

50-333

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
P.O. BOX 41
LYCOMING, NY 13093

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DATE: June 30, 2000
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SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

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

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VOLUME 1 Update List Dated N/A			
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VOLUME 3 Update List Dated June 30, 2000			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
SAP-2	REPLACE ALL	30	
SAP-3	REPLACE ALL	69	

A045

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

CONTROLLED COPY # ~~34~~

Date of Issue: July 3, 2000

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 11	02/98	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 9	02/98	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 5	02/98	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 0	12/98	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 2	02/00	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 5	02/98	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 13	04/99	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 48	04/00	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	02/98	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS) CONFIGURATION CONTROL PROGRAM	REV. 5	02/98	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 15	02/00	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 29	07/00	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 68	06/00	Reference

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

Date of Issue: July 3, 2000

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

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

EMERGENCY EQUIPMENT INVENTORY*
SAP-2
REVISION 30

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A DATE N/A

APPROVED BY: *M. J. [Signature]* DATE 6-29-00
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: July 3, 2000

FIRST ISSUE FULL REVISION LIMITED REVISION

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

PERIODIC REVIEW DUE DATE: March 2004

REVISION SUMMARY SHEET

REV. NO.	CHANGE AND REASON FOR CHANGE
30	<ol style="list-style-type: none">1. On attachment 14 of the Emergency Key Inventory, the wording "RES OFFICE (S&A Facility, 272') " was removed. The Emergency Vehicle keys are no longer retained in the Rad Protection Office.2. Changed throughout the entire procedure RES to Rad Protection - editorial change.
29	<ol style="list-style-type: none">1. Corrected RP Procedure Number on page 5, Section 4.5.2. Added EOF to Attachment 1, Field Survey Kits.3. Changed RES3 on Attachment 5 to read OS-3/EOF.4. Added Date/Time to the Perform Operability Check on Attachment 7, for Fax Machines.5. Due to RP procedure changes, adjustments were made to Attachment 8. RP-OPS-02.01 to RP-OPS-03.04 and corrected RP-OPS-02.09 to RP-INST-02.09.6. Added Fax Machine operability check to the bottom of Attachment 12.7. Added Performed by and E-Plan Coordinator signature lines to the bottom of Attachment 13.8. Editorial Correction on page 5, Section 4.5.1.
28	<ol style="list-style-type: none">1. Change location of Downwind Survey Kit and Onsite Survey Kit from OSC to Emergency Vehicles.2. Revised all attachments to reflect actual inventory and to place in walkdown order.3. Added records retention guidance for Quality Records to Step 4.10.4. Deleted Attachments 9 and 14 and incorporated contents into Attachments 5 and 6.5. Change Security Building inventory of TLDs and DRDs as requested by RES. Change quantity 50 and show range of DRD as 0-500 mR.1. Add inventory of keys located in the RES Office for Emergency Vehicles.

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1.0 PURPOSE

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

2.0 REFERENCES

2.1 Performance References

NONE

2.2 Developmental References

2.2.1 Equipment Manufacturers' Manuals

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

2.2.3 Radiation Protection Procedures

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

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

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

- 4.8 Instruments and air samplers shall be issued to E-Plan by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:
- 4.8.1 Tracking calibration due dates and replacing instruments as required.
 - 4.8.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.
- 4.9 The following information should be used as a guide for performing inventories:
- 4.9.1 Survey Instruments
 - A. Perform an inventory. Notify Rad Protection Calibration Group to replace any missing instruments.
 - B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.
 - C. Perform an operability check in accordance with applicable instrument procedure.
 - D. Perform a quarterly source check in accordance with applicable instrument procedure.
 - E. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.
 - F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
 - G. Ensure any radioactive sources are accounted for in accordance with RP-RAM-102.
 - H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.2 Air Samplers

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

4.9.3 Self-contained Breathing Apparatus/Breathing Air Systems

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

4.9.4 Iodine Cartridges for Respirators

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

4.9.5 Rubber Equipment

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

- 4.9.6 Decontamination Supplies And Solutions
- A. Perform an inventory. Replace any missing items.
 - B. Check containers which contain liquid for any evidence of leakage and replace, as necessary.
 - C. Note any other equipment replacement on the checklist.
 - D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.9.7 Mechanical Equipment
- A. Perform an inventory. Replace any missing equipment.
 - B. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
 - C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.9.8 Office Supplies
- A. Perform an inventory. Replace any missing items.
 - B. Replace any items which appear to be deteriorated or unusable for any reason.
 - C. Note any equipment replacement on the checklist.
- 4.9.9 Plans, Maps, Lists, Procedures, etc.
- A. Perform an inventory. Replace any missing items with a copy of the current revision. Obtain the current revision numbers of the Emergency Plan and Procedures from the Emergency Planning Coordinator, prior to performing the inventory.
 - B. Replace any items which appear to be deteriorated or unusable for any reason.
 - C. Verify procedures are the current revision and replace, as necessary.
 - D. Note any equipment replacement on the checklist.

4.9.10 Medical Supplies

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

4.9.11 110 Volt Power Supplies

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

4.9.12 Use of Seals

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

4.9.13 Medical Stretchers

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

4.9.14 Accountability Card Readers

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

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

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

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

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

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

5.0 ATTACHMENTS

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

EMERGENCY PLAN EQUIPMENT LOCATIONS

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

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin. Bldg. 272' E1, near OSC roll up door.
(P-2 key needed to open lockers)

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

Each Locker

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

Staged at lockers:

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

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

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

Each Locker

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

Staged at lockers:

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

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

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

Each Locker:

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

Staged at lockers:

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

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

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

Each Locker:

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

Staged at lockers:

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

AMBULANCE KIT INVENTORY

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

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

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

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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RESCUE KIT INVENTORY

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

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

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

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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EP1 EP2 RES-3/EOF

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

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

- This is a Quality Record -

SAP-2
Rev. No. 30

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 5
Page 19 of 45

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

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

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>30</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 5 Page <u>20</u> of <u>45</u>
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Location: EOF Roll-Up Door Entrance

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

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

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

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

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

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

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

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

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

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

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

Location: EOF

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

OFFICE SUPPLIES

FAX/Copy Room

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

PUBLIC ADDRESS

DESCRIPTION	SAT (✓)
Dial 5899 from any phone.	

- This is a Quality Record -

FAX MACHINES

Perform operability check:

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

Verify programming:

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

COPY MACHINES

Perform operability check:

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

READER PRINTERS (Plant Assessment Room)

Perform operability check:

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

- This is a Quality Record -

READER PRINTERS (Continued)

Supplies:

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

COMPUTER TERMINALS

Perform operability check:

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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

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

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

- This is a Quality Record -

SAP-2
Rev. No. 30

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 8
Page 28 of 45

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

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

- This is a Quality Record -

SAP-2
Rev. No. 30

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 8
Page 29 of 45

PROTECTIVE CLOTHING KITS, each kit contains the following:

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

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

Room ED-109

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2
Rev. No. 30

EMERGENCY EQUIPMENT INVENTORY*

ATTACHMENT 8
Page 30 of 45

TRAUMA KIT INVENTORY

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

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

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 9
Rev. No. <u>30</u>		Page <u>32</u> of <u>45</u>

Location: Main Security Building

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

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

CONTROL ROOM INVENTORY

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

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EOF DECONTAMINATION ROOM INVENTORY

Location: Decontamination Room

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

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

CONTROL ROOM

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

EOF

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

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

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

- This is not a Quality Record -

SAP-2 Rev. No. <u>30</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 15 Page <u>38</u> of <u>45</u>
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Location: Fan Room (AB 300')

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

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

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

REMARKS: _____

Security Seal No.: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is not a Quality Record -

DECON SUPPLY INVENTORY

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

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

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

- This is not a Quality Record -

SAP-2 Rev. No. <u>30</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 16 Page <u>40</u> of <u>45</u>
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DECON SUPPLY INVENTORY

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

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

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

REMARKS: _____

Performed by _____ Date _____

Emergency Planning Coordinator / Date _____

- This is not a Quality Record -

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

Location: Administration Building 272' Elevation

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

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

REMARKS: _____

Performed by _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

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

EMERGENCY COMMUNICATIONS TESTING*
SAP-3
REVISION 69

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:


RESPONSIBLE PROCEDURE OWNER

DATE: 6-29-00

EFFECTIVE DATE: June 30, 2000

FIRST ISSUE

FULL REVISION

LIMITED REVISION

***** * * INFORMATIONAL USE * * * *****	***** * * * * * * * * *****	***** * * * * * * * * *****
***** * * ADMINISTRATIVE * * * *****		***** * * * * * * * * *****

CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: JULY 2005

REVISION SUMMARY SHEET

REV. NO.

- 69
- Removed attachment 5 and all reference to it.
 - Replaced the references to Radiological and Environmental Services with Radiation Protection in Section 4.1 per memo JGMS-00-004.
 - Rewrote Section 4.1 and 4.3.B, for clarification.
 - Revised Attachment 4, DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS SURVEILLANCE.
 - Added two more approval lines to Attachment 1, MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST.
 - Change MMRAS Computer room to AUX Computer Room to reflect name change.
- 68
- Deleted NYS Division of State Police (Alternate State Warning Point) from Attachment 1, page 7 and Attachment 2, page 12. Phone was removed by SEMO, who is now providing coverage 24 hours a day; 7 days a week.
 - Area code for U.S. Dept. of Energy RAP/IRAP was changed from 516 to 613.
 - The phone number for the SUNY Health Science Center Emergency Room has been added.
 - Dr. G. Connock (RSO) is the new contact for American Nuclear Insurers.
- 67
- Quarterly update of Emergency Response Organization.
- 66
- Quarterly update of Emergency Response Organization.
- 65
- Quarterly update of Emergency Response Organization.
 - Phone number change to NYS Bureau of Env. Radiation Control. Changed from 518-458-6461 to 518-402-7550.
- 64
- Reformatted/reorganized attachments for better use on surveys.

- Corrected phone # on attachment 2.
- Quarterly update of Emergency Response Organization.
- 63 • Quarterly update of Emergency Response Organization.
- 62 • Quarterly update of Emergency Response Organization.
- 61 • Quarterly update of Emergency Response Organization.
- 60 • In section 4.6 - changed "Assistant EPC," to "designee" on page 5.

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1.0 PURPOSE

The purpose of this procedure is to provide instructions for testing emergency communications systems and checking and updating the telephone number list. This procedure also provides a mechanism for determining if an organization has changed key personnel.

2.0 REFERENCES**2.1 Performance References**

2.1.1 EAP-1.1, OFFSITE NOTIFICATIONS*

2.2 Developmental References

2.2.1 NUREG-0654, Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

- 4.1 Communication checks shall be performed by an individual assigned by the Radiation Protection Manager, except for the listing produced by the Emergency Planning Department and sent out under Attachment 4.
- 4.2 Communication checks shall be performed using the appropriate checklist(s) at the frequencies shown below:
- 4.2.1 Monthly - Attachment 1, Monthly Emergency Communication Checklist
 - 4.2.2 Quarterly- Attachment 2, Quarterly Emergency Communications Checklist
- 4.3 As part of the Quarterly Communication Check:
- A. Personnel listed will be verified as being the responsible individual in their organization. Changes in such personnel shall be noted so that an updated communications checklist and a revision to EAP-1.1 and EAP-17 can be prepared.
 - B. JAFNPP Emergency Personnel will be contacted via Attachment 4 to verify phone numbers, EP Green Cards and availability of corrective lenses for respirator users.
- 4.4 Problems encountered during communication checks should be noted in the remarks section.
- 4.5 Consult EAP-1.1, OFFSITE NOTIFICATIONS*, for guidance for the use of communications system.
- 4.6 The individual performing the communication checks shall forward the completed checklists to the Emergency Planning Coordinator (EPC), or designee, who shall take appropriate action.

4.7 ATTACHMENTS

1. MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST
2. QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST
3. EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS
4. DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS SURVEILLANCE

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

1. Land-Line Communications

	Location	Telephone #	SAT (√)	Verified by Initial / Date
a.	Oswego County E-911 Center	911		
b.	NYS Warning Point	518-457-2200		
c.	Alt. NYS Warning Point	518-457-6811		
d.	EOF Main Number	315-593-5700		
e.	JAF Control Room	315-349-6666		
f.	Security (SAS)	Plant Ext-3456		

2. NYS Radiological Emergency Communication System (RECS) Hotline

For EOF only, check the area used: (test different drop periodically)

Main. Area Communicator _____ County Room and State _____

CR DATE	TSC DATE	EOF DATE	SEQUENCE OF RECS ROLL CALL FOR JAFNPP	VERIFIED BY INITIAL
			Nine Mile Point Unit 1 Control Room	
			Nine Mile Point Unit 2 Control Room	
			Oswego County Warning Point	
			Oswego County EOC	
			NYS Warning Point (SEMO)	

MESSAGE CONTENT FOR RECS LINE TEST INITIATED BY JAF

1. Press A then * to activate all call.)
2. "This is a Test. This is a test. This is the James A. FitzPatrick Nuclear Power Plant _____ (state location - Control Room, Technical Support Center, Emergency Operations Facility). Standby for Roll Call . This is a Test"
3. (Call Roll in Accordance with 2 above)
4. Upon hearing their station name called during roll call, the stations will confirm operability by answering.
5. After completing roll call, recall all stations not answering by saying "JAF (State Location) recalling (Name of Station Not Answering)".
6. Sign off by saying "This has been a test from the James A. FitzPatrick (State Location), (Time), and (Date)".

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST**3. NRC Emergency Telecommunications System (ETS)**

(Note: See Attachment 3 for ETS Testing Guidance)

Control Room

Phone	Phone No.	Location	Outgoing SAT (√)	Incoming SAT (√)	Verified by Initial / Date
ENS ¹	700-371-5321	SM Office			

¹This phone must be checked at the same time as the TSC ENS phone.TSC

Phone	Phone No.	Location	Outgoing SAT (√)	Incoming SAT (√)	Verified by Initial / Date
ENS ²	700-371-5321	ED Desk			
HPN	700-371-6773	RSC Desk			
HPN	700-371-6773	NRC Office			
RSCL	700-371-5319	NRC Office			
PMCL	700-371-5322	NRC Office			
ERDS	700-371-6270	Aux Computer Room			

²This phone must be checked at the same time as the CR ENS phone.EOF

Phone	Phone No.	Location	Outgoing SAT (√)	Incoming SAT (√)	Verified by Initial / Date
ENS	700-371-0064	Main Area – Communicator Desk			
ENS	700-371-0064	Comm. Room			
HPN	700-371-6299	Dose Assessment Room - Communicator			
RSCL	700-371-0063	NRC Office Area			
PMCL	700-371-0062	NRC Office Area			
PMCL	700-371-0062	Main Area – Protective Measures Coordinator			
MC	700-371-0060	NRC Office Area			
MCL	700-371-0060	Main Area – Protective Measures Coordinator			
LAN	700-371-0061	NRC Office Area			
RSCL	700-371-0063	Main Room – Reactor Safety Coordinator			

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

4. Dedicated Lines (Hotlines)

Communications Link Utilized	SAT (✓)	Verified by Initial / Date
a. TSC/CR/EOF/OSC #63 PLNA-35125		
b. TSC-WPO #63 PL-10793		
c. TSC-OSC #63 PL-18382		
d. TSC-AOSC #63 PL-16960		
e. TSC-EOF #63 PLNA-28775		

5. Radio Communications

Communications Link Utilized	SAT (✓)	Verified by Initial / Date
a. TSC		
1. JAF Radio (KKD 650):		
w/Security		
w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
w/EOF Radiological Channel		
b. Control Room		
1. Security Radio:		
w/UHF EOF Consoles		
w/Security		
w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
w/EOF Radiological Channel		
c. EOF		
1. T-1617 #1 _____ Console #2 _____ Dose Assessment Rm _____ (Check area used)		
w/TSC Radiological Channel		
w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
1. Comm Room 1 / 2 _____ Main Area _____ Dose Assessment Rm _____ (Check area used - Alternate periodically)		
UHF Console 1: w/EOF Consoles (check all channels)		
UHF Console 2: w/EOF Consoles (check all channels)		
3. Security Console w/Plant Security		

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

6. Cellular and Satellite Telephones

<u>Check SAT (√)</u>	<u>Verified by Initial / Date</u>
EP1 _____ EP2 _____ RES3 _____ OS3 _____	
Control Room _____;	
TSC _____; _____; _____;	
TSC Satellite _____;	
OSC _____;	

REMARKS

Performed By _____ Date _____

Performed By _____ Date _____

Performed By _____ Date _____

 Emergency Planning Coordinator Date _____

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

<u>Agency/Individual</u>	<u>Phone #</u>	<u>SAT (✓)</u>	<u>Verified By Init/Date</u>
Coast Guard-Buffalo Search & Rescue	(716)843-9500	_____	_____
Operations Center	(716)843-9525	_____	_____
Coast Guard-Oswego Officer in Charge	(315)343-1551	_____	_____
WPO Nuclear Generation Dial: 7243, then follow instructions; seven digit ext: 7183889; wait for tone(s), enter call-back number followed by "#" button, wait for busy signal, then hang up		_____	_____
ECC Marcy	(315)797-8271	_____	_____
INPO Emergency Response	(800)321-0614	_____	_____
NMPNS #1 Control Room	(315)349-2478	_____	_____
NMPNS #2 Control Room	(315)349-2170	_____	_____
NRC EOC	(301)816-5100	_____	_____
	(301)951-0550	_____	_____
NRC Resident Office	(315)342-4907	_____	_____
R. Rasmussen (home)	(315)635-6949	_____	_____
R. Skokowski (home)	(315)342-8595	_____	_____
New York State Emergency Management Office			
James Baranski	(518)457-8909	_____	_____
Oswego County EOC	(315)591-9150	_____	_____
1. Oswego County E-911 Center (Warning Point)	911	_____	_____
2. Oswego County Sheriff's Dept.	911	_____	_____
3. Scriba Volunteer Fire Department	911	_____	_____
4. Chief, J. Borden	(315)343-2161	_____	_____

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

<u>Agency/Individual</u>	<u>Phone #</u>	<u>SAT (✓)</u>	<u>Verified By Init/Date</u>
NYS Bureau of Env. Radiation Control - Dr. Karim Rimawi	(518)402-7550	_____	_____
General Electric BWR Emergency Support	(408)971-1038	_____	_____
U.S. Dept. of Energy RAP/IRAP; Police Headquarters for Brookhaven National Labs	(631)344-2200	_____	_____
Radiation Management Consult 24-hr emergency	(215)824-1300 (215)243-2990	_____ _____	_____ _____
The Energy Center	(315)342-4117	_____	_____
Dr. David O'Brien office Dr. David O'Brien home	(315)343-4348 (315)343-2484	_____ _____	_____ _____
Oswego Hospital Emergency Room Administrator - Corte Spencer	(315)349-5522 (315)349-5520	_____ _____	_____ _____
SUNY Health Science Center at Syracuse Emergency Room Rad. Services Office Dr. G. Connock (RSO)	(315)464-5611 (315)464-6510	_____ _____	_____ _____
American Nuclear Insurers	(860)561-3433 (Option 9)	_____	_____
NYS Warning Point (State Emergency Management Office)	(518)457-2200	_____	_____

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Phone # Changes Required:

Phone # Changes Required:

Attach completed SAP-3, Attachment 5 forms to this checklist.

Emergency Planning Coordinator

Date

Attachment 3 Page 1 of 2
EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

1. RADIO CHECK OPERATING GUIDANCE

A. TSC-T1617:

1. TURN ON
2. Press Channel 1 button
3. Press NYPA P/L A button
4. Contact Security for Radio Check
5. Select Rad Channel (Channel 2 in TSC, Channel 1 AT EOF)
6. Contact EOF, EP-1, EP-2, RES 3, and OS 3
7. TURN OFF

B. TSC-UHF:

1. TURN ON
2. Press Station 1, Frequency 1
3. Key Handset 2 Times
4. Contact EOF
5. Repeat Steps 2, 3, and 4 for Station 1 Freq 2,
6. Station 2 Freq 1, and Station 2 Freq 2
7. TURN OFF

C. CONTROL ROOM BASE:

1. TURN ON
2. Press Channel 1 (Top Button)
3. Ensure No Bottom Buttons are Depressed
4. Press NYPA P/L A Button
5. Contact Security for Radio Check
6. Select Radio Channel (#2 in Control Room #1 at EOF)
7. Contact EOF
8. Press Channel 3 Freq 1 (Corresponds to Station 1 Freq 1 at EOF)
9. Key Microphone 2 times
10. Contact EOF
11. Repeat Steps 6, 7, and 8 for Channel 3 Freq 2
Station 1 Freq 2 at EOF
12. Repeat Steps 6, 7, and 8 for Channel 4 Freq 1
Station 2 Freq 1 at EOF
13. Repeat Steps 6, 7, and 8 for Channel 4 Freq 2
Station 2 Freq 2 at EOF
14. TURN OFF

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS3. TEST PROCEDURES FOR THE NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)

1. Description

The ETS is a separate and distinct system from the public switched network (NY Telephone, Alltel, etc.). It is part of the Federal Telecommunications System (FTS) 2000 network which provides a separate government network for all essential communications functions.

2. Requirements

Emergency Notification System (ENS) - The Control Room extension is tested daily by Operations personnel. However, a monthly test shall also be conducted from all locations (Control Room, TSC, EOF) in accordance with section 4 below.

Health Physics Network (HPN) - All bridged extensions shall be tested monthly in accordance with section 4 below.

Emergency Response Data System (ERDS) - This line is located in the TSC (Aux Computer Room) and shall be tested monthly in accordance with section 4 below.

Other ETS lines shall be tested monthly per section 4 below.

3. Instructions for operating ETS phones

Lift the receiver on the telephone instrument and listen for dial tone. After receiving dial tone, dial the desired ten (10) digit number.

4. Instructions for monthly testing all ETS lines

All ETS lines and bridged extension shall be tested each month for both incoming and outgoing calls.

DO NOT call the NRC Operations Center when testing these phones. Each phone shall be tested by placing and receiving a call to/from any other on site ETS phone.

Attachment 4

Page 1 of 1

DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS
SURVEILLANCE

TO: DEPARTMENT MANAGERS
FROM: EMERGENCY PLANNING COORDINATOR
SUBJECT: QUARTERLY EMERGENCY PLANNING COMMUNICATIONS SURVEILLANCE

Attached is the Quarterly Emergency Response Organization (ERO) Communications Checklist for your department's review. This checklist is used to verify and update, if necessary, important information for the JAF Emergency plan.

Using the following guidelines, please ensure each individual verifies the listed information:

- Name/No. OK – Verify the listed name and home phone number is correct. Indicate Yes (Y) or No (N) in the appropriate column. If the name and/or home phone number is incorrect, indicate the correct information on the form.
- EP Green Card Yes/No – Verify the individual has a green Oswego County Office of Emergency Preparedness Card. Indicate Yes (Y) or No (N) in the appropriate column. If the individual does NOT have a card, contact the Emergency Planning Department. Each ERO member is required to carry the card at all times.
- Respirator Lenses Yes/No/ NA – For individuals that are required to wear corrective lenses for respirator use, verify the individual has appropriate corrective lenses. Indicate Yes (Y), No (N), or Not Applicable (NA) in the appropriate column. If the individual does NOT have the required lenses, contact the Security Clerk.

Please note any personnel changes, initial and date in the appropriate column and return the completed checklist to the Emergency Planning Department **within one week** from the above date.

NICHOLAS AVRAKOTOS
EMERGENCY PLANNING COORDINATOR