

Southern Nuclear  
Operating Company, Inc.  
Post Office Drawer 470  
Ashford, Alabama 36312



*Energy to Serve Your World<sup>SM</sup>*

FNP-00-027-NRC-DC  
JUNE 2, 2000

DIRECTOR, OFFICE OF NUCLEAR REACTOR REGULATION  
ATT: DOCUMENT CONTROL DESK  
C/O JIM MCKNIGHT  
US NUCLEAR REGULATORY COMMISSION  
WASHINGTON, DC 20555

DEAR SIR,

ATTACHED YOU WILL FIND THE NEW REVISION TO THE PROCEDURES LISTED BELOW.

IF YOU HAVE QUESTIONS PLEASE CALL ME AT 334-899-5156 EXTENSION 3439.

FNP-0-EIP-4.0 REVISION 29 (1 COPY)  
FNP-0-EIP-16.0 REVISION 37 (1 COPY)

SINCERELY,

A handwritten signature in cursive script that reads "Donnie Hardy". The signature is written in black ink and is positioned above the printed name.

DONNIE HARDY

DOCUMENT CONTROL SUPERVISOR

DCH:llb  
CC: FILE RTYPE A4.54

Memo Disk 1 - NRC

NRR 037

A045

FARLEY NUCLEAR PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE  
FNP-0-EIP-4.0

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HEALTH PHYSICS SUPPORT TO THE EMERGENCY PLAN

PROCEDURE USAGE REQUIREMENTS PER FNP-0-AP-6	SECTIONS
Continuous Use	
Reference Use	ALL
Information Use	

Approved:

  
\_\_\_\_\_  
Nuclear Plant General Manager



Date Issued 6-2-00

LIST OF EFFECTIVE PAGES

PAGE NO.	REVISION NO.										
	REV	27	28	29	30	31	32	33	34	35	36
i	26	X	X	X							
ii	26	X	X	X							
iii	26	X	X	X							
iv		X	X	X							
(Procedure) 1	25	X	X	X							
2	25	X	X	X							
3	25	DEL									
Appendix 1	23	X	X	X							
Appendix 2	23	X	X	X							
Appendix 3	23	X	X	X							
Appendix 4	23	X	X	DEL							
Appendix 5:											
Pg. 1	23	X	X	X							
Pg. 2	23	X	X	X							
Pg. 3	23	X	X	X							
Pg. 4	23	X	X	X							
Pg. 5	23	X	X	X							
Appendix 6:											
Pg. 1	23	X	X	X							
Pg. 2	23	X	X	X							
Pg. 3	23	X	X	X							
Pg. 4	23	X	X	X							
Pg. 5	23	DEL	X	X							
Appendix 7	23	X	X	X							
Appendix 8	23	X	X	X							
Appendix 9:											
Pg. 1	24	X	X	X							
Pg. 2	23	X	X	X							
Appendix 10:											
Pg. 1	24	X	X	X							
Pg. 2	23	X	X	X							
Appendix 11	23	X	X	X							

## LIST OF EFFECTIVE PAGES

PAGE NO.	REVISION NO.										
	REV	27	28	29	30	31	32	33	34	35	36
Appendix 12	23	X	X	X							
Appendix 13	23	X	X	X							
Appendix 14	23	DEL									
Pg. 1			X	X							
Pg. 2			X	X							
Pg. 3			X	X							
Guideline 1:											
Pg. 1	25	X	X	X							
Pg. 2	25	X	X	X							
Pg. 3	25	X	X	X							
Guideline 2	25	X	X	X							
Guideline 3											
Pg. 1	25	X	X	X							
Pg. 2	25	X	X	X							
Guideline 4:											
Pg. 1	26	X	X	X							
Pg. 2	26	X	X	X							
Pg. 3		X	DEL								
Guideline 5:											
Pg. 1	25	X	X	X							
Pg. 2	25	X	X	X							
Pg. 3	25	X	X	X							
Table 1	23	X	X	X							
Table 2	24	X	X	X							
Figure 1	6	X	X	X							
Figure 2	15	X	X	X							
Figure 3	23	X	X	X							
Figure 4	23	X	X	X							
Figure 5	18	X	X	X							
Figure 6	18	X	X	X							
Figure 7	19	X	X	X							
Figure 8:											
Pg. 1	23	X	X	X							
Pg. 2	23	X	X	X							
Figure 9			X	X							

PAGE NO.	REVISION NO.										
	REV	27	28	29	30	31	32	33	34	35	36
Figure 10				X							

**HEALTH PHYSICS SUPPORT TO THE EMERGENCY PLAN  
TABLE OF CONTENTS**

<u>Section</u>	<u>Title</u>	<u>Page</u>
1.0	Purpose	1
2.0	References	1
3.0	Responsibilities of the Health Physics Manager	1
4.0	HP Technicians assigned to monitor in the Plant or at Assembly Areas	2
5.0	Radiation Monitoring Team(s) Assigned to Monitor in the Environment	2
6.0	Health Physics Personnel assigned to monitor at a hospital	2
7.0	The RMT Controller	2
Appendix 1	Operation of Syntor Radio	
Appendix 2	Operation of Mytrex Radio	
Appendix 3	Operation of Security Walker Talker	
Appendix 4	Deleted	
Appendix 5	Locations of Environmental Monitoring Stations	
Appendix 6	Sampling Forage, Soil, Water and Air	
Appendix 7	Radiation Monitoring Team Data Log	
Appendix 8	Reentry Individual Exposure Record	
Appendix 9	Operation of Syntor XX Radio	
Appendix 10	Operation of Spectra Radio	
Appendix 11	Use of RMT Frequency Toner Unit	
Appendix 12	Production Frequency Toner Unit (TSC)	

<u>Section</u>	<u>Title</u>	<u>Page</u>
Appendix 13	Security Frequency Toner Unit (TSC)	
Appendix 14	Operation of RMT Southern Linc Radios	
Guideline 1	Health Physics Manager Guideline	
Guideline 2	In Plant/Assembly Area Monitoring HP Technician Guideline	
Guideline 3	Radiation Monitoring Team Guideline	
Guideline 4	Hospital Health Physics Support Guideline	
Guideline 5	RMT Controller Guideline	
Table 1	References	
Table 2	RMT Radio Equipped Vehicles	
Figure 1	On-Site Predesignated Monitoring Points	
Figure 2	Off-Site Predesignated Monitoring Points	
Figure 3	“Thyro-Block” Potassium Iodide Information	
Figure 4	Deleted	
Figure 5	Indicator Sampling Locations for Airborne Environmental Radioactivity in the Farley Nuclear Plant Area	
Figure 6	Community (Indicator II) Monitoring Locations for Direct Radiation in the Farley Nuclear Plant Area	
Figure 7	Control Sampling Locations for Airborne Environmental Radioactivity in the Farley Nuclear Plant Area	
Figure 8	Air Monitoring Station Dust Filter Changeout Check List	
Figure 9	Southeast Alabama Medical Center	

HEALTH PHYSICS SUPPORT TO THE EMERGENCY PLAN

## 1.0 Purpose

This procedure delineates the responsibilities of the Health Physics group for emergency preparedness and during emergency conditions.

## 2.0 References

See Table 1

## 3.0 Responsibilities of the Health Physics Manager:

- 3.1 Report to the TSC or location directed by the Emergency Director (ED) or the Technical Manager.
- 3.2 Perform the actions listed in the Health Physics Manager Guideline (Guideline 1).

**CAUTION: SOME PERSONNEL MAY HAVE A POTENTIALLY SERIOUS ALLERGIC REACTION TO USE OF POTASSIUM IODIDE. SEE FIGURE 3 FOR SPECIFIC INSTRUCTIONS PRIOR TO ISSUING.**

**NOTE: IF POTASSIUM IODIDE IS ADMINISTERED LATER THAN FOUR HOURS AFTER AN INDIVIDUAL HAS SUFFERED AN ACUTE INGESTION OR INHALATION OF RADIO IODINE, ITS EFFECTIVENESS AS A THYROID BLOCKING AGENT IS LESS THAN 50 PERCENT. (IEN 88-15).**

**NOTE: A CONSERVATIVE ESTIMATE OF THYROID DOSE CAN BE MADE BY ASSUMING 25 mrem TO THE THYROID PER EACH DAC-HR ACCUMULATED. ONE DAC OF I-131 IS  $2 \times 10^{-8}$  mCi/ml.**

- 3.3 If a person is to be exposed to airborne radioactive iodine such that he would exceed 2000 DAC-hrs, consider issuing potassium iodide as a thyroid blocking agent. Instructions and considerations for use are listed in Figure 3. Radioiodine accumulation in the thyroid can be reduced to less than 10 percent of what it would be without a blocking agent by daily oral intake of 130 milligrams for adults and 65 milligrams for infants, provided that Potassium Iodine is started before or immediately after the exposure to the radioiodine and treatment continues for at least 48 hours beyond the time of the last exposure. Treatment beyond 48 hours should be referred to the medical department.

- 3.4 Consider self contained breathing apparatus (SCBAs) and full face respirators with iodine canisters to minimize thyroid dose in the plant, if deemed to be ALARA. Such consideration should take into account the effect on both internal and external dose, or Total Effective Dose Equivalent (TEDE). If, however, iodine concentrations are known, every effort should be taken to limit thyroid dose to no more than 125 rem for operation of emergency equipment or activities intended to mitigate the emergency. Since humans can live without a thyroid, no upper limit is placed on a thyroid dose for life saving activities.
- 4.0 HP Technicians assigned to monitor in the plant or at assembly areas shall:
  - 4.1 Comply with the instructions of the HP Manager or the Dose Assessment Director.
  - 4.2 Perform the actions listed in applicable portions of the IN PLANT/ASSEMBLY AREA MONITORING HP TECHNICIAN GUIDELINE. (Guideline 2)
- 5.0 Radiation Monitoring Team(s) assigned to monitor in the environment (onsite and offsite) shall:
  - 5.1 RMT 1 team leader is to report to the TSC and coordinate with the TSC staff to provide a second rad worker who is respirator qualified for the RMT.
  - 5.2 RMT 2 and 3 team leaders are to report to the EOF and coordinate with the EOF staff to provide a second rad worker who is respirator qualified for each RMT.
  - 5.3 Perform the actions listed in the Radiation Monitoring Team Guideline (Guideline 3).
- 6.0 Health Physics Personnel assigned to monitor at a hospital shall:
  - 6.1 Report to the designated hospital or other location as required.
  - 6.2 Perform the actions listed in the Hospital Health Physics Support Guideline (Guideline 4).
- 7.0 The RMT Controller shall:
  - 7.1 The on-shift RMT controller shall report to the TSC or location directed by the Emergency Director (ED) or the Technical Manager.
  - 7.2 The on-call RMT controller shall report to the EOF or location directed by the Recovery Manager.
  - 7.3 Perform the actions listed in the RMT Controller Guideline (Guideline 5).

## APPENDIX 1

OPERATION OF SYNTOR RADIO  
(PRIVATE LINE FEATURE OVERRIDDEN)

**NOTE: THERE ARE TWO TYPES OF SYNTOR RADIOS ON SITE. THIS IS THE ORIGINAL SYNTOR. THE OTHER SYNTOR IS THE SYNTOR XX, AND IS DESCRIBED IN APPENDIX 9.**

1. This unit does not have RMT frequency capability. If the RMT frequency is being used, a handheld unit will have to be obtained.
2. Remove the microphone from its clip (this action overrides the private line feature). DO NOT place the microphone in its clip while operating in private line override mode.
3. Turn volume and squelch switches full counterclockwise.
4. Place the on-off switch in the "ON" position. The on-off switch is a sliding bar mounted transversely through the radio's upper and lower front panels, and is between the volume switch and the channel switch. The radio is turned on by sliding the bar toward the upper front panel which exposes a green indicator on the radio's upper front panel and turns the radio on.
5. Turn the volume switch clockwise until an acceptable volume level is achieved.
6. Ensure that the "R&D" toggle switch is in the "R" position.
7. Place channel selectors as follows:

CHANNEL	PL CHANNEL	DESCRIPTION
6	PL8	FNP Plant repeater
10	PL8	Dothan repeater
15	PL8	FNP Security repeater
1	PL6	Eufaula-Wiregrass District repeater

8. Turn squelch control clockwise until background noise just ceases.

## APPENDIX 2

## OPERATION OF MYTREX RADIO

1. This unit does not have RMT frequency capability. If the RMT frequency is being used, a handheld unit will have to be obtained.
2. Turn the volume and squelch switches fully counterclockwise.
3. Place the on-off switch in the "ON" position.

- 3.1 Mytrex radio with bar type on-off switch

Slide the vertical bar switch up, turning the radio on and exposing a green indicator on the radio's upper front panel. The on-off switch is mounted transversely through the radio's upper and lower front panels between the volume switch and the channel switch.

- 3.2 Mytrex radio with rotary type on-off switch

Turn the rotary on-off switch clockwise until a click is heard.

4. Turn the volume switch clockwise until an acceptable volume level is achieved.
5. Place channel selectors as follows:

CHANNEL	DESCRIPTION
1	FNP Plant repeater
2	FNP Plant Direct (no repeater)
3	FNP Security repeater

6. Turn squelch control clockwise until background noise just ceases.

## APPENDIX 3

OPERATION OF SECURITY WALKIE TALKIE  
(PRIVATE LINE FEATURE OVERRIDDEN)

1. This unit does not have RMT frequency capability. If the RMT frequency is being used, an RMT capable hand-held unit will have to be used instead.
2. Place PL toggle switch in "speaker on position".
3. If walkie talkie has external microphone, remove the microphone from its clip (this action overrides the private line feature). DO NOT place the microphone in its clip while operating in private line override mode.
4. Turn squelch switch fully counterclockwise.
5. Turn on-off switch clockwise to turn radio on. Turn switch further clockwise until an acceptable sound volume is reached.
6. Place channel selectors as follows:

CHANNEL	DESCRIPTION
1	FNP Plant repeater
3	FNP Security repeater

7. Turn squelch switch clockwise until background noise just ceases.

APPENDIX 4

**DELETED**

## APPENDIX 5

TRAVEL INSTRUCTIONS TO ENVIRONMENTAL  
TLD MONITORING STATIONS

## 1.0 Community Stations

1.1 Station 0104

Sector 1, 4 miles north-northeast of the Plant Vent Stack. Located on the north side of Georgia Highway 62, 1.5 miles east of the east end of the Chattahoochee River bridge. Stake is approximately 20 yards off the highway across from the intersection of Georgia Highway 62 and graded road 106 (Mamie Lane).

1.2 Station 0204

Sector 2, 4 miles northeast of the Plant Vent Stack. Located next to a dirt driveway across from the intersection of graded road 104 (Chambers Road) and 28 (Wilkie Mosley Road). Stake is located approximately ten yards to the right of the driveway, 30 yards off the road.

1.3 Station 0304

Sector 3, 4 miles east-northeast of the Plant Vent Stack. Located on the west side of graded road 28 (Wilkie Mosley Road), approximately 0.8 miles from the intersection of roads 28 (Wilkie Mosley Road) and 103 (Dowry Road). TLD is approximately 10 yards off the road among pine trees on a northerly diagonal from the REA pole E145 across the road.

1.4 Station 0405

Sector 4, 5 miles east of the Plant Vent Stack. Near the base of the old Cedar Springs Fire Tower, approximately 1.5 miles from the intersection of Sowatchee Road (graded road 26) and Early County Road 300. Stake is approximately 30 yards north of an unmarked dirt road intersecting Sowatchee Road (graded road 26).

1.5 Station 0505

Sector 5, 5 miles east-southeast of the Plant Vent Stack. Located approximately 100 yards west of Early County Road 300, in the edge of trees behind Providence Church.

1.6 Station 0605

Sector 6, 5 miles southeast of the Plant Vent Stack. Located in edge of trees approximately 20 yards north of Georgia Highway 273, fifty yards east of the intersection of Georgia Highway 273 and Good Hope Lane (graded road 250).

1.7 Station 0703

Sector 7, 3 miles south-southeast of the Plant Vent Stack, at Paper Mill. Located on Northern section of the plant boundary near environmental air monitor 0703.

1.8 Station 0805

Sector 8, 5 miles south of the Plant Vent Stack, in Gordon, Alabama. TLD is approximately 50 yards east of Alabama Highway 95, on an EL light pole beside the first White house (2116 S. Hwy 95) north of the post office.

1.9 Station 0904

Sector 9, 4 miles south-southwest of the Plant Vent Stack. Located 1 mile from the intersection of Harris Butler Road and Ed Tolar Road on the East side of Harris Butler Road at #1216 Harris Butler Road. Stake is approximately 10 yards off the road near a well pump.

1.10 Station 1005

Sector 10, 5 miles Southwest of the Plant Vent Stack. Located approximately 10 yards North of Ed Tolar Road, 0.9 miles east of the intersection of Ed Tolar Road and Houston County Road 75. Stake is in a fence row approximately 40 yards east of an old barn and across from 874 Ed Tolar Road.

1.11 Station 1104

Sector 11, 4 miles west-southwest of the Plant Vent Stack. Located south of Bruner's Pond Road that intersects Houston County Road 75 approximately 0.2 miles northwest of Bruner's Pond. Stake is approximately 30 yards west of intersection, in a fence line and row of trees bordering a pasture.

1.12 Station 1204

Sector 12, 4 miles west of the Plant Vent Stack. Located across Houston County Road 33 from Oakey Grove Church, at the intersection of Houston County Road 33 and Nuclear Plant Road (Houston County 42). Stake is approximately 30 yards from either road.

1.13 Station 1304

Sector 13, 4 miles west-northwest of the Plant Vent Stack. Located approximately 30 yards north of the intersection of Houston County Roads 75 and 33. Stake is in the edge of woods approximately 20 yards east of Houston County Road 33.

1.14 Station 1404

Sector 14, 4 miles northwest of the Plant Vent Stack. Located 0.4 miles south of the intersection of Alabama Highway 52 and Houston County Road 33. Stake is approximately 30 yards east of Houston County Road 33 in the 500 KVA right of way.

1.15 Station 1504

Sector 15, 4 miles north-northwest of the Plant Vent Stack. Located near the convenience store (formerly Maro's Kitchen) at the intersection of Alabama Highway 52 and Henry Road. Stake is approximately 30 yards north of Highway 52 (across a small ditch) near the parking lot on the east side of the building.

1.16 Station 1605

Sector 16, 5 miles north of the Plant Vent Stack. Located in Columbia, AL at Alabama Power Company substation 100 yards south of Alabama Highway 52 near Omussee Creek bridge. Stake is in the southwest corner.

1.17 Station 1108

Sector 11, eight miles west-southwest of the Plant Vent Stack. Located at Alabama Power Company substation on Main Street in Ashford, Alabama. Stake is in southwest corner of substation.

1.18 Station 1001

Sector 10, 1 mile southwest of the Plant Vent Stack. Located on Whatley Residence, 1 mile south of FNP Main Gate on Alabama Highway 95. TLD is approximately 50 yards West of highway on utility pole, near house at the end of the dirt driveway.

## 2.0 Background Stations

2.1 Station 0718

Sector 7, 18 miles south-southeast of the Plant Vent Stack. Located at Neal's Landing Park, Florida, inside the fence surrounding air sample station.

2.2 Station 0215

Sector 2, 15 miles northeast of the Plant Vent Stack. Located behind the Early County Court House in Blakely, Georgia, inside the fenced area around water tower. Stake is in northwest corner of fenced area, near the environmental air monitor.

2.3 Station 1218

Sector 12, 18 miles west of the Plant Vent Stack. Located in Dothan, Alabama behind Alabama Power Substation 229 across industrial road from Ansell. Stake is outside the fenced substation area, near the environmental forage plot.

2.4 Station 1215

Sector 12, 15 miles west of the Plant Vent Stack. Located in Dothan, Alabama inside the fenced area around the water tower on Alabama Highway 53 near the Houston County Farm Center. Stake is on the west side of fenced area.

2.5 Station 1311

Sector 13, 11 miles west-northwest of the Plant Vent Stack. Located in Webb, Alabama, inside the Alabama Power Company Substation on Highway 52. Stake is inside the fence about midway down the north side.

2.6 Station 1612

Sector 16, 12 miles north of the Plant Vent Stack. Located in Henry County, Alabama at the Ronnie Yance residence near Haleburg. Proceed approximately 5.7 miles north on Alabama Highway 95 from Columbia. Turn left on County Road 60 (just past sign indicating a Corps of Engineers Boat Landing Ramp), until it dead ends into County Road 77. Turn right and proceed north approximately 0.7 miles to a dirt drive. Stake is at the end of the dirt drive 0.3 miles from County Road 77.

## 3.0 Indicator (On Site)

3.1 Indicator 1601

N of Met Tower next to railroad tracks.

3.2 Indicator 0101

NNE of Met Tower in edge of trees.

3.3 Indicator 0201

On River Bank where power line crosses the river into Georgia.

- 3.4 Indicator 0301  
On River Bank, near sand pit.
- 3.5 Indicator 0401  
In edge of trees at top of hill, north of the road leading to old loading dock on river.
- 3.6 Indicator 0501  
North of river water structure on river bank in edge of trees.
- 3.7 Indicator 0601  
On river bank past plant discharge at property boundary.
- 3.8 Indicator 0701  
Across from Security Firing Range, near Environmental Air Monitor 0701.
- 3.9 Indicator 0801  
Follow service water pond spillway through trees to station.
- 3.10 Indicator 0901  
By former site of EPA solar station.
- 3.11 Indicator 1001  
SW perimeter of plant. Yellow pipes surround station.
- 3.12 Indicator 1101  
Main Gate - GATE 95
- 3.13 Indicator 1201  
Hwy 95 under transmission lines before Main gate.
- 3.14 Indicator 1301  
Hwy 95 approximately 1 mile north of Main gate on east side of highway by APCo property line marker.

3.15 Indicator 1401

West of Complex III on FNP property line adjacent to Hwy 95.

3.16 Indicator 1501

North of Complex III. North of transmission tower in edge of trees.

## APPENDIX 6

## SAMPLING FORAGE, SOIL, WATER AND AIR

**NOTE: FORAGE SAMPLES SHOULD BE RELATIVELY FREE OF DIRT, ROCKS, STICKS, AND OTHER DEBRIS.**

- 1.0 To obtain a forage sample, perform the following:
  - 1.1 Proceed to the location designated by the TSC or EOF. Ensure area selected is relatively free of trees that would shield the sample from deposition.
  - 1.2 Use hand held grass clippers to cut the forage.
  - 1.3 Place the sample in a plastic bag.
  - 1.4 Label sample bag with date/time, location of sample, and name of individual who pulled the sample.
  - 1.5 Store sample for return to site for analysis.

**NOTE: SOIL SAMPLE SHOULD BE RELATIVELY FREE OF ROCKS, LEAVES, STICKS, AND OTHER DEBRIS.**

- 2.0 To obtain a soil sample, perform the following:
  - 2.1 Proceed to the location designated by the TSC or EOF. Ensure the area selected is relatively free of obstructions (e.g., trees, walls, etc.) that would shield the dirt from deposition or concentrate activity.
  - 2.2 Use small hand-held shovel to obtain the sample.
  - 2.3 Obtain soil sample from the top one to two inches of soil.
  - 2.4 Place sample in a plastic bag.
  - 2.5 Label sample bag with date/time, location of sample, and name of individual who pulled the sample.
  - 2.6 Store sample for return to site for analysis.

**NOTE: WATER SAMPLE SHOULD BE RELATIVELY FREE OF DIRT, LEAVES, STICKS, AND OTHER DEBRIS.**

- 3.0 To obtain a water grab sample, perform the following:
  - 3.1 Proceed to the location designated by the TSC or EOF.
  - 3.2 Use water sampler or other suitable container and obtain water sample.
  - 3.3 Place water sample in cubitainer and cap tightly.
  - 3.4 Label sample container with date/time, location of sample, name of individual who pulled the sample, and whether the sample was from a flowing river, stagnant pond, etc..
  - 3.5 Store sample for return to site for analysis.
- 4.0 To obtain an air sample utilizing the Honda (M/N GX160) portable electric generator and the RADeCo (M/N H-809V) air sampler, perform the following:

**CAUTION: EXHAUST MUFFLER MAY BE HOT!**

- 4.1 Ensure generator is fueled and exhaust muffler is clear of obstruction.
- 4.2 Place the fuel valve lever to the "ON" position. (See Figure 10 for a diagram of the generator.)
- 4.3 Turn the on-off switch to the "ON" position.
- 4.4 Place the choke lever in the "CLOSED" position.
- 4.5 Pull the motor crank cord until the unit starts. (Choke may have to be adjusted during the start cycle.)
- 4.6 Rotate the choke lever in steps that will allow the engine to warm up for approximately 1 minute.
- 4.7 The "OPEN" position provides the correct fuel mixture for operation after starting and for restarting a warm engine.
- 4.8 Moving the throttle lever in the directions shown makes the engine run faster or slower.
- 4.9 If the motor fails to start, consider it inoperable and turn the on-off switch to the "OFF" position.

- 4.9.1 Notify TSC or EOF that the generator has failed to start and await for further instructions.

**NOTE: SILVER ZEOLITE (AgZ) CARTRIDGES ARE PROVIDED FOR USE IN ACTUAL EMERGENCY AIR SAMPLING. CHARCOAL CARTRIDGES ARE PROVIDED FOR USE IN DRILLS/EXERCISES.**

- 4.10 Obtain air samples.
- 4.11 After obtaining the air sample, turn the generator on-off switch to the "OFF" position.
- 5.0 To obtain Environmental Air Sample from Environmental Air Monitoring Station: (Use Figure 8 as a Guideline, if necessary.)
- 5.1 Press "STOP" key - display reads total volume in units selected and elapsed time.
- 5.2 For each sample, record sample date/time, elapsed sample time and cumulative sample volume. The sample date/time is defined as the date/time when the "STOP" key is depressed.
- 5.3 Remove the combination filter holder from the sample pump by releasing the quick-connect fitting.
- 5.4 Carefully remove the particulate filter retaining cap from the combination filter holder by rotating the cap counterclockwise.
- 5.5 Carefully remove the particulate filter from the filter holder to avoid tearing the filter.
- 5.6 Place the particulate filter in a labeled petri dish or other suitable container.
- 5.7 Open the charcoal cartridge compartment of the combination filter holder by rotating the upper (gold) section counterclockwise.
- 5.8 Carefully remove the charcoal cartridge and place it in a labeled container.
- 5.9 Ensure that there are two o-rings in the charcoal cartridge compartment.
- 5.10 Carefully install a fresh charcoal cartridge, making sure the arrows on the cartridge point in the direction of flow. When the combination filter holder is installed on the pump suction line, the arrows should point down.

- 5.11 Reassemble the charcoal cartridge compartment by screwing the two sections together, finger-tight.
- 5.12 Being careful to avoid tearing the filter, place a fresh particulate filter on the grid in the particulate filter compartment.
- 5.13 Carefully replace the particulate filter retaining cap and tighten finger tight.
- 5.14 Install the combination filter holder on the pump suction line using the quick connect fitting.
- 5.15 Press "CLEAR" key. Display reads calibrated range of the totalizer.
- 5.16 Press "START" key. Pump starts and display reads flowrate in units selected, elapsed sample time and cumulative volume for the newly initiated sampling period.
- 5.17 If necessary, adjust flowrate to 1.5-1.7 CFM (42-48 LPM) using the flow adjust knob on the regulator valve.

#### 6.0 Pulling of water sample from auto sampler units

**NOTE: IT SHOULD BE RECOGNIZED THAT THE AUTO SAMPLER PULLS A SMALL VOLUME OVER A LONG PERIOD OF TIME, AND THE SAMPLE IN IT IS NOT REPRESENTATIVE OF INSTANTANEOUS LEVELS, AND GRAB SAMPLES ARE MORE REPRESENTATIVE OF ACTUAL INSTANTANEOUS LEVELS.**

- 6.1 Unclip bottom section from top section of sampler.
- 6.2 Ensure unit is not pumping, then lift top section from sampler off both sections and gently set aside.

**CAUTION: LUMINOUS DIAL WATCHES CONTAINING TRITIUM MUST NOT BE WORN WHILE PULLING SAMPLE FROM AUTO SAMPLER.**

- 6.3 Remove accumulation container and pour off a small amount into the cubitainer.
- 6.4 Reinstall accumulation container into the bottom section.
- 6.5 Reinstall top section, being careful that the pump discharge tube will discharge into the accumulation container. Reinstall clips.

- 6.6 Cap cubitainer and label it with date/time, location of sample, and that it came from the auto sampler, description of the type of area from which sample was taken (e.g., flowing river, stagnant area of river, etc.), and name of person taking the sample.

SHARED

RADIATION MONITORING TEAM  
SURVEY DATA SUMMARY LOG

DATE/TIME OF SURVEY	LOCATION OF SURVEY (Degree-Miles-Landmarks)	TLD CHANGE OUT	WATER SAMPLE	FORAGE SAMPLE	SOIL SAMPLE	DOSE RATE (mrem/hr)		AIR SAMPLE READING(µCi/ml)	
						OPEN WINDOW	CLOSED WINDOW	IODINE	PARTICULATE
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REMARKS: \_\_\_\_\_ REVIEWED BY/DATE, TIME \_\_\_\_\_  
 \_\_\_\_\_ APPROVED FOR TELECOPY DATE/TIME \_\_\_\_\_  
 \_\_\_\_\_

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SHARED

FNP-0-EIP-4.0  
APPENDIX 8

REENTRY INDIVIDUAL EXPOSURE RECORD

NAME \_\_\_\_\_ TLD# \_\_\_\_\_ GROUP \_\_\_\_\_

PRE-ACCIDENT EXPOSURE \_\_\_\_\_ MREM \_\_\_\_\_

ENTRY #	DOSIMETRY LOCATION ON BODY	VERIFY RESPIRATOR RECORDS ARE CURRENT *	LOW RANGE PIC (N/A FOR DAD)		HIGH RANGE PIC OR DAD		EXPOSURE BY PIC OR DAD	EXPOSURE BY TLD	TOTAL DOSE YTD	BIOASSAY RESULTS (WBC, NASAL SWIPES, MPC/DAC HRS, ETC.)
			IN	OUT	IN	OUT				
			/		/					
			/		/					
			/		/					
			/		/					
			/		/					
			/		/					
			/		/					
			/		/					
			/		/					

\* Verify individual is current on their lung function certification prior to authorizing to wear respirator.

I voluntarily accept greater than normally imposed Regulatory Dose Limits to help mitigate this accident or to save a life.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

## OPERATION OF SYNTOR XX RADIO

1. This type of radio is in the Environmental truck, Training Center van and Visitor's Center van.
2. Turn vehicle ignition "on" or to "ACC" position.
3. Remove the microphone from its storage clip.
4. Push the "off-on" slide bar switch up to turn the radio "on". A green portion of the switch will be above the ledge on the front of the radio.
5. Turn volume control to approximately Level Number 4.
6. Place hand mike into its holding bracket and ensure mike bracket switch is in the position to allow radio speaker to function.
7. Turn squelch control until background "static" noise is just evident, then turn squelch control in opposite direction until static is not evident.
8. Place R/D switch in position indicated in step 15.
9. Push in correct "code" button as listed in step 15.
10. Push in red "off" button.
11. Place channel selector switch in position indicated in step 15 for the desired operation.
12. Adjust volume control to desired level.
13. To transmit, remove hand mike from its bracket and press "push to talk" button. When transmitting is complete, release the "press to talk" button and listen for reply.
14. Normally, the RMT Repeater will be used for RMTs for all exercises and in event of an emergency. However, any repeater capable of transmitting into the 10 mile EPZ may be used.

## 15. Switch Position Legend

<u>Code</u>	<u>Channel No.</u>	<u>R/D Position</u>	<u>Description</u>
8	2	R	RMT Repeater
8	2	D	RMT Direct
8	6	R	FNP Prod. Repeater
8	6	D	FNP Prod. Direct
8	15	R	FNP-Security Repeater
8	15	D	FNP-Security Direct
6	16	R	Southeast Div. Repeater
6	1	R	Wiregrass Repeater
6	4	R	Eufaula Repeater
6	11	R	Phenix City Repeater
6	9	R	Ozark Repeater
6	14	R	Enterprise Repeater
3	6	R	Southeast Div. Repeater
1	5	R	Birmingham Div. Repeater

## OPERATION OF SPECTRA RADIO

1. This type of radio is in the Chemistry truck, Maintenance vehicle, Plant Emergency Vehicle, and Auxiliary Fire Brigade van.
2. Turn vehicle ignition "On", or to "ACC" position.
3. Push the "PWR" to turn the unit on and it will display "Self Check", then show description of the channel it is on.
4. Press "Mode" switch to change to desired channel as listed in step 11.
5. The "Home" button returns the radio to the "Home" channel for the vehicle which is the RMT repeater channel in the RMT vehicles. The Plant Emergency Vehicle and others have other home channels, depending upon their use.
6. Adjust "squench" by holding in on the "Mon" button for  $\approx 3$  seconds and releasing it, then use the "Mode" button to adjust the level. When completed, press the "home" button.
7. Adjust "volume" by pressing on the "Vol" button.
8. Use "Dir" button to shift any repeater frequency to direct radio to radio communications. The display will show "Dir" when this function is in place. Push Dir button again to return to the repeater frequency.
9. To talk, press the "Push to Talk" button on the hand mike and talk distinctly. Release the button when the transmission is completed.
10. Normally, the RMT repeater will be used for RMTs for all exercises and in event of an emergency. However, any repeater capable of transmitting into the 10 mile EPZ may be used, as authorized.

## 11. Channel Selection Legend

<u>Code</u>	<u>Description</u>
1	RMT Repeater
2	Prod. Repeater
3	Security Repeater
5	RMT to RMT Direct
6	Prod. to Prod. Direct
7	Security to Security Direct
9	Southeast Div. Repeater
10	Wiregrass Repeater
11	Eufaula Repeater
12	Phenix City Repeater
13	Ozark Repeater
14	Enterprise Repeater
15	Southern Div. Repeater
16	Birmingham Div. Repeater

USE OF RMT FREQUENCY TONER UNIT

1. Plug unit into proper frequency to be used (e.g., RMT Repeater).
2. Plug 120V AC to 12V DC converter into 120V AC outlet.
3. Press "monitor" button to listen for traffic on the frequency.
4. Use in External Speaker Mode
  - (a) Press "transmit" button and talk distinctly within 2 feet of external microphone/speaker.
  - (b) Release transmit button.
  - (c) Adjust external speaker volume control to desired level for incoming traffic.
5. Use in handset mode.
  - (a) Lift handset to ear.
  - (b) Press "PTT" button on handset and talk distinctly.
  - (c) Release PTT button.
  - (d) Handset earpiece volume can be adjusted through a hole in the base, by a small internal potentiometer near phone cable tie into toner unit.

## PRODUCTION FREQUENCY TONER UNIT (TSC)

**NOTE: PLUG FITS IN ONE DIRECTION ONLY.**

1. Plug 4-prong, phone-type plug into Production (Plant) Radio outlet near HP Manager's desk.
2. Plug power cord into 120V AC outlet.
3. Turn on external speaker with volume button.
4. Press monitor switch to hear traffic on the Production Repeater and adjust volume with volume knob.
5. To transmit, lift handset to your ear and press "Push to Talk" button. Speak clearly into mouthpiece and then release the button. Listen for the reply.

**NOTE: TO CONTINUE LISTENING ON THE EXTERNAL SPEAKER WITH THE HANDSET IN IT'S CRADLE, TAPING DOWN THE MONITOR BUTTON MAY BE REQUIRED.**

6. To shutdown the unit, proceed as follows:
  - (a) Turn volume control to minimum setting.
  - (b) Unplug power.
  - (c) Unplug phone type plug.

## SECURITY FREQUENCY TONER UNIT (TSC)

1. Plug 4-prong, phone-type plug into Security Radio outlet near HP Manager's desk.

**NOTE: PLUG FITS IN ONE DIRECTION ONLY.**

2. Plug power cord into 120V AC outlet.
3. Turn on the unit with the "On-Off" switch.
4. Adjust volume to desired level with the volume button.
5. To transmit, press "transmit" on microphone unit and then release and listen for reply.
6. To shutdown the unit, proceed as follows:
  - (a) Turn volume button to its lowest level.
  - (b) Turn "on-off" switch to "Off".
  - (c) Unplug power cord.
  - (d) Unplug phone-type plug.

## OPERATION OF RMT SOUTHERN LINC RADIOS

## 1.0 Operation Of RMT Controller Base Stations

- 1.1 General operating instructions for the base station radios in room 118 of the EOF and the document room of the TSC are included in FNP-0-EIP-8.3.
- 1.2 The talk group programmed into the RMT radios is talk group 3, identified on the base stations as FEP RMT.
- 1.3 Normal communications with the RMTs should be made using the FEP RMT group 3 talk group. This will allow all RMTs to hear all conversations.
- 1.4 Private calls can be made to individual radios if it is desired to communicate to only one RMT. The name and number of the portable RMT radios are listed below:

FNP RMT 1	1321
FNP RMT 2	1322
FNP RMT 3	1323
FNP RMT SPARE	1324
FNP VEHICLE	1325

- 1.5 There is no telephone capability available for the portable RMT radios.

## 2.0 Operation of Portable RMT Radios.

- 2.1 FNP RMT 2 - 1322, FNP RMT 3 - 1323, and FNP RMT SPARE - 1324 portable RMT radios are stored in room 118 of the EOF.
- 2.2 FNP RMT 1 - 1321 and FNP VEHICLE - 1325 portable RMT radios are stored in the fire cabinet in lower level security.
- 2.3 There are no batteries associated with the portable RMT radios. They must be powered from the cigarette lighter of the vehicle used for the RMT.
- 2.4 Mount the magnetic mount antenna on the roof of the vehicle and route the cable into the vehicle it is permissible to have the door shut on the antenna cable.
- 2.5 After plugging the radio into the cigarette lighter turn the radio on by pushing and holding the ON/OFF button on the inside of the volume knob, above the microphone connection. The button should be held until a red light comes in the display. This may take up to 15 seconds. If the light does not come on check connections and try again. It can take up to 30 additional seconds for the radio to finish its startup checks.

- 2.6 Verify that the radio displays T3. This is talk group 3, the RMT talk group. If talk groups are not displayed push the PRVT push button until T with a number behind it is displayed. If necessary push the TG up or down push buttons until T3 is displayed.
- 2.7 If the arrow above the Wide pushbutton is not displayed push the WIDE pushbutton until the arrow is displayed.
- 2.8 No action is required to receive a group call as long as you are not currently involved with a private call or have not acknowledged a call alert. The radio will automatically switch to the group mode for T3, if it was in any other mode. Adjust the speaker volume with the volume control knob. Use the Push to Talk (PTT) on the mike to respond. Wait for the chirp tone to start talking. Upon pressing PTT, you will hear one of the following alert tones:
- A high, chirp-like tone indicates that you have permission to talk. Begin speaking after the tone.
  - A low, continuous tone indicates that you cannot talk at this time. Wait a moment and try again.
  - A busy-like tone indicates that the system is busy. Wait for a call-back (high-pitched) tone, then try again.
- 2.9 To place a group call select talk group T3 as described above and use the (PTT) on the mike to place the call. Wait for the chirp tone to start talking.
- 2.10 No action is required to receive a private call as long as you are not currently involved with a group call or have not acknowledged a call alert. The radio will automatically switch to the private mode for the radio that placed the private call, if it was in any other mode. The display will indicate P1 through P9 if the call is received from one of the dedicated private numbers if not the display will indicate P-. Adjust the speaker volume with the volume control knob. Use the Push to Talk (PTT) on the mike to respond. Wait for the chirp tone to start talking
- 2.11 To place a private call you must first select the private radio. If P- is displayed the call will go to the party that last called you on the radio. Select a different radio by pushing the PRVT push button and using the arrow keys to the right of the display to select the private radio you want to talk to from the list below then Use the Push to Talk (PTT) on the mike to place the call. Wait for the chirp tone to start talking

P1 FNP RMT 1  
P2 FNP RMT 2  
P3 FNP RMT 3  
P4 FNP RMT SPARE  
P5 FNP VEHICLE

P6 TSC RMT CONTROLLER  
P7 EOF RMT CONTROLLER  
P8 ED/EDA TSC  
P9 SHIFT SUPERVISOR/SHIFT FOREMANS OFFICE

- 2.12 When someone has sent you a call alert four recurring tones will indicate that you have received a call alert. The display will show C1 through C9 if the call is received from one of the dedicated private numbers if not the display will indicate C-. To respond to the call alert press the PTT to talk to the party that placed the alert or press any other button to silence the alert. Press ALERT to return to the group mode.
- 2.13 To place a call alert you must first select the private radio. If P- is displayed the call alert will go to the party that last called you on the radio. Select a different radio by pushing the ALERT push button and using the arrow keys to the right of the display to select the private radio you want to alert. The list is the same as the above list, however a C is displayed in front of the number. Use the Push to Talk (PTT) on the mike to place the call alert. Two tones indicate the alert was successful and four tones indicate the alert was unsuccessful. The radio should automatically return to the group mode.

## HEALTH PHYSICS MANAGER GUIDELINE

1. \_\_\_\_\_ Ensure Radiation Monitoring Teams (RMTs) have been dispatched as necessary, and maintain/monitor communications as required with RMTs from the TSC.
2. \_\_\_\_\_ Assess the Control Room and TSC personnel for issue of personnel dosimetry if deemed necessary based on radiological conditions.
3. \_\_\_\_\_ Monitor personnel in the assembly areas and EOF if the radiological release could be causing hazards in those areas.
4. \_\_\_\_\_ Assist the on-call Technical Manager in evaluating direct radiation, plume deposition, and contamination in the environment.

**NOTE: IT IS NOT NECESSARY TO SURVEY AREAS THAT ARE WELL AWAY FROM THE PLUME PATH. IF, IN THE JUDGMENT OF THE HP MANAGER, THE PLUME OR SHINE FROM THE PLUME COULD BE AFFECTING AN INHABITED AREA, THEN SURVEYS SHOULD BE PERFORMED.**

5. \_\_\_\_\_ When using projected plume maps or wind direction and speed to assume radiological hazards at inhabited areas on site or off site, actual surveys should be performed to verify the assumptions that were made.
6. \_\_\_\_\_ Provide ED information concerning the plume location and the plume radiological conditions for possible relocation of personnel (e.g., Security, assembly areas, etc.).
7. \_\_\_\_\_ With the ED approval, dispatch Health Physics support to various areas of the plant to assist in accessing radiological conditions of the plant.
8. \_\_\_\_\_ Provide fire brigade support as necessary. (This support does not require an RMT, but does require support of Health Physics personnel.)

**NOTE: ENTRY INTO THE RCA MAY BE MADE THROUGH ALTERNATE DOORWAYS (E.G., UNIT 2 RCA DOORWAY NEAR TSC, ETC.).**

9. \_\_\_\_\_ After being notified by the Maintenance Manager of a re-entry, review the guidance provided in EIP-14.0.
10. \_\_\_\_\_ If RMT control has not been transferred to the EOF, ensure on-site and off-site radiological sample of forage, soil, water, and air is being accomplished, if applicable.

11. \_\_\_\_\_ If RMT control has not been transferred to the EOF, ensure that the RMT Data Log (Appendix 7) is being maintained for transfer via telecopy to requesting state agencies, as approved by the Emergency Director.
12. \_\_\_\_\_ Trace the dose received by in-plant personnel during the emergency and record on Appendix 8 (RE-ENTRY INDIVIDUAL EXPOSURE RECORD).
13. \_\_\_\_\_ Implement in-plant iodine monitoring as needed.
14. \_\_\_\_\_ Ensure in-plant continuous air monitors which are capable of monitoring for iodine are operable for iodine levels > 1 DAC.

**NOTE: DATA OBTAINED BY ENVIRONMENTAL MONITORING MAY BE USED BY THE ENVIRONMENTAL SUPERVISOR TO VALIDATE MODEL ACCURACY, EVALUATE DEPOSITION, AND DETERMINE DOSE COMPONENTS ON THE GROUND AS REQUIRED.**

15. \_\_\_\_\_ Ensure radiation and environmental monitoring is performed, as necessary, to evaluate ingestion pathway hazards. Information obtained from the Montgomery National Weather Service Radar and aircraft overflights (radiological overflights) may be used to aid in this evaluation.
16. \_\_\_\_\_ Recommend protective actions to the ED for on-site personnel. Examples: respiratory protection, evacuation or shelter, use of personnel dosimetry.
17. \_\_\_\_\_ Evaluate the use of potassium iodide for thyroid protection, per steps 3.3 and 3.4 of the main body of the procedure, including the cautions and notes above step 3.3.
18. Assess radiation protection manpower/support requirements.
  - \_\_\_\_\_ Initiate recall of off-duty personnel as necessary.
  - \_\_\_\_\_ Develop shift rotations as necessary.
  - \_\_\_\_\_ Initiate requests for contract technician support. When the EOF is manned, such requests should be routed to the Recovery Manager Assistant.
  - \_\_\_\_\_ Initiate requests for support for radiological instrumentation and supplies (as necessary).

19. Monitor changing radiological conditions and recommend appropriate actions to the ED.
- \_\_\_\_\_ Relocation of assembly areas as necessary.
  - \_\_\_\_\_ Relocation of access control points as necessary.
  - \_\_\_\_\_ Relocation of security posts as necessary.
  - \_\_\_\_\_ Ensure RMTs withdraw from the plume path when not actively engaged in surveying.
20. \_\_\_\_\_ When the EOF has been manned and the Dose Assessment Director and HP Manager are ready to turn over control of RMTs to the EOF, with the ED's approval, the HP Manager will ensure that RMTs are officially turned over to the Dose Assessment Director at the EOF.
21. \_\_\_\_\_ Provide supervision for personnel, area, and equipment decontamination during an accident to prevent/limit the spread of contamination. Decontamination will be initiated, if practical.

## IN PLANT/ASSEMBLY AREA MONITORING HP TECHNICIAN GUIDELINE

1. \_\_\_\_\_ Comply with FNP-0-EIP-10.0 in providing support during evacuations.
2. \_\_\_\_\_ Comply with FNP-0-EIP-11.0 in providing support to injured personnel.
3. \_\_\_\_\_ Comply with FNP-0-EIP-14.0 if a member of a re-entry/relocation team.
4. \_\_\_\_\_ Don protective clothing and emergency equipment as necessary as specified by the Health Physics Manager, and perform radiological surveys as directed.
5. \_\_\_\_\_ Document all survey data in a logbook or Environmental Radiation Monitoring Team Data Sheet, Figure 4, as applicable.
6. \_\_\_\_\_ Establish and post controlled access at assembly areas and other areas necessary to ensure contamination is not spread in areas frequented by personnel.
7. \_\_\_\_\_ Report findings to the Technical Support Center (TSC) or Emergency Operations Facility (EOF) as appropriate.

## RADIATION MONITORING TEAM GUIDELINE

- 1.0 \_\_\_\_\_ Obtain a Southern Linc radio from either the CSC or RMT 1 or the EOF for RMT 2 and 3. Verify operability of the radio per Appendix 14.
- 2.0 \_\_\_\_\_ Maintain the radio ON unless vehicle radio is on.

**NOTE: THE RMT CONTROLLER'S PERMISSION IS REQUIRED TO USE A VEHICLE THAT DOES NOT HAVE AN RMT FREQUENCY-CAPABLE RADIO INSTALLED IN IT.**

- 3.0 \_\_\_\_\_ Select and obtain a vehicle for RMT use from the list in Table 2. Keys for the five RMT vehicles are located in the TSC and EOF key cabinets.
- 4.0 \_\_\_\_\_ Verify operability of the vehicle radio per Appendix 9, 10, or 14 or Appendix 1, 2 or 3 if non-RMT radio is used. Maintain the vehicle radio on the RMT frequency whenever in or near the vehicle.
- 5.0 \_\_\_\_\_ Obtain the two case RMT kit from the cabinet at the EOF. If the RMT kits or storage cabinet are sealed, there is no RMT kit inventory required.

**NOTE: THE RMT DRIVER SHOULD WEAR A HALF FACE RESPIRATOR FOR VISIBILITY IF QUALIFIED TO WEAR A HALF SPACE RESPIRATOR. SAFETY GLASSES ARE REQUIRED WHEN WEARING A HALF FACE RESPIRATOR.**

- 6.0 \_\_\_\_\_ Don required protective clothing and equipment.
- 7.0 \_\_\_\_\_ Place RMT magnetic signs on top of and on each side of the vehicle.

**CAUTION: INSTRUMENT RESPONSE CHECK SOURCES HAVE HIGH LEVELS OF RADIATION. THE CHECK UNIT MUST ONLY BE OPERATED WITH THE INSTRUMENT IN ITS PROPER POSITION TO SHIELD THE SOURCE FROM THE USER.**

- 8.0 \_\_\_\_\_ Obtain contamination instrument and exposure rate instrument for environmental survey from EOF. Check operability/response check all instruments.
- 9.0 \_\_\_\_\_ Obtain portable generator, extra gas can and air sampler from the EOF. Check operability of generator and air sampler. (Refer to Appendix 6, section 4.0, to start the electric generators.)

- 10.0 \_\_\_\_\_ Additional gas for the vehicle or generator can be obtained from the gas pumps at the northeast end of the QC Building with the gas card located in the vehicle.
- 11.0 \_\_\_\_\_ Relay data to the TSC or EOF. Report locations per Figures 1, 2, 5, 6 or 7 or "Hooie" board.
- 12.0 \_\_\_\_\_ Label all samples with sample time, flow rates, location, date, etc.
- 13.0 \_\_\_\_\_ Document survey data in log book or Figure 4.
- 14.0 \_\_\_\_\_ Perform direct radiation, air particulate, and radioiodine surveys in areas designated by the TSC or EOF. Refer to Figures 1 and 2 for designated monitoring points (if used).

**NOTE: TLDs POSTED IN THE EPZ SERVE AS AN EXCELLENT MEASURE OF DOSE TO THE ENVIRONMENT DURING THE ACCIDENT. THESE TLDs SHOULD ONLY BE REMOVED AT THE DIRECTION OF THE HP MANAGER OR DOSE ASSESSMENT DIRECTOR.**

- 15.0 \_\_\_\_\_ Replace existing TLDs only when directed. Normally, only the Quarterly TLDs are changed out.
- 16.0 \_\_\_\_\_ Post additional TLDs as directed. Refer to Figures 5, 6, 7, and Appendix 5.
- 17.0 \_\_\_\_\_ Record TLD serial numbers, date, time, locations (utilize sector designations if possible).
- 18.0 \_\_\_\_\_ Initiate onsite/offsite monitoring of forage, soil, water and air as directed. Refer to Appendix 5 for locations of environmental monitoring stations and Appendix 6 for obtaining forage, soil, water, and air samples.
- 19.0 \_\_\_\_\_ Upon direction, replace filters at environmental air sampling stations per Appendix 6.

## HOSPITAL HEALTH PHYSICS SUPPORT GUIDELINE

1. \_\_\_\_\_ Maintain periodic communications with the Control Room, TSC or EOF.
2. \_\_\_\_\_ Document surveys and other Health Physics activities in logbook or on other appropriate documentation (e.g., Figure 4, etc.)
3. \_\_\_\_\_ Detain ambulance personnel and vehicles until surveying is completed.
4. \_\_\_\_\_ Maintain a log of all personnel who enter the Radiation Casualty/Decontamination Area or who are in the vicinity of the casualty.
5. \_\_\_\_\_ Setup radiological barricades (ropes, signs, step off pads, etc.) at appropriate locations if necessary.
6. \_\_\_\_\_ Based on levels of contamination, verify that the ventilation system in the Radiation Casualty/Decontamination Area is closed as appropriate.
7. \_\_\_\_\_ Based on levels of contamination, set-up the ventilation negative pressure unit as appropriate.
8. \_\_\_\_\_ Based on levels of contamination, poly the floors of the Radiation Casualty/Decontamination Area to prevent liquids from entering any floor drains.
9. \_\_\_\_\_ Connect containers to the decon table to collect all contaminated liquids.
10. \_\_\_\_\_ If deemed necessary, ensure that Personnel Monitoring Dosimeters (PMDs) are distributed to all hospital, ambulance and other personnel as necessary. (Insure dosimeters are of proper range and zeroed or record issue readings.)
11. \_\_\_\_\_ Keep the doctor informed of radiation and contamination levels.
12. \_\_\_\_\_ Monitor the patient and provide decontamination information to the doctor as necessary.
13. \_\_\_\_\_ If patient must be transferred to surgery or elsewhere in the hospital, advise doctor as to the radiological precautions necessary during and after transfer.
14. \_\_\_\_\_ Ensure all body excreta and excised tissue from patient are placed in appropriately labeled and sealed containers.

15. \_\_\_\_\_ Collect and prepare bioassay samples, smears, and waste containers for transportation to the plant unless directed otherwise. Post and label containers and area as appropriate.
16. \_\_\_\_\_ After the patient has left the Radiation Casualty/Decontamination Area, Survey all personnel, equipment, and affected areas prior to release.
17. \_\_\_\_\_ Survey ambulance personnel, ambulance, equipment, and path of the casualty.
18. \_\_\_\_\_ Direct decontamination efforts to return the area to normal use.
19. \_\_\_\_\_ If applicable, collect all PMDs, log readings from dosimeters and insure the names are on TLDs, if applicable.
20. \_\_\_\_\_ Forward this guideline, completed to this point, to the Emergency Planning Coordinator.

## RMT CONTROLLER GUIDELINE

- 1.0 \_\_\_\_\_ Keep log entries on items of significance in logbook, or Figure 4.
- 2.0 \_\_\_\_\_ Select Rad worker/respirator qualified personnel to support RMT.
- 3.0 \_\_\_\_\_ From Table 2, locate RMT vehicle. Keys are located in the TSC/EOF key lockers.
- 4.0 Brief RMT crew on the following:
- \_\_\_\_\_ Radio channel to be used
- \_\_\_\_\_ When to report in to controller
- \_\_\_\_\_ Plant conditions
- \_\_\_\_\_ Release conditions (in progress) (potential) (none)
- \_\_\_\_\_ Expected Radiological Conditions
- \_\_\_\_\_ Relief procedure for eating, body functions, etc.

**ALARA Concerns:**

- \_\_\_\_\_ Watch dosimeter
- \_\_\_\_\_ When/how often to report dose
- \_\_\_\_\_ Ensure RMTs remove themselves from the plume when not actively surveying.
- \_\_\_\_\_ Potential for Respiratory Protection
- \_\_\_\_\_ Protective clothing use
- 5.0 \_\_\_\_\_ Dispatch RMT to obtain equipment and vehicles
- 6.0 Plug in power and transmission cords for the following radio/toner units:
- \_\_\_\_\_ RMT Frequency (EOF and TSC)
- \_\_\_\_\_ Production Frequency (TSC only)
- \_\_\_\_\_ Security Frequency (TSC only)

- 7.0 \_\_\_\_\_ Response check radio units.
- 8.0 \_\_\_\_\_ Establish radio communications with the RMT members in the environment.
- 9.0 \_\_\_\_\_ Brief RMTs with plant status and radiological conditions when they change.
- 10.0 \_\_\_\_\_ Have RMTs report survey findings to log data and perform calculations.
- 11.0 \_\_\_\_\_ Obtain 35' and 150' wind direction and speeds and plume maps on a frequent basis.
- 12.0 \_\_\_\_\_ Using the information from the previous step, determine areas of concern.
- 13.0 \_\_\_\_\_ Direct RMTs into areas of concern for environmental sampling.

**NOTE: IT IS NOT NECESSARY TO SURVEY AREAS THAT ARE WELL AWAY FROM THE PLUME PATH. IF, IN THE JUDGMENT OF THE HP MANAGER, DAD OR RMT CONTROLLER, THE PLUME OR SHINE FROM THE PLUME COULD BE AFFECTING AN INHABITED AREA, THEN SURVEYS SHOULD BE PERFORMED.**

- 14.0 If, in the judgment of the HP Manager, DAD or RMT Controller, the plume or shine from the plume could be affecting inhabited structures outside the security controlled area, then use the onsite RMT to perform the following:
- \_\_\_\_\_ Survey the outside of these areas.
- \_\_\_\_\_ If there are radiological hazards outside the structure, then survey the inside of the structure.
- \_\_\_\_\_ If necessary, provide radiological assistance in the area.
- \_\_\_\_\_ Report any radiological hazards to the HP Manager and the DAD.
- 15.0 \_\_\_\_\_ Dispatch RMTs and track their progress using degree-mile designator and appropriate landmarks. Dispatch RMTs to appropriate locations to monitor plume path and environmental deposition of radionuclides.
- 16.0 Have RMTs obtain the following samples frequently as applicable:
- \_\_\_\_\_ Dose rate (both open and closed window)
- \_\_\_\_\_ Air samples (both particulate and iodine)

- \_\_\_\_\_ Forage samples (e.g., grass, etc.)
- \_\_\_\_\_ Water samples (running and standing water bodies)
- \_\_\_\_\_ Soil samples
- 17.0 \_\_\_\_\_ Provide survey data to appropriate personnel (e.g., ED, HP Manager, DAD, etc. for information and Dose Model verification.
- 18.0 \_\_\_\_\_ Provide survey data to State Radiological Controls personnel, authorized by supervisory personnel.
- 19.0 \_\_\_\_\_ Track RMT member's dose.
- 20.0 For multiple RMTs:
- \_\_\_\_\_ Endeavor to keep one RMT in front of the plume's estimated leading edge, especially near population centers.
- \_\_\_\_\_ Keep one RMT traversing the plume, defining its edges and obtaining samples.
- 21.0 \_\_\_\_\_ TSC RMT Controller to provide formal turnover to EOF, when directed, then keep track of locations/information relayed to EOF.

REFERENCES

- Joseph M. Farley Nuclear Plant Emergency Plan
- FNP-0-EIP-10.0, Evacuation and Personnel Accountability
- FNP-0-EIP-11.0, Handling of Injured Personnel
- FNP-0-EIP-13.0, Fire Emergencies
- FNP-0-EIP-14.0, Personnel Movement Relocation, Re-entry and Site Evacuation
- NRC Information Notice No. 88-15

RMT RADIO EQUIPPED VEHICLES

**NOTE: KEYS FOR THE FIRST FIVE VEHICLES ARE LCOATED IN THE KEY CABINETS IN THE TSC COMMUNCATIONS CABINET AND IN THE EOF ROOM 118. GAS CAN BE OBTAINED FROM THE GAS PUMPS AT THE NORTHEAST END OF THE QC BUILDING WITH THE GAS CARD LOCATED IN THE VEHICLES.**

**NOTE: THE MAINTENANCE VAN AND THE CHEMISTRY TRUCK ARE NORMALLY LOCATED IN THE VICINITY OF THE SERVICE BUILDING (SB) AND SHOULD BE THE FIRST CHOICE FOR RMT 1.**

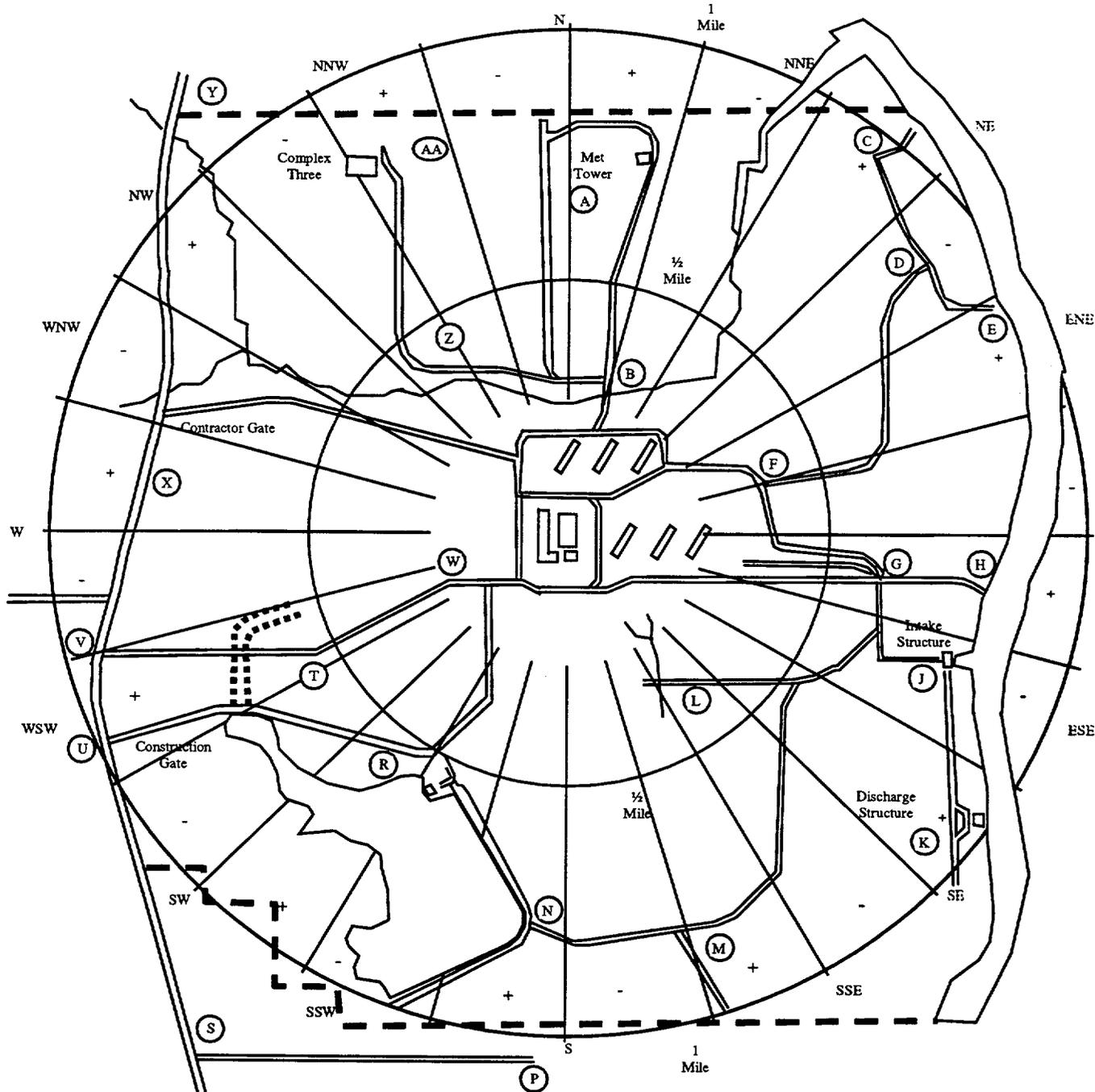
- Maintenance Vehicle (#8-6206) (Spectra), App. 10
- Chemistry Truck (#8-6574) (Spectra), App. 10

**NOTE: THE TRAINING CENTER AND VISITOR CENTER VANS ARE NORMALLY LOCATED IN THE VICINITY OF THE EOF, THE ENVIRONMENTAL TRUCK IS NORMALLY AT THE EOF OR SB AND SHOULD BE THE FIRST CHOICE FOR RMT 2 AND 3.**

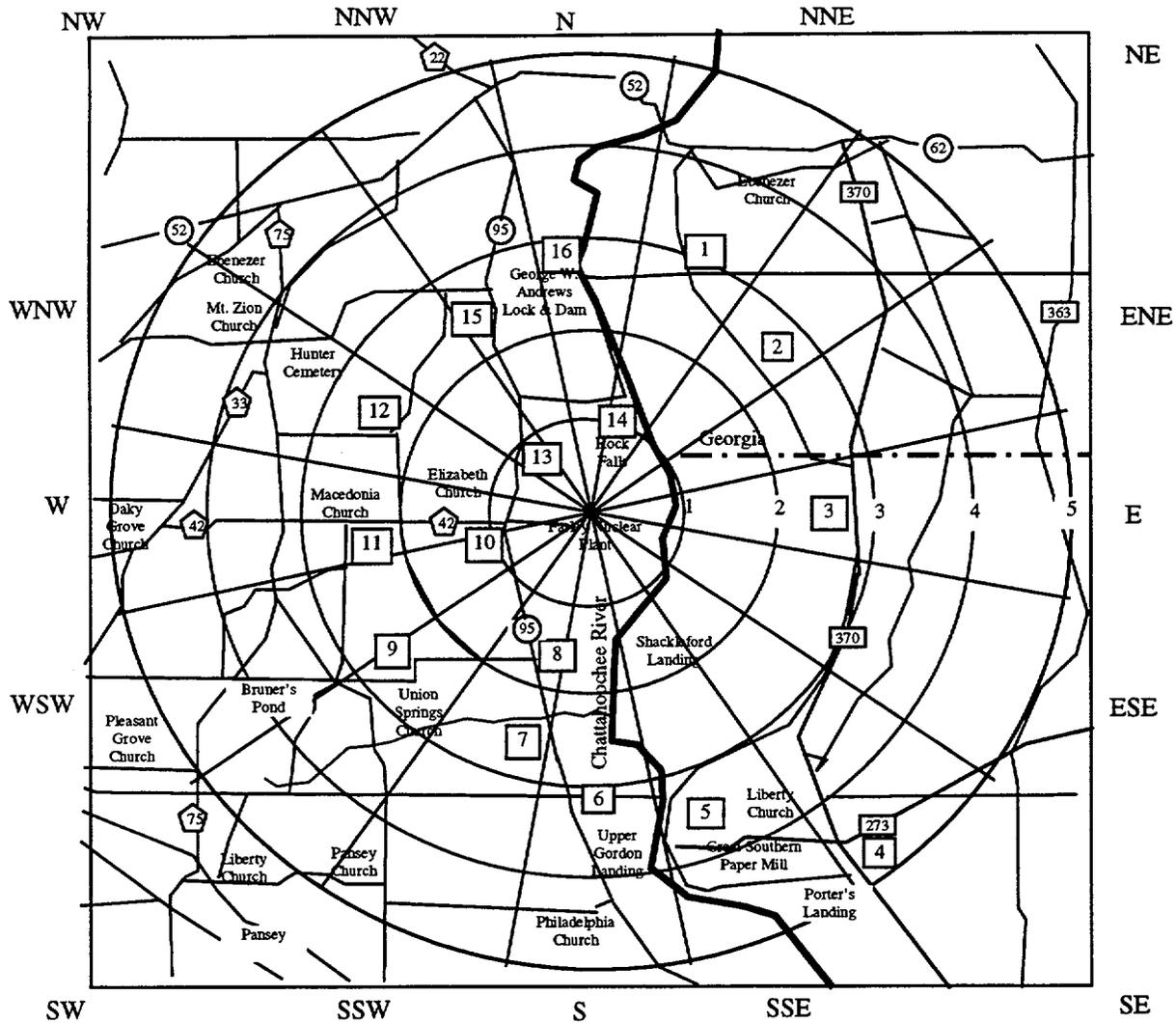
- Training Center Van (#8-6308) (Syntor XX), App. 9
- Visitors Center Van (#0-6860) (Syntor XX), App. 9
- ENV Truck (#3-1530) (Syntor XX), App. 9

**NOTE: THE FOLLOWING VEHICLES ARE NOT RECOMMENDED FOR RMT VEHICLES.**

- Plant Emergency Vehicle (Spectra), App. 10
- Aux. Fire Brigade Van (Spectra), App. 10



Point	Location	Description	Point	Location	Description	Point	Location	Description
A	N+1/2	Met Tower	J	ESE-1/2	Intake Structure	T	WSW-1/2	Bend of Road
B	NNE-0	Road Intersection	K	SE-1/2	Discharge Structure	U	WSW-1/2	Gate at AL95
C	NE-1	TLD Station	L	SE+0	Stream Crossing	V	WSW+1/2	Gate at AL95
D	NE+1/2	Road Intersection	M	ESE+1/2	Road Intersection	W	WSW-0	Bend of Road
E	ENE-1/2	End of Road	N	S+1/2	Pond Dam	X	WNW-1/2	Gate at AL95
F	ENE+0	Road Intersection	P	S+1	End of Field Road	Y	NW+1	North Gate at AL95
G	E+1/2	Road Intersection	R	SSW+1/2	Serv. Water Struct.	Z	NW+0	Bend of Road
H	E+1/2	Barge Slip	S	SW-1	Road Intersection	AA	WNW-1/2	Complex Three



Point No.	Location	Description	Point No.	Location	Description
1	NNE-2 ½	Road Intersection	9	SW+2 ½	Bend of Road
2	NE+2	Bridge	10	WSW+1	APCo Gate at AL95
3	E-2 ½	Road Intersection at GA370	11	W-2 ½	Road Intersection
4	SE+4	Intersection of GA273 & GA370	12	WNW-2	Road Intersection
5	SSE+4	Great Southern	13	NNW-1	Road Intersection at AL95
6	S+3	Smith Branch at AL95	14	NNE-1	Bend of Road
7	S+2	Cedar Creek at AL95	15	NNW-2 ½	Road Intersection at AL95
8	SSW-1 ½	Road Intersection at AL95	16	N-2 ½	Andrews Dam

Patient Package Insert For

**THYRO-BLOCK®**  
TABLETS  
(POTASSIUM IODIDE TABLETS, USP)  
(pronounced pee-TASS-ee-um EYE-oh-dyed)  
(abbreviated: KI)

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE. (SEE SIDE EFFECTS BELOW.)

**INDICATIONS**  
THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

**DIRECTIONS FOR USE**  
Use only as directed by State or local public health authorities in the event of a radiation emergency.

**DOSE**  
Tablets: **ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER:** One (1) tablet once a day. Crush for small children.  
**BABIES UNDER 1 YEAR OF AGE:** One-half (1/2) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (59° to 86°F). Keep container tightly closed and protect from light.

**WARNING**  
*Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.*

**DESCRIPTION**  
Each white, round, scored, monogrammed THYRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, and sodium thiosulfate.

**HOW POTASSIUM IODIDE WORKS**

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

**WHO SHOULD NOT TAKE POTASSIUM IODIDE**

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

**HOW AND WHEN TO TAKE POTASSIUM IODIDE**

Potassium iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amounts of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

**SIDE EFFECTS**

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

**WHAT TO DO IF SIDE EFFECTS OCCUR**

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions.

**HOW SUPPLIED**

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) are white, round tablets, one side scored, other side debossed 472 WALLACE, each containing 130 mg potassium iodide. Available in bottles of 14 tablets (NDC 0037-0472-20).

WALLACE LABORATORIES  
Division of  
CARTER-WALLACE, INC.  
Cranbury, New Jersey 08512

IN-0472-03

Rev. 5/94

05/15/00 15:19:51

SHARED

FNP-0-EIP-4.0  
FIGURE 4

ENVIRONMENTAL RMT DATA SHEET

INST. Numbers FRISKER \_\_\_\_\_  
RO2/2A \_\_\_\_\_  
AIR SAMPLER \_\_\_\_\_  
SHEET # \_\_\_\_\_

RMT # \_\_\_\_\_

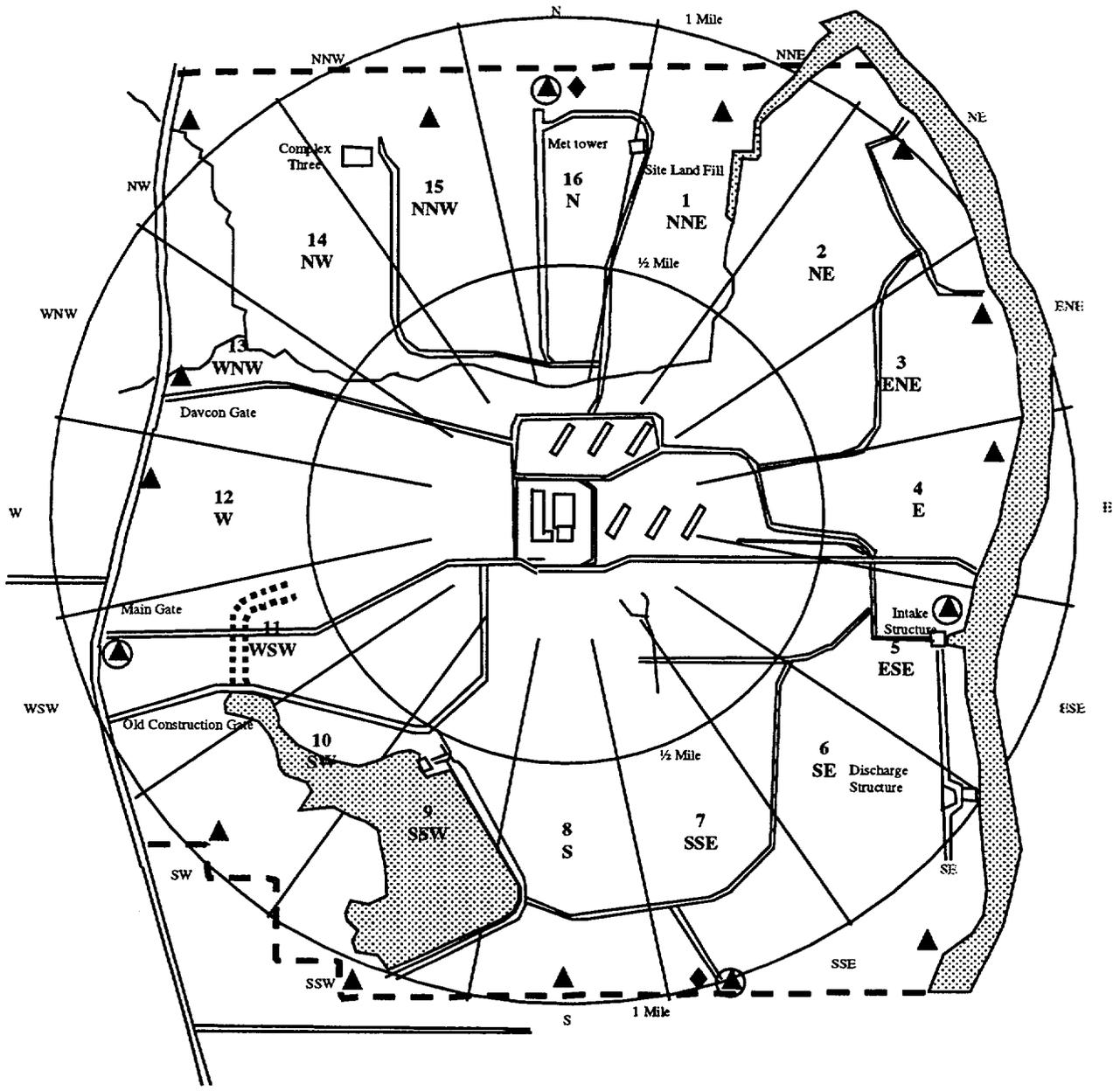
TECHNICIAN \_\_\_\_\_

DISPATCH SAMPLE Date/Time	SAMPLE LOCATION (Degree-Mile-Landmark)	DOSE RATE (mrem/hr)		TYPE*	AIR SAMPLE DATA			OTHER SAMPLES TAKEN (✓)				
		OPEN WINDOW	CLOSED WINDOW		GROSS (CPM)	BKG (CPM)	VOL. (FT)	ACTIVITY $\mu$ Ci/ml	FORAGE	WATER	SOIL	TLD CHANGED OUT
D) /				P								
S) /				I								
D) /				P								
S) /				I								
D) /				P								
S) /				I								
D) /				P								
S) /				I								

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

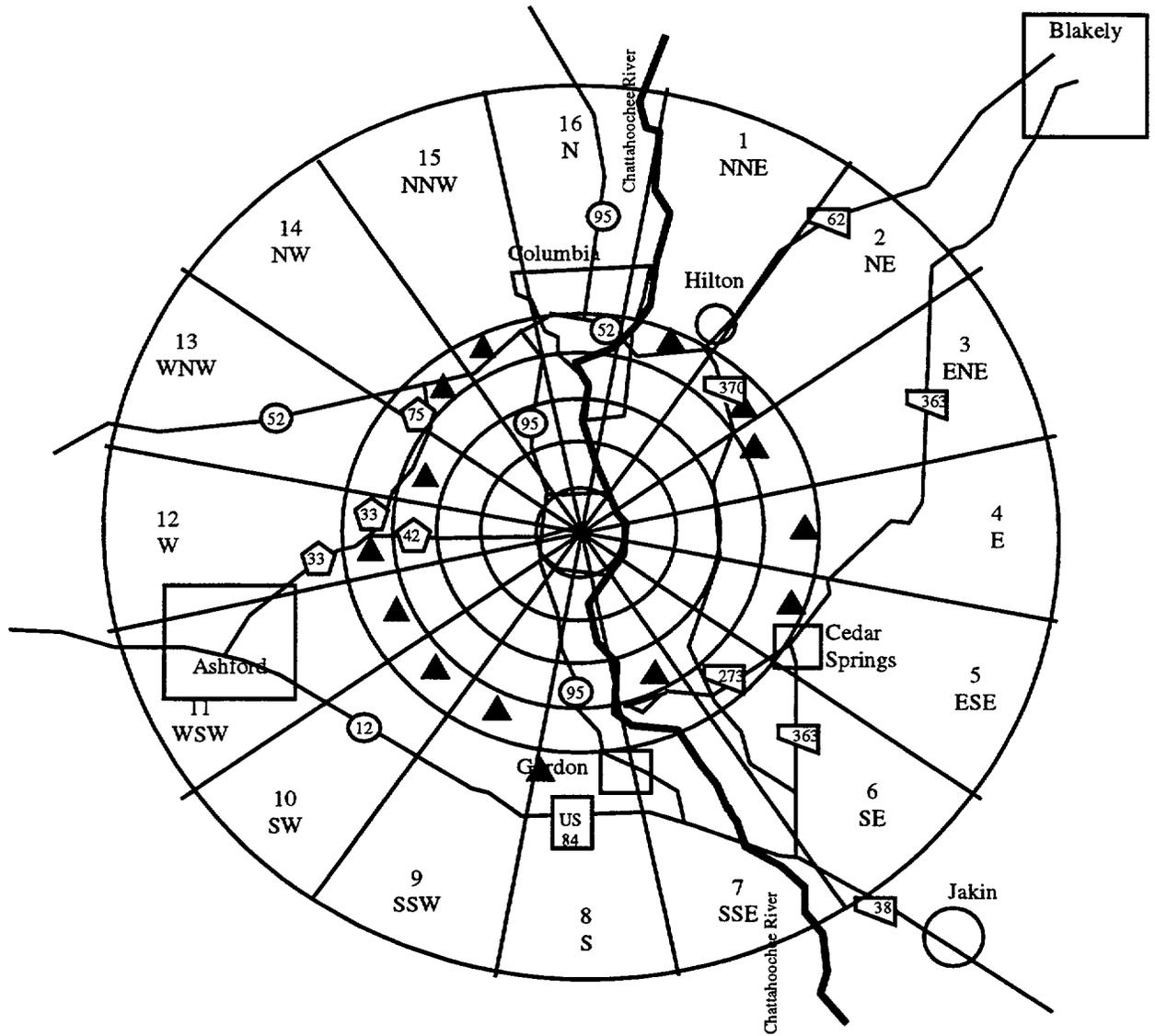
\* PARTICULATE:  $\frac{\text{Sample Gross-Background CPM}}{\text{Sample Volume, CU FT}} \times 1.69 \times 10^{-10} =$  \_\_\_\_\_  $\mu$ Ci/ml PARTICULATE

\* IODINE:  $\frac{\text{Sample Gross CPM-Background CPM}}{\text{Sample Volume, CU FT}} \times 8.84 \times 10^{-10} =$  \_\_\_\_\_  $\mu$ Ci/ml IODINE



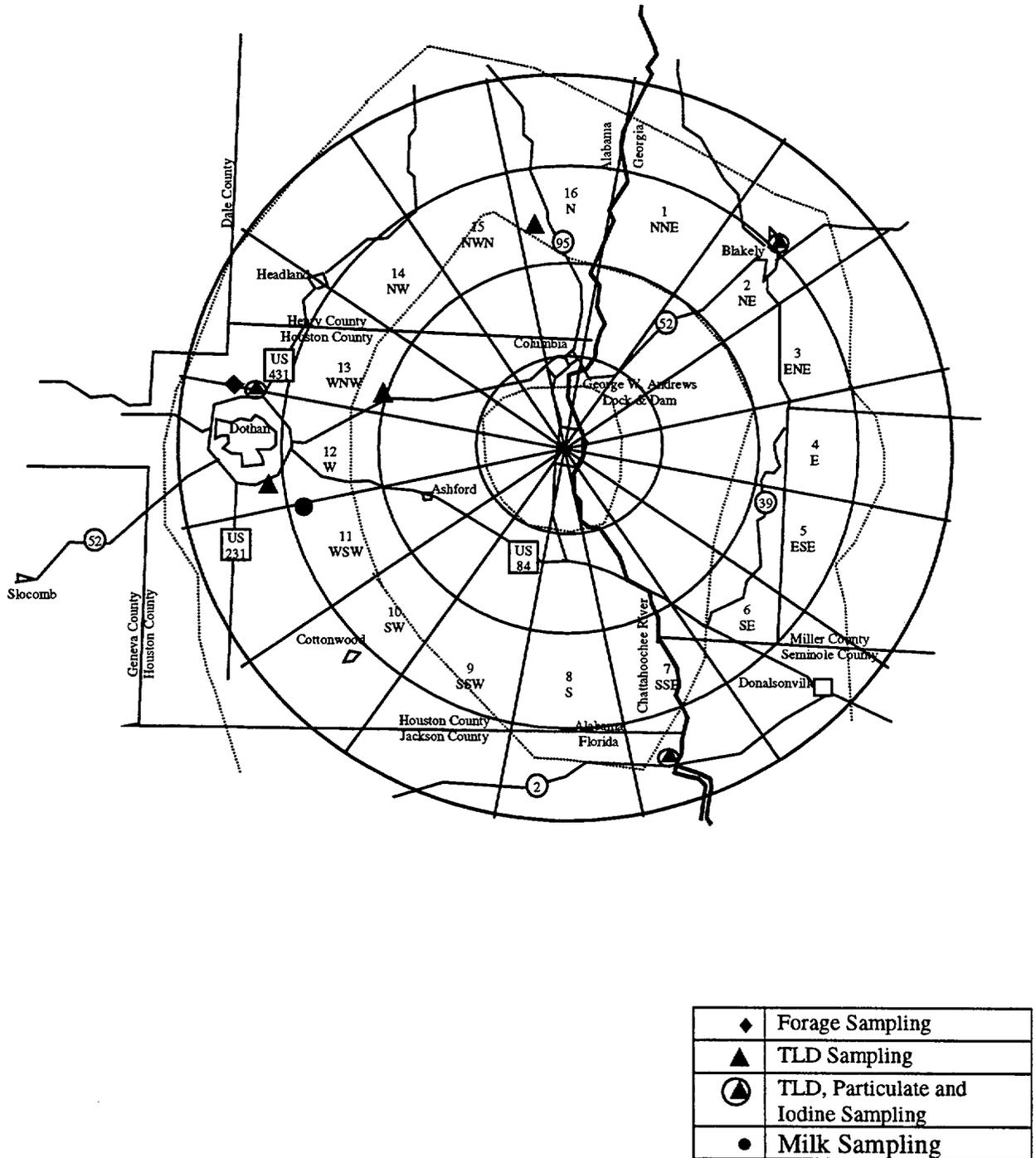
- ◆ FORAGE SAMPLING
- ▲ TLD SAMPLING
- ⊙ TLD, PARTICULATES & IODINE SAMPLING

INDICATOR SAMPLING LOCATIONS FOR AIRBORNE ENVIRONMENTAL RADIOACTIVITY IN THE FARLEY NUCLEAR PLANT AREA



▲ TLD Sampling

Community (Indicator II) Monitoring Locations For Direct Radiation in the Farley Nuclear Plant



Control Sampling Locations For Airborne Environmental Radioactivity In  
The Farley Nuclear Plant Area

AIR MONITORING STATION DUST FILTER CHANGEOUT CHECK LIST

AIR MONITORING STATION LOCATION: \_\_\_\_\_

FILTER CHANGED BY: \_\_\_\_\_ (NAME)

DATE/TIME \_\_\_\_\_ / \_\_\_\_\_

CHECK (✓)

1. Combination Filter Holder:

- a. Two "O-ring" seals installed in charcoal cartridge compartment \_\_\_\_\_
- b. Charcoal cartridge properly installed \_\_\_\_\_
- c. Particulate filter properly installed \_\_\_\_\_
- d. Combination filter holder properly assembled \_\_\_\_\_
- e. Filter holder properly connected to sample pump \_\_\_\_\_

2. Sample pump and totalizer assembly:

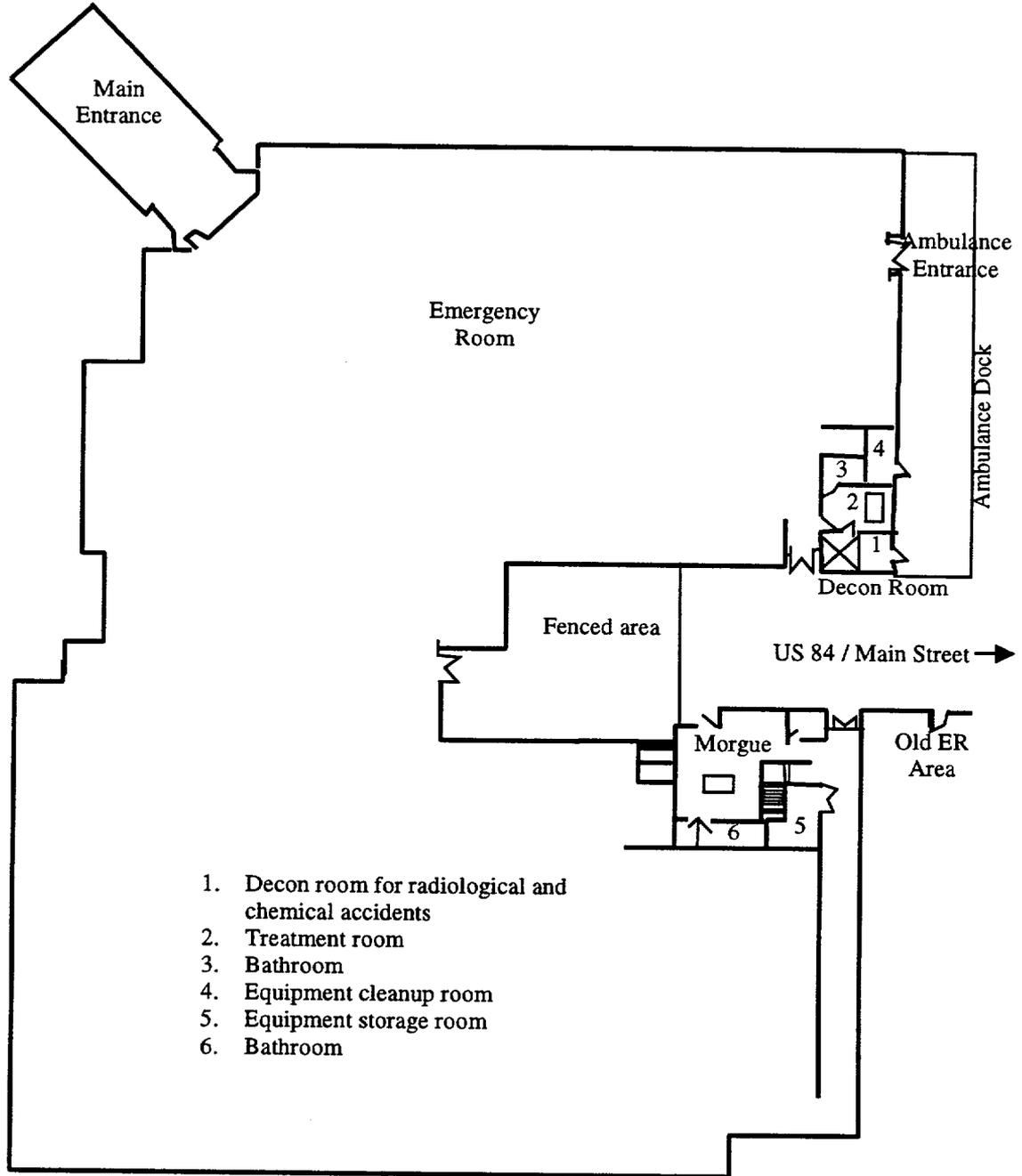
- a. Turbine installed on pump exhaust \_\_\_\_\_
- b. Exhaust hose:
  - (1) Properly connected to turbine \_\_\_\_\_
  - (2) Condition satisfactory \_\_\_\_\_
  - (3) Properly routed outside weatherhouse \_\_\_\_\_
- c. Turbine sensor cable properly attached to totalizer display chassis \_\_\_\_\_
- d. Power switch on \_\_\_\_\_

CHECK (✓)

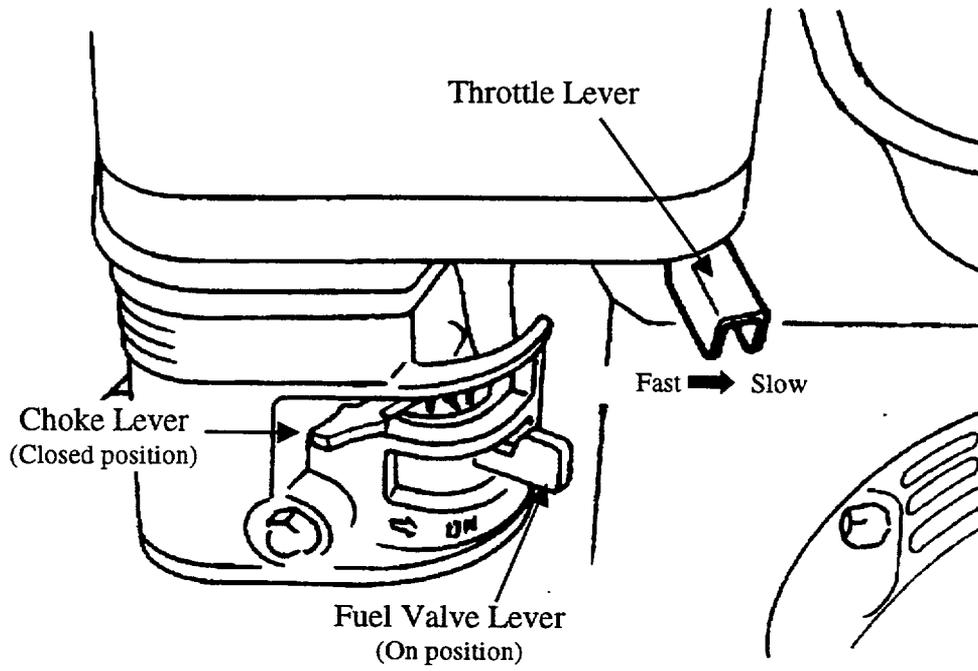
- e. "CLEAR" key depressed \_\_\_\_\_
- f. "START" key depressed \_\_\_\_\_
- g. Flowrate 1.5 - 1.7 scfm (42-48 lpm) \_\_\_\_\_
  
- 3. Exhaust fan running \_\_\_\_\_
- 4. Weatherhouse doors closed and locked \_\_\_\_\_
- 5. Gate to fenced area locked \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Southeast Alabama Medical Center**



### HONDA PORTABLE GENERATOR



FARLEY NUCLEAR PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE  
FNP-0-EIP-16.0

S  
A  
F  
E  
T  
Y  
  
R  
E  
L  
A  
T  
E  
D

EMERGENCY EQUIPMENT AND SUPPLIES

PROCEDURE USAGE REQUIREMENTS - PER FNP-0-AP-6	SECTIONS
Continuous Use	
Reference Use	ALL
Information Use	

Approved:

  
\_\_\_\_\_  
Nuclear Plant General Manager



Date Issued 6-2-00

## LIST OF EFFECTIVE PAGES

PAGE NO.	REVISION NO.										
	REV	32	33	34	35	36	37	38	39	40	41
T.O.C.1	31	X	X	X	X	X					
T.O.C.2	31	X	X	X	X	X					
T.O.C.3	31	X	X	X	X	X					
T.O.C.4	31	X	X	X	X	X					
1	31	X	X	X	X	X					
2	31	X	X	X	X	X					
3	31	X	X	X	X	X					
4	31	X	X	X	X	X					
5	31	X	X	X	X	X					
6	31	X	X	X	X	X					
7	31	X	X	X	X	X					
8	31	X	X	X	X	X					
9		X	X	X	X	X					
10		X	X	X	X	X					
11						X					
CHECKLIST A	31	X	X	X	X	X					
CKLST B	31	X	X	X	X	X					
CKLST C	31	X	X	X	X	X					
CKLST D	31	X	X	X	X	X					
CKLST E	31	X	X	X	X	X					
CKLST F	31	X	X	X	X	X					
CKLST G	31	X	X	X	X	X					
CKLST H	31	X	X	X	X	X					
CKLST I	31	X	X	X	X	X					
CKLST J	31	X	X	X	X	X					
CKLST K	31	X	X	X	X	X					
CKLST L	31	X	X	X	X	X					
CKLST M	31	X	X	X	X	X					
CKLST N	31	X	X	X	X	X					
CKLST O	31	X	X	X	X	X					
CKLST P	31	X	X	X	X	X					
CKLST Q	31	X	X	X	X	X					
CKLST R	31	X	X	X	X	X					
CKLST S	31	DEL		X	X	X					

## LIST OF EFFECTIVE PAXGES

PAGE NO.	REVISION NO.										
	REV	32	33	34	35	36	37	38	39	40	41
CKLST T	31	X	X	X	X	X					
CKLST U	31	X	X	X	X	X					
CKLST V	31	X	X	X	X	X					
CKLST W	31	X	X	X	X	X					
CKLST X	31	X	X	X	X	X					
CKLST Y	31	X	X	X	X	X					
CKLST Z	31	X	X	X	X	X					
CKLST AA	31	X	X	X	X	X					
CKLST BB	31	X	X	X	X	X					
CKLST CC	31	X	X	X	X	X					
CKLST DD	31	X	X	X	X	X					
CKLST EE	31	DEL		X	X	X					
CKLST FF	31	X	X	X	X	X					
CKLST GG	31	X	X	X	X	X					
CKLST HH	31	X	X	X	X	X					
CKLST II	31	X	X	X	X	X					
CKLST JJ	31	X	X	X	X	X					
CKLST KK	31	X	X	X	X	X					
CKLST LL	31	X	X	X	X	X					
CKLST MM	31	X	X	X	X	X					
CKLST NN	31	X	X	X	X	X					
CKLST OO	31	X	X	X	X	X					
CKLST PP	31	X	X	X	X	X					
CKLST QQ	31	X	X	X	X	X					
CKLST RR	31	DEL		X	DEL	X					
CKLST SS	31	X	X	X	X	X					
CKLST TT	31	X	X	X	X	X					
CKLST UU	31	X	X	X	X	X					
CKLST VV	31	X	X	X	X	X					
CKLST WW	31	X	X	X	X	X					
CKLST XX	31	X	X	X	X	X					
CKLST YY	31	X	X	X	X	X					
CKLST ZZ				X	X	X					

## EMERGENCY EQUIPMENT AND SUPPLIES

## TABLE OF CONTENTS

<u>Section Title</u>	<u>Page</u>
1.0 Purpose	1
2.0 References	1
3.0 General	1
3.1 This procedure applies only to equipment and supplies stored for emergency use	1
3.2 Any person utilizing emergency equipment	1
3.3 The Emergency Planning Coordinator is responsible for	1
3.4 The Emergency Planning Coordinator is responsible for	1
3.5 Operability of equipment that is tested by FNP-0-STP-60.0, 60.11, 60.12	1
3.6 All emergency plan equipment storage locations should have inventory checklists	1
3.7 The Maintenance Manager is responsible for	2
3.8 The Fire Marshal is responsible for	2
3.9 The Security (Site) Manager	2
3.10 The Chemistry Superintendent is responsible for	2
3.11 The Operations Unit Superintendent is responsible for	2
3.12 The Material Department is responsible for	3
3.13 The IMS, in coordination with SED Telecommunications, is responsible for	3
3.14 Safety and Health is responsible for	3
3.15 The Maintenance Manager is responsible for	3
3.16 The Emergency Planning Coordinator is responsible for	3

4.0	An inventory shall be performed:	5
5.0	The following actions are to be performed daily	6
6.0	The following actions are to be performed weekly	6
7.0	Semi-annually, perform the following	6
8.0	Annually, perform the following	6
9.0	Expiration and Calibration Due dates	7
10.0	Respiratory Protection Equipment Requirements	7
11.0	Portable instrumentation requirements	8
12.0	Other battery operated devices requirements	8
13.0	Verify operability of the State of Alabama and Georgia RMT radios at the EOF, as follows:	9
14.0	Verify operability of the portable RMT electric generators at the EOF as follows:	9
15.0	Checklist Completion	9
16.0	Desk Pack Contents	10
17.0	Personnel Emergency Equipment	10
	Checklist A - Control Room (EP)	
	Checklist B - Operations Support Center (EP)	
	Checklist C - Central Security Control Building, Fire Department (EP)	
	Checklist D - Aux Bldg , El 155, Unit 2, Rad Side, By Laundry (EP)	
	Checklist E - Auxiliary Building, El. 121, Unit 2, Rad Side, Near East Stairwell (EP)	
	Checklist F - Auxiliary Building, El. 83, Unit 1, Rad Side, West Stairwell (EP)	
	Checklist G - Plant Emergency Vehicle Equipment (SH)	
	Checklist H - FNP Stretcher Cabinets (SH)	
	Checklist I - Central Security Control Building Ambulance Kit (SH)	
	Checklist J - Nurses Station (SH)	

- Checklist K - EOF Air Compressor Shed, Radiation Monitoring Team Kits (EP)
- Checklist L - Emergency Operations Facility (EP)
- Checklist M - Southeast Alabama Medical Center (EP)
- Checklist N - Control Room Emergency Food Supply (EP)
- Checklist O - Assembly Areas (EP)
- Checklist P - Chemistry Vehicle (CHEM)
- Checklist Q - Auxiliary Building Entrance West, Non-Rad Hallway, Unit 1 (EP)
- Checklist R - Service Bldg. Maintenance Shop (EP)
- Checklist S - Satellite Telephone (EP)
- Checklist T - HVAC System EOF (EP)
- Checklist U - Auxiliary Building, El. 139, Unit 1, Rad Side Hallway by Counting Room (EP)
- Checklist V - Auxiliary Building, El. 100, Unit 1, Rad Side Hallway (EP)
- Checklist W - Auxiliary Building, El. 83, Unit 2, Rad Side Hallway (EP)
- Checklist X - Hot Shutdown Panels, Unit 1 (EP)
- Checklist Y - Hot Shutdown Panels, Unit 2 (EP)
- Checklist Z - CSC Guard Tower Emergency Cellular Telephone (EP)
- Checklist AA - Auxiliary Building, El. 83, Unit 2, Rad Side West Stairwell (EP)
- Checklist BB - Technical Support Center (EP)
- Checklist CC - Fire Fighting Equipment (FM)
- Checklist DD - Plant Emergency Vehicle (SEC)
- Checklist EE - Chemisty Eyewash/Shower Stations (CHM)
- Checklist FF - Training Center Vehicle (EP)
- Checklist GG - Fire Brigade Equipment (FM)
- Checklist HH - Fire Brigade Van (SEC)
- Checklist II - Environmental Vehicle (ENV)

- Checklist JJ - Unit 1 Cable Spreading Room Fire Emergency Equipment (OPS)
- Checklist KK - Unit 2 Cable Spreading Room Fire Emergency Equipment (OPS)
- Checklist LL - RMT Vehicle Radios (IMS/SED)
- Checklist MM - Visitor Center Vehicle (EP)
- Checklist NN - Auxiliary Building, El. 139, Unit 1 Rad Side Outside Elevator (EP)
- Checklist OO - Auxiliary Building, El. 139, Unit 2, Rad Side Pass Sample Area (EP)
- Checklist PP - Post Accident Sample Area, Auxiliary Building, El. 139, Unit 1 Rad Side (EP)
- Checklist QQ - Post Accident Sample Area, Auxiliary Building, El. 139, Unit 2 Rad Side (EP)
- Checklist RR - RMT Radio and Power Supply (EP)
- Checklist SS - Fire Tanker Truck Equipment (FM)
- Checklist TT - Fire Tanker Truck (SEC)
- Checklist UU - Smoke Removal Equipment (FM)
- Checklist VV - Alternate EOF Headland (EP)
- Checklist WW - Maintenance Vehicle #8-6206 (MM)
- Checklist XX - Fire Fighting Equipment SCBAs (EP)
- Checklist YY - Miscellaneous Procedures (EP)
- Checklist ZZ - Material Department Eyewash/Shower Stations (STR)

## EMERGENCY EQUIPMENT AND SUPPLIES

### 1.0 Purpose

This procedure establishes the actions to be taken to ensure the operational readiness of emergency equipment and supplies.

### 2.0 References

- 2.1 Joseph M. Farley Nuclear Plant Emergency Plan
- 2.2 FNP Response (FNP-88-0442) to NRC Information Notice 88-15 Concerning Use of Potassium Iodide as a Thyroid Blocking Agent
- 2.3 FNP-0-CCP-333 Inspection of Safety Showers and Eye Wash.
- 2.4 FNP-0-EMP-1802.1, Battery Equipment Safety Check.

### 3.0 General

- 3.1 This procedure applies only to equipment and supplies stored for emergency use and specifically listed in this procedure.
- 3.2 Any person utilizing emergency equipment stored in emergency lockers or cabinets shall promptly notify the Emergency Planning Coordinator of such use. Users of such items are to return non-expendable items to designated storage locations and properly dispose of expendable items.
- 3.3 The Emergency Planning Coordinator is responsible for ensuring that the Document Control procedure and drawing inventory sheets that are specified in the checklists contain the required procedures for the individual at the specified location to perform the required tasks during an emergency or emergency drill.
- 3.4 The Emergency Planning Coordinator is responsible for ensuring that any group that is required to perform a checklist due to drill or emergency use, a broken seal, routine inventory or other reasons has been informed.
- 3.5 Operability of equipment that is tested by FNP-0-STP-60.0, 60.11, 60.12 is verified during the performance of the STP on a monthly basis.
- 3.6 All emergency plan equipment storage locations should have inventory checklists displayed. Checklists H, O, P, T, Z, DD, EE, FF, HH, II, LL, MM, RR, UU, WW, XX, YY, and ZZ are specifically excluded from this requirement.

- 3.7 The Maintenance Manager is responsible for preventive maintenance activities of the automotive portions of the vehicles specified in checklists P, DD, FF, HH, II, MM, TT, and WW.
- 3.8 The Fire Marshal is responsible for completion of the following checklists:
  - 3.8.1 Checklist CC - Fire Fighting Equipment (FM)
  - 3.8.2 Checklist GG - Fire Brigade Equipment (FM)
  - 3.8.3 Checklist SS - Fire Tanker Truck Equipment (FM)
  - 3.8.4 Checklist UU - Smoke Removal Equipment (FM)
- 3.9 The Security (Site) Manager is responsible for the following checklists and daily and weekly responsibilities:
  - 3.9.1 Checklist DD - Plant Emergency Vehicle (PEV) (SEC)
  - 3.9.2 Checklist HH - Fire Brigade Van (FBV) (SEC)
  - 3.9.3 Checklist TT - Fire Tanker Truck (FTT) (SEC)
  - 3.9.4 Daily test drive and general visual inspection of the PEV and FBV.
  - 3.9.5 Daily perform general inspection of the Fire Tanker Truck.
  - 3.9.6 Weekly test drive the Fire Tanker Truck.
  - 3.9.7 Weekly perform a 20 to 30 minute test drive of the PEV.
- 3.10 The Chemistry Superintendent is responsible for completion of the following checklist:
  - 3.10.1 Checklist P - Chemistry Vehicle (CHEM)
  - 3.10.2 Checklist EE - Chemistry Eyewash/Shower Stations (CHEM)
  - 3.10.3 Checklist II - Environmental Vehicle (ENV)
- 3.11 The Operations Unit Superintendent is responsible for completion of the following checklists:
  - 3.11.1 Checklist JJ - Unit 1 Cable Spreading Room Fire Emergency Equipment (OPS)

- 3.11.2 Checklist KK - Unit 2 Cable Spreading Room Fire Emergency Equipment (OPS)
- 3.12 The Material Department is responsible for completion of the following checklists:
  - 3.12.1 Checklist ZZ - Material Department Eyewash/Shower Stations (STR)
- 3.13 The IMS Group, in coordination with SED Telecommunications, is responsible for completion of the following checklist:
  - 3.13.1 Checklist LL - RMT Vehicle Radios (IMS/SED)
- 3.14 Safety and Health is responsible for completion of the following checklists:
  - 3.14.1 Checklist G - Plant Emergency Vehicle Equipment (SH)
  - 3.14.2 Checklist H - FNP Stretcher Cabinets (SH)
  - 3.14.3 Checklist I - Central Security Control Building, Ambulance Kit (SH)
  - 3.14.4 Checklist J - Nurses Station (SH)
- 3.15 The Maintenance Manager is responsible for completion of the following checklists:
  - 3.15.1 Checklist WW - Maintenance Vehicle #8-6206 (MM)
- 3.16 The Emergency Planning Coordinator is responsible for completion of the following checklists and for tracking the completion of all checklists:
  - 3.16.1 Checklist A - Control Room (EP)
  - 3.16.2 Checklist B - Operations Support Center (EP)
  - 3.16.3 Checklist C - Central Security Control Building, Fire Department (EP)
  - 3.16.4 Checklist D - Aux Bldg El 155, Unit 2 Rad Side Near East Stairwell (EP)
  - 3.16.5 Checklist E - Auxiliary Building, El. 121, Unit 2 Rad Side Near East Stairwell (EP)
  - 3.16.6 Checklist F - Auxiliary Building, El. 83, Unit 1 Rad Side West Stairwell (EP)

- 3.16.7 Checklist K - EOF Air Compressor Shed, Radiation Monitoring Team Kits (EP)
- 3.16.8 Checklist L - Emergency Operations Facility (EP)
- 3.16.9 Checklist M - Southeast Alabama Medical Center (EP)
- 3.16.10 Checklist N - Control Room Emergency Food Supply (EP)
- 3.16.11 Checklist O - Assembly Areas (EP)
- 3.16.12 Checklist Q - Auxiliary Building Entrance West, Non-Rad Hallway, Unit 1 (EP)
- 3.16.13 Checklist R - Service Bldg. Maintenance Shop (EP)
- 3.16.14 Checklist S - Satellite Telephone (EP)
- 3.16.15 Checklist T - HVAC System EOF (EP)
- 3.16.16 Checklist U - Auxiliary Building, El. 139, Unit 1 Rad Side Hallway by Counting Room (EP)
- 3.16.17 Checklist V - Auxiliary Building, El. 100, Unit 1 Rad Side Hallway (EP)
- 3.16.18 Checklist W - Auxiliary Bldg., El. 83, Unit 2 Rad Side Hallway (EP)
- 3.16.19 Checklist X - Hot Shutdown Panels, Unit 1 (EP)
- 3.16.20 Checklist Y - Hot Shutdown Panels, Unit 2 (EP)
- 3.16.21 Checklist Z - CSC Guard Tower Emergency Cellular Telephone (EP)
- 3.16.22 Checklist AA - Auxiliary Building, El. 83, Unit 2 Rad Side West Stairwell (EP)
- 3.16.23 Checklist BB - Technical Support Center (EP)
- 3.16.24 Checklist FF - Training Center Vehicle (EP)
- 3.16.25 Checklist MM - Visitor Center Vehicle (EP)
- 3.16.26 Checklist NN - Auxiliary Bldg., El. 139, Unit 1 Rad Side Outside Elevator (EP)

- 3.16.27 Checklist OO - Auxiliary Building, El. 139, Unit 2 Rad Side Pass Sample Area (EP)
  - 3.16.28 Checklist PP - Post Accident Sample Area Auxiliary Building, El. 139, Unit 1 Radside (EP)
  - 3.16.29 Checklist QQ - Post Accident Sample Area Auxiliary Building, El. 139 Unit 2 Radside (EP)
  - 3.16.30 Checklist RR - RMT Radios and Power Supply (EP)
  - 3.16.31 Checklist VV - Alternate EOF, Headland (EP)
  - 3.16.32 Checklist XX - Fire Fighting Equipment SCBAs (EP)
  - 3.16.33 Checklist YY - Miscellaneous Procedures (EP)
- 4.0 An inventory shall be performed:
- 4.1 Weekly for the following checklists:  
DD, HH and TT
  - 4.2 Monthly for the following checklists:  
F, P, Q, S, AA, EE, FF, II, MM, NN, OO, RR, WW, XX, and ZZ
  - 4.3 Quarterly for the following checklists:  
A, B, C, D, E, G, H, I, J, K, L, M, N, O, R, S, T, U, V, W, X, Y, Z, BB, CC, GG, JJ, KK, PP, QQ, SS, UU and VV
  - 4.4 Semi-annually for the following checklist:  
LL
  - 4.5 Yearly for the following checklist:  
YY
  - 4.6 After each emergency or drill during which the emergency equipment storage location is opened or equipment used.

**NOTE: THE EMERGENCY PLAN SEALS ARE RED IN COLOR AND ARE STAMPED AS FOLLOWS: E. P. EXT. 6100. THIS IS AN ANSWERING MACHINE EXTENSION. LEAVE A MESSAGE AS TO WHICH SEAL HAS BEEN BROKEN.**

- 4.7 Any time the seal on a storage location is found to be broken or tampered with by persons other than Emergency Planning personnel.
- 5.0 The following actions are to be performed daily.
  - 5.1 Conduct a minimum five minute test drive of the PEV and FBV.
  - 5.2 Perform a general visual inspection of the PEV and FBV and FTT to include:
    - 5.2.1 Adequate tire inflation
    - 5.2.2 Gas tank over 3/4 full
    - 5.2.3 Verify that external compartment doors are properly latched.
    - 5.2.4 Initiate appropriate corrective action to eliminate any identified deficiencies.
- 6.0 The following actions are to be performed weekly:
  - 6.1 Test drive the PEV for a minimum of 20 to 30 minutes at highway speeds. The PEV may be driven off-site to facilitate driving at highway speeds.
  - 6.2 Test drive the Fire Tanker Truck.
- 7.0 Semi-annually, perform the following:
  - 7.1 Insure pocket dosimeters are within calibration and replace as required.
  - 7.2 Ensure that each pocket dosimeter is zeroed.
- 8.0 Annually, perform the following:
  - 8.1 Replace all thermoluminescent dosimeters.
  - 8.2 Replace all tape, pens and latex gloves with fresh stock.

## 9.0 Expiration and Calibration Due dates

When an inventory is performed, the expiration date on consumables and the calibration due date shall be verified to be valid until the next scheduled inventory or other arrangements are made to replace or calibrate the equipment. A list of the expiration dates and calibration due dates may be posted on the outside of the storage location to expedite future inventories.

## 10.0 Respiratory Protection Equipment Requirements

### 10.1 Canister type respirators

- 10.1.1 Check the expiration date on the filter cartridge. Ensure that the filter's expiration date is at least beyond the last day of the next inventory period.
- 10.1.2 Ensure that the seal of the protective bag containing the respirator is not broken. If the seal is broken, have the respirator recertified or replaced. The seal serves to verify that the respirator has not been worn since certification.
- 10.1.3 If the above are acceptable, initial and date the respirator certification tag.

### 10.2 Self-Contained Breathing Apparatus (SCBA)

- 10.2.1 Check the pressure in the air tank. If the tank pressure is less than 2000 psig, initiate corrective action.
- 10.2.2 Ensure that the seal of the protective bag containing the SCBA mask is not broken. The seal serves to verify that the mask has not been worn since certification. If the above are acceptable, initial and date the respirator certification tag. If the seal is broken, have the mask recertified or replaced.
- 10.2.3 Fully inspect the respirators for SCBAs during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag and seal the bag. (10CFR20 and Reg. Guide 8.15 for Respiratory Protection)
- 10.2.4 Verify the regulator main-line (yellow) valve is closed.
- 10.2.5 Verify the regulator bypass (red) valve is closed.
- 10.2.6 Open cylinder valve to pressurize regulator and hose.

- 10.2.7 Place hand over the regulator outlet to block it leaktight.
  - 10.2.8 Open the regulator main-line (yellow) valve and check that the regulator pressure gauge does not rapidly drop indicating a leak in the regulator.
  - 10.2.9 Compare the cylinder pressure gauge to the regulator pressure gauge, the allowable tolerance is plus or minus 100 psi and both gauges greater than 2000 psi.
  - 10.2.10 Close the cylinder valve and check that the regulator pressure gauge does not rapidly drop, indicating a leak in the hose or regulator.
  - 10.2.11 Take hand from regulator outlet and check the alarm as pressure goes down below approximately 500 psig.
  - 10.2.12 Cycle the regulator bypass (red) valve, to ensure proper operation.
  - 10.2.13 Verify the regulator main-line (yellow) valve is closed.
  - 10.2.14 Verify the regulator bypass (red) valve is closed.
- 11.0 Portable instrumentation requirements
- 11.1 Insure portable radiological survey instruments and air samplers are within calibration, using manufacturer's recommendations as guidelines.
    - 11.1.1 A calibration schedule shall be maintained with all of the Emergency Planning portable instruments, air samplers, digital alarming dosimeters, self reading pocket dosimeter and any other equipment that requires periodic calibration.
  - 11.2 Pocket dosimeter charger
    - 11.2.1 Check battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.
    - 11.2.2 Rezero at least one pocket dosimeter to ensure that the charger is functional. If unit is not functional, replace it.
- 12.0 Other battery operated device requirements
- 12.1 Check the battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.
  - 12.2 Operate the device. If the device is not functional, replace it.

- 13.0 Verify operability of the State of Alabama RMT radio and State of Georgia radio at the EOF as follows:
- 13.1 Establish communication with the appropriate Emergency Management (EM) office on all state radios.
  - 13.2 Portable Radios
    - 13.2.1 Discharge the radio batteries for approximately 3 days.
    - 13.2.2 Recharge the radio batteries for approximately 2 days.
- 14.0 Verify operability of the portable RMT electric generators at the EOF, as follows:

**NOTE: GASOLINE IS TO BE STORED IN THE GENERATORS AND STORAGE CONTAINERS WHEN PLACED IN THE EOF STORAGE CABINET. TREAT GASOLINE WITH A STABILIZER PER THE STABILIZER MANUFACTURER'S INSTRUCTIONS.**

- 14.1 Relocate the RMT generators and air samplers to an outdoor area.
  - 14.2 Operate generators and air samplers (not less than 5 minutes).
  - 14.3 Place the generators and air samplers back into the EOF storage area.
- 15.0 Checklist Completion
- Personnel performing functions controlled by designated checklists are to:
- 15.1 Check all supplies for deterioration.
  - 15.2 Replace any non-serviceable items.
  - 15.3 The quantity listed on the checklists is the minimum amount required.
  - 15.4 Indicate the reason for the inspection on the checklist.
  - 15.5 Initial in the designated blanks all items found to be in accordance with the checklist.
  - 15.6 Utilize the "COMMENTS" section to provide appropriate information regarding checklist items.
  - 15.7 Whenever thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator who will immediately notify the Assistant General Manager - Operations.

- 15.8 Initiate needed corrective action.
  - 15.9 Notify the Emergency Planning Coordinator of any missing or inoperable equipment. (Ext. 6100).
  - 15.10 The Emergency Planning Coordinator shall have a placard placed at the storage location indicating what equipment is missing or inoperable and steps being taken to return equipment back to operable status.
  - 15.11 Upon closing the storage location, affix a seal or a lock to the door, if so equipped.
  - 15.12 Sign and date the checklist.
  - 15.13 Route the checklist to the Emergency Planning Technician (EPT).
  - 15.14 The EPT is to review the checklist and route them to the Emergency Planning Coordinator.
  - 15.15 The Emergency Planning Coordinator is to review the checklists and route them to Document Control.
- 16.0 Desk Pack Contents
- 16.1 Each location that has a need for desk or administrative materials has been assigned a desk pack. Each desk pack will normally contain the minimum following materials: clip board, lined paper, phone memo pad, black pens, red pen, pencils, hi-liters, paper clips, stapler, staple puller, ruler tape dispenser, liquid paper.
  - 16.2 Desk packs listed for status board keepers will, in addition, include markers and cleaner for status boards.
  - 16.3 The supplies in desk packs that could deteriorate with time, such as pens, will be replaced annually.
- 17.0 Personnel Emergency Equipment
- 17.1 The following personnel emergency equipment will be maintained in accordance with the applicable checklist:
    - Checklist H - FNP Stretcher Cabinets
    - Checklist EE - Chemistry Eyewash/Shower Stations
    - Checklist ZZ - Material Department Eyewash/Shower Stations

17.2 The Maintenance controlled eyewash stations are covered under the PM program. The PM TPNS for this system is NSR4250002, "Battery Safety Equipment Check." This is performed and documented monthly.

17.3 Routine inspections performed using the checklist will include the following items as applicable:

Operability - Maintained per the checklist

Accessibility - Clear access to the equipment will be verified to ensure it can be reached for emergency use. To aid in maintaining clear access, a floor marking or sign may be used.

Location - Placement of the emergency equipment in the designated location specified by the checklist will be verified.

Posting - Each location will be marked to help locate it in an emergency and to aid in returning portable equipment to the proper location if it has been moved.

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST A**

### LARGE STORAGE LOCKER AND SOUND POWERED PHONE CABINET.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Air sampler filter paper (box)	1
_____	Silver Zeolite, individual cartridge (OR-1-99-383)	25
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Respirators for SCBA use (small)	2
_____	Full Face Respirators	2
_____	Iodine Canister---Protective Seal Unbroken (OR-1-99-383)	2
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Potassium Iodide, Bottle (OR-1-99-383)	150
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Asst. General Manager - Operations	
_____	Twirl Packs (box)	1
_____	Polybags	20
_____	Polysheets, package	1
_____	Absorbent wipes, package	1
_____	Knife, Razor	1
_____	Scissors	2
_____	Flashlights...Battery Compartment Operational	10
_____	Tape, Electrical	2
_____	Tape, Masking	2
_____	Coveralls, Work Type	4
_____	Gloves, disposable package	1
_____	Tool Kit containing:	1
	channel locks, hacksaw, carpenters hammer, sledge hammer, pliers, screwdriver set, side cutters, pipe wrench, large adjustable wrench, small adjustable wrench	
_____	First Aid Kit	1
_____	Radio Sets, with:	3
	radio, operational (test <u>outside</u> the control room area), battery charger, headsets, adapter for headset, with key actuator, carrying case with T-strap, antenna, detachable microphone	
_____	Cord, sound powered phone, 600'	1
_____	Electrical jumper for FRP-H.1 (ea)	6
<b>CONTROL ROOM SOUND POWERED PHONE CABINETS</b>		
_____	Headsets, Sound Powered Phone....Operational	2

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0  
CHECKLIST A**

LARGE STORAGE LOCKER AND SOUND POWERED PHONE CABINET.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

<u>          </u>	Dose rate meter	1
<u>          </u>	Contamination meter	1
<u>          </u>	Air sampler	1

**ENN CR FNP SOUTHERN LINC RADIO**

<u>          </u>	Shift Foreman's Office.....Operational	1
<u>          </u>	U-2 Shift Supervisor Desk.....Operational	1

**NOTES:**

If the Silver Zeolite cartridges, Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
 Seal Broken  
 Quarterly Post Drill    Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

## OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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## PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory

_____	EP-OSC-OSC MANAGER	
_____	EP-OSC-P.A.S.S. CABINET	

## HEALTH PHYSICS/HP SUPPORT CABINET

_____	First Aid	1
_____	Flashlights....Battery Compartment Operable	2
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Radiation barrier tape or rope	100 ft
_____	Scissors, pr.	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Tape, Duct, roll	2
_____	Detergent, package	2
_____	Extension cord for chemistry lab	1
_____	Applicators, Cotton Tufted, package	1
_____	Bags, plastic	20
_____	Brushes, Hand	2
_____	Clippers, Hair	1
_____	CST flange, tygon, tie wraps, 1 1/4" wrench (ea)	2
_____	Swabs, Nasal	20
_____	Tweezers	2
_____	Wristbands	10
_____	Digital Alarming Dosimeter...check calibration (fast entry mode)	50
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

## POST ACCIDENT SAMPLE CABINET

_____	<b>Gaseous Effluent Sample Bags</b> ..Each bag contains 2-14 mv glass vials with rubber septums, syringe with needle, filter paper and 3' tygon tubing, silver zeolite cartridge (OR-1-99-383) Expiration Date_____	6
	Expiration after next inventory Yes_____ No_____	

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**OPERATIONS SUPPORT CENTER....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>POST ACCIDENT SAMPLE CABINET</b>		
_____	<b>RCS Sample Bags ... Each bag contains 2 sample bottles, 2-14 mv vials with rubber septums, 4 planchets, syringe with needle</b>	6
_____	5 cc gas syringe	10
_____	10cc gas syringe	5
_____	1 cc gas syringe	2
_____	0.5 cc gas syringe	30
_____	Needles for gas syringe	21
_____	Particulate filters	200
_____	Labels for gas release samples	100
_____	14 mv vials	50
_____	14 mv septa	100
_____	Plastic bags	50
_____	Petri dishes	60
_____	Forceps	3
_____	75 ml Plastic Vials	24
_____	Plastic funnels (small)	24
_____	30 ml Plastic bottles	28
_____	Planchets (2" x 5/16")	75
_____	Latex gloves (package)	1
_____	Safety glasses	2
_____	1 liter Marinelli (liquid)	1
_____	1 liter Marinelli (gas)	6
_____	250 ml bottles	12
_____	Charcoal Cartridge (box) (OR-1-99-383)	2
_____	Expiration Date_____	
_____	Expiration after next inventory Yes_____ No_____	
_____	Silver Zeolite, individual cartridge (OR-1-99-383)	50
_____	Expiration Date_____	
_____	Expiration after next inventory Yes_____ No_____	
_____	Small bags	20
_____	Air sample labels	20
_____	Microprobe pH electrodes	2
_____	Stirring bar, magnetic	1
_____	Buret, piston	2
_____	Pipets, 1, 2, 5, 10 mls	1 ea.
_____	Flexible arm electrode holder	1
_____	Stirring rods	4
_____	Shortened 10 ml graduated cylinder	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST B

### OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>POST ACCIDENT SAMPLE CABINET</b>		
_____	Labels for sample containers	1 pack
_____	Logbook	1
_____	Electrode extensions	1
_____	1/4" tygon tubing	20 ft
_____	15 ml vials	3
_____	3/8" tygon tubing	40 ft
_____	Tie wraps (bag)	1
_____	Knife (razor)	2
<b>RE-ENTRY CABINET</b>		
_____	Extremity TLDs.....annual replacement	60
_____	Full face respirators	30
_____	Iodine Canisters.....protective seal unbroken (OR 1-99-383)	30
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Whirl Pak (box)	1
_____	Coveralls, plastic (box)	2
_____	Plastic Shoe Covers (CS)	1
_____	Tape, Masking (roll)	5
_____	Coveralls, disposable, white (CS)	3
_____	Steel Shoe Covers (CS)	1
_____	Hood, Tyvek (CS)	1
_____	Surgeon's cap, Tyvek (CS)	1
_____	Surgeon's gloves (CS)	1
_____	Glove liners (CS)	1
_____	Rubber gloves (CS)	1
<b>OSC MANAGER'S DESK</b>		
_____	Re-entry log book....contents per cover sheet	1
_____	Portable PA system...operation....battery compartment O.K.	1
_____	Desk pack	1
_____	flashlights...operational...battery compartment OK	2
_____	TSC intercom Gaitronics...operational	1
_____	Phone...6074...operational	1
_____	Phone...2448...operational	1
_____	Phone...2416...operational	1

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PORTABLE SURVEY INSTRUMENTS</b>		
Verify the following portable instruments per calibration schedule.		
_____	Pole detector-dose rate meter	3
_____	Low range dose rate meter	5
_____	High range dose rate meter	1
_____	Contamination meter	5
_____	Air sampler	5

HP OFFICE AREA

_____	Portable Trauma Kit	1
_____	First Aid Supplies, set	1

NOTES:

If the Silver Zeolite cartridges, charcoal cartridges or Iodine canisters expire before the next inventory, change them out at this time.

COMMENTS

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REASON FOR INSPECTION  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)....Calibration O.K.	5
_____	Fire Rescue Suit	1
_____	Gloves, pr	5
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Gloves, Disposable, package	1
_____	Safety Glasses (pr)	5

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	1
_____	Air sampler	1

**COMMENTS**

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**REASON FOR INSPECTION**  
 Seal Broken \_\_\_\_\_  
 Quarterly Post Drill Emergency Use \_\_\_\_\_  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUX BLDG EL 155 UNIT 2 RAD SIDE BY LAUNDRY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blankets	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable, white	3
_____	Surgeon Gloves, pr	6
_____	Steel Shoe Covers, pr	3
_____	Plastic Shoe Covers, pr	6
_____	Hood	3
_____	Surgeon's cap	3
_____	Full Face Respirator	2
_____	Iodine Canister.....Protective Seal Unbroken (OR-1-99-383)	2
_____	Expiration Date_____	
_____	Expiration after next inventory Yes____ No____	
_____	Radiation barrier tape or tope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight....battery compartment operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26.	

**NOTES:**

If the Iodine canisters expire before the next inventory, change them out at this time.

**COMMENTS**

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05/15/00 11:12:48

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST D**

AUX BLDG EL 155 UNIT 2 RAD SIDE BY LAUNDRY....(EP)

**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 121 UNIT 2 RAD SIDE NEAR EAST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blankets	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls	3
_____	Cloth Gloves, pr	3
_____	Rubber Gloves, pr	3
_____	Cloth Shoe Covers, pr	3
_____	Rubber Shoe covers, pr	3
_____	Hood	3
_____	Surgeon's cap	3
_____	Full Face Respirator	2
_____	Iodine Cannister.....Protective Seal Unbroken (OR-1-99-383)	2
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Radiation barrier tape or rope	100 ft
_____	Airborne Radioactivity Area sign	3
_____	Contaminated Area sign	3
_____	High Radiation Area sign	3
_____	Radiation Area sign	3
_____	Tape, Masking, roll	2
_____	Flashlight...battery compartment operational	1
_____	Scissors (pr)	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26.	

**NOTES:**

If the Iodine canisters expire before the next inventory, change them out at this time.

**COMMENTS**

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05/15/00 11:12:48

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST E**

AUXILIARY BUILDING, EL. 121 UNIT 2 RAD SIDE NEAR EAST STAIRWELL...(EP)

REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill    Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 1 RAD SIDE WEST STAIRWELL....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP.	

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Monthly Post Drill Emergency Use

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST G

### PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Oxygen masks	4
_____	Suction catheter, each	4
_____	Gauze bandage 4" x 5 yards, boxes	2
_____	Large eye pads, boxes	2
_____	Rescue mask, each	4
_____	Penlights, each	6
_____	Non-adhering dressing 3" x 8", boxes	2
_____	Bandage scissors, each	2
_____	Hypo-allergenic tape, boxes	2
_____	Band aids, boxes	2
_____	Gauze sponges 4" x 4", packs	4
_____	Gauze sponges 3" x 3", packs	4
_____	Butterfly closures, boxes	2
_____	Burn sheets, each	5
_____	Airway kits, each	2
_____	Air splint kits, each	2
_____	Trauma dressing 30" x 10", each	4
_____	Elastic bandage, each	6
_____	Sodium Chloride solution, bottle (OR-1-99-383)	1
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Neck collars, each	4
_____	Wound wipes, boxes	3
_____	Gauze scissors, each	1
_____	Surgipads, each	10
_____	CPR board, each	1
_____	Laerdal portal suction unit, each	1
_____	Portable oxygen kit, each...tank pressure $\geq 1/4$ full scale	1
_____	1/2" hypo-allergenic cloth tape, boxes	1
_____	Cold packs, each	8
_____	Long back board, each	1
_____	Short back board, each	1
_____	Stretcher, each	2
_____	Scoop stretcher, each	1
_____	Breathing air bottle, each ...tank pressure $\geq 50$ psig	1
_____	Hospital radio operability check, circle one	SAT/UNSAT
_____	Blood pressure kit, each	1
_____	Ambu Bag	1
_____	Trauma kit	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

### PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, Plastic	10
_____	Blankets	2
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)...calibration O.K.	2
_____	First Aid Kit	1
_____	Gloves, disposable, package	1
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead Covering Material, sheet	1
_____	Coveralls, disposable, white	4
_____	Surgeon gloves, pr	8
_____	Steel Shoe Covers, pr	4
_____	Plastic Shoe Covers, pr.	12
_____	Hood, Tyvek	4
_____	Surgeon cap, Tyvek	4
_____	Decon Solution (bottle)	1
_____	Airborne Radioactivity Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	1
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Wristbands	10
_____	Absorbent wipes, package	1
_____	Flashlight...Battery compartment operable	1

### PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

_____	Contamination meter	1
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### NOTES:

If the Sodium Chloride Solution expires before the next inventory, change it out at this time.

### COMMENTS

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**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP STRETCHER CABINETS....(SH)**

NOTE: Inspection includes verifying accessibility and posting per step 18.0.

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	<b>UTILITY BUILDING</b>	
_____	Pole Stretcher...Blanket	1
	<b>WATER TREATMENT PLANT</b>	
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>SRV.BLDG.MAINTENANCE SHOP</b>	
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>C.S.C. BUILDING</b>	
_____	Pole Stretcher...Blanket	1
	<b>SWITCHHOUSE</b>	
_____	Pole Stretcher....Blanket	1
	<b>CONTROL ROOM</b>	
_____	Pole Stretcher....Blanket	1
	<b>UNIT I AUX-RCA 155' W. STAIRS</b>	
_____	Stretcher, basket....with 4 point sling, 4 body straps, 2 blankets	1
	<b>UNIT 1 AUX-RCA 139' W. STAIRS</b>	
_____	Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 121' E. HALL</b>	
_____	Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 100' W. STAIRS</b>	
_____	Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 83' W STAIRS</b>	
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>UNIT 1 AUX NON-RAD 139' STAIRS</b>	
_____	Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-NON-RAD 121' STAIRS</b>	
_____	Pole Stretcher....Blanket	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP STRETCHER CABINETS...(SH)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT 1 AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 189' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 137' S. STAIRS _____ Pole Stretcher....Blanket	1
	SRV.WTR. NE ENTRANCE _____ Pole Stretcher....Blanket	1
	RIVER WTR. S. COMPARTMENT _____ Pole Stretcher....Blanket	1
	DIESEL GEN BLDG W. ENTRANCE _____ Pole Stretcher....Blanket	1
	FIRE PROTECTION BUILDING _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II TURBINE BLDG EL. 155' _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II AUX-RAD 155' E. _____ Pole Stretcher....Blanket	1
	UNIT II TURBINE BLDG. 189' N. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 139' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 121' STAIRS _____ Pole Stretcher....Blanket	1

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

FNP STRETCHER CABINETS...(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT II AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 139' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 121' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 100' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 83' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II CL <sub>2</sub> HOUSE/COOLING TOWER _____ Pole Stretcher....Blanket	1
	EOF _____ Pole Stretcher....Blanket	1

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, AMBULANCE KIT...(SH)  
(Stored in Fire Protection Cabinet)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, Plastic	10
_____	Blanket	1
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)...Calibration O.K.	4
_____	Labels, "CAUTION RADIOACTIVE MATERIAL"(roll)	1
_____	Lead Covering Material, sheet	1
_____	Desk pack	1
_____	Lab Coats	4
_____	Cloth Gloves, pr	4
_____	Rubber Gloves, pr	4
_____	Cloth Shoe Covers, pr	4
_____	Rubber Shoe Covers, pr	4
_____	Hood	4
_____	Surgeons Caps	4
_____	Airborne Radioactive Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	2
_____	TLDs....3 background/4 for use.....annual replacement	7
_____	Gloves, disposable, package	1
_____	Wristbands	10

COMMENTS

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\_\_\_\_\_

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

NURSES STATION...(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Decon solution (bottle)	1
_____	Detergent (package)	1
_____	Hand brushes	2
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u> <u>Kit 2</u> <u>Kit 3</u>		

**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets.  
Verify procedures per the DC inventory.

			EP-EOF-RMT KIT 1	
			EP-EOF-RMT KIT 2	
			EP-EOF-RMT KIT 3	

**SMALL CASE:**

			Air Sampling Package (Silver Zeolite) (OR-1-99-383)	6
			Expiration Date _____	
			Expiration after next inventory Yes _____ No _____	
			Charger, Dosimeter...Battery Compartment Operational	1
			Compass	1
			Dosimeters, Pocket (5R)...Calibration O.K.	2
			Flashlight...Battery Compartment Operational	2
			RMT Keys (set)	1
			Desk pack	1
			Survey Forms (EIP-4, Fig. 4)	5
			Potassium Iodide, bottle (OR-1-99-383)	2
			Expiration Date _____	
			Expiration after next inventory Yes _____ No _____	
			If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator (ext. 4618 or 6100). The Emergency Planning coordinator will immediately notify the Asst. General Mgr.-Operations	N/A
			TLDs...3 background/4 for use...replace annually	7
			Tweezers	1
			Safety Glasses (pr)...clear	2
			Safety Glasses (pr)...tinted	2
			Smears, box	1
			Radio Area Coverage Map	1
			Gloves, disposable, package	1
			Tape, masking (roll)	1
			Labels, "Caution-Radioactive Material" (roll)	1
			Filters for Environmental Air Samplers	15 each

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0  
CHECKLIST K**

EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)

<u>INITIALS</u>			<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u>	<u>Kit 2</u>	<u>Kit 3</u>		
<b>LARGE CASE</b>				
---	---	---	Absorbent Paper (package)	1
---	---	---	Bags, plastic	10
---	---	---	Flashlights (spotlights)..Battery compartment operational	2
---	---	---	Full face respirator	2
---	---	---	Half-Face Respirator	1
---	---	---	Iodine Canister...Protective Seal unbroken (OR-1-99-383)	2
---	---	---	Expiration Date _____	
---	---	---	Expiration after next inventory Yes _____ No _____	
---	---	---	Coveralls (disposable)	4
---	---	---	Rubber Gloves (pr) (disposable)	8
---	---	---	Steel Boots, pr (disposable)	4
---	---	---	Hood (disposable)	4
---	---	---	RMT Signs	3
---	---	---	Gloves, package (disposable)	1
---	---	---	Cubitainer (at least 1 gal. capacity)	3
---	---	---	Grass clippers (pr)	1
---	---	---	Small shovel	1
---	---	---	Tape, duct (roll)	1
---	---	---	Weighted Sample Bottle and Rope	1
---	---	---	Sample Pump and Tubing	1
<b>EOF RMT CABINET:</b>				
---	---	---	Plot Board	1
---	---	---	Rain Coats	2
---	---	---	Rain Pants	2
---	---	---	Rain Boots	2
<b>EOF RMT GENERATOR CABINET:</b>				
---	---	---	Portable electric generator...Operable	1
---	---	---	1/2 gallon gas can...(empty or treated)	1
---	---	---	Funnel	1
---	---	---	Hand pump for gas removal	1

**NOTES:**

If the Silver Zeolite cartridges, charcoal cartridges, Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

SHARED  
EMERGENCY EQUIPMENT AND SUPPLIES

EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

_____	EP-EOF-RECOVERY MANAGER	
_____	EP-EOF-REC. MGR. ASSISTANT	
_____	EP-EOF-ENV. SUPERVISOR	
_____	EP-EOF-REACTOR ENGINEER	
_____	EP-EOF-COMP SERV SUPPORT	
_____	EP-EOF-QC SUPPORT	
_____	EP-EOF-DAD	
_____	EP-EOF-ACCESS CONTROL	
_____	EP-EOF-PI STAFF	
_____	EP-EOF-STATUS BD KEEPER	
_____	EP-EOF-RMT CONTROLLER	
_____	EP-EOF-KEY LOCKER	
_____	EP-EOF-ROOM 118-DRAWINGS	
_____	EP-EOF-GOP-RECOVERY MANAGER	
_____	EP-EOF-GOP-REC. MGR ASSISTANT	
_____	EP-EOF-GOP-PIEOF	

**CABINET 1L DESK**

_____	TSC/EOF Gaitronics	1
_____	Telephone...1611...operational	1
_____	Telephone...6156...operational	1
_____	FNP RMA Southern Linc Radio.....operational	1

**CABINET 1L DRAWER A - RECOVERY MANAGER**

_____	Log Book	1
_____	In Boxes	1
_____	Desk Pack	1

**CABINET 1L DRAWER B**

_____	10CFR parts 0-99	1
_____	S.R.O.O.I.R.A.P.	1
_____	Nureg - 0845	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST L**

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CABINET 1L DRAWER C/D - RECOVERY MANAGERS ASSISTANT</b>		
_____	Desk Pack	1
_____	Loud Speaker	1
<b>CABINET 2L DESK</b>		
_____	FTS 2000 Phone...HPN	1
_____	FTS 2000 Phone...RSCL	1
_____	FTS 2000 Phone...ENS	1
_____	Tone Alert Radio...operational	1
<b>CABINET 2L DRAWER A - DOSE ASSESSMENT DIRECTOR</b>		
_____	Log Book	1
_____	Desk Pack	1
<b>CABINET 2L DRAWER B</b>		
_____	Dothan telephone book	1
_____	APCo telephone book	1
_____	SCS telephone book	1
_____	Birmingham telephone book	1
<b>CABINET 2L DRAWER C - ENVIRONMENTAL SUPERVISOR</b>		
_____	Log Book	1
_____	Solar Calculator	1
_____	Desk Pack	1
<b>CABINET 2L DRAWER D...no inventoried items</b>		
<b>CABINET 3L DESK</b>		
_____	FTS 2000 phone...HPN	2
_____	FTS 2000 phone...PMCL	2
_____	Wireless Headset	1
<b>CABINET 3L DRAWER A - STATUS BOARD KEEPER</b>		
_____	Wipe-alls (pkg)	2
_____	Markers	4
_____	Marker Board Cleaner (bottles)	3

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CABINET 3L DRAWER A - STATUS BOARD KEEPER</b>		
_____	NOUE sign	1
_____	Alert sign	1
_____	Site sign	1
_____	General sign	1
_____	Unit 1 sign	1
_____	Unit 2 sign	1
_____	Unit 1, 2 sign	1
_____	Desk Pack	1
<b>CABINET 3L - DRAWER B...no inventoried items</b>		
<b>CABINET 4L - COMMUNICATION AREAS</b>		
_____	GEMA Fleet Southern Linc Radio...Operational	
_____	AEMA Fleet Southern Linc Radio...Operational	
_____	ENN EOF FNP Southern Linc Radio ...Operational	
<b>CABINET 5L COMMUNICATIONS AREA</b>		
_____	ENN	1
_____	Telephone...6154...Operational	1
_____	Telephone...4659...Operational	1
<b>CABINET 6L COMMUNICATIONS AREA</b>		
_____	Telephone...4654...Operational	1
_____	Telephone...4655...Operational	1
_____	Desk Pack	2
_____	FAX Instruction Book	1
_____	SNC Phone Book	1
_____	APCo Phone Book	2
<b>CABINET 7L</b>		
_____	Extension Cords	6
_____	Ground Fault Interrupter	1
_____	Phone Extension Cords	9
<b>CABINET 8L - FORMS DRAWER</b>		
_____	Verify correct forms per drawer index	10
<b>CABINET 9L....No inventoried items</b>		

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST L**

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CABINET 10L - COMMUNICATION AREA</b>		
_____	Fax Machine (Ga.Fax) 814-4653	1
_____	Fax Machine (Ala.Fax) 257-1035	1
_____	Log Book	1
_____	Pax Operator's Console	1
_____	Telephone...6200...operational	1
_____	TLDs...3 background/50 for use..replaced annually	53
_____	Digital Alarming Dosimeter..check calibration	50
_____	Printer Paper (8-1/2 x 11) (pks)	8
_____	HP-92298A Cartridge (ERDS)	1
_____	HP-51645G Cartridge, black ink (Midas/EIP29/30)	2
_____	HP-C6578D Cartridge, color ink (Midas/EIP29/30)	2
_____	51640 (A, C, M, Y) Cartridges (Midas)	1
_____	HII-6401-220 Cartridge (LC8500 Fax)	2

### DOSE ASSESSMENT AREA

_____	MIDAS Computer	1
_____	MIDAS Printer	1
_____	ERDS Computer	1
_____	ERDS Printer	1
_____	EIP-29/30 Computer	1
_____	EIP-29/30 Printer	1
_____	Desk Packs	2
_____	Telephone...6130...operational	
_____	Telephone...6121...operational	

### ROOM 118

_____	Potassium Iodide, bottle (OR-1-99-383)	150
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Assistant General Manager-Operations.	n/a

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0  
CHECKLIST L**

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>ROOM 118</b>		
_____	Flashlights	2
_____	First Aid Kit	1
_____	Tool Kit...containing channel locks, hacksaw, carpenters hammer, pliers, screwdriver set, pipe wrench, large adjustable wrench, small adjustable wrench	1
_____	Telephone...6120...operational	1
_____	RMT frequency toner (Base Set).....operational	1
_____	EOF RMT Control Southern Linc Radio.....operational	1
_____	Alabama radio base station.....operational	1
_____	Georgia radio base station.....operational	1
_____	Desk Pack	1
<b>PORTABLE SURVEY INSTRUMENTS</b>		
Verify the following portable instruments per calibration schedule.		
_____	Dose rate meter	4
_____	Contamination meter	4
_____	Air sampler	4
<b>ROOM 118 KEY CABINET</b>		
_____	Key 1 EOF master...MD-23	1
_____	Key 2 EOF master...MD-22	1
_____	Key 3 EOF master...MD-21	1
_____	Key 4 EOF master...MD-25	1
_____	Key 7, Alt. EOF Set...Storage Cabinet (MM III), Front Door (6 GA17-3) ENN	1
_____	Key 11 Vis. Center Storage Rm. 263...VIS 3	1 set
_____	Key 12 Comm. Rm. 108...2GC-600	1
_____	Key DAD reader	1
_____	Key set Chemistry Truck	1
_____	Key set Maintenance Vehicle #8-6206	1 set
_____	Key set Env. Truck	1 set
_____	Key set Training Center Van	1 set
_____	Key set Visitor Center Van	1 set
_____	Side Cutters (for cutting red seals) pr	1 set
		1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST L**

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PUBLIC INFORMATION - Computer cabinet and equipment cart</b>		
_____	OA Terminal	1
_____	OA Printer	1
_____	Printer paper (pkg.)	1
_____	Printer cartridge (HP51626A)	1
_____	Fax Machine (250-1132)	1
_____	Fax Toner Cartridge	1
_____	Typewriter, Canon ES3-II)	1
_____	Typewriter ribbon, print (SC70)	1
_____	Typewriter ribbon, correction (SC-78)	1
_____	Typewriter printwheel (910590)	1
_____	Inboxes	1
_____	Fax Instruction Book	2
_____	Telephone...6150...operational	1
_____	Telephone...257-1140...operational	1
_____	Desk Pack	1
<b>NRC CART 105</b>		
_____	Telephone...4660...operational	1
_____	Telephone...MCL...FTS-2000	1
_____	Telephone...ENS...FTS-2000	1
_____	Logbook	1
_____	Desk Pack	1
_____	Telephone...6119 (room 103)...operational	1
_____	Telephone...6122 (room 104)...operational	1
_____	Telephone...6131 (room 105)...operational	1
<b>PHONE CART 1 AND 2</b>		
_____	Telephone...6135...operational	1
_____	Telephone...8-257-1603...operational	1
_____	Telephone...6145/6156...operational	1
_____	Telephone...8-257-1611...operational	1
_____	Telephone...4678...operational	1
_____	Telephone...4658...operational	1
_____	Telephone...4676...operational	1
_____	Telephone...6155...operational	1
_____	Telephone...4677...operational	1
_____	Telephone...4657...operational	1
_____	Telephone...4656...operational	1
_____	Telephone...6133...operational	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PHONE CART 1 AND 2</b>		
_____	Telephone...4203...operational	1
_____	Telephone...4204...operational	1
_____	Telephone...3355...operational	1
_____	Telephone...3387...operational	1
<b>HP CABINET #L-11 HALLWAY ACROSS FROM RM 119</b>		
_____	DAD reader	1
_____	Sunglasses (20 pr)	1 pk
_____	Plastic Booties (20 pr)	1 pk
_____	Tyvek Hoods (15 each)	1 pk
_____	Steelboots (5 pr)	1 pk
_____	Coveralls (5 pr)	3 pk
_____	Surgeon's gloves (box)	2
_____	Silver Zeolite....individual cartridge (OR-1-99-383)	20 pk
_____	Expiration Date _____	
_____	Expiration after next inventory Yes____ No____	
_____	Respirators, fullface and Iodine Canister...protective seal unbroken	2
_____	Expiration Date _____ (OR-1-99-383)	
_____	Expiration after next inventory Yes____ No____	
_____	Masking Tape (roll)	2
<b>HP CABINET #L-12 HALLWAY ACROSS FROM JANITOR'S CLOSET</b>		
_____	Decon Solution (bottle)	2
_____	Tape, electrical (roll)	2
_____	Lead pigs	2
_____	Smears (box)	2
_____	Rope, Radiation	100 ft
_____	Sample bottle 1 ltr (small mouth)	4
_____	Sample Bottle 9 ltr (large mouth)	4
_____	Petri dish (20/pk)	5
_____	Planchettes (100/pk)	1
_____	Step-off pads	5
_____	Wipe Alls (pk)	1
_____	Marinelli 1 ltr w/lids	8
_____	Marinelli 4 ltr w/lids	8
_____	Sample bottle, 30 ml. (20/pk)	1
_____	Lab paper	50 ft
_____	Signs "Caution Radiation Controlled Area"	3



# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST M

SOUTHEAST ALABAMA MEDICAL CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PROCEDURES AND DRAWINGS</b>		
Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.		
_____	EP-MORGUE-S.A.M.C.	
_____	Bags, Plastic	20
_____	Charger, Dosimeter...Battery compartment operational	1
_____	Dosimeter, Pocket (5R)...Calibration O.K.	10
_____	Dosimeter, Pocket (200 mrem)...Calibration O.K.	20
_____	Clippers, Hair	1
_____	Decon. Solution (bottle)	1
_____	Detergent Soap, package	1
_____	Drums, Waste	3
_____	Filter Paper, Package	2
_____	Charcoal Cartridge (OR-1-99-383)	10
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead pig	1
_____	Paper, Absorbent, package	1
_____	Rubber Gloves, pr	20
_____	Surgeon's gloves, pr	8
_____	Plastic shoe covers, pr	20
_____	Desk Pack	1
_____	Survey Forms (set)	1
_____	Radiation rope or barrier tape	100 ft
_____	Radiation Area signs	10
_____	Contaminated Area signs	10
_____	Radioactive Materials signs	10
_____	High Radiation Area signs	5
_____	Smears, box	1
_____	Negative Pressure Unit	1
_____	Tape, duct, roll	6
_____	TLDs...3 background/18 for use..replace annually	21
_____	Extremity TLDs, pr.....replace annually	5
_____	Rad bags	4
_____	Step-off pads	2
_____	Herculite	1
_____	Tyveks coveralls (white) case	2
_____	Sample bucket	1
_____	Sample bottle	4

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

SOUTHEAST ALABAMA MEDICAL CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Scotch Brite pads (or similar product)	10
_____	Hospital decontamination table	1
_____	20 gal. container for hospital decontamination table	4
_____	Portable hospital decontamination table	2
_____	5 gal. container for portable hospital decontamination table	4
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	2
_____	Air sampler	1

**NOTES:**

If the Charcoal cartridges expire before the next inventory, change them out at this time.

**COMMENTS**

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**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Quarterly Post Drill Emergency Use

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**CONTROL ROOM EMERGENCY FOOD SUPPLY....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Case #1 of 16 Accessary Kit	1
_____	Case #2 of 16 Miscellaneous Foods	1
_____	Case #3 of 16 Milk	1
_____	Case #4 of 16 Meat Substitutes	1
_____	Case #5 of 16 Miscellaneous Foods	1
_____	Case #6 of 16 Milk	1
_____	Case #7 of 16 Cooking Aids	1
_____	Case #8 of 16 Vegetables	1
_____	Case #9 of 16 Vegetables	1
_____	Case #10 of 16 Fruits	1
_____	Case #11 of 16 Miscellaneous Grains	1
_____	Case #12 of 16 Miscellaneous Grains	1
_____	Case #13 of 16 Miscellaneous Grains	1
_____	Case #14 of 16 Miscellaneous Grains	1
_____	Case #15 of 16 Miscellaneous Grains	1
_____	Case #16 of 16 Miscellaneous Grains	1
_____	Case #1 of 3 Starter Kits	1
_____	Case #2 of 3 Starter Kits	1
_____	Case #3 of 3 Starter Kits	1

**COMMENTS**

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**REASON FOR INSPECTION**  
 Seal Broken \_\_\_\_\_  
 Quarterly Post Drill Emergency Use \_\_\_\_\_  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

ASSEMBLY AREAS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

- \_\_\_\_\_ EP-ASSEMBLY AREA-VCA
- \_\_\_\_\_ EP-ASSEMBLY AREA-SBA
- \_\_\_\_\_ EP-ASSEMBLY AREA-FABRICATION SHOP
- \_\_\_\_\_ EP-ASSEMBLY AREA-WAREHOUSE
- \_\_\_\_\_ EP-ASSEMBLY AREA-OSB

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_

Quarterly   Post Drill   Emergency Use                      TITLE: \_\_\_\_\_

Other \_\_\_\_\_                      DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**CHEMISTRY VEHICLE...(CHEM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician.

**COMMENTS**

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**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING ENTRANCE WEST NON-RAD HALLWAY UNIT 1...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus air bottles (upper rack), pressure $\geq$ 2000 psig	48
_____	Self Contained Breathing Apparatus air bottles (lower rack), pressure $\geq$ 2000 psig	48

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION

Monthly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST R**

SERVICE BUILDING MAINTENANCE SHOP....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Applicators, cotton tufted, package	1
_____	Backboard, long	1
_____	Backboard, short	1
_____	Bags, plastic	20
_____	Blankets	4
_____	Brushes, hand	2
_____	Clippers, hair	1
_____	Decon. Solution, bottle	2
_____	Detergent Soap package	1
_____	First Aid Kit	1
_____	Cold Packs	2
_____	Pen	1
_____	Coveralls disposable	25
_____	Surgeon Gloves, pr	25
_____	Steel Shoe Covers, pr	25
_____	Plastic Shoe covers	25
_____	Hood, Tyvek	25
_____	Surgeon Cap, Tyvek	25
_____	Scissors	1
_____	Splints, Air, kit	2
_____	Splints, arm	2
_____	Smears, package	1
_____	Swabs, nasal	20
_____	Tape, masking, roll	6
_____	Tweezers	2
_____	Wristbands	10
_____	Absorbent wipes, package	1
_____	Flashlight...Battery Compartment, Operable	1
_____	Verify that the labeling is legible and correct per SHP-26 on all chemical products.	

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

SATELLITE TELEPHONE...(EP)

INITIALS      DESCRIPTION

NOTE: Steps 1, 2, 3 and 11 marked with a M are to be performed on a monthly basis. The remaining steps marked with a Q are to be performed during the first month of each quarter.

- \_\_\_\_\_ 1M.      Setup the phone by performing step 18.2 of FNP-0-EIP-8.3.
- \_\_\_\_\_ 2M.      Place a call from the satellite phone per step 18.3 of FNP-0-EIP-8.3 to any convenient telephone number to verify operability and voice quality.
- \_\_\_\_\_ 3M.      Place a call to the satellite phone (888-863-3170) from any convenient telephone to verify operability and voice quality.
- \_\_\_\_\_ 4Q.      Leave phone turned on in standby for eight hours or until a low battery indication is received.
- \_\_\_\_\_ 5Q.      Refer to satellite telephone users manual in the accessories case pages 89 to 100 for specific instructions on maintaining and charging the batteries.
- \_\_\_\_\_ 6Q.      While the installed battery is being discharged, charge the spare battery for approximately four hours using the rapid charging function of the battery charger.
- \_\_\_\_\_ 7Q.      After eight hours or a low battery indication, turn off the phone per step 18.4 of FNP-0-EIP-8.3.
- \_\_\_\_\_ 8Q.      Remove the installed battery and install the freshly charged spare battery.
- \_\_\_\_\_ 9Q.      Set up the phone by performing step 18.2 of FNP-0-EIP-8.3 and check function 51 to verify the newly installed battery is operating properly.
- \_\_\_\_\_ 10Q.      Charge the depleted battery for at least four hours but less than 24 hours using the rapid charging function of the battery charger.
- \_\_\_\_\_ 11M.      Verify that the phone is turned off per step 18.4 of FNP-0-EIP-8.3. Return the phone and accessories to the storage location in the EP office storeroom, ensuring that the batteries are stored in the proper long term storage position per the users manual illustration page 89.

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

SATELLITE TELEPHONE...(EP)

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Monthly Quarterly Post Drill Emergency Use

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

HVAC SYSTEM - EOF....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Align and operate EOF HVAC system in Outside Air Filtration Mode per FNP-0-EIP-27.0, Attachment 4, for 30 minutes	
_____	Align and operate EOF HVAC system in Isolation Mode per FNP-0-EIP-27.0, Attachment 4, for 30 minutes	
_____	Restore EOF HVAC system to Normal Mode per FNP-0-EIP-27.0, Attachment 4	

COMMENTS \_\_\_\_\_  
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**REASON FOR INSPECTION**  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE HALLWAY BY  
COUNTING ROOM.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution, (bottle)	1
_____	First Aid Kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber Gloves, pr.	3
_____	Steel boots, pr.	3
_____	Plastic Shoe Covers, pr.	3
_____	Hood, Tyvec	3
_____	Surgeons Cap, Tyvek	3
_____	Full Face Respirator	2
_____	Iodine Cannister, ..... Protective Seal Unbroken (OR-1-99-383)	2
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Radiation barrier tape or rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight...Battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

**NOTES:**

If the Iodine canisters expire before the next inventory, change them out at this time.

**COMMENTS**

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05/15/00 11:12:48

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST U**

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE HALLWAY BY  
COUNTING ROOM.....(EP)

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 100 UNIT 1 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber gloves, pr.	3
_____	Steel boots, pr	3
_____	Plastic shoe covers, pr	3
_____	Hood, Tyvek	3
_____	Surgeons Cap, Tyvek	3
_____	Full face respirator	2
_____	Iodine Cannister, Protective Seal Unbroken (OR-1-99-383)	2
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Radiation barrier, tape or tope	100 ft
_____	Scissors, pr.	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

**NOTES:**

If the Iodine canisters expire before the next inventory, change them out at this time.

**COMMENTS** \_\_\_\_\_

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05/15/00 11:12:48

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST V**

AUXILIARY BUILDING, EL. 100 UNIT 1 RAD SIDE HALLWAY....(EP)

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber Gloves, pr.	3
_____	Steel boots, pr.	3
_____	Plastic shoe covers, pr	3
_____	Hood, Tyvek	3
_____	Surgeons cap, Tyvek	3
_____	Full Face respirator	2
_____	Iodine Cannister, Protective Seal Unbroken	2
_____	Expiration Date_____	
_____	Expiration after next inventory Yes_____ No_____	
_____	Radiation Barrier Tape or Rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

**NOTES:**

If the Iodine canisters expire before the next inventory, change them out at this time.

**COMMENTS** \_\_\_\_\_

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05/15/00 11:12:48

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST W**

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE HALLWAY....(EP)

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**HOT SHUTDOWN PANELS UNIT 1....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

\_\_\_\_\_ EP-UNIT 1-HOT SHUT DOWN PANEL

**HOT SHUTDOWN PANEL CORRIDOR UNIT 1**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

**HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 1**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

**COMMENTS**

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**REASON FOR INSPECTION**

Seal Broken  
Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**HOT SHUTDOWN PANELS UNIT 2....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

\_\_\_\_\_ EP-UNIT 2-HOT SHUT DOWN PANEL

**HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 2**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

**HOT SHUTDOWN PANEL CORRIDOR UNIT 2**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

**COMMENTS**

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**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**CSC GUARD TOWER EMERGENCY CELLULAR TELEPHONE....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Verify phone can place a call on System B (334-797-4336)	
_____	Verify phone can receive a call on System B (334-797-4336)	
_____	Verify phone can place a call on System A (334-790-3381)	
_____	Verify phone can receive a call on System A (334-790-3381)	
_____	Disconnect phone from power supply with the phone on for six hours to discharge battery	
_____	Re-connect phone to power supply	

**INSTRUCTIONS FOR SWAPPING PHONE FROM A to B:**

- (1) To display the system on which the phone is operating, press "recall" and #. The number should appear. Press end/clear to clear the number.
- (2) To swap to the other system, press "recall", # and "store". The new number should appear.

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**                      **CHECKED BY:** \_\_\_\_\_  
 Quarterly Post Drill Emergency Use                      **TITLE:** \_\_\_\_\_  
 Other \_\_\_\_\_                      **DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE WEST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP	

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**

Monthly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST BB**

TECHNICAL SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PROCEDURES AND DRAWINGS</b>		
	Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.	
_____	EP-TSC-EMERGENCY DIRECTOR	
_____	EP-TSC-TECHNICAL MANAGER	
_____	EP-TSC-OPS MANAGER	
_____	EP-TSC-MAINTENANCE MANAGER	
_____	EP-TSC-HP MANAGER	
_____	EP-TSC-GPTS SUPPORT	
_____	EP-TSC-CHEM. SUPERVISOR	
_____	EP-TSC-SHIFT RADIO CHEMIST	
_____	EP-TSC-RMT CONTROLLER	
_____	EP-TSC-LICENSING ENGINEER	
_____	EP-TSC-SYSTEMS ENGINEER	
_____	EP-TSC-NRC	
_____	EP-TSC-DOCUMENT ROOM-DRAWINGS	
_____	EP-TSC-GOP-EMERGENCY DIRECTOR (obtain from B'ham DC)	
_____	EP-TSC-GOP-TECHNICAL MANAGER (obtain from B'ham DC)	
<b>COMMUNICATIONS AREA</b>		
_____	Fax Machine (Ga. Fax) (814-4665)	1
_____	Fax Machine (Al. Fax) (257-1155)	1
_____	General Emergency sign	1
_____	Site Area Emergency sign	1
_____	Alert sign	1
_____	NOUE sign	1
_____	Unit 1 sign	1
_____	Unit 2 sign	
_____	Unit 1 and 2 sign	
_____	Headsets, sound powered phone operational	2
_____	Forms book...verify forms in book per index	
_____	Desk Pack	
_____	Printer cartridge...FAX machine...FX4 (H11-6401-220)	2
_____	Printer cartridge...MIDAS, color...HP51625A	2
_____	Printer cartridge...MIDAS, B & W...HP51626A	1
_____	8 1/2 x 11 paper...packs	1
_____	Printer cartridge...MIDAS...51640 (A, C, M, Y)	8
_____	Printer cartridge...HP IV.....HP-92298A	1
		2

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**TECHNICAL SUPPORT CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>TSC KEY LOCKER</b>		
_____	ENN	1
_____	Telephone 814-4666...operable	1
_____	Telephone 250-1601...operable	1
_____	Telephone FTS 2000 ENS	1
_____	Telephone FTS 2000 HPN	1
_____	TSC Radio Cabinet key	1
_____	Emergency Director Desk key	1
_____	Technical Manager Desk key	1
_____	OPS Manager Desk key	1
_____	Maintenance Manager Desk key	1
_____	MIDAS Computer Cabinet key	1
_____	RMT Controller Desk key	1
_____	NRC Desk key	1
_____	Document Room key	1
_____	RMT Radio Cabinet key	1
_____	TSC Southern Linc ENN key	1
_____	Control Room Remote Southern Linc key	1
_____	Southern Linc Radio Cabinet	1
_____	Key set Chemistry Truck	1
_____	Key set Maintenance Vehicle #8-6206	1
_____	Key set Env. Truck	1
_____	Key set Training Center van	1
_____	Key set Visitor Center van	1
<b>TSC RADIO CABINET</b>		
_____	RMT frequency toner (Base Set)	1
_____	Security frequency toner (Base Set)	1
_____	Production frequency toner (Base Set)	1
<b>SOUTHERN LINC RADIOS</b>		
_____	TSC RMT Control...Operational Southern Linc Radio	
_____	ENN TSC...FNP Operational Southern Linc Radio	
_____	FNP ED/EDA Southern Linc Radio...Operational	
_____	GEMA Fleet Southern Linc Radio ...Operational	
_____	AEMA Fleet Southern Linc Radio ...Operational	

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**TECHNICAL SUPPORT CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>EMERGENCY DIRECTOR DESK</b>		
_____	Portable public address	1
_____	Telephone 6016...Emergency Director...operable	1
_____	Telephone 4662...Alabama Liaison...operable	1
_____	Telephone 4663...Georgia Liaison...operable	1
_____	Desk Pack	1
_____	S.R.O.O.I.R.A.P.	1
<b>TECHNICAL MANAGER DESK</b>		
_____	Telephone 6010...Operable	1
_____	Nureg - 0845	1
_____	Desk Pack	1
<b>OPS MANAGER DESK</b>		
_____	Telephone 6017...Operable	1
_____	Desk Pack	1
<b>MAINTENANCE MANAGER DESK</b>		
_____	Telephone 6018...Operable	1
_____	Desk Pack	2
<b>ADMS DESK</b>		
_____	Telephone 6011...Operable	1
_____	Desk Pack	1
<b>MIDAS COMPUTER CABINET</b>		
_____	MIDAS computer	1
_____	Calculators	2
_____	Desk Pack	1
<b>HP MANAGER DESK</b>		
_____	Telephone 6012...Operable	1
_____	Telephone FTS 2000 HPN	1
_____	10CFR parts 0-99	1
_____	Desk Pack	1
<b>RMT CONTROLLER DESK</b>		
_____	Telephone 6013...Operable	1
_____	Desk Pack	1

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>NRC DESK</b>		
_____	Telephone 4664...Operable	1
_____	Telephone FTS 2000 ENS	1
_____	Telephone FTS 2000 RSCL	1
_____	Telephone FTS 2000 PMCL	1
_____	Telephone FTS 2000 MCL	1
_____	Desk Pack	1
<b>DOCUMENT ROOM</b>		
_____	First Aid Kit	1

Visually inspect the door seals of door 453 (TSC to Control Room) and door 2480 (TSC to OSC) for deterioration or other signs of leakage such as abnormal high noise levels. A Deficiency Report will be written if problems are found.

DR# \_\_\_\_\_

\_\_\_\_\_ Door #453 TSC to Control Room

\_\_\_\_\_ Door #2480 TSC to OSC

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE FIGHTING EQUIPMENT...(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT #1 AUX BLDG. HALLWAY OUTSIDE OF HEALTH PHYSICS OFFICE</b>		
There are five lockers in which the following are distributed:		
_____	Crowbar	1
_____	Fire Axes	2
_____	Fire Rescue Suit	1
_____	Hand Lantern...battery compartment, operable	1
_____	Rope (1/2 dia.)	100' coil
_____	Coat	5
_____	Helmet	5
_____	Gloves (pr)	5
_____	Boots (pr)	5
_____	Boots, short	2 pr
_____	Trousers	2
<b>UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2 TURBINE BLDG.</b>		
This storage location has 5 lockers in which the following are distributed:		
_____	Coat	5
_____	Helmet	5
_____	Gloves (pr)	5
_____	Boots (PR)	5
_____	Hand Lantern...battery compartment, operable	1
_____	Foam cart with foam (stored adjacent to the lockers)	1
_____	Trousers	2
_____	Boots, short	2 pr
<b>SERVICE WATER STRUCTURE WEST STAIRWELL</b>		
This location has one locker containing:		
_____	Coat	1
_____	Helmet	1
_____	Gloves (pr)	1
_____	Boots (pr)	1
<b>RIVER WATER STRUCTURE - "A" TRAIN NORTH STAIRWELL</b>		
This location has one locker containing:		
_____	Coat	1
_____	Helmet	1
_____	Gloves (pr)	1
_____	Boots (pr)	1

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE FIGHTING EQUIPMENT....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>DIESEL GENERATOR BUILDING</b>		
This location has 2 lockers in which the following are distributed:		
_____	Coat	2
_____	Helmet	2
_____	Gloves (pr)	2
_____	Boots (pr)	2
_____	Foam cart with foam is stored outside Diesel Generator Room 2B	1

**NOTE:** Return checklist to Emergency Planning Technician

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**PLANT EMERGENCY VEHICLE....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Emergency sound equipment	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Dual batteries (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean, patient compartment clean, cot made up	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Trauma kit present	sat / unsat
_____	Dual fuel tanks near full	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician
- 4) Plant Emergency Vehicle to be parked near CSC when not in use, with the keys in the CSC key locker.

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**

- Weekly
- Post Drill
- Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**CHEMISTRY EYEWASH/SHOWER STATIONS...(CHEM)**

**LOCATIONS:**

See list in FNP-0-CCP-333

**INITIALS**

**DESCRIPTION**

	Verify operability of station per FNP-0-CCP-333
	Verify accessibility per FNP-0-CCP-333
	Verify equipment is in the proper location per FNP-0-CCP-333
	Verify the location is posted as an emergency location per FNP-0-CCP-333

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

**MONTHLY**

**TITLE:** \_\_\_\_\_

**Other** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**TRAINING CENTER VEHICLE.....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST GG

### FIRE BRIGADE EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>FIRE BRIGADE VAN VEHICLE</b>		
_____	CO <sub>2</sub> fire extinguishers	2
_____	Dry chemical fire extinguishers	3
_____	boots	5 pr
_____	helmet	5
_____	coats	5
_____	gloves	5 pr
_____	Boots, short	2 pr
_____	Trousers	2
_____	1 1/2" hose (100 ft. section)	1
_____	1 1/2" hose nozzle	1
_____	Pressurized water fire extinguisher	2
_____	First Aid Kit (Burn Kit)	1
<b>FIRE HOSE TRAILER (attached to Fire Brigade Van)</b>		
_____	2 1/2 inch hose (50 ft. section)	20
_____	1 1/2 inch hose (50 ft. section)	8
_____	Spanner wrench	16
_____	Hydrant wrench	12
_____	Foam Eductor	1
_____	AFFF Foam container	3
_____	Fire hose clamp	1
_____	Fire axes	5
_____	Pry bar	5
_____	2 1/2 in. nozzle	10
_____	1 1/2 in. nozzle	10
_____	2 1/2 in. to 1 1/2 in. gated wye	5
_____	2 1/2 in. 1 1/2 inch reducers	5
_____	2 1/2 in. double male	1
_____	2 1/2 in. double female	1
<b>HELIPORT CABINET</b>		
_____	Dry chemical fire extinguishers	1
_____	boots	1 pr
_____	helmet	1
_____	coats	1
_____	gloves	1 pr
_____	Pry bar	1

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE BRIGADE EQUIPMENT....(FM)**

- 1) Fire Brigade Van is to be parked near the CSC when not in use, with the keys stored in the CSC keylocker.
- 2) Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor.
- 3) Return complete checklists to the Emergency Planning Technician.

**COMMENTS**

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**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FIRE BRIGADE VAN....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Fuel tank near full	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician
- 4) Fire Brigade van is to be parked near CSC when not in use, with the keys stored in the CSC key locker.

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**  
 Weekly \_\_\_\_\_  
 Post Drill \_\_\_\_\_  
 Emergency Use \_\_\_\_\_  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

ENVIRONMENTAL VEHICLE....(ENV)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST JJ

### UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

Gang Box, Mechanical Maint. Cage, Unit 1 155' Turbine Bldg.. Obtain key QA-01 and DA3 from Ops.

#### Tool Bag

	6" Screw Starter	1
	Phillips Head Screwdriver	1
	Clutch Head Screwdriver	2
	Flatblade Screwdriver	4
	Wrench Adjustable 10"	1
	Nutdriver 5/16" Insulated	1
	Fuse Puller	1
	Channel Locks	1
	Side Cutting Pliers	1
	Diagonal Cutting Pliers	1
	Needle Nose Pliers	1
	Wire Stripper	1
	Flashlight...battery compartment, operational	5
	Electrical Tape (roll)	2
	2 AMP Control Power Fuse	5
	3 AMP Control Power Fuse	10

#### JUMPERS

	3 inch	4
	6 inch	3
	12 inch	1
	16 inch	2
	22 inch	2

#### CABLES

	100 foot	2
	125 foot	4
	200 foot	1
	220 foot	1

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>MISCELLANEOUS</b>		
_____	Emergency Switch Box with cable attached	1
_____	RHR HX AOV Airline Rig	1
_____	Power cords for battery room exhaust fans	2
_____	Nitrogen bottle tank...pressure 1000psig (located on the 155 foot in the Turbine Building)	1

**NOTES:**

Return completed checklist to the Emergency Planning Technician via the Operations Unit Supervisor.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST KK**

### UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
Gang Box, Mechanical Maint. Cage, Unit 2 155' Turbine Bldg. Obtain key QA-01 from Ops.		
Tool Bag		
_____	6" Screw Starter	1
_____	Phillips Head Screwdriver	1
_____	Clutch Head Screwdriver	2
_____	Flatblade Screwdriver	4
_____	Wrench Adjustable 10"	1
_____	Nutdriver 5/16" Insulated	1
_____	Fuse Puller	1
_____	Channel Locks	1
_____	Side Cutting Pliers	1
_____	Diagonal Cutting Pliers	1
_____	Needle Nose Pliers	1
_____	Wire Stripper	1
_____	Flashlight...Battery compartment, operational	5
_____	Electrical Tape (Roll)	2
_____	2 AMP Control Power Fuse	5
_____	3 AMP Control Power Fuse	10
JUMPERS		
_____	4 inch	4
_____	30 inch	4
_____	60 inch	4
CABLES		
_____	50 foot	1
_____	100 foot	5
_____	160 foot	1
_____	200 foot	1

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**MISCELLANEOUS**

_____	Emergency Switch Box with cable attached	1
_____	RHR HX AOV Airline Rig	1
_____	Power Cords for Battery Room Exhaust Fans	2
_____	Nitrogen bottle Tank...pressure $\geq$ 1000 psig (located on the 155 foot in the Turbine Building)	1

**NOTES:**

Return completed checklist to the Emergency Planning Technician via the Operations Unit Supervisor.

**COMMENTS**

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**REASON FOR INSPECTION**

Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**RMT VEHICLE RADIOS...(IMS/SED)**

VEHICLE OR PORTABLE	TRAINING CENTER VEHICLE	VISITOR CENTER VEHICLE	MNTNANCE VEHICLE #8-6206	ENVIRONMENT VEHICLE	CHEMISTRY VEHICLE
VEHICLE# / HAND HELD ID					
CALL #	9935	9914	9915	9966	9926
RADIO TYPE	SYNTOR XX	SYNTOR XX	SPECTRA	SYNTOR XX	SPECTRA
ID PLACARD CORRECT					
TRANSMITTER POWER					
PLANT REP. KWQ 353 RX-451.150 TX-456.150	CHAN _6 SAT _____	CHAN _6 SAT _____	CHAN _2 SAT _____	CHAN ____6 SAT _____	CHAN _2 SAT _____
PLANT DIR KWQ 353 451.150	CHAN _6 DIR SAT _____	CHAN _6 DIR SAT _____	CHAN _6 SAT _____	CHAN _6 DIR SAT _____	CHAN _6 SAT _____
SECURITY REP WSY 319 RX-451.425 TX-456.425	CHAN _15 SAT _____	CHAN _15 SAT _____	CHAN _3 SAT _____	CHAN _15 SAT _____	CHAN _3 SAT _____
SECURITY DIR WSY 319 451.425	CHAN _15 DIR SAT _____	CHAN _15 DIR SAT _____	CHAN _7 SAT _____	CHAN _15 DIR SAT _____	CHAN _7 SAT _____
RMT REP WNJZ 498 RX-462.475 TX-467.475	CHAN _2 SAT _____	CHAN _2 SAT _____	CHAN _1 SAT _____	CHAN _2 SAT _____	CHAN _1 SAT _____
RMT DIR WNJZ 498 462.475	CHAN _2 DIR SAT _____	CHAN _2 DIR SAT _____	CHAN _5 SAT _____	CHAN _2 DIR SAT _____	CHAN _5 SAT _____
MODULATION					
SENSITIVITY					

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

RMT VEHICLE RADIOS....(IMS/SED)

**NOTES:**

Initial boxes of items found satisfactory, or fill in appropriate data. Indicate deficiencies in the comments section.

Radio identification placards and radios are to match assigned call numbers.

Transmitter power, frequency, modulation and sensitivity should be verified in accordance with manufacturers specification and/or APCo procedures. Deficiencies should be reported to the Emergency Planning Coordinator and appropriate corrective action initiated.

Channel frequency assignments should comply with FNP-0-EIP-4.0.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Semi-Annual

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**VISITOR CENTER VEHICLE....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE OUTSIDE ELEVATOR...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Breathing Air bottle with regulator...pressure $\geq$ 2000 psig	1
_____	Perform visual inspection of airline hoses in drum	2

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>REASON FOR INSPECTION</b>	<b>CHECKED BY:</b> _____
Monthly Post Drill Emergency Use	<b>TITLE:</b> _____
Other _____	<b>DATE:</b> _____

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 2 RAD SIDE PASS SAMPLE AREA...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Breathing Air bottle with regulator....pressure $\geq$ 2000 psig	1
_____	Perform visual inspection of airline hoses in drum	2

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION  
 Monthly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 1  
RADSIDE....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION	CHECKED BY: _____
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 2  
RADSIDE...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**RMT RADIOS AND POWER SUPPLY...(EP)**

Check the operability of each RMT Southern Linc portable radio and the cigarette lighter of each designated RMT vehicle. The cigarette lighter operability should be checked using a RMT radio. Notify IR Customer Support for the radios that are inoperable and notify the APCO garage for vehicle cigarette lighter inoperability.

**RMT Vehicles**

<u>INITIALS</u>	<u>DESCRIPTION</u>	
_____	Training Center Van	sat/unsat
_____	Visitor Center Vehicle	sat/unsat
_____	Maintenance Vehicle #8-6206	sat/unsat
_____	Environmental Truck	sat/unsat
_____	Chemistry Truck	sat/unsat

**RMT Southern Linc Portable Radios**

_____	FNP RMT 1-1321	sat/unsat
_____	FNP RMT 2-1322	sat/unsat
_____	FNP RMT 3-1323	sat/unsat
_____	FNP RMT SPARE-1324	sat/unsat
_____	FNP VEHICLE-1325	sat/unsat

FNP RMT 1 and FNP VEHICLE are located in the fire cabinet located at lower level security. FNP RMT 2, FNP RMT 3 and FNP RMT SPARE is located in room 118 at the EOF.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FIRE TANKER TRUCK EQUIPMENT....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	1 1/2" x 50' Fire Hose	3
_____	1 1/2" x 100' Fire Hose	1
_____	2 1/2" x 50' Fire Hose	2
_____	1 1/2" Nozzle	1
_____	2 1/2" Nozzle	1
_____	1" Booster Nozzle	1
_____	1" x 100' Booster Nozzle	1
_____	2 1/2" x 1 1/2" x 1 1/2 Gated Wye	1
_____	2 1/2" x 15' Double Female Fill Hose	1
_____	2 1/2" Double Female	1
_____	Hose Clamp	1
_____	Pry Bar	1
_____	Fire Ax	1
_____	2 1/2" x 1 1/2" Reducer	1
_____	Fire Flaps	2
_____	Hydrant Wrench	2
_____	Spanner Wrench	2
_____	3/4" x 100' Life Rope	1
_____	Chock Blocks (sets)	2
_____	Fire coat	1
_____	Fire boots (pr)	1
_____	Fire helmet	1
_____	Gloves (pr)	1
_____	Foam Eductor	1
_____	Foam Can	2

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE TANK TRUCK....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>	
		<u>TRUCK</u>	<u>PUMP</u>
_____	Engine coolant, hoses and clamps	sat / unsat	sat / unsat
_____	Engine oil level	sat / unsat	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat	n/a
_____	Dents and noticeable new body damage	sat / unsat	n/a
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat	n/a
_____	All vehicle driveability lights	sat / unsat	n/a
_____	Windshield wipers and washers	sat / unsat	n/a
_____	Clutch or transmission fluid (as applicable)	sat / unsat	n/a
_____	Steering (fluid)	sat / unsat	n/a
_____	Seat belts	sat / unsat	n/a
_____	Batteries (corrosion)	sat / unsat	sat / unsat
_____	Check overall cleanliness	sat / unsat	sat / unsat
_____	Start truck and ensure air pressure alarm and brake light clears at ≈75 psig	sat / unsat	n/a
_____	Start pump and ensure air and oil alarm clears after running (note 5)	n/a	sat / unsat
_____	After engine is running, check for an unusual noises	sat / unsat	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat	n/a
_____	Fuel tanks near full	sat / unsat	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician
- 4) Fire Tank Truck to be parked on the west side of the service water road between the railroad track and bridge when not in use, with the keys in the CSC key locker.
- 5) Fire Tank Truck pump starting instructions posted at the pump controls area must be followed.

**COMMENTS** \_\_\_\_\_

**REASON FOR INSPECTION**

- Weekly
- Post Drill
- Emergency Use
- Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST UU**

**SMOKE REMOVAL EQUIPMENT.....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**UNIT 1 SMOKE REMOVAL EQUIPMENT**

**AUXILIARY BUILDING 155' ELEVATION NON-RAD WEST CORRIDOR, NEAR ELEVATOR**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**AUXILIARY BUILDING 155' ELEV. RCA NORTH CORRIDOR, NEAR DEMIN HATCHES**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**AUXILIARY BUILDING 139' ELEV. RCA-NORTH CORRIDOR, NEAR SAMPLE ROOM**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**AUXILIARY BUILDING 121' ELEV. RCA-NORTH CORRIDOR**

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST UU

### SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 1 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 100' ELEVATION RCA - NORTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 77' ELEV. RCA, IN STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>UNIT 2 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 155' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 155' ELEV. RCA-NORTH CORRIDOR, NEAR DEMIN HATCHES</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>RCA - SOUTH CORRIDOR, NEAR SAMPLE ROOM</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST UU

### SMOKE REMOVAL EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 2 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 121' ELEVATION RCA - SOUTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 100' ELEV. RCA - SOUTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 83' ELEV. RCA ROOM 2110</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>UNIT 1 &amp; 2 SHARED SMOKE REMOVAL EQUIPMENT</b>		
<b>DIESEL BUILDING FOYER, OUTSIDE 2B GENERATOR ROOM</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**SMOKE REMOVAL EQUIPMENT.....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 1 AND 2 SHARED SMOKE REMOVAL EQUIPMENT</b>		
<b>SERVICE WATER INTAKE STRUCTURE - EAST STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>RIVER WATER INTAKE STRUCTURE SOUTH STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>UTILITY BUILDING WEST END</b>		
_____	Gasoline blowers	4

**NOTES:**

Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor  
Return complete checklist to the Emergency Planning Technician

**COMMENTS**

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**REASON FOR INSPECTION**  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES AND DRAWINGS ROOM 114

Obtain the following Document Control procedure and drawing inventory sheets.. Each listed position has a file storage box located in room 114 that contains a desk pack and the procedures that are particular to that position. Verify procedures per the DC inventory and that the desk pack and other equipment listed for that position are adequate.

- \_\_\_\_\_ EP-ALT EOF-RECOVERY MANAGER(Emergency Plan in Misc. Cabinet)
- \_\_\_\_\_ EP- ALT EOF-REC. MGR. ASSISTANT
- \_\_\_\_\_ EP- ALT EOF-ENV. SUPERVISOR(Tech Specifications in Misc. Cabinet)
- \_\_\_\_\_ EP- ALT EOF-REACTOR ENGINEER
- \_\_\_\_\_ EP- ALT EOF-COMP SERV SUPPORT
- \_\_\_\_\_ EP- ALT EOF-QC SUPPORT(Fax instruction book)
- \_\_\_\_\_ EP- ALT EOF-DAD
- \_\_\_\_\_ EP- ALT EOF-ACCESS CONTROL(badging Supplies)
- \_\_\_\_\_ EP- ALT EOF-PI STAFF
- \_\_\_\_\_ EP- ALT EOF-STATUS BD KEEPER
- \_\_\_\_\_ EP- ALT EOF-RMT CONTROLLER
- \_\_\_\_\_ EP-ALT EOF-STORAGE CABINET-DRAWINGS (in drawing cabinet no desk pack)
- \_\_\_\_\_ EP-ALT EOF-GOP-RECOVERY MANAGER (Located in Misc. Cabinet)
- \_\_\_\_\_ EP-ALT EOF-GOP-REC. MGR.-ASSIST. (Located in Misc. Cabinet)
- \_\_\_\_\_ NRC (no procedures)

HEADLAND OFFICE KEY OPERABILITY

\_\_\_\_\_ Obtain key from EOF Key Locker (Room 118) and verify operability

COMMUNICATIONS CABINET ROOM 112

Each time this checklist is performed, verify that the phones and radio listed below are actually in the cabinet.

\_\_\_\_\_ In the fourth quarter, check the operation of the phones and radio listed below. This requirement will be met if the Alternate EOF is setup and used for a drill exercise or tabletop at any other time during the year. Indicate the activity type and date. Activity type \_\_\_\_\_ DATE \_\_\_\_\_  
(10CFR50 App. E section IV, E, 9)

COMMUNICATIONS CABINET, ROOM. 112

- |                                |   |
|--------------------------------|---|
| _____ Telephone.....8-276-6185 | 1 |
| _____ Telephone.....8-276-6186 | 1 |
| _____ Telephone.....8-276-6188 | 1 |
| _____ Telephone.....8-286-4750 | 1 |
| _____ Telephone.....8-286-4752 | 1 |
| _____ Telephone....8-286-4753  | 1 |
| _____ Telephone.....8-286-4754 | 1 |
| _____ Telephone.....8-286-4755 | 1 |
| _____ Telephone.....8-286-4756 | 1 |

## EMERGENCY EQUIPMENT AND SUPPLIES

## ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Telephone.....8-286-4757	1
_____	Telephone.....8-286-4758	1
_____	Telephone.....8-286-4759	1
_____	Telephone.....8-286-4760	1
_____	Telephone.....8-286-4761	1
_____	Telephone.....8-286-4763	1
_____	ENN (Operability is checked the first Tuesday of each month.)	1
_____	RMT 2-way radio base station	1

## ROOM 119 AND PI SUPPORT AREA

_____	Verify with office staff that the computer equipment necessary to send out press releases is operable	NA
_____	Verify with office staff that the fax machine is operable in its present location	NA

## MIDAS COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	printer cartridges	2
_____	Tone alert Radio	1
_____	extension cord	1

## EIP 29/30 COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	printer cartridges	2
_____	Tone alert Radio	1
_____	extension cord	1

## ADMS COMPUTER CABINET

_____	Computer	1
_____	Monitor (may be integral with computer)	1
_____	Keyboard	1
_____	Mouse (NA for HP1000)	1
_____	Printer	1
_____	Paper	1 ream/equiv.
_____	printer cartridges	2

## EMERGENCY EQUIPMENT AND SUPPLIES

## ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	extension cord	1
<b>ROOM 114 ALTERNATE EOF EQUIPMENT STORAGE ROOM</b>		
_____	Aperture Card Reader (printer not maintained operational)	1
<u>Drawing Cabinet</u>	A File storage box with misc. extra phone equipment and extra paper are located in this cabinet but are not inventoried	
_____	Aperture Cards per DC inventory obtained above	1 file box
_____	PCN files	2 file boxes
<u>Miscellaneous Cabinet</u>		
_____	State of Alabama Emergency Plan	1
_____	State of Georgia Emergency Plan	1
_____	State of Florida Emergency Plan	1
_____	FNP Emergency Plan (Site, reference RM Doc Cont. Inventory)	1
_____	FNP Emergency Plan (Medical, reference RM Doc Cont. Inventory)	1
_____	GO EIPs (reference RM and RMA GO Doc Cont. Inventories)	2 sets
_____	Unit 1 Technical Specifications (reference Env Sup Doc Cont. Inventory)	1
_____	Unit 2 Technical Specifications (reference Env Sup Doc Cont. Inventory)	1
_____	Title 10 Code of Federal Regulations parts 0-99	1
_____	SROO IRAP-3	1
_____	NRC Region II Supp. to NUREG 0845	1
_____	Form Books per book inventory (verify correct Revisions)	2
_____	File storage box (Misc. extra office supplies and consumables)	1 box
_____	File storage box (First aid kit and misc. extra power strips, extension cords flashlights, telephone extension cords)	1 box
_____	Miscellaneous in boxes and name plates	NA
_____	Dothan telephone directory	1
_____	Wiregrass telephone directory	1
_____	Birmingham telephone directory (white and yellow pages)	1
_____	form feed paper	>1/2 box
_____	8 1/2 x 11 paper	>1/2 box

## ROOM 114, PHONE WIRED TABLES

The tables listed below have been pre-wired for use with the phones in the Alternate EOF, verify that the tables are available and the phone connections are intact.

_____	RM table labeled with 6186, 4759, 4760, 4761 and 4762
_____	folding table labeled with 4750 and 6185
_____	folding table labeled with 4752 and 6188
_____	folding table labeled with 4755
_____	folding table labeled with 4754 and 4756
_____	folding table labeled with 4757
_____	folding table labeled with FAX 4993 and 4758

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Quarterly Post Drill Emergency Use

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

Maintenance Vehicle #8-6206 (MM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Technician.

**COMMENTS**

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\_\_\_\_\_

**REASON FOR INSPECTION**

Monthly

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FIRE FIGHTING EQUIPMENT SCBA's (EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT CABINET**

<u>          </u>	Self Contained Breathing Apparatus	2
<u>          </u>	Verify that each SCBA unit is operational per step 10 of the EIP.	

**UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2  
TURBINE BUILDING**

<u>          </u>	Self Contained Breathing Apparatus	5
<u>          </u>	Verify that each SCBA unit is operational per step 10 of the EIP.	

**DIESEL GENERATOR BUILDING**

<u>          </u>	Self Contained Breathing Apparatus	3
<u>          </u>	Verify that each SCBA unit is operational per step 10 of the EIP.	

**FIRE BRIGADE VAN VEHICLE**

<u>          </u>	Self Contained Breathing Apparatus	5
<u>          </u>	Verify that each SCBA unit is operational per step 10 of the EIP.	
<u>          </u>	Self Contained Breathing Apparatus air bottles..pressure ≥2000 psig	3
<u>          </u>	Respirators for SCBA use (small)	2

**CONTROL ROOM**

<u>          </u>	Self Contained Breathing Apparatus	8
<u>          </u>	Verify that each SCBA unit is operational per step 10 of the EIP.	
<u>          </u>	SCBA Voice amplifier...Operation...Battery Compartment Operational	8

           Fully inspect the respirators for SCBA's during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag and seal the bag. 10CFR20 and Reg. Guide 8.15 for Respiratory Protection.

**COMMENTS** \_\_\_\_\_  
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**REASON FOR INSPECTION** \_\_\_\_\_ **CHECKED BY:** \_\_\_\_\_

Monthly Post Drill Emergency Use **TITLE:** \_\_\_\_\_

Other \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

MISCELLANEOUS PROCEDURES....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

- \_\_\_\_\_ EP-MET TOWER
- \_\_\_\_\_ EP-EOF--EMER. PLANNING OFFICE
- \_\_\_\_\_ EP-OFFICE-GOP-E.P. OFFICE

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION  
ANNUAL

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**MATERIAL DEPARTMENT EYEWASH/SHOWER STATIONS...(STR)**

**LOCATIONS:**

- Main Warehouse B Side North End
- Main Warehouse B Side South End
- Main Warehouse A Side by Double Doors
- Oil Storage Building at Entrance

**INITIALS**

**DESCRIPTION**

- |       |  |
|-------|--|
| _____ | Verify operability of the above equipment per FNP-0-CCP-333              |
| _____ | Verify accessibility per FNP-0-CCP-333                                   |
| _____ | Verify equipment is in the proper location per FNP-0-CCP-333             |
| _____ | Verify the location is posted as an emergency location per FNP-0-CCP-333 |

**COMMENTS** \_\_\_\_\_

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**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

**MONTHLY**

**TITLE:** \_\_\_\_\_

**Other** \_\_\_\_\_

**DATE:** \_\_\_\_\_