A			
15	Absorbent Material	5 shts		N/A			
16	First aid Kit	1*		N/A			
17	Masking Tape	2 rolls		N/A			
18	Paper Coveralls/PCs	5*		N/A			
19	Shoe Covers	5pr*		N/A			
20	Hoods or Caps	5*		N/A			
21	Plastic Gloves	5pr*		N/A			
22	Large Plastic Bags	3*		N/A			
23	NJ/DE road Maps (EPZ)	1*		N/A			
24	Envel. For Part. – A/S	20*		N/A			
25	KI Tab. (Exp Date _____) in first aid kit	1* bot		N/A			
26	Tweezers	1*		N/A			
27	Smears	1bx*		N/A			
28	Onsite/10 Mile EPZ Map	1*/1*		N/A			

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9D

FIELD TEAM KIT #4 INVENTORY - EOF

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	R02/R02A or equivalent	1*					
2	E140N with HP260 or HP210 probe or equivalent meter and probe	1*					
3	High Range SRDs (0-5 or 0-10R)+	3*		N/A			
4	Low Range SRDs (0-200mR)+	3*		N/A			
5	Dosimeter Chrg+	1					
6	Electronic Dosimeter (0-10R)++	3		N/A			
7	Flashlights w/batteries	1*					
8	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
9	Air Sampler (Radeco or equivalent)	1					
10	Silver Zeolite Cartridge Sealed	20*		N/A			
11	Part. Filter paper - A/S	1 bx*		N/A			
12	Lead Blanket	1*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 9D

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Batteries D cell 9 volt AA Cell	8* 4* 2*		N/A			
14	Sample container or Sm. Bag	20*		N/A			
15	Absorbent Material	5 shts		N/A			
16	First aid Kit	1*		N/A			
17	Masking Tape	2 rolls		N/A			
18	Paper Coveralls/PCs	5*		N/A			
19	Shoe Covers	5pr*		N/A			
20	Hoods or Caps	5*		N/A			
21	Plastic Gloves	5pr*		N/A			
22	Large Plastic Bags	3*		N/A			
23	NJ/DE road Maps (EPZ)	1*		N/A			
24	Envel. For Part. -- A/S	20*		N/A			
25	KI Tab. (Exp Date _____) in first aid kit	1* bot		N/A			
26	Tweezers	1*		N/A			
27	Smears	1bx*		N/A			
28	Onsite Map	1*		N/A			
29	10 Mile EPZ Map	1*		N/A			

*Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 10

Page 1 of 5

**SALEM AND HOPE CREEK GENERATING STATION
EMERGENCY OPERATIONS FACILITY
SPARE EMERGENCY EQUIPMENT INVENTORY**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|---|
| _____ | 1. Using Attachment 10, provided, conduct an inventory of the emergency equipment located at the Emergency Operations Facility. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration date in the Comments Column. |
| _____ | 3. Verify operability of the dosimeter charger and replace batteries if necessary. If SRD reader is used, check it for operability. |
| _____ | 4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or the bag they are contained in. |
| _____ | 5. Verify the operability of each portable lantern or flashlight and replace batteries if necessary. |
| _____ | 6. Verify all bottles of Potassium Iodine (KI) tablets are not within three (3) months of their shelf life (expiration date). Replace any expired bottles. |

ATTACHMENT 10

Page 2 of 5

- _____
7. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
- _____
8. Verify operability of all non-DC powered air sampler(s).
- _____
9. Check physical condition of DC powered air sampler battery cables.
- _____
10. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____
11. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 10

Page 3 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE ORRECT
1	R02/R02A or equivalent	2*					
2	E520 with HP177C or HP270 Probe or equivalent meter and probe	2*					
3	E140N with HP210 or HP260 probe or equivalent meter and probe	2*					
4	Hi Range SRDs (0-5 or 0-10R)+	25*		N/A			
5	Low Range SRDs (0-200mR)+	25*		N/A			
6	Dosimeter Chgr+	2*					
7	Electronic Dosimeters (0-10R)++	25		N/A			
8	TLDs	20*		N/A			
9	Battery Operated Air Sampler (Rm 78)	1*					
10	Silver Zeolite Cart. Sealed	20*		N/A			
11	Part. Filter Paper for A/s	5bx*		N/A			
12	Portable Lanterns or Flashlights	10					

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 10

Page 4 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
13	Batteries D cell 9 volt AA Cell	24* 26* 25*		N/A			
14	Sample Container or Sm. Bag	20*		N/A			
15	Absorbent Material	1bx		N/A			
16	Rad Info Signs with inserts	6*		N/A			
17	Stanchions	4*		N/A			
18	Barricade Rope/Ribbon	5*		N/A			
19	Tape	2 rolls		N/A			
20	Lg. Plastic Bags	20*		N/A			
21	Plastic Sheet	1 roll		N/A			
22	Smears	2bx*		N/A			
23	Step-off Pads	4*		N/A			
24	Paper Coveralls/PCs	20*		N/A			
25	Shoe Covers	20pr		N/A			
26	Vinyl gloves	20pr		N/A			
27	Cotton gloves	20pr		N/A			
28	Hoods or Caps	20*		N/A			

*Minimum Required Needed

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

ATTACHMENT 10

Page 5 of 5

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
29	Respir & GMIH Cartridge	10*		N/A			
30	NJ/DE Road Maps – EPZ	1*		N/A			
31	Envel. For Part. A/S	100*		N/A			
32	KI Tab. (Exp. Date)	10* Bot		N/A			
33	First Aid Kit	1		N/A			
34	Tweezers	1*		N/A			
35	Check Source - Button	1*		N/A			

*Minimum Required Needed

DATE (Inspection) _____ SIGNED (Performed By) _____ (Reviewed By) _____

ATTACHMENT 11

Page 1 of 3

**SALEM MEMORIAL HOSPITAL
EMERGENCY EQUIPMENT INVENTORY**

NOTE

- Corrective action(s) should be taken to resolve all discrepancies listed on this attachment by the surveillance due date. This should include the coordination of the repair, replacement, or calibration of all items related to radiation protection which are missing, broken or otherwise inoperable.
- Emergency Preparedness (EP) should be contacted, if discrepancies are not resolved by the due date. EP will implement Attachment 12, Emergency Equipment Inventory Discrepancy Form.
- Any discrepancies requiring a work order (WO) should have one issued and the WO number noted on this attachment.
- Security seals should be placed on all applicable cases/doors upon completion.

Initials

- | | |
|-------|--|
| _____ | 1. Using Attachment 11, conduct an inventory of the emergency equipment located at the Salem Memorial Hospital. |
| _____ | 2. Check calibration dates and perform a battery/response check (if applicable) on all portable instruments. Verify that all SRDs/PICs or electronic dosimeters have current calibration identification on them. Record instrument ID numbers and calibration expiration dates in the comments column. |
| _____ | 3. Verify operability of the dosimeter charger/reader and replace batteries if necessary. |
| _____ | 4. Change out all TLD's as required by Dosimetry. Ensure calibration date/date of change out is clearly labeled on each TLD or container. |

ATTACHMENT 11

Page 2 of 3

- _____ 5. Replace all undated spare batteries the 1st quarter of each year. All dated batteries shall be replaced if they will expire within the next 6 months. Verify that all batteries installed in equipment in above steps also meet these criteria. Visually inspect batteries and replace if corrosion is present.
- _____ 6. Record all discrepancies, comments, corrective actions, and date completed in the appropriate column of this attachment.
- _____ 7. Return attachment to the Nuclear Technical Supervisor - Radiation Protection for review.
- _____ 8. Return attachment to Manager-NBURP, or designee, following review by the NTS-RP.

ATTACHMENT 11

Page 3 of 3

ITEM NO.	EQUIPMENT	NOM QTY	QTY FOUND	OPER CHECK	COMMENTS	CORRECTIVE ACTION	DATE CORRECT
1	E140N with HP260 or HP210 probe or equivalent meter and probe	2*					
2	E520 with HP177C or HP270 probe or equivalent meter and probe	1*					
3	Low Range SRDs (0-200mR)+	10*		N/A			
4	Dosimeter Chgr+	1*					
5	Electronic Dosimeter (0-10R)++	10		N/A			
6	TLD	12*		N/A	2 TLDS are control TLDS		
7	Spare Battery for each instrument	1 ea*		N/A			

+ Not Required If Electronic Dosimeters Are Being Used.

++ Not Required If SRDs Are Being Used.

* Minimum Required Number

DATE _____ SIGNED _____
 (Inspection) (Performed By) (Reviewed By)

