

**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 17:08

**Trans No.** : 000007442 **Transmittal Group Id:** 00208JEP08  
**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 4.8.5-026 NAP LOCKER		003			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: \_\_\_\_\_

APP45

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 4.8.5-005 026 Rev. No.: 006 Minor Rev.: 003

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 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 4.8.5-008 026 Rev. No.: 006 Minor Rev. \_\_\_\_\_

Title: Emergency Operations Facility Locker 003

- 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	J K 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

### NAP Locker

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

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
RMT Kit No. 2	1			
RM-14 or Equivalent Serial No. _____ Date Due _____	1			
110 Volt Air Sampler Serial No. _____ Date Due _____	1			
Radiation Area Signs	3			
Respirators With Charcoal Filters Date Inspection Due _____	5			
Emergency Lanterns	5			
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Particulate Filters	50			
Extension Cord	1			
PCs Complete Sets	6			
Source Plaque	1			

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

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