

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

50-245
336
423

From : NDS CONT DOCUMENTS
Date/Time : 07/26/00 16:59

Trans No. : 000007437 Transmittal Group Id: 00208JEP07
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 4.8.5-021 TECHNICAL SUPPORT CENTER LOCKER | | 005 | | | 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: _____

4045

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 4.8.5-005 021 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 4.8.5-009, Rev. 006, "Emergency Operations Facility Locker"

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

~~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 | <u>Jean B. Olsen</u> | <u>7/7/00</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | SPG | |
| RCD | <input checked="" type="checkbox"/> Jean B. Olsen | <u>Jean B. Olsen</u> | <u>7/7/00</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | SPG | |
| Independent | <input checked="" type="checkbox"/> Ira L. Haas | <u>Ira L. Haas</u> | <u>7/26/00</u> | <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 4.8.5-009 021 Rev. No.: 006 Minor Rev. 004

Title: Emergency Operations Facility Locker

- 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

Technical Support Center Locker

Date: _____

| Item Description | Quantity | | Returned | |
|---|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____ 3. Serial No. _____ Date Due _____ | 3 | | | |
| Teletector or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| RO-2A or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| 110 Volt Air Sampler Serial No. _____ Date Due _____ | 1 | | | |
| Area Radiation Monitor Serial No. _____ Date Due _____ | 1 | | | |
| Batteries, Spare For Meters Batteries Replaced (Nov) | 1 Set | | | |
| Radiation Area Signs | 12 | | | |
| Respirators With Charcoal Filters Date Inspection Due _____ | 20 | | | |
| Emergency Lanterns | 5 | | | |
| Paper Coveralls | 20 | | | |
| Survey Forms | 1 Set | | | |
| PCs (Sets) | 20 | | | |
| Dosimeters (Low Range) Date Due _____ | 4 | | | |
| Dosimeters (High Range - 5R) Date Due _____ | 20 | | | |
| Dosimeters (Accident) Date Due _____ | 3 | | | |
| Dosimeter Charger Batteries Replaced (Nov) | 1 | | | |
| Battery, Spare For Charger Batteries Replaced (Nov) | 1 | | | |
| Source Plaque | 2 | | | |
| TLD Badges Replace (Apr Oct) | 20 | | | |
| Finger Rings [♣ Ref. 6.8] Replace (Apr Oct) | 20 | | | |
| Smears (Pkg Of 50) | 1 | | | |
| Stopwatch | 1 | | | |

Technical Support Center Locker

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| Forceps | 1 | | | |
| Screwdriver | 1 | | | |
| Particulate Filters (Pkg Of 50) | 1 | | | |
| Clear Plastic Bags 6x12 | 5 | | | |
| Silver Zeolite Cartridges (Repalce Jan. 1, 2006) | 4 | | | |
| Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov) | 1 | | | |
| Surgical Gloves (Pairs) | 12 | | | |
| Coin Envelopes | 5 | | | |
| Rain Gear | 4 Sets | | | |
| Ballpoint Pens | 12 | | | |
| Markers, Felt Tip | 12 | | | |
| Scissors | 1 | | | |
| Stapler | 1 | | | |
| Clipboard with paper | 1 | | | |
| On-Site Field Monitoring Map | 1 | | | |
| Electronic Dosimetry Reader | 1 | | | |
| RMT Procedures and Forms | 1 | | | |
| SCBA | 6 | | | |
| Potassium Iodide Tables (Exp. Date. _____) | 1 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____