

50-354

Document Transmittal Form

To: NRC WASHINGTON
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

ID: EPIP059

Date: 20000612

Please update your controlled set of documents with the following list of documents:

Document ID	Revision	Status	Quantity	Format	RecNo
PRC EPIP 1015 000	6	V	1	H	70799
PRC EPIP 1016 000	7	A	1	H	70780
PRC EPIP-TOC-ADMIN 000	86	A	1	H	70761
PRC NC.EP-AP.ZZ-1015 000	0	A	1	H	70818

This acknowledgement receipt must be returned within 5 working days to:

Document Management:
PSEG Nuclear
BOX 236
Hancocks's Bridge, NJ 08038

MC N04

Your signature below verifies that:

(1) the above documents have been filed and superseded documents have been removed and destroyed or clearly marked as obsolete.

(2) the mailing address and copy holder information are correct or corrections have been identified on this transmittal.

Place checkmark here to remove from controlled distribution

Signature: _____

Date: _____

NRR 037

A075

NUCLEAR BUSINESS UNIT
EMERGENCY PLAN IMPLEMENTING PROCEDURES

June 12, 2000
CHANGE PAGES FOR
REVISION #86

PSE&G
CONTROL
COPY # EPIP059

The Table of Contents forms a general guide to the current revision of each section of the Administrative EPIPs. The changes that are made in this TOC Revision #86 are shown below. Please check that your revision packet is complete and remove the outdated material listed below:

ADD			REMOVE		
Page	Description	Rev.	Page	Description	Rev.
All	TOC	86	All	TOC	85
All	EPIP 1016	7	All	EPIP 1016	6
All	EPIP 1015	6	All	EPIP 1015	5
All	NC.EP-AP.ZZ-1015	0			

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

PSE&G
 CONTROL

COPY # EPIP059

EMERGENCY PREPAREDNESS ADMINISTRATIVE PROCEDURES

PLAN, EPIP, ECG ADMINISTRATION:	<u>Revision Number</u>	<u>Number Pages</u>	<u>Effective Date</u>
EPIP 1001 Revision and Development of PLAN/EIPs/ECG.....	2	12	02/02/96
EPIP 1002 Distribution of PLANS/EIPs/ECG...	2	4	05/01/98
EPIP 1003 Review and Approval of PLAN/EIPs/ECG.....	11	12	05/10/96
EPIP 1004 Format of PLAN/EIPs/ECG.....	4	12	02/02/96
EPIP 1005 Emergency Preparedness Deficiency/Revision Tracking.....	4	3	05/01/98
FACILITIES AND EQUIPMENT:			
EPIP 1006 Emergency Equipment Inventory (Radiation Protection).....	22	D	05/12/00
NC.EP-AP.ZZ-1006 Emergency Equipment Inventory (Radiation Protection)..	0	64	05/12/00
EPIP 1007 EOF/ENC Supply & Locker Inventory.....	17	12	04/25/97
EPIP 1008 Emergency Communications Drills.....	17	33	05/31/00
EPIP 1009 Emergency Response Callout Test Procedure.....	11	5	02/27/98
EPIP 1010 ERF Status Boards.....	6	52	10/25/96
TRAINING:			
EPIP 1011 Maintenance of Emergency Response Organization.....	14	17	11/16/99
EPIP 1012 Preparation, Conduct, and Evaluation of Emergency Preparedness Annual Exercises.....	6	27	12/18/98
EPIP 1013 Emergency Response Personnel Telephone List.....	45	D	06/23/99
EPIP 1014 Emergency Preparedness Classroom Training Administration.....	2	D	06/23/99
NC.EP-AP.ZZ-1014 Emergency Preparedness Classroom Training Administration..	0	15	06/23/99

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

EPIP 1015	PC Dose Assessment Software Control.....	6	D	06/12/00
NC.EP-AP.ZZ-1015	PC Dose Assessment Software Control	0	6	06/12/00

EMERGENCY SUPPORT EQUIPMENT:

EPIP 1016	Test Procedures for EOF Backup Generator, Vent System and HVAC Filter Replacement.....	7	46	06/12/00
-----------	--	---	----	----------

NUCLEAR BUSINESS UNIT EMERGENCY PLAN
ADMINISTRATIVE PROCEDURE

PC DOSE ASSESSMENT SOFTWARE CONTROL
EPIP 1015

PSE&G
CONTROL
COPY # EPIP059

SIGNATURE PAGE

This procedure has been superceded by NC.EP-AP.ZZ-1015(Z) Rev 0

Prepared By: Mark J. Azzaro (Rev 5) 6/05/00
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: N/A
Station Qualified Reviewer Date

Reviewed By: N/A
Department Manager Date

Reviewed By: *R. Reece* (R. Reece) / *D. Miller* 06/05/2000
Manager EP & IT Date

Reviewed By: N/A
Manager - Quality Assesment
(If Applicable) Date

SORC Review and Station Approvals

N/A
Mtg. No. Salem
Chairman
Date

N/A
Mtg. No. Hope Creek
Chairman
Date

N/A
Vice President - Operations
Date

Effective Date of this Revision is 6/12/2000
Date

PC DOSE ASSESSMENT SOFTWARE CONTROL

COPY # EPIP059

USE CATEGORY: II

REVISION SUMMARY:

1. This procedure is a reformat of "Emergency Plan Implementing Procedure (EPIP) 1015, PC Dose Assessment Software Control, Rev. 05, into the NC.NA-AP.ZZ-0001(Q) Nuclear Procedure System, structure. Revision bars were not used due to the extent of the reformatting.
2. This revision satisfies the requirement for a biennial review.

IMPLEMENTATION REQUIREMENTS

Issued for use.

APPROVED: *Russell Miller* D. MILLER 06/05/200
 Manager - EP & IT Date

APPROVED: N/A N/A
 Vice President - Operations Date

EMERGENCY PREPAREDNESS INVENTORY RADIATION PROTECTION

TABLE OF CONTENTS

<u>Section</u>	<u>Title</u>	<u>Page</u>
1.0	PURPOSE	2
2.0	PREREQUISITES.....	2
3.0	PRECAUTIONS AND LIMITATIONS.....	2
3.1	Individuals Who Will Implement This Procedure.....	2
3.2	Expectation for all ERO Members	2
4.0	EQUIPMENT REQUIRED	2
5.0	PROCEDURE.....	2
5.1	The Technical Analyst Should Perform The Following	2
5.2	The Technical Specialist Or Designee Should Perform The Following	4
6.0	RECORDS.....	4
7.0	REFERENCES	4
ATTACHMENTS		
Attachment- 1	PC MIDAS Hard Disk Drive Locations	5
Attachment - 2	Changes To Privileged Edits	6

1.0 PURPOSE

To provide instructions concerning the methodology that needs to be followed to perform any revisions to the PC MIDAS software.

2.0 PREREQUISITES

Prerequisites To Be Followed Prior To Implementing This Procedure:

Implement this procedure:

- If requested by the Technical Specialist, or designee, prior to implementing new MIDAS software.

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 All new PC MIDAS software should be loaded and tested on a computer set up for this purpose.
- 3.2 All documentation concerning the design, development, configurational control, validation and verification of the PC MIDAS dose assessment program is the responsibility of PLG (the vendor who developed the software). This procedure provides the means to perform limited testing (black box testing). Any problems encountered during the testing phase should be corrected by the vendor, under the direction of personnel from PSEG Emergency Preparedness staff.

4.0 EQUIPMENT REQUIRED

- Previous test plans and results.
- A MIDAS Computer setup for testing purposes.

5.0 PROCEDURE**5.1 The Technical Analyst Should Perform The Following:**

- 5.1.1 MAINTAIN configuration control in all aspects of the PC MIDAS Dose Assessment software, changes to the privileged edits, or the hardware used to run the program.
- 5.1.2 ESTABLISH the objectives of the new revision to the PC MIDAS software or the privileged edits.
- 5.1.3 SUBMIT objectives or changes to the privileged edits to the EP Technical Specialist.
- 5.1.4 ESTABLISH a Software Revision or Privileged Edit Test Package, which should include the following, at a minimum:
 - A written description of the proposed revision to the MIDAS software and why it should be revised.
 - What portions of the baseline computer inputs should be used from the initial QA DATA Set to develop a QA Data Set for this specific revision.

- What portions of the baseline computer printouts should be used from the initial QA DATA Set to develop a QA Data Set for this specific revision.
 - Any hand calculations that should be part of the QA Data Set for this specific revision.
 - Any additional inputs and MIDAS generated printouts needed to perform more in-depth testing of the proposed revision.
 - A summary of any parameters that are expected to change and why.
 - Fill out Attachment 2 (for privileged edits only).
- 5.1.5 **SUBMIT** the Software Revision or Privileged Edit Test Package to the EP Technical Specialist or designee.
- 5.1.6 **IF** the EP Technical Specialist or designee approves the Test Package, **THEN IMPLEMENT** the Test Package.
- 5.1.7 **IF** the EP Technical Specialist or designee does not approve the Test Package, **THEN** return to step 5.1.4 and make necessary revisions to the Test Package.
- 5.1.8 **PREPARE** a Summary Report from the results of the Test Package.
- 5.1.9 **SUBMIT** the Summary Report to the EP Technical Specialist or designee for approval or disposition.

NOTE

Procedure(s) should be revised, as appropriate, prior to implementing the new MIDAS software.

- 5.1.10 **IF** the Summary Report is approved, **THEN LOAD** the new MIDAS software, or revise privilege edits in accordance with Attachment 2. (Refer to Attachment 1 for the location of the MIDAS Computers).
- 5.1.11 **RUN** a test on the new software using a sampling of inputs from this revision's QA Data Set.
- 5.1.12 **IF** the test run(s) do not printout expected results after two attempts, **THEN NOTIFY** EP Technical Specialist for guidance.
- 5.1.13 **IF** the test run(s) printout expected results, **THEN PREPARE** a CD of the new MIDAS software.
- 5.1.14 **DESTROY** or write over old MIDAS Software CD.

5.2 The Technical Specialist Should Perform The Following:

- 5.2.1 REVIEW, comment, and approve the proposed revision to the software or privileged edits to the MIDAS program.
- 5.2.2 REVIEW comment, and approve the proposed Software or Privileged Edits test package to the MIDAS program.
- 5.2.3 REVIEW comment, and approve the completed Software or Privileged Edits test package to the MIDAS program.
- 5.2.4 REVIEW comment, and approve the implementation schedule for the Software or Privileged Edits test package to the MIDAS program.
- 5.2.5 PROVIDE necessary guidance to help resolve problems that occurred during the testing process.
- 5.2.6 PROVIDE final approval of the new software and/or privileged edits revision.

6.0 RECORDS

All appropriate attachments, test packages, and paperwork should be kept in accordance with the PSEG Nuclear Records Management.

7.0 REFERENCES

7.1 References

- 7.1.1 NUREG 0654
- 7.1.2 NC.NA-AP.ZZ-0064 (Q)
- 7.1.3 Technical Basis Manual For MIDAS Accident Dose Assessment System

7.2 Cross References

PSEG Nuclear Emergency Plan

ATTACHMENT 1

PC MIDAS HARD DISK DRIVE LOCATIONS

Page 1 of 1

1.0 SALEM HARD DISK DRIVE LOCATIONS

- Control Room Communicator Area
- Technical Support Center (TSC) (located in the radiological assessment area).

2.0 HOPE CREEK HARD DISK LOCATIONS

- Control Point
- TSC (located in the radiological assessment area).

3.0 NUCLEAR TRAINING CENTER

- Emergency Operations Facility (EOF) (Located in the radiological assessment area of the EOF).

4.0 NUCLEAR ADMINISTRATION BUILDING

- Emergency Preparedness Scenario Development Room

ATTACHMENT 2

CHANGES TO PRIVILEGED EDITS

Page 1 of 1

The Following Privileged Edit(s) Were Changed In PC MIDAS:

UNIT _____

Type Of Edit:

Description Of Edit:

Specific Edit Revised:

Edits Entered By: _____ / _____ Date: _____
(Print) (Signature)

PSE&G PSEG NUCLEAR

EPIP 1016 - REV. 7

Test Procedure for EOF Back Up Generator, Ventilation System & Filter Replacement

SPONSOR ORGANIZATION: Emergency Preparedness

REVISION SUMMARY:

1. Attachment 10 was added to provide a method for increasing flow rates to within acceptable ranges for testing when the EOF is unmanned and not under expected heat load. The attachment also provides for system set point restoration upon completion of testing.

Flow rates are increased in the facility by temporarily lowering the set points of all eight (8) VAV Boxes by two (2) degrees. This simulates a cooling demand (in response to heat load) that would be expected if the EOF was manned with equipment running and lights turned on. As the demand for cooling is sensed, the flow rate increases. This occurs automatically when the EOF is manned for emergencies.
2. Revised the Prerequisites sections of Attachments 5, 7, 8, and 9 to reflect the need to implement Attachment 10 prior to conducting the particular tests associated with those specific attachments.
3. Revised Attachment 3, Post-Testing Checklist to re-enforce the need to retest the system after repairs are completed and to ensure flow rate set points have been restored to original settings. Also, removed "Upper=/Lower=" from the DOP test summary results since upper and lower banks are tested uniformly.
4. Attachment 8 now includes successful performance of Attachment 7, Air Flow Capacity Test, as a prerequisite.
5. Step 5.1.5 - added adjacent port as an optional injection point.
6. The procedure was also enhanced to include correction of several minor typos and rewording in several areas for better clarification useability.
7. Deleted table from Attachment 6a and provided for narrative comments only. Table added no value to the procedure and was determined to be unnecessary.

IMPLEMENTATION REQUIREMENTS:Effective Date: 6/12/00

APPROVED: (See last page for signatures)

**PSEG NUCLEAR EMERGENCY PLAN
ADMINISTRATIVE PROCEDURE**

**TEST PROCEDURES FOR EOF BACKUP GENERATOR,
VENTILATION SYSTEM, AND HVAC FILTER REPLACEMENT
EPIP 1016**

1. Action Level

Required testing per Emergency Preparedness work activity tracking system.

2. Individuals Who Will Implement This Procedure:

Manager EP & IT (or Designee)
Administrator - NTC Building Maintenance (or Designee)
Designated Test Representative(s)
Technical Analyst - EP Facilities

3. Action Statements

THE DESIGNATED TEST REPRESENTATIVE SHALL:

3.1 When directed, record the date and EP work activity number:

Date: _____ EP Work Activity #:

3.2 Refer to Table 1 and select the appropriate attachment for the required equipment test.

3.3 Review all test results ensuring all problems or deficiencies are corrected and documented using the appropriate corrective action log.

3.4 Forward all completed forms and copies of repair requests to Emergency Preparedness; mail code N37.

4. References

1. PSEG Nuclear Emergency Plan, Section 9, Facilities
2. EP File 5.3.1.1, EOF HVAC System
3. EP File 5.3.1.2, EOF Generator

5. Attachments

1. Operational test of the Emergency Generator and Diesel Engine UNDER NO-LOAD conditions.
 - 1a. Monthly Emergency Generator Test Log.
2. Operational test of the Emergency Generator and Diesel Engine UNDER LOAD conditions.
 - 2a. Annual Emergency Generator Test Log.
3. EOF HVAC Test Results Summary Sheet
4. Visual Inspection
 - 4a. Visual Checklist
5. Operational test of the EOF Emergency Ventilation System.
 - 5a. Ventilation System Test Data Sheet.
6. Replacement of the Filters in the Emergency Ventilation System for the EOF.
 - 6a. Filter Replacement Data Sheet.
7. Air Flow Capacity
 - 7a. Air Flow Capacity Data Sheet
8. HEPA Filter DOP Test
 - 8a. HEPA Filter DOP Test Data Sheet
9. Positive Pressure Test
 - 9a. Positive Pressure Test Data Sheet
10. Compensatory Flow Rate Set Point Adjustment and Restoration
NON-HEAT LOADED EOF HVAC TESTING

6. Signature Page

**TABLE 1
EMERGENCY SUPPORT EQUIPMENT TESTS**

TEST TITLE	FREQUENCY	ATTACHMENT
1. Engine and Generator Test - (EOF) (Under No-Load)	Monthly	1
2. Generator and Automatic Power Switch Test - (EOF) (Under Load)	Annually	2
3. EOF HVAC Test Result Summary Sheet	Per Inspection Order	3
4. Visual Inspection	Per Inspection Order	4
5. Operational Test of the Emergency Ventilation System. (EOF)	Annually	5
6. Filter Replacement for the Emergency Ventilation System. (EOF)	Annually	6
7. Air Flow Capacity	Per Inspection Order	7
8. HEPA Filter DOP Test for EOF Emergency Ventilation System	Per Inspection Order	8
9. Positive Pressure Test	Per Inspection Order	9
10. Compensatory Flow Rate Set Point Adjustment and Restoration (Non-Heat Loaded EOF HVAC Testing)	Prior to Implementing Attachments 7, 8, or 9 (EOF Unmanned/Idle)	10

**ATTACHMENT 1
OPERATIONAL TEST OF THE EMERGENCY GENERATOR AND
DIESEL ENGINE UNDER NO-LOAD**

1.0 PURPOSE:

To test and document operation of the emergency generator for the Emergency Operations Facility (EOF) under NO-LOAD conditions.

2.0 PREREQUISITES:

- 2.1 Key (CH-751) for the Generator Access Panels is kept in Building Maintenance Office.
- 2.2 Prior to performing any generator maintenance, place the Manual Control Switch in the STOP position - (center). Verify "switch off" light begins flashing.

3.0 PRECAUTIONS AND LIMITATIONS:

- 3.1 Check for any leaks or abnormal conditions around the generator perimeter prior to starting the test.

4.0 EQUIPMENT REQUIRED:

- 4.1 Ensure the Emergency Generator Inspection Order and this procedure are in hand for the test.
- 4.2 Ensure the Emergency Generator Maintenance/Run Time-Hours Logbook is within the generator panel.

5.0 PROCEDURE:

NOTE

This NO-LOAD test is not required to be performed if an UNDER LOAD run has been performed per Attachment 2 in the same calendar month.

- 5.1 Pre-Operational Lineup and Checks -

INITIALS: The Designated Test Representative Shall:

- 5.1.1 Perform alarm panel lamp test - SAT criteria is all lamps light; Replace bulbs as necessary.

INITIALS:

- _____ 5.1.2 Locate the Manual Control Switch (Run/ Stop/ Remote) on the generator control panel of the generator. Place the switch in the STOP (center) position to prevent startup of the Engine should commercial power be lost during the pre-operational checks.
- _____ 5.1.3 Position/Verify the Exciter Breaker located in the generator enclosure is in the ON (UP) position.
- _____ 5.1.4 Verify Block Heater operation; observe Low Coolant Temperature Light is not lit and that upper portion of engine block is "warm to the touch".
- _____ 5.1.5 Check the following and record results on the Monthly Generator Test Log - (Attachment 1a). Fill in accordance with (IAW) Test Log guide.
- _____ Fuel level - Sat criteria is $\geq 3/4$; Refuel if Unsat
 - _____ Coolant level - Sat criteria is $>$ one inch (1") above the core; Fill to that level if Unsat
 - _____ Engine Oil level - Sat criteria is Level indicated on dipstick is between Full Range Arrows; fill if Unsat
 - _____ Condition of Batteries - visually check condition of the batteries; Sat criteria is no visible battery terminal post corrosion; Clean if Unsat

NOTE

Batteries are maintenance free and water caps should not be removed for inspection. If there is evidence of malfunction, batteries may need replacing or under/over charge condition exists.

- _____ 5.1.6 Enter the starting run hours displayed on the hour meter into the Monthly Emergency Generator Test Log; Attachment 1a. Also, verify engine exercise time (run-time hours log book).
- 5.2 Engine Startup:
- _____ 5.2.1 Start the engine by placing the Manual Control Switch to the RUN (up) position; observe engine startup and allow to run for thirty (30) minutes.

INITIALS:

5.2.2 After engine has warmed to approximately 180 Deg. F, record coolant temperature and oil pressure on the Emergency Generator Test Log; Attachment 1a and note any out of range values (parameters indicated on log).

5.3 Engine Shutdown:

_____ 5.3.1 Turn the engine off by placing the Manual Control Switch to the STOP (center) position.

_____ 5.3.2 Observe normal shutdown of engine.

5.4 Emergency Generator Restoration:

_____ 5.4.1 Place the Manual Control Switch to the REMOTE (down) position.

_____ 5.4.2 Verify that the Exciter Breaker is left in the ON (UP) position.

_____ 5.4.3 Enter the ending run hours displayed on the hour meter into the Emergency Generator Maintenance/Run-Time Hours Logbook and attached Monthly Emergency Generator Test Log.

_____ 5.4.4 Total the run hours; verify ≥ 30 minutes.

_____ 5.4.5 Note comments on the Monthly Emergency Generator Test Log (Attachment 1a.)

_____ 5.4.6 Secure Generator Access Panels before leaving area and return key to Building Maintenance Office.

5.5 Reporting:

_____ 5.5.1 Report any abnormal conditions to the Emergency Preparedness Group and make service requests to the Administrator - Nuclear Training.

_____ 5.5.2 Determine whether generator passed or failed test and note result on Attachment 1a, Monthly Emergency Generator Test Log by circling appropriate PASS or FAIL.

_____ 5.5.3 Forward all completed forms and repair request copies to the Emergency Preparedness Facilities Technical Analyst; MC N37.

6.0 Attachments

6.1 Attachment 1a, Monthly Emergency Generator Test Log.

**ATTACHMENT 1a
MONTHLY EMERGENCY GENERATOR TEST LOG**

PRE-OPERATIONAL CHECKS -				
LEVELS AND CHECKS	ALARM PANEL LAMP TEST - (STEP 5.1.1)	SAT	UNSAT	COMMENTS/ACTIONS:
	ENGINE BLOCK HEATER - (STEP 5.1.4)	SAT	UNSAT	COMMENTS/ACTIONS:
	FUEL - (STEP 5.1.5)	SAT	UNSAT	COMMENTS/ACTIONS:
	COOLANT - (STEP 5.1.5)	SAT	UNSAT	COMMENTS/ACTIONS:
	OIL (STEP 5.1.5)	SAT	UNSAT	COMMENTS/ACTIONS:
	BATTERIES - VISUAL CHECK (STEP 5.1.5)	SAT	UNSAT	COMMENTS/ACTIONS:

INSERVICE CHECKS -

DEG. F	COOLANT TEMPERATURE	ACCEPTANCE RANGE = 158 – 204 (ALARM 205 / SHUTDOWN 215)
PSI	OIL PRESSURE	ACCEPTANCE RANGE = 30 – 80 (ALARM 17 / SHUTDOWN 14)
		READING _____ SAT or UNSAT (circle)
		READING _____ SAT or UNSAT (circle)
ENDING HOURMETER: _____ HRS.	ADDITIONAL COMMENTS/ACTIONS:	
STARTING HOURMETER: _____ HRS.	_____	
TOTAL RUNTIME = _____ HRS.	(MINIMUM RUNTIME IS 30 MINUTES)	

**NOTE: Fill All Levels in accordance with Manufacturer Specifications
Monthly Test - Pass / Fail / Not Required (circle one)**

Test Performed By: _____
Name (Print/Signature)

Test Reviewed By: _____
Name (Print/Signature)

Test Date: _____
Date

Review Date: _____
Date

**ATTACHMENT 2
OPERATIONAL TEST OF THE EMERGENCY GENERATOR AND
DIESEL ENGINE UNDER LOAD CONDITIONS**

1.0 PURPOSE:

To test and document the operations of the emergency generator and the emergency automatic transfer switch for the Emergency Operations Facility (EOF).

2.0 PREREQUISITES:

- 2.1 This test should be conducted during off-hours so as not to interfere with normal activities of the Nuclear Training Center (NTC).
- 2.2 Advise Salem and Hope Creek Simulator Training Staff of the test prior to starting. Performance of this test is not recommended when the Simulator is being used.

3.0 PRECAUTIONS AND LIMITATIONS:

- 3.1 Check for any leaks or abnormal conditions around the generator perimeter prior to starting the test.
- 3.2 Prior to performing any Generator Maintenance, place the Manual Control Switch in the STOP position - (center). Verify "switch off" light begins flashing.

4.0 EQUIPMENT REQUIRED:

- 4.1 Key (CH-751) for the Generator Access Panels and the key for the Electrical Room are kept in the Building Maintenance Office.
- 4.2 Ensure this procedure is in hand for the test.
- 4.3 Ensure the Emergency Generator Maintenance/Run Time-Hours Logbook is within the generator panel.
- 4.4 Obtain a stop-watch or wrist watch with a second hand for timing Engine Start/Transfer Switch loading.

5.0 PROCEDURE:

NOTE

The monthly **NO-LOAD** test is not required to be performed during the calendar month that the **UNDER LOAD** run is performed per this attachment.

INITIALS:

5.1 Pre-operational lineup and checks -

The Designated Test Representative Shall:

_____ 5.1.1 Perform alarm panel lamp test - Sat criteria is all lamps light; Replace bulbs as necessary.

_____ 5.1.2 Locate the Manual Control Switch (Run/Stop/Remote) on the generator control panel of the generator. Place the switch in the STOP (Center) position to prevent startup of the Engine should commercial power be lost during the pre-operational checks.

_____ 5.1.3 Verify Block Heater operation; observe Low Coolant Temperature Light is not lit and that upper portion of engine block is "warm to the touch".

_____ 5.1.4 Check the following and record results on the Annual Generator Test Log - (Attachment 2a). Fill in accordance with (IAW) Test Log guide.

_____ Fuel level - Sat criteria is $\geq 3/4$; Refuel if Unsat

_____ Coolant level - Sat criteria is > one inch (1') above the core; Fill to that level if Unsat

_____ Engine Oil level - Sat criteria is Level indicated on dipstick is between Full Range Arrows; fill if Unsat

_____ Condition of Batteries - visually check condition of the batteries; Sat criteria is no visible battery terminal post corrosion; Clean if Unsat

NOTE

Batteries are maintenance free and water caps should not be removed for inspection. If there is evidence of malfunction, batteries may need replacing or under/over charge condition exists.

_____ 5.1.4 Enter the starting run hours displayed on the hour meter into the Annual Emergency Generator Test Log; Attachment 2a. Also, verify engine exercise time (run-time hours log book).

5.2 Pre-Test lineup:

_____ 5.2.1 Place the Manual Control Switch to the REMOTE (Down) position.

INITIALS:

_____ 5.2.2 Position/Verify the Exciter Breaker located in the generator enclosure is in the ON (up) position.

_____ 5.2.3 Proceed to the Electrical Room to continue with the test.

5.3 Engine and Generator Startup:

_____ 5.3.1 Locate the Normal Power Feed Circuit Breaker, Panel DP-B - Breaker #2 and the Emergency Power Transfer Switch Panel in the Electrical Room (Room 45).

_____ 5.3.2 Move Breaker #2 to the OFF (right) position. Immediately start stop-watch or observe second hand position on wrist watch while noting time.

_____ 5.3.3 Verify power is restored in less than 10 seconds (PASS/FAIL criteria) by observing that the Emergency Power Transfer Switch Indicator Light turns from Yellow to RED. Stop the stop-watch or note second hand position on wrist watch when light changes to RED.

_____ 5.3.4 Note the approximate time it took for the load to transfer over to emergency power on the Annual Emergency Generator Test Log; (Attachment 2a).

_____ 5.3.5 Return to Generator Enclosure while the emergency generator is loaded and take balance of inservice readings and record data on Attachment 2a; "Annual Emergency Generator Test Log".

5.4 Generator Shutdown/System Restoration:

_____ 5.4.1 Upon satisfactory completion of step 5.3.5 above, proceed to Electrical Room, and return to normal power by placing Breaker #2 in the ON (left) position.

_____ 5.4.2 Verify Emergency Power Transfer Switch returns to normal power by observing that Red transfer light goes OFF and YELLOW availability light comes ON. (Load restoration and Engine shutdown to normal power supplies should occur within 15 - 20 minutes after restoring Breaker #2 to "ON".)

_____ 5.4.3 Enter the ending run hours displayed on the hour meter into the Emergency Generator Maintenance/Run-Time Hours Logbook and attached Annual Emergency Generator Test Log; (Attachment 2a).

_____ 5.4.4 Total the run hours; verify ≥ 30 minutes.

_____ 5.4.5 Upon completion of step 5.4.4, secure the Generator Access Panel and return keys to Building Maintenance.

INITIALS:

5.5 Reporting:

- _____ 5.5.1 Report any failures to the Emergency Preparedness Group and Administrator - Nuclear Training.
- _____ 5.5.2 Determine whether generator passed or failed test and note result on Attachment 2a, Annual Emergency Generator Test Log by circling appropriate PASS or FAIL.
- _____ 5.5.3 Sign and forward all completed forms and copies of repair requests to the Emergency Preparedness Facilities Technical Analyst; mail code N37.

Emergency Preparedness Facilities Technical Analyst shall:

- _____ 5.5.4 Review test package results for completion, and any corrective actions taken/needed.
- _____ 5.5.5 Initiate any corrective actions needed (if not done previously), close out EP Inspection Order and forward to Supervisor for approval.

6.0 ATTACHMENTS:

- 2a Annual Emergency Generator Test Log

**ATTACHMENT 2a
ANNUAL EMERGENCY GENERATOR TEST LOG**

PRE-OPERATIONAL CHECKS -					
LEVELS AND CHECKS	ALARM PANEL LAMP TEST - (STEP 5.1.1)	SAT	UNSAT	COMMENTS/ACTIONS:	
	ENGINE BLOCK HEATER - (STEP 5.1.3)	SAT	UNSAT	COMMENTS/ACTIONS:	
	FUEL - (STEP 5.1.4)	SAT	UNSAT	COMMENTS/ACTIONS:	
	COOLANT - (STEP 5.1.4)	SAT	UNSAT	COMMENTS/ACTIONS:	
	OIL (STEP 5.1.4)	SAT	UNSAT	COMMENTS/ACTIONS:	
	BATTERIES - VISUAL CHECK (STEP 5.1.4)	SAT	UNSAT	COMMENTS/ACTIONS:	
	INSERVICE CHECKS -				
	SECONDS	EMERGENCY LOAD TRANSFER TIME	SAT	UNSAT	ACCEPTANCE RANGE IS \leq 10 TRANSFER TIME _____
DEG. F	COOLANT TEMPERATURE	ACCEPTANCE RANGE = 158 - 204 (ALARM 205 / SHUTDOWN 215)			
READING _____ SAT or UNSAT (circle)					
PSI	OIL PRESSURE	ACCEPTANCE RANGE = 30 - 80 (ALARM 17 / SHUTDOWN 14)			
READING _____ SAT or UNSAT (circle)					
ENDING HOURMETER: _____ HRS.		ADDITIONAL COMMENTS/ACTIONS:			
STARTING HOURMETER: _____ HRS.		_____			
TOTAL RUNTIME = _____ HRS.		_____			
		(MINIMUM RUNTIME IS 30 MINUTES)			

*** NOTE: Fill Levels In accordance with Manufacturer Specifications Only**

Annual Test - PASS / FAIL (circle one)

Test Performed By: _____
Name (Print/Signature)

Test Date: _____
Date

Test Reviewed By: _____
Name (Print/Signature)

Review Date: _____
Date

**ATTACHMENT 3
EOF HVAC TEST RESULTS SUMMARY SHEET**

SYSTEM: EOF EMERGENCY HVAC UNIT MANUFACTURER: AAF

Description Test	Acceptance	Results	P/F	Date	Init
Visual Inspection Attachment 4	System SAT for testing				
Operational Test of HVAC System Attachment 5	Actuators Stroke & Fan Auto-Starts				
Filter Replacement Attachment 6	New Filters Installed				
Airflow Capacity Test - Attachment 7	* 6210 - 7590 cfm				
HEPA DOP Test - Attachment 8	< 0.05% penetration				
Positive Pressure Test - Attachment 9	≥ + 0.10" W. C.	Min = Max =			

* NOTE - Airflow Capacity acceptance range is design CFM +/- 10% or, 6900 cfm +/- 10% = 6210 (90%) to 7590 (110%)

Certified Test Personnel performing the tests:

Name: _____ Signature: _____ Init: _____ Date: _____

Component Passed all tests Component Failed

Post-Testing Checklist

Initials/Date

The Emergency Preparedness Group was notified
if any acceptance criteria was not met.

_____/____

VAV Set Points restored to Normal Configuration

_____/____

Filter System restored to Normal Configuration

_____/____

Is Retesting required (e.g., after any repairs are completed)? ___ Yes ___ No

_____/____

If yes, which portion will be retested? _____

_____/____

All appropriate test package records and
documentation forwarded to EP Group (N37).

_____/____

ATTACHMENT 4 VISUAL INSPECTION OF THE EOF EMERGENCY VENTILATION SYSTEM

1.0 PURPOSE

To visually inspect and document the major components associated with the Emergency Operations Facility emergency ventilation system. This inspection shall be conducted every eighteen (18) months and provides instructions for Emergency Preparedness personnel responsible for coordinating documentation and performance of this inspection activity through the use of certified test personnel.

2.0 PREREQUISITES

- 2.1 Emergency Preparedness to be notified prior to entering the ventilation system.
- 2.2 A current copy of this EPIP along with the appropriate attachment should be in hand.

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 Ensure Booster Fan is OFF prior to opening the filter housing doors. Entry during fan operations may result in injuries from the access doors closing or opening.
- 3.2 Exercise extreme caution when inspecting areas in or near moving parts and machinery.

4.0 EQUIPMENT REQUIRED

- 4.1 A six (6) or seven (7) foot step ladder.
- 4.2 A portable light source such as a flashlight or drop light.
- 4.3 Ratchet wrench with suitable sockets.

5.0 PROCEDURE

5.1 Authorization

- 5.1.1 Obtain permission from Emergency Preparedness and Nuclear Training to begin the test.
- 5.1.2 Initiate Attachment 4a, Visual-Inspection Checklist completing Deficiency Record, if needed.

5.2 Inspection

5.2.1 Perform a visual inspection of the filter housings and associated component parts using Attachment 4a.

5.2.2 Upon completion of the Visual Inspection, complete the Discrepancy Form ensuring that all deficiencies are recorded.

- a. Notify the EP Group of deficiencies including troubleshooting tactics and recommended corrective action.**
- b. For on-the-spot corrective actions, indicate actions taken on the discrepancy form next to the deficiency.**

5.2.3 Proceed with additional ventilation testing prior to resolution of the deficiency/defect if in the opinion of the certified test personnel, the problem will not impair the validity of the test results.

5.3 Final Conditions

Upon successful completion of this inspection, test personnel shall:

5.3.1 Notify Emergency Preparedness that the visual inspection has been completed and the equipment is ready for emergency operation, if needed.

5.3.2 Record Pass/Fail status of visual inspection on Attachment 3, "EOF HVAC Test Results Summary Sheet".

5.3.3 Attach all documentation generated by this procedure and return to Emergency Preparedness for final review and close out.

6.0 ATTACHMENTS

6.1 Attachment 4a - Visual Inspection Checklist

**ATTACHMENT 4a
VISUAL INSPECTION CHECKLIST**

System: EOF EMERGENCY HVAC SYSTEM

Date:

	SAT	UNSAT	NOTE #
1. MOUNTING FRAMES			
a. Adequate structural rigidity for supporting internal components.			
b. Squareness of members, flatness and condition of component seating surfaces.			
c. No damage to frames			
2. FILTER CLAMPING DEVICES OR BOLTS			
a. Proper adjustment (50 to 80% gasket compression all around); tighten if less.			
b. Sufficient number of adequately sized devices to produce 50 to 80% gasket compression.			
c. Proper condition of clamping devices; (e.g., all nuts in place/tightened).			
d. Adequate clearances between filter elements to tighten clamping devices on all sides.			
e. Freedom from cracks in welds of clamping devices.			
3. HEPA FILTERS			
a. No damage to filter media (tears, cracks, case, case corners on either face of filters). Some damage to separators is permissible.			
b. No damage to or improper seating of gaskets.			
c. No burns of media or case from cutting or welding on either face of filters.			
d. No excessive dirt loading (check differential pressure gauge across filters).			
4. PREFILTERS			
a. No damage to media, case or gaskets.			
b. No excessive dirt loading.			
5. UNIT HOUSING			
a. Adequate space for personnel and equipment for maintenance/testing.			

**ATTACHMENT 4a
VISUAL INSPECTION CHECKLIST (cont.)**

	SAT	UNSAT	NOTE #
5. UNIT HOUSING (cont)			
b. Housing access adequate for visual inspections; (without filter removal; access is external and from one side only).			
c. Space adjacent to housing amenable to isolation as a contamination zone, adequate space for temporary storage of clean and contaminated filters during filter change.			
d. Adequate latches on doors.			
e. Adequate clearances between banks of components.			
f. Proper location of tracer injection of sample ports.			
g. Other than Pre/Final filter housing, no back to back banks of components.			
h. Housekeeping in and around housing.			
i. All pipe caps and pipe nipples in place before testing.			
6. DAMPERS			
a. No bent shafts, pivot pins or operator linkages.			
7. LIGHTING			
a. Exterior lighting sufficient for visual inspections, maintenance and testing.			
8. RESTORATION – (Complete after in-place DOP testing)			
a. All test equipment and temporary blanks removed.			
b. Doors latched closed.			
c. Sample ports closed or ends capped.			
d. Test plugs installed and tightened.			
e. No damage to components resulted from test operations.			

**ATTACHMENT 4a
VISUAL INSPECTION DISCREPANCY FORM**

Description and Remedial Action Taken for Discrepancies:

PERFORMED BY: _____ DATE: _____
(PRINT)

(SIGNATURE)

**ATTACHMENT 5
OPERATIONAL TEST OF THE EOF EMERGENCY
VENTILATION SYSTEM**

1.0 PURPOSE:

To test and document the EOF Emergency Ventilation System for proper operation and isolation. This test shall be conducted per inspection order.

2.0 PREREQUISITES:

2.1 Attachment 10, Compensatory Flow Rate Set Point Adjustment and Restoration, must be implemented prior to implementing this Attachment.

**2.2 This procedure requires two (2) test representatives:
Operator - shall operate the Bypass Switch
Observer - shall verify Damper Operations**

2.3 Always perform "Differential Pressure" reading step 5.1 with Attachment 10 is in effect.

3.0 PRECAUTIONS AND LIMITATIONS:

This test should be performed only after a satisfactory differential pressure reading across the filters is obtained which may require implementation of Attachment 6 "Filter Replacement" and/or Attachment 8 "HEPA Filter DOP Test" of this procedure.

4.0 EQUIPMENT REQUIRED:

4.1 A six (6) or seven(7) foot step ladder.

5.0 PROCEDURE:

5.1 Differential Pressure Reading Across Filters (with Attachment 10 in effect):

INITIALS:

_____ **5.1.1 Locate "EOF Bypass Switch #1" (Bypass Switch) on the right hand wall of the "Emergency Ventilation Room" - (Mechanical Room 46).**

_____ **5.1.2 Locate differential pressure gauge (manometer) on the front center portion of the filter bank.**

_____ **5.1.3 Position the Bypass Switch to "ON" and observe unit startup.**

_____ **5.1.4 Allow the unit to run for approximately five (5) minutes and then record the differential pressure reading on Attachment 5a "Data Sheet".**

INITIALS:

_____ 5.1.5 After recording pressure, observe unit shutdown by moving Bypass Switch to "OFF" position.

NOTE

For differential Pressure Readings of less than 1.75 inches (< 1.75") but greater than or equal to ½ inch (≥ 0.5 "), proceed directly to Step 5.2.1 of this attachment and continue (unless checking pressure across newly installed filters – then go no further).

CAUTION

For differential pressure readings of greater than or equal to 1.75 inches (≥ 1.75 "") or less than ½ Inch (< 0.5"), GO NO FURTHER! – Instead, implement Attachment 6 of this procedure – "Filter Replacement".

INITIALS:

5.2 OPERATOR SHALL:

_____ 5.2.1 Ensure Observer(s) is in position prior to manipulating Bypass Switch.

_____ 5.2.2 Locate "EOF Bypass Switch #1" (Bypass Switch) on the right hand wall of the "Emergency Ventilation Room" - (Mechanical Room 46).

_____ 5.2.3 As requested by Observer, position the Bypass Switch (On and Off).

5.3 OBSERVER SHALL:

_____ 5.3.1 Locate the first damper lever and drive found in the overhead directly above the Bypass Switch on the side of the supply duct near the door - (In Mechanical Room 46).

_____ 5.3.2 Record the normal position of lever #1 arm on the Ventilation Data Sheet - (Attachment 5a).

_____ 5.3.3 Locate the second damper lever and drive for the filter system found above suspended ceiling in hallway opposite Emergency Ventilation Room; a sign is posted on the wall in hallway indicating the location.

_____ 5.3.4 Record the normal position of Lever #2 arm on the Ventilation Data Sheet.

INITIALS:

- _____ 5.3.5 When in position to clearly observe Lever travel, request Operator to move the Bypass Switch from the OFF to the "ON" position.
- _____ 5.3.6 Observe both Lever positions and verify start up of Fan Motor (F1).
- _____ 5.3.7 Record results on Attachment 5a, Ventilation System Test Data Sheet.
- _____ 5.3.8 Upon completion of step 5.2.7, request Operator to move the Bypass Switch back to original "OFF" position.
- _____ 5.3.9 Verify Fan Motor (F1) stops and both levers have returned to original positions (as previously entered on Data Sheet).
- _____ 5.3.10 Record all final results on Attachment 5a, Ventilation Test Data Sheet.
- _____ 5.3.11 Upon successful completion of this test, the test personnel shall remove test equipment and return system to normal operations, if all necessary testing is complete; (also, refer to Attachment 10).
- _____ 5.3.12 Report any failures to Administrator - Nuclear Training.
- _____ 5.3.13 Forward all completed forms and copies of repairs to Emergency Preparedness; MC - N37.

6.0 ATTACHMENTS:

- 6.1 Attachment 5a - Ventilation System Test Data Sheet.

**ATTACHMENT 5a
VENTILATION SYSTEM TEST DATA SHEET -(EOF)**

1. With the unit running at least five (5) minutes, record differential pressure gauge reading:
 $\Delta P = \underline{\hspace{2cm}}$ inches.
2. With EOF Bypass Switch #1 in "OFF" position, record the conditions of the actuator arms. The fan motor (F1) should be off.

LEVER #1	LEVER #2
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
Stroked (UP) Not Stroked (Down)	Stroked Not Stroked

3. With EOF Bypass Switch #1 in the "ON" position, record the conditions of the actuator arms and condition of the fan (F1).
4. With EOF Bypass Switch #1 returned to the "OFF" position, record conditions of the actuator arms and condition of fan (F1).

LEVER #1	LEVER #2	FAN
<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
Stroked (UP) Not Stroked (DOWN)	Stroked Not Stroked	ON OFF

5. Record PASS/FAIL of the test:

<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
PASS	FAIL

* (To PASS, both actuator arms must stroke (change positions) and then return to original configuration and Fan (F1) comes "ON".)

6. Test Completed By: _____ / _____
NAME DATE

7. Test Reviewed By: _____ / _____
NAME DATE
(EP Group)

**ATTACHMENT 6
REPLACEMENT OF THE FILTERS IN THE EMERGENCY
VENTILATION SYSTEM FOR THE EOF (ROOM 46 - NTC)**

1.0 PURPOSE:

To provide instructions and documentation for the replacement of PRE-FILTERS and HEPA FILTERS in the EOF Emergency Ventilation System. All filters should be replaced as previously determined in Attachment 5 of this procedure.

2.0 PREREQUISITES:

Filter replacement determined via ΔP reading in Attachment 5.

OR

Filter Bank unable to meet DOP test specifications per Attachment 5 of this procedure.

3.0 PRECAUTIONS AND LIMITATIONS:

DO NOT PERFORM THIS PROCEDURE AFTER A RADIOLOGICAL RELEASE HAS TAKEN PLACE. CONTACT RADIATION PROTECTION DEPARTMENT FOR PROPER HANDLING INSTRUCTIONS.

Always perform Section 5.1 of Attachment 5 after performing this Attachment to obtain a ΔP reading.

Always perform Attachment 8 of this procedure - "HEPA Filter DOP Test" after completing this Attachment.

4.0 EQUIPMENT REQUIRED:

- 4.1 A six (6) or seven (7) foot step ladder.
- 4.2 New Astroceal and Vericel Filters (or equivalent).

5.0 PROCEDURE:

- 5.1 Locate the pre-filters PF-1 & 2 and HEPA filters FF-1 & 2 in the Mechanical Room (Room 46) near the door on the right side of the entrance; signs are posted.
- 5.2 Place the new sets of filters close to filter housings.
- 5.3 Open the latches of the pre-filters; using the ladder for the upper sections.

- 5.4 Remove the used filters from the filter housing.
- 5.5 Place the new filters in the housing ensuring that the filters are properly aligned (i.e. - indicator arrows on filters face in direction of air flow.)
- 5.6 Close the pre-filter doors and secure the latches.
- 5.7 Unscrew the doors of the HEPA filters; using the ladder for the upper sections.
- 5.8 Remove the used filters from the filter housing.
- 5.9 Place the new HEPA filters in the housing.
- 5.10 Close door of the HEPA filters and secure the doors with the screws.
- 5.11 Record all final results on Filter Replacement Data Sheet - (Attachment 6a).
- 5.12 Report any deficiencies to the Administrator - Nuclear Training.
- 5.13 Always perform step 5.1 of Attachment 5 upon completion of this Attachment.
- 5.14 Always perform Attachment 8 of this procedure - "HEPA Filter DOP Test" after completing this Attachment.
- 5.15 Forward all completed forms and copies of repair requests to Emergency Preparedness; MC - N37.

6.0 ATTACHMENTS:

- 6.1 Attachment 6a - Filter Replacement Data Sheet.

7.0 REFERENCES:

- 7.1 American Air Filters Astroceal Data Sheet
- 7.2 American Air Filters Varicel Data Sheet

ATTACHMENT 6a
FILTER REPLACEMENT DATA SHEET - (EOF)

INITIALS:

- ____ 1. Replaced filters in the PF-1 & 2; steps 5.3 - 5.7.
- ____ 2. Replaced filters in the FF-1 & 2; steps 5.8 - 5.12.

COMMENTS:

3. Filter replacement completed by: _____

NAME

DATE

**ATTACHMENT 7
AIR FLOW CAPACITY TEST FOR EOF EMERGENCY
VENTILATION SYSTEM**

1.0 PURPOSE

To verify that the airflow capacity of AC-5 with Booster Fan are in accordance with predetermined specifications. This attachment provides instructions to Emergency Preparedness personnel responsible for coordinating documentation and performance of this test through the use of certified test personnel.

2.0 PREREQUISITES

- 2.1 Attachment 10, Compensatory Flow Rate Set Point Adjustment and Restoration, must be implemented prior to implementing this Attachment.**
- 2.2 Test equipment shall be calibrated or certified per vendor procedures, or the M&TE Calibration Lab.**
- 2.3 For rectangular duct sections such as the EOF ductwork, establish equal areas where velocity pressure readings will be taken. The number of equal areas established should not be less than 16 and need not be more than 64. The maximum distance between centers of equal areas should not be greater than six inches. The readings closest to the walls should be taken at one half this distance.**

The EOF traverse is located approximately six (6) feet West of the East wall in the Dose Assessment Area of the EOF proper.
- 2.4 Specific precautions and instructions identified in the applicable test equipment technical manuals should be considered prior to and during testing.**
- 2.5 Ensure all valves, dampers and controls involved with testing are operating properly prior to testing. Check with Emergency Preparedness for a copy of the most current Attachment 5, Operational Test of the Emergency Ventilation System (EOF).**
- 2.6 Visual Inspection of the air handling system should be completed per Attachment 4, Visual Inspection for EOF Emergency Ventilation System.**
- 2.7 Notify Emergency Preparedness prior to entering ventilation system.**
- 2.8 Ensure current air flow transducer calibrations have been completed per Inspection order to validate that computer generated air flow demand signals match actual air flow field delivery. Conducted annually and in conjunction with 18 month surveillance testing during test years.**

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 Caution shall be used when performing inspection/work near rotating fans and moveable dampers.
- 3.2 Do not open filter access doors during Booster Fan operations as injury could occur from swinging doors.

4.0 EQUIPMENT/MATERIAL REQUIRED

- 4.1 Standard Pitot Tube.

4.0 EQUIPMENT/MATERIAL REQUIRED (cont.)

- 4.2 Electronic or Inclined Manometer.
- 4.3 Thermo Anemometer

5.0 PROCEDURE

5.1 Authorization and Preparation

- 5.1.1 Obtain Emergency Preparedness and Nuclear Training permission to begin testing IAW Attachment 7, Air Flow Capacity Test for EOF Emergency Ventilation System.
- 5.1.2 Ensure the Ventilation System is in the correct operating configuration for the test being performed; (in this case, the emergency mode through filter train with Booster Fan ON).

NOTE

Data not required or available due to equipment substitutions or specific equipment configurations may be documented as N/A.

- 5.1.3 Record the system, unit and component ID to be tested along with location and date of testing on Attachment 7a, Air Flow Capacity Test Data Sheet.
- 5.1.4 Record the following information on Attachment 7a:
 - a. Fans in service.
 - b. The duct size.
 - c. Calculated duct areas.
 - d. The velocity pressure, or if using Anemometer.
 - e. Flowrate required (IAW Manufacturer specification and P&ID's).

5.2 Testing

NOTE

When taking velocity pressure readings with the pitot tube, ensure that probe is held at right angles to the airflow with the probe tip held into the air stream.

- 5.2.1 Check for stable fan operation over a period of 15 minutes and record any problems on Attachment 7a.
- 5.2.2 Measure the velocity pressure readings (or measure velocity if using Anemometer) at the traverse located approximately six (6) feet West of the East wall in the Dose Assessment Area of the EOF.
- 5.2.3 Record readings on Attachment 7a, Section 4.0, in the box representative of the area in which the reading was taken.
- 5.2.4 If the readings in Step 5.2.2 are measured in velocity pressures, convert the measurements to feet per minute (fpm).
- 5.2.5 Calculate the actual average velocity (direct measurements if using an Anemometer) and flowrate IAW Attachment 7a, Section 5.0.
- 5.2.6 Ensure that an independent verification of the calculations on Attachment 7a, Section 5 is performed by another qualified individual.

5.3 Final Conditions

- 5.3.1 Upon successful completion of this test, the test personnel shall remove test equipment and return system to normal operations, if all necessary testing is complete; (also, refer to Attachment 10).
- 5.3.2 Notify Emergency Preparedness that the Air Flow Capacity Test has been completed and the equipment is ready for emergency operation, if needed.
- 5.3.3 Record Pass/Fail status of visual inspection on Attachment 3, "EOF HVAC Test Results Summary Sheet".
- 5.3.4 Attach all documentation generated by this procedure and return to Emergency Preparedness Group (N37) for final review and close out.

6.0 ATTACHMENTS

- 6.1 Attachment 7a - Air Flow Capacity Test Data Sheet

ATTACHMENT 7a
AIR FLOW CAPACITY TEST SHEET

1.0 General Information

System ID: EOF EMERGENCY HVAC UNIT

Location: Nuclear Training Center Date: _____

2.0 Duct Size (WxH) 48.00 x 22.00 (in)

Area (A_d) _____ 7.33 (ft²)

Required Velocity (V_{req}) _____ 945 (fpm)

Required Flow (Q_{req}) 6900 (+/- 10%) = 6210 (90%) to 7590 (110%) (cfm)

3.0 Test Equipment

Test Equipment	Calibration Date	Calibration Expiration

**ATTACHMENT 7a
AIR FLOW CAPACITY TEST SHEET (cont.)**

4.0 Test Data

Unit/System ID: EOF EMERGENCY HVAC UNIT (W/BOOSTER FAN I/S)

Position			1	2	3	4	5	6	7	8	9	10	SUM
1	V	(fpm)											
2	V	(fpm)											
3	V	(fpm)											
4	V	(fpm)											
5	V	(fpm)											
6	V	(fpm)											
7	V	(fpm)											
8	V	(fpm)											
9	V	(fpm)											
SUM													

V = Velocity calculated (fpm)
V_t = Velocity total (fpm)

TOTAL

**ATTACHMENT 7a
AIR FLOW CAPACITY TEST SHEET (cont.)**

5.0 Calculation

A. Calculate actual average velocity (fpm)

$$V_a = \frac{V_r}{\#readings} = \frac{(\quad)}{(\quad)} = \quad \text{fpm}$$

B. Calculate actual average flow rate (cfm)

$$Q_a = V_a \times A_d = \quad \text{cfm}$$

6.0 Remarks

Certified Test Personnel: _____ Date: _____
(PRINT)

(SIGNATURE)

Independent Verification of Section 5.0 Calculations:

_____ Date: _____
(PRINT)

(SIGNATURE)

**ATTACHMENT 8
HEPA FILTER DOP TEST FOR EOF EMERGENCY
VENTILATION SYSTEM**

1.0 PURPOSE

To test the functionality of the HEPA filter trains. This procedure provides instructions to personnel responsible for coordination, documentation, and performance of this test which will be conducted per inspection order.

2.0 PREREQUISITES

- 2.1 **Attachment 10, Compensatory Flow Rate Set Point Adjustment and Restoration, must be implemented prior to implementing this Attachment.**
- 2.2 **Attachment 7, Air Flow Capacity Test was performed with satisfactory results prior to performing this attachment.**
- 2.3 **An acceptable differential pressure reading across the filter banks has been taken within the last 3 months per EPIP 1016 Attachment 5, Operational Test of the Emergency Ventilation System (EOF).**
- 2.4 **All maintenance activity and/or installation of new HEPA filters is completed and system is ready for testing.**
- 2.5 **Test equipment has been properly warmed up according to manufacturer's recommendation.**
- 2.6 **All valves, dampers, and controls involved with testing are operating properly prior to testing.**
- 2.7 **The ventilation system is in the emergency mode (through filter trains with Booster Fan ON) for the test.**
- 2.8 **Permission is obtained from Emergency Preparedness and Nuclear Training to begin testing IAW this Attachment.**

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 **Use caution when performing work near rotating fans and moveable dampers.**
- 3.2 **Do not open filter access doors during Booster Fan operation as injury could occur from swinging doors.**

4.0 EQUIPMENT/MATERIAL REQUIRED

- 4.1 DOP Detector
- 4.2 DOP Generator
- 4.3 DOP - Dioctyl Phthalate

5.0 PROCEDURE

NOTE

Data not required or available due to equipment substitutions or specific equipment configurations may be documented as N/A.

5.1 Testing

- 5.1.1 Complete Section 1 of Attachment 8a, HEPA Filter Test Sheet.
- 5.1.2 Connect the upstream sample line of the DOP aerosol detector to Port B or C; (refer to Figure 1 - Field Sketch in this procedure for locations).
- 5.1.3 Connect the downstream sample line of one of the traverse ports located approximately six (6) feet west of the East wall in the Dose Assessment area of the EOF.
- 5.1.4 Take background aerosol measurements. If the downstream concentrations are not one ten thousand of measurable upstream injection concentration, purge the system until an acceptable background level is reached.
- 5.1.5 Connect DOP aerosol generator to a compressed air line and then inject through a fire damper inspection door or adjacent port located in hallway overhead, midway between Conference Room 47 and Mechanical Equipment Room, start injection and adjust generator as necessary.
- 5.1.6 Connect DOP aerosol detector to the upstream sample line and allow the reading to stabilize. Record the readings in Section 2.0 of Attachment 8a.
- 5.1.7 Connect DOP aerosol detector to the downstream sample line and allow the reading to stabilize. Record the readings in Section 2.0 of Attachment 8a. Calculate actual readings by multiplying the meter reading by the scale setting.
- 5.1.8 Repeat steps 5.1.6 and 5.1.7 until a minimum of 3 upstream readings and 2 downstream readings and respective readings are within $\pm 5\%$ of each other.

NOTE

Final readings recorded shall be used for calculating the leakage (percent penetration).

5.1.9 Calculate and document the leakage (percent penetration) using the following equation.

$$P = \frac{100 \times C_d}{C_u}$$

where: P = percent penetration
C_d = downstream concentration
C_u = upstream concentration

- a. If the penetration is $\geq 0.05\%$ while operating at the required flow rates, visually inspect the system (including the bypass damper) for excessive leaks; if none can be located, notify Emergency Preparedness.
- b. If the system does not pass the DOP test, notify Emergency Preparedness, initiate corrective actions, and implement Attachment 6 - "Filter Replacement" if the filters are faulty or dirty. Then, retest the system.

5.1.12 Record the test results on Attachment 3, "EOF HVAC Test Results Summary Sheet".

5.2 Final Conditions

Upon successful completion of this test, test personnel shall:

- 5.2.1 Remove test equipment and restore system to normal configuration if all necessary testing is complete; (also, refer to Attachment 10).
- 5.2.2 Notify Emergency Preparedness that testing is complete and the system is ready to be returned to normal service.
- 5.2.3 Forward all documentation generated per this procedure to the Emergency Preparedness Group; MC - N37.

6.0 ATTACHMENTS

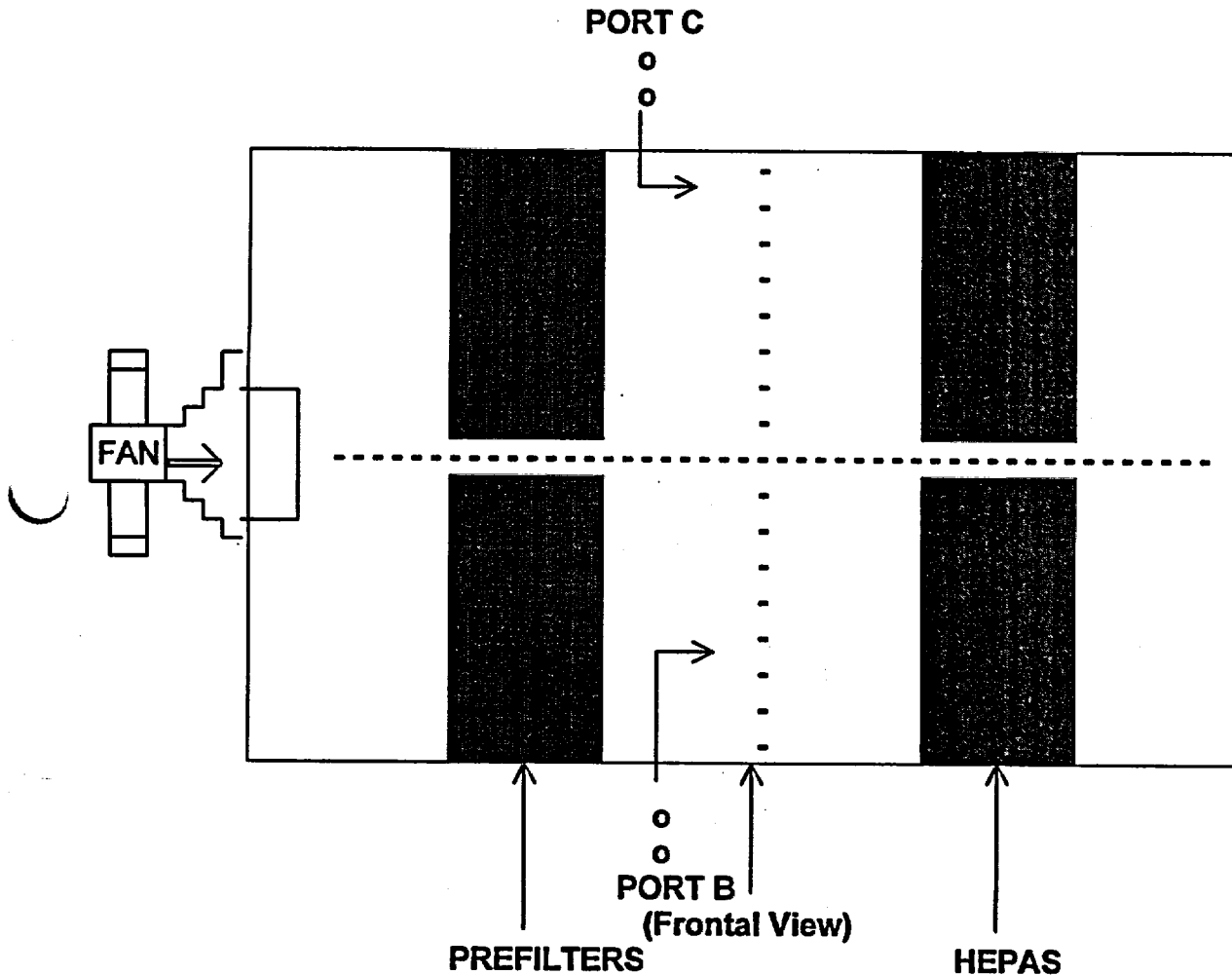
- 6.1 Figure 1 - Field Sketch of HEPA Filter Banks/Sample Ports
- 6.2 Attachment 8a, HVAC Filter Test Sheet

FIGURE 1
FIELD SKETCH OF HEPA FILTER BANKS/SAMPLE PORTS

LOCATION: NTC EMERGENCY HVAC ROOM 46 **UNIT MANUFACTURER:** AFF

NUMBER OF HEPA FILTERS: 8 **MANUFACTURER:** AAF ASTROCEL

NUMBER OF PREFILTERS: 8 **MANUFACTURER:** AFF VARICEL



PORT A - Injection port for HEPAs (use fire damper inspection door or an adjacent port located in hallway overhead, midway between Conference Room 47 and Mechanical Equipment Room)

PORT B & C - Upstream HEPA concentration sample port (Use One)

PORT D - Downstream HEPA concentration sample port (Use one of the traverse ports located approximately six (6) feet west of the east wall in the Dose Assessment area of the EOF)

**ATTACHMENT 8a
HEPA FILTER TEST SHEET**

1.0 General Information

System ID: EOF EMERGENCY HVAC UNIT

Fans in Service: AC-5 W/BOOSTER FAN ON

Manufacturer: AAF

Type: 1000 cfm

Model #: 105-1003052-17

HEPA Filters in Unit: 8 per Bank

Test Date: _____

Last Test Date:

2.0 Test Data

A. Required HEPA filter flow (cfm):

6900 (+/- 10%) = 6210 (90%) to 7590 (110%)

B. DP across HEPA (in. w.g.)

C. Upstream Concentration (C_u)

1. Range _____ (Full Scale)

2. Meter Reading (% Full Scale)

- a.
- b.
- c.
- d.

Downstream Concentration (C_d)

1. Range _____ (Full Scale)

2. Meter Reading (% Full Scale)

- a.
- b.
- c.
- d.

**ATTACHMENT 8a (Continued)
HEPA FILTER TEST SHEET**

NOTE

Upstream and downstream concentration readings must be taken until the respective readings are within $\pm 5\%$ of each other.

Final Upstream Reading (C_u)

$(C_u) = \text{Meter Reading} \times \text{Scale}$

Upper $(C_u) = \underline{\quad} \times \underline{\quad} =$

Final Downstream (C_d)

$(C_d) = \text{Meter Reading} \times \text{Scale}$

Upper $(C_d) = \underline{\quad} \times \underline{\quad} =$

$\% \text{ Penetration} = \frac{C_d(\underline{\quad})}{C_u(\underline{\quad})} \times 100 = \underline{\quad} \% \text{ penetration}$

Is a retest necessary? Yes No

3.0 Remarks:

Certified Test Personnel:

Print

Date

Signature

Independent Verification of Calculations:

Print

Date

Signature

**ATTACHMENT 8a (Continued)
HEPA FILTER TEST SHEET**

Date:

Filter Bank/Component ID: EOF EMERGENCY HVAC UNIT

Filters

Quantity: 8 per Bank

Size: 1000 cfm

Test Instruments

Detector: _____ Last Calibration Date:

Calibration Due Date:

DOP Generator:

Test Data for Bank Test

Flow, CFM

Pressure Drop, Inches W.G.

Upstream DOP Concentration, %

Downstream DOP Penetration, %

Final Filter System Efficiency, %

Comments:

Certified Test Signature

**ATTACHMENT 9
POSITIVE PRESSURE TEST FOR EOF EMERGENCY
VENTILATION SYSTEM**

1.0 PURPOSE

This procedure verifies the capability of the emergency ventilation system to deliver and maintain a positive pressure within the EOF space. The procedure provides instructions to Emergency Preparedness (EP) personnel responsible for coordination, documentation and performance of this test through the use of certified test personnel.

2.0 PREREQUISITES

- 2.1 **Attachment 10, Compensatory Flow Rate Set Point Adjustment and Restoration, must be implemented prior to implementing this Attachment.**
- 2.2 **Visual Inspection for EOF Emergency Ventilation System has been completed per Attachment 4.**
- 2.3 **Air Flow Capacity Test for EOF Emergency Ventilation System has been completed per Attachment 7.**
- 2.4 **Test equipment shall be calibrated or certified in calibration per vendor procedure, or M&TE Calibration Lab.**
- 2.5 **Ensure all valves, dampers and controls involved with testing are operating properly prior to testing; (contact EP for copy of most current Attachment 5, Operational Test of the Emergency Ventilation System (EOF)).**
- 2.6 **Ensure the magnehelic pressure gauge are in current calibration.**

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 **Caution shall be used when performing inspections/work near rotating fans and moveable dampers.**

4.0 EQUIPMENT/MATERIAL REQUIRED

None.

5.0 **PROCEDURE**

5.1 **Authorization**

- 5.1.1** Obtain permission from Emergency Preparedness and Nuclear Training to begin testing.
- 5.1.2** Ensure the ventilation is in the correct operational configuration for the test being performed; (in this case, emergency mode through filter bank with booster fan ON).

5.2 **Testing**

NOTE

Data not required or available due to equipment substitutions or specific equipment configurations may be documented as N/A.

- 5.2.1** Record the following information in Section 1.0 of Attachment 9a, Positive Pressure Test Sheet. Record:
 - a. System/Unit ID to be tested.
 - b. Date of test.
 - c. Date of last test.
 - d. System operating mode.
 - e. Fan(s) in service.
 - f. Other system components in service.
- 5.2.3** Record the following additional information in Section 1.0 of Attachment 9a. Record:
 - a. Test equipment used (permanently installed magnehelic gauge in Room 42a).
 - b. Calibration date.
 - c. Calibration expiration date.
- 5.2.4** Measure from the permanently installed magnehelic pressure gauge (Room 42A) or test equipment, the differential pressure reading between the EOF space and the balance of the Nuclear Training Center space.

5.2.5 Record the five readings obtained in step 5.2.4 above, in Section 2.0 of Attachment 9a.

- a. Observe the differential pressure between the two spaces and record the value (acceptance criteria is $\geq +0.100$ " w.g.).
- b. If the differential pressure shows a negative value for the EOF space or is less than $+0.100$ " w.g., notify Emergency Preparedness immediately.

5.2.6 Record any comments, problems or recommended courses of corrective action on Section 3 of Attachment 9a.

5.3 Final Conditions

5.3.1 Notify Emergency Preparedness that testing is complete and the system is ready to be returned to normal service or is ready for the next test series.

5.3.2 Upon successful completion of this test, test personnel shall remove any portable test equipment if installed, and return the system to normal operating mode (Booster Fan OFF) if all necessary testing is complete; (also, refer to Attachment 10).

5.3.3 Attach and forward all documentation generated IAW this procedure and ensure results are recorded on Attachment 3, "EOF HVAC Test Results Summary Sheet".

6.0 ATTACHMENTS

6.1 Attachment 9a, Positive Pressure Test Sheet

**ATTACHMENT 9a
POSITIVE PRESSURE TEST SHEET**

1.0 General Information

System ID: EOF EMERGENCY HVAC UNIT

Test Date: _____ Last Test Date:

System Mode: EMERGENCY Fan In Service: AC-5 W/BOOSTER FAN ON

Retest: Yes No

Magnehelic Gauge Used (42A) Cal Date: _____ Cal Due Date:

Other Test Equip. _____ Cal Date: _____ Due Date:

2.0 Test Data

TEST POINT	READING (in. w.g.)					AVERAGE READING
	#1	#2	#2	#4	#5	
1						P1 =
Test Point 1 uses the installed Dwyer Gauge on Wall of EOF						

3.0 Remarks:

Certified Test Personnel

_____ **Print** _____ **Date**

_____ **Signature**

**ATTACHMENT 10
COMPENSATORY FLOW RATE SET POINT ADJUSTMENT AND RESTORATION
(NON-HEAT LOADED EOF HVAC TESTING)**

1.0 PURPOSE

This procedure provides instructions for manually adjusting current temperature set points in the EOF envelope space. Lowering temperature set points in the computer for the eight (8) corresponding VAV boxes creates a cooling demand for the EOF space similar to the demand expected from the facility when manned and operating. The resultant increase in air flow from this adjustment enables test personnel to conduct the battery of tests prescribed in Attachments 5, 7, 8, and 9.

2.0 PREREQUISITES

- 2.1 This procedure is to be used when a test or retest, per Attachment 5, 7, 8, or 9, is to be conducted. It may also be used in conjunction with flow transducer calibrations, as needed.
- 2.2 The EOF is unmanned, idle, and available for testing; (i.e., the facility is available and no emergency conditions are in effect).

3.0 PRECAUTIONS AND LIMITATIONS

- 3.1 Only personnel authorized to manipulate the Nuclear Training Center (NTC) climate control computer are permitted to implement this procedure.
- 3.2 Upon completion of testing, all modified set points shall be returned to their original settings. If however, a battery of tests are being conducted in series per Attachments 7, 8, or 9, then the system set points do not have to be restored between tests (assuming the tests are conducted within the expected work period).
- 3.3 If testing is delayed, disrupted, or terminated and the anticipated test period is no longer valid, then the system shall be restored promptly.
- 3.4 The system shall not be left in an unattended, unrestored condition over night, over a holiday, or over a weekend unless specific permission has been obtained from the Emergency Preparedness Group.

4.0 EQUIPMENT/MATERIAL REQUIRED

None.

5.0 PROCEDURE

5.1 Authorization

5.1.1 **OBTAIN** permission from Emergency Preparedness and Nuclear Training to prepare the system for testing per this procedure.

5.2 Preparation and Data Recording

5.2.1 **VERIFY** actual current space temperature is within several degrees of temperature set points.

5.2.2 **RECORD** actual current space temperature and set points of all eight (8) EOF VAV boxes on the "Set Point Verification Data Sheet" (last page of this attachment) and "HVAC Change Log" located at the climate control computer.

5.3 Set Point Manipulation/Adjustment

5.3.1 **DECREASE** the set points of the eight VAV boxes to two degrees (2°) below the current space temperature. This will cause flow to increase and enter the acceptable test range within several minutes.

Example:

If the recorded set point is 72°, and the current space temperature is 70°, Then the set point should be decreased to 68° degrees (2° lower than the current space temperature). The set point would be returned to 72° after testing is complete.

5.4 Set Point Restoration

5.4.1 **INCREASE** all eight (8) set points back to their original values when testing is complete or circumstances require set point restoration, manually.

5.4.2 **RECORD** set point restoration on the "Set Point Verification Data Sheet" (last page of this attachment) and "HVAC Change Log" located at the climate control computer.

5.4.3 **INITIAL** the Post-Testing Checklist step for VAV Set Point Restoration on Attachment 3, EOF HVAC Test Results Summary Sheet.

5.4.4 Forward documentation per this procedure to the EP Group; MC - N37.

6.0 ATTACHMENTS

6.1 None

SET POINT VERIFICATION DATA SHEET

VAV/Box Designator	As Found Set Point	Current Space Temperature	Set Point Decreased To	Testing Completed		Set Point Increased To	System Restored	
41	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
42A	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
42B	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
42C	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
47	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
48	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
49	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No
50	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	0	<input type="checkbox"/>	<input type="checkbox"/>
	Degrees	Degrees	Degrees	Yes	No	Degrees	Yes	No

Attachment 10 Implemented By: _____
Print Date

Signature

SIGNATURE PAGE

Prepared By: JAMES SCHAFFER 04/24/2000
(If Editorial Revisions Only, Last Approved Revision) Date

Reviewed By: Raymond Reece (R. REECE) 04/24/2000
Station Qualified Reviewer Date

Reviewed By: Mark J. Higgins for 5-16-00
Department Manager Date

Reviewed By: Craig W. Bann 05/16/2000
Manager - EP & IT Date

Reviewed By: N/A N/A
Manager - Quality Assessment Date
(If Applicable)

SORC Review and Station Approvals

N/A
Mtg. No. Salem Chairman
N/A
Date

N/A
Mtg. No. Hope Creek Chairman
N/A
Date

[Signature] 9/18/00
Vice President - Operations
Date

Effective Date of this Revision: 6-12-00