

**To** : DOCUMENT CONTROL DESK  
**Facility** : MP Department : 806  
**Address** : NUCLEAR REGULATORY COMMISSION  
DOCUMENT CONTROL DESK  
WASHINGTON, DC 20555

50-245

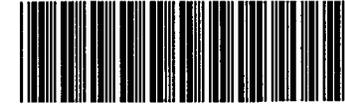
**From** : NDS CONT DOCUMENTS  
**Date/Time** : 07/26/00 16:04

**Trans No.** : 000007412 **Transmittal Group Id:** 00208JEP02  
**Total Items:** 00001

**PASSPORT DOCUMENT**

**TRANSMITTAL**

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5-010 UNIT 1 CONTROL ROOM KIT AND LOCKER		004			P	01

Marked (\*) documents require your acknowledgement.

Acknowledgement Date : \_\_\_\_\_ Signature: \_\_\_\_\_

Please check the appropriate response and return form to sender.

- All documents received.
- Documents noted above not received (identify those not received).
- I no longer require distribution of these documents.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

AP 45

6/27/00  
Approval Date

6/30/00  
Effective Date

# Document Action Request

SPG#

Initiated By: Jean B. Olsen Date: 7/7/00 Department: SPG Ext.: 4794

Document No.: RPM 4.8.5-005 10 Rev. No.: 006 Minor Rev.: 004

Title: Emergency Operations Facility Locker

Reason for Request (attach commitments, CRs, ARs, OEs etc)

Change the directions for Respirators from "Date inspected" to "Date Inspection Due" in order to ensure that respirators are still current.

Continued

Instructions: ~~RPM 4.8.5-006 Rev. 006, "Emergency Operations Facility Locker"~~

~~XXRPM 4.8.5-010, Rev. 004, "Unit 1 Control Room Kit and Locker" XXX~~

~~RPM 4.8.5-011, Rev. 004, "Unit 2 Control Room Kit and Locker"~~

Continued

TPC

Interim

Approval (1) Plant Mngt Staff Member Print/Sign/Date (2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority:  Perform Now  Perform Later - See Comments  Rejected - See Comments

Activity:  Revision  Minor Revision  Cleanup Rev  Biennial Review  Cancellation  Supersedure

See DC-GDL01 for guidance

TPC  OTC  Place in VOID  Edit Corr.: Plant Mngt Staff Member - Approval

Comments:

RI/DPC Print Name and Date Continued

Reviews	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
Validation <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/9/00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SPG	
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/7/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	SPG	
Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/6/00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HP	

Safety Evaluation Required  Yes  No

Environmental Review Required  Yes  No

1.  SQR Program Final Review and Approval

Approval  Disapproval

Ira L. Haas  
SQR Qualified Independent Reviewer / Date

Jean B. Olsen  
Department Head/Responsible Individual

7-26-2000  
Approval Date

2.  SORC/PORC/RI/DH Final Review and Approval

Department Head/Responsible Individual / Date

Meeting No.: \_\_\_\_\_

Approval Signature

Approval Date

Effective Date: 7-27-2000

# Document Action Request Continuation Page

SPG#

Initiated By: Jean B. Olsen Date: 7/7/00 Department: SPG Ext.: 4794

Document No.: RPM 4.8.5-005 010 Rev. No.: 005 Minor Rev. \_\_\_\_\_

Title: Emergency Operations Facility Locker 004

- Section B
- Section C
- Section E

Reviews continued	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input checked="" type="checkbox"/>	JOHN K. WATSON	JK Watson	7/11/00	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EP	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		

**Continuation:**

- RPM 4.8.5-013A, Rev. 004, "Overwater Team Monitoring Kit and Locker"
- RPM 4.8.5-017, Rev. 003, "SAP Locker"
- RPM 4.8.5-020, Rev. 005, "Unit 3 Control Room Kit and Locker"
- RPM 4.8.5-021, Rev. 004, "Technical Support Center Locker"
- RPM 4.8.5-026, Rev. 003, "NAP Locker"

7/26/00  
Approval Date

7/27/00  
Effective Date

### Unit 1 Control Room Kit and Locker

Date: \_\_\_\_\_

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
<b>Team 1 Kit</b>				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters Batteries Replaced (Nov)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries, Spares For Charger Batteries Replaced (Nov)	1 Set			
TLD Badges Replace (Apr Oct)	3			
Finger Rings [♣ Ref. 6.8] Replace (Apr Oct)	6			
Stopwatch	1			
Screwdriver	1			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
Plastic Bags 6x12	5			
Siver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg Of 12)	1			
Smears (Pkg Of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			
Rain Gear (Sets)	4			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			
<b>Emergency Locker</b>				
Portable Count Rate Meter 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (Nov)	3 Sets			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries Spare For Charger Batteries Replaced (Nov)	1 Set			
Finger Rings [♣ Ref. 6.8] Replace (Apr Oct)	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Source Plaque	1			

Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_