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April 24, 2001

U. S. Nuclear Regulatory Commission
Attn: Document Control Desk
Washington, DC 20555

Subject: River Bend Station – Unit 1
Docket No. 50-458
License No. NFP-47
Submittal of Revisions to Emergency Implementing Procedures

File No.: G9.5, G9.20.6

RBG-45714
RBF1-01-0088

Ladies and Gentlemen:

Pursuant 10CFR50 Appendix E, Section V, enclosed are copies of four Emergency Implementing Procedures that have been revised. A list of the revised procedures is attached. In accordance with 10CFR50.54(q), the changes do not decrease the effectiveness of the Emergency Plan.

If you have any questions or require further information, please contact Michael Bakarich at (225)-378-3310.

Sincerely,

Rick J. King

RJK/dnl
enclosures

A045

cc: U. S. Nuclear Regulatory Commission (2)
Region IV
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NRC Senior Resident Inspector
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LIST OF REVISED
EMERGENCY IMPLEMENTING PROCEDURES

PROCEDURE NAME	TITLE	CURRENT REV.
EIP-2-002	Classification Actions	21
EIP-2-007	Protective Action Recommendation Guidelines	18
EIP-2-018	Technical Support Center	22
EIP-2-103	Emergency Equipment Inventory	16

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Page 1 of 1

Procedure Action Request

PROCEDURE NO	CURRENT REV.	PROCEDURE TITLE
EIP-2-002	20	Classification Actions

TYPE OF ACTION:

- ☑ PROCEDURE REVISION (PR)
- ☐ NEW PROCEDURE (NP)
- ☐ EDITORIAL CHANGE (EC)
- ☐ COMMENT (CM)
- ☐ CANCEL PROCEDURE (CP)
- ☐ OTHER (O)

DESCRIBE ACTION:

The following changes were made:

1. References-Added reference to EPP-2-100, Procedure Review, Revision, and Approval. Also, made minor changes to typographical errors.
2. Definitions 3.4-Removed reference to Sallyport. Use of the Sallyport would not afford the security force an efficient way of performing evacuation and accountability. It is not identified as a means to do so in the Plan. Spelled out word Primary Access Point.
3. Responsibilities 4.2.5-Reworded step. Recovery Manager reviews information for the media and general public prior to release.
4. Attachment 1 Subsequent Action Step 5-Reworded step to allow the augmentation from any facility.
5. Attachments 1, 2, and 3 Subsequent Action step 6-Changed wording to indicate that LNMFs are prepared as soon as possible after the SNMF.
6. Attachments 2 and 3 Subsequent Action step 1-Removed step to direct security to activate card readers in the TSC and OSC. The Security Coordinator in the TSC already performs this function as part of their checklist during TSC activation
7. Attachment 2 Subsequent Action Step 3-Changed this step to a NOTE.
8. Attachment 3 Initial Action Step 6-Removed statement to determine an evacuation point and the need for an Assembly Area. This is already contained in Attachment 6 which he will reference.
9. Attachment 3 Subsequent Action Step 3-Changed this step to a NOTE.
10. Attachment 5- Added guidelines for declaring building or limited evacuations.
11. Attachment 6-Reformatted Owner Controlled Area checklist to come more in line with the Procedure Writer's Guide.
12. Attachment 7-Added step 2.3 to provide guidance on assembling a search and rescue team if the OSC is not operational.

Continued on next page

- ☑ EVALUATION (50.54q) COMPLETED, If applicable (Attach form from RBNP - 075)
- ☑ LICENSING COMMITMENTS VERIFIED
- ☑ CROSS DISCIPLINE REVIEW
- ☐ TRAINING REQUIRED
- ☐ BEFORE ISSUE or ☐ AFTER ISSUE

REVIEW AND APPROVAL:

	SIGNATURE / KCN / DATE		SIGNATURE / KCN / DATE
PREPARER	John Hunt 0628 4/3/01	FRC (Mtg. # 2001-017)	1409 4/12/01
TECHNICAL REVIEWER	Kristi Huffstatler 4/3/01	EP MANAGER	C033 4-12-01

EFFECTIVE DATE: APR 17 2001

13. Attachment 8-Removed step to isolate the control room. Personnel will don SCBAs in the subsequent step and arrange for monitoring and additional air bottles.
14. Throughout procedure changed Operations Shift Superintendent to Shift Manager.
15. Modified pre-scripted plant announcements throughout procedure to make more efficient.

*G12.23.2

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RIVER BEND STATION
STATION SUPPORT MANUAL
***EMERGENCY IMPLEMENTING PROCEDURE**

**CLASSIFICATION ACTIONS*

PROCEDURE NUMBER:	***EIP-2-002**
REVISION NUMBER:	***21**
Effective Date:	* APR 17 2001

NOTE : SIGNATURES ARE ON FILE.

*INDEXING INFORMATION

This procedure has been reviewed for 10CFR50.59 applicability. 10CFR50.59 screening for the programmatic exclusion of all EIP changes, approved by FRC 7/10/97, concludes that further review of changes to this procedure under 10CFR50.59 are not necessary.

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1 PURPOSE

This procedure describes the actions to be taken by the Recovery Manager/Emergency Director when an emergency condition has been classified as a Notification of Unusual Event (NOUE), Alert, Site Area or General Emergency, per EIP-2-001, Classification of Emergencies.

2 REFERENCES

2.1 ADM-0060, First Responder Emergencies

2.2 EIP-2-001, Classification of Emergencies

2.3 EIP-2-006, Notifications

2.4 EIP-2-007, Protective Action Recommendation Guidelines

2.5 EIP-2-012, Radiation Exposure Controls

2.6 EIP-2-014, Offsite Radiological Monitoring

2.7 EIP-2-024, Offsite Dose Calculations

2.8 EIP-2-028, Recovery

2.9 EPP-2-100, Procedure Review, Revision, and Approval

2.10 FPP-0010, Fire Fighting Procedure

2.11 RBNP-035, Hazardous Material Emergency Response Plan

3 DEFINITIONS

3.1 **Alternate Evacuation Assembly Area** - Located at the intersection of the River Access Road and West Feliciana Parish (WFP) 7 (Powell Station Road/State Highway 965). The evacuation route from the Protected Area is through the Alternate Evacuation Point (South Train Gate). Personnel from the Protected Area and personnel in other areas of the Owner Controlled Area will proceed down River Access Road, past Grant Substation to the junction of West Feliciana Parish (WFP) 7 (Powell Station Road/State Highway 965) to the Alternate Assembly Area. All evacuees will proceed to the Alternate Assembly Area on foot. Transportation will be provided at that point.

3.2 **Alternate Evacuation Point** - The alternate egress point that may be used if necessary during Owner Controlled Area Evacuations. It is sometimes referred to as the "South Train Gate". This is the Evacuation Point used for proceeding to the Alternate Evacuation Assembly Area.

3.3 **Building Evacuation** - The withdrawal of personnel from an affected building due to widespread hazards.

3.4 **Evacuation Assembly Area East** - The Training Center, located at the intersection of the River Bend Power Station Road and the West Training Center parking lot entrance. The evacuation route is through the Primary Access Point (PAP) to the River Bend Power Station Road via private vehicle and then to the Training Center.

3.5 **Evacuation Assembly Area West** - The River Bend Activity Center, located near the intersection of the River Bend Power Station Road and West Feliciana Parish (WFP) 7 (Powell Station Road/State Highway 965). The evacuation route is through the Primary Access Point (PAP) to the River Bend Power Station Road via private vehicle and then to the River Bend Activity Center.

3.6 **Limited/Building Evacuation Accountability** - Actions taken that attempt to determine the evacuation status of personnel within the Limited/Building area.

3.7 **Limited Evacuation** - The withdrawal of personnel from a room or area due to localized hazards.

3.8 **Owner Controlled Area Evacuation** - The withdrawal of all non-essential personnel, visitors, and contractor personnel (excluding security) from the entire Owner Controlled Area. Non-essential personnel are defined as all station personnel not performing emergency organization duties. The Owner Controlled Area, which includes the Protected Area, is all land owned and controlled by River Bend Station, an area from the Mississippi River to U. S. Hwy. 61, and from West Feliciana Parish (WFP) 7 (Powell Station Road/State Highway 965) on the South to the North boundary of the River Bend Site property.

3.9 **Primary Evacuation Point** - For the protected area, the PAP is used. This is the Evacuation Point used for proceeding to the Evacuation Assembly Areas East or West.

3.10 **Protected Area Accountability** - Actions taken to determine the evacuation status of personnel within the Protected Area.

3.11 **Search and Rescue Team** - Locate missing/unaccounted individuals and provide assistance to remove individuals from the evacuated area. Search and Rescue Teams should be composed of at least two persons selected from Radiation Protection Technicians, Chemistry Technicians, Nuclear Control Operators/Nuclear Equipment Operators, or First Responders. If one of the team members is not an RP Technician, at least one of the team members must be trained in the use of radiation survey instruments. At least one team member must be trained in search and rescue techniques.

4 RESPONSIBILITIES

4.1 Shift Manager:

4.1.1. assume the responsibilities and authority of the Recovery Manager and Emergency Director until properly relieved or until the emergency situation is terminated.

4.1.2. decide the Severe Accident Procedure mitigation strategy when applicable.

4.1.3. continue Shift Manager responsibilities, after being relieved or on termination of the emergency.

4.2 Recovery Manager:

4.2.1. provide overall management of River Bend Station (RBS) response activities.

4.2.2. provide notifications and make protective action recommendations to offsite authorities.

4.2.3. coordinate RBS response activities as required with offsite organizations.

4.2.4. ensure that offsite radiological conditions are measured and monitored.

4.2.5. review information for the media and the general public prior to release.

4.2.6. establish a Recovery Organization.

4.2.7. terminate the emergency.

4.3 Emergency Director:

4.3.1. assess and classify emergency conditions.

4.3.2. authorize doses in excess of 10CFR20 limits.

4.3.3. direct onsite activities in support of the Control Room.

4.3.4. authorize departures from license conditions or Technical Specifications in accordance with 10 CFR 50.54 (x).

4.3.5. determine need for onsite evacuation, personnel accountability, and implement search and rescue as required.

5 GENERAL

NONE

6 PROCEDURE

NOTE

The actions of this procedure may be completed in any sequence, however, the sequence presented is recommended.

NOTE

If the Control Room is evacuated, the Shift Manager, designated Communicator, and Chemistry Technician shall report to the TSC with their binders to perform the actions of this procedure.

6.1 **NOTIFICATION OF UNUSUAL EVENT** - The Recovery Manager and Emergency Director should use Attachment 1 as a guideline.

6.2 **ALERT EMERGENCY** - The Recovery Manager and Emergency Director should use Attachment 2 as a guideline.

6.3 **SITE AREA EMERGENCY OR GENERAL EMERGENCY** - The Recovery Manager and Emergency Director should use Attachment 3 as a guideline.

7 DOCUMENTATION

7.1 Attachments 1 - 3 and 5 - 8 of this procedure will be sent to Permanent Plant Files (PPF) per EPP-2-100 by the Manager - Emergency Preparedness.

NOTIFICATION OF UNUSUAL EVENT

INITIAL ACTIONS Date:_____ Time:_____ Action Completed Initials

1. Merge the Page Party/Gaitronics and make plant announcement. _____

   WARBLE tone. **"Attention in the plant. An UNUSUAL EVENT has been declared due to** (brief cause of emergency)**."** (Repeat message)

WARNING

If a personnel hazard is still within the Protected Area (high winds, toxic gas, armed intruders, etc...) consider delaying activation of the Emergency Response Organization pagers until the danger has passed.

2. Direct the Communicator to activate the onsite Emergency Response Organization pagers in accordance with EIP-2-006. _____

3. Direct the Communicator to notify the following:

   3.1 Offsite authorities - Within 15 minutes of the declaration utilizing the Short Notification Message Form (SNMF). _____

   3.2 NRC - Immediately after notifying state and local authorities and no later than one hour after declaring the emergency. _____

4. Evacuate onsite affected area(s), if needed, in accordance with Attachment 5. _____

5. For toxic gas releases, refer to the actions of Attachment 8. _____

SUBSEQUENT ACTIONS

1. Periodically inform plant personnel of personnel hazards, plant line-ups, corrective actions and steps taken to mitigate the emergency.

2. Invoke 10 CFR 50.54 (x) for departures from license conditions or Technical Specifications.

3. Authorize and make log entries for all procedure deviations.

NOTIFICATION OF UNUSUAL EVENT

SUBSEQUENT ACTIONS (Cont.'d)

4. Verify and update classification levels and onsite protective actions, as necessary.

5. If additional manpower is needed, augment the staff.

6. Direct periodic status reports to the:

   6.1 Offsite authorities - Long Notification Message Forms (LNMF) should be prepared as soon as possible following a Short Notification Message Form (SNMF) or when significant changes occur that don't warrant emergency escalation. During extended emergencies time between LNMFs should not exceed 2 hours.

   6.2 NRC - Update as requested.

TERMINATION ACTIONS Date:_____	Action Completed Initials
1. When NOUE conditions are no longer met, terminate the emergency.	_____
2. Direct notification of the following of the emergency termination:	
2.1 Offsite authorities - Direct the Communicator to use the Long Notification Message Form (LNMF).	_____
2.2 NRC	_____
3. Announce emergency termination **twice** over the Gaitronics.	_____
4. If activated, deactivate the OSC.	_____
5. Forward the originals of all documents generated by implementation of this procedure to the Manager - Emergency Preparedness.	_____

ALERT

INITIAL ACTIONS Date:_____ Time:_____ Action Completed Initials

1. Merge the Page Party/Gaitronics and make plant announcement. _____

   WARBLE tone. **"Attention in the plant. An Alert has been declared due to** (brief cause of emergency)**. Activate all Emergency Response Facilities."** (Repeat message)

2. For toxic gas releases, refer to the actions of Attachment 8. _____

WARNING

If a personnel hazard is still within the Protected Area (high winds, toxic gas, armed intruders, etc...) consider delaying activation of the Emergency Response Organization pagers until the danger has passed.

3. Direct the Communicator to activate the onsite Emergency Response Organization pagers in accordance with EIP-2-006. _____

4. Direct the Communicator to notify the following:

   4.1 Offsite authorities - Within 15 minutes of the declaration utilizing the Short Notification Message Form (SNMF). _____

   4.2 NRC - Immediately after notifying state and local authorities and no later than one hour after declaring the emergency. _____

5. Evacuate onsite affected area(s), if needed, in accordance with Attachment 5. _____

6. Dispatch personnel to sample and evaluate release of radioactive materials in accordance with EIP-2-014, as necessary. _____

SUBSEQUENT ACTIONS

1. Direct a chemistry technician to activate the Emergency Response Data System (ERDS). Must be performed within 1 hour of an ALERT or higher emergency classification. _____

2. Periodically inform plant personnel of personnel hazards, plant line-ups, corrective actions and steps taken to mitigate the emergency.

ALERT

SUBSEQUENT ACTIONS (Cont.'d)

NOTE

Ultimate authority for invoking 10 CFR 50.54(x) resides with the Emergency Director. If timely response precludes Emergency Director authorization, the minimal authority is an onshift licensed SRO

3. Authorize and make log entries for all procedure deviations.

4. Verify and update classification levels and onsite protective actions, as necessary.

5. Direct periodic status reports to the:

   5.1 Offsite authorities - Long Notification Message Forms (LNMF) should be prepared as soon as possible following a Short Notification Message Form (SNMF) or when significant changes occur that do not warrant emergency escalation. During extended emergencies time between LNMFs should not exceed 2 hours.

   5.2 NRC - Update as requested.

TERMINATION ACTIONS Date:_____ Action Completed Initials

1. Terminate the emergency when the ALERT conditions are no longer met and the following have been accomplished: _____

   7.2 The plant is in a stable condition.

   7.3 The release of radioactivity to the environment has been terminated and and no further potential for radioactivity releases exists.

   7.4 No further potential for major damage to equipment exists.

2. Direct the notification of the following of the emergency termination:

   2.1 Offsite authorities - Direct the Communicator to use the Long Notification Message Form (LNMF). _____

   2.2 NRC _____

3. Announce emergency termination **twice** over the Gaitronics. _____

ALERT

TERMINATION ACTIONS (Cont.'d)

4. Direct the emergency facilities to deactivate. _____

5. Obtain concurrence from the NRC and deactivate the Emergency Response Data System (ERDS). _____

6. Forward the originals of all documents generated by the implementation of this procedure to the Manager - Emergency Preparedness. _____

SITE AREA/GENERAL EMERGENCY

INITIAL ACTIONS Date:_____ Time:_____ Action Completed Initials

1. Merge the Page Party/Gaitronics and make plant announcement. _____

   WARBLE tone. **"Attention in the plant. A** (Site Area Emergency or General Emergency) **has been declared due to** (brief cause of emergency). **Activate all Emergency Response Facilities."** (Repeat message)

2. Evaluate protective actions offsite and implement EIP-2-007, as necessary. _____

3. For toxic gas releases, refer to the actions of Attachment 8. _____

WARNING

If a personnel hazard is still within the Protected Area (high winds, toxic gas, armed intruders, etc...) consider delaying activation of the Emergency Response Organization pagers until the danger has passed.

4. Direct the Communicator to activate the onsite Emergency Response Organization pagers in accordance with EIP-2-006. _____

5. Direct the Communicator to notify the following:

   5.1 Offsite authorities - Within 15 minutes of the declaration utilizing the Short Notification Message Form (SNMF). _____

   5.2 NRC - Immediately after notifying state and local authorities and no later than one hour after declaring the emergency. _____

6. Evacuate the Owner Controlled Area in accordance Attachment 6. _____

7. Dispatch personnel to sample and evaluate the release of radioactive materials in accordance with EIP-2-014, as necessary. _____

8. Initiate dose calculations in accordance with EIP-2-024, if due to radiological conditions. _____

SITE AREA/GENERAL EMERGENCY

INITIAL ACTION (Cont.'d)

9. At a General Emergency (if the Emergency Facilities are not manned) perform the following:

   9.1 Contact the LOEP Operations Officer and verify that he is prepared to transmit the appropriate EAS message to the radio stations for broadcast. _____

   9.2 Coordinate the siren sounding time with LOEP Operations Officer. _____

   9.3 Activate the sirens at the agreed upon time using Attachment 4. _____

SUBSEQUENT ACTIONS

1. Direct a chemistry technician to activate the Emergency Response Data System (ERDS). Must be performed within 1 hour of an ALERT or higher emergency classification. _____

2. Periodically inform plant personnel of personnel hazards, plant line-ups, corrective actions and steps taken to mitigate the emergency.

NOTE

Ultimate authority for invoking 10 CFR 50.54(x) resides with the Emergency Director. If timely response precludes Emergency Director authorization, the minimal authority is on onshift licensed SRO.

3. Authorize and make log entries for all procedure deviations.

4. Verify and update classification levels.

5. Direct periodic status reports to the:

   5.1 Offsite authorities - Long Notification Message Forms (LNMF) should be prepared as soon as possible following a Short Notification Message Form (SNMF) or when significant changes occur that do not warrant emergency escalation. During extended emergencies time between LNMFs should not exceed 2 hours.

   5.2 NRC - Update as requested.

6. Verify and update offsite protective actions, as necessary.

TERMINATION ACTIONS Date:_____ Action Completed

SITE AREA/GENERAL EMERGENCY

Initials

1. Terminate the emergency when the SITE AREA/GENERAL EMERGENCY conditions are no longer met and the following has been accomplished: _____

   1.1 The reactor is in cold shutdown, is in a stable, safe configuration, and adequate core cooling is available.
   1.2 Excessive releases of radioactivity to the environment have been terminated and no further potential for significant radioactivity releases exist.
   1.3 Offsite concentrations of radioactivity in the atmosphere or in waterways have dispersed to near background levels, excluding ground deposition.
   1.4 The State of Louisiana, the local parishes, and the NRC concur in terminating the emergency.

2. Direct notification of the following of the emergency termination:

   2.1 Offsite authorities - Direct the Communicator to use the Long Notification Message Form (LNMF). _____

   2.2 NRC _____

3. Announce emergency termination **twice** over the Gaitronics. _____

4. Initiate recovery actions in accordance with EIP-2-028. _____

5. Direct the emergency facilities to deactivate. _____

6. Obtain concurrence from the NRC and deactivate the Emergency Response Data System (ERDS). _____

7. Forward the originals of all documents generated by the implementation of this procedure to the Manager - Emergency Preparedness. _____

SIREN CONTROL FROM THE CONTROL ROOM

NOTE

If the Siren Control Box in the Control Room does not work, the siren sounding time may have to be changed. Notify the EOF Recovery Manager when the EOF is operational or LOEP if Control Room is performing Protective Action Recommendations. If the Siren Control Box in the Control Room does not work, contact one of the following and direct them to enable the Siren System.

1. *Emergency Operations Facility (Backup)*
2. *Emergency Planning if available (normal working hours/Duty Pager)*
3. *Telecommunications Department (Siren Computers)*

CANCEL AN INADVERTENT SIREN SOUNDING

1. At the control room siren control box, insert key into the ENABLE key switch.
2. Place ENABLE key switch in the ON position and verify the white POWER lamp comes on.
3. Depress and hold the CANCEL pushbutton switch until the green CANCEL lamp comes on.
4. Verify that the yellow ACK lamp momentarily comes on.

The system is now canceled. In some instances the yellow ACK lamp will turn on more than once. This is normal communications with the main siren computers. After two (2) minutes the system can be returned to the normal configuration. To return the system to the normal configuration perform the following.

1. Place the ENABLE key switch in the OFF position.
2. Verify that the white POWER lamp goes off.
3. Store key.

SIREN CONTROL FROM THE CONTROL ROOM

ENABLE THE SYSTEM FOR PARISH ACTIVATION

1. At the control room siren control box, insert key into the ENABLE key switch.
2. Place ENABLE key switch in the ON position and verify the white POWER lamp comes on.
3. Depress and hold the ENABLE pushbutton switch until the blue ENABLE lamp comes on.
4. Verify that the yellow ACK lamp momentarily comes on.

The system is now enabled. In some instances the yellow ACK lamp will turn on more than once. This is normal communications with the main siren computers. At this time the Parish EOCs can activate their respective sirens. To return the system to the normal configuration perform the following.

1. Place ENABLE key switch to the OFF position.
2. Verify that the white POWER lamp goes off.
3. Verify that the blue ENABLE lamp goes off.
4. Remove and store key.

RBS CONTROL ROOM SIREN ACTIVATION SEQUENCE

1. At the control room siren control box, insert keys into ENABLE and ALL-CALL key switches.
2. Place ENABLE key switch in the ON position and verify the white POWER lamp comes on.
3. Place ALL-CALL key switch in the ON position and verify the blue ENABLE lamp comes on.
4. Verify that the yellow ACK lamp momentarily comes on.
5. Depress and hold the ALL-CALL pushbutton switch until the red ALL-CALL lamp comes on.
6. Verify that the yellow ACK lamp momentarily comes on.

The sirens will sound for three minutes and then shut down. In some instances the yellow ACK lamp will turn on more than once. This is normal communications with the main siren computers. To return the system to the normal configuration perform the following:

1. Place both ENABLE AND ALL-CALL switches to the OFF position.
2. Verify that the white POWER lamp goes off.
3. Verify that the blue ENABLE lamp goes off.
4. Remove and store the keys.

LIMITED OR BUILDING EVACUATION

NOTE

In general, evacuations will be in accordance with the following guidelines:

1. *A limited evacuation may be implemented when any of the following conditions exists*

   a. *Unexpected area radiation monitor high level alarms are received.*

   b. *Unexpected high airborne activity as identified by the activation of a continuous air monitor or RP air sample analysis.*

   c. *Unexpected increase of radioactive surface contamination in an area previously designated clean or in excess of expected levels as identified on a Radiation Work Permit.*

   d. *Upon discovery of a large radioactive (or suspected radioactive) liquid spill.*

   e. *Other emergency conditions occur, such as fire or hazardous gas encounters, that may endanger human health or safety.*

2. *A building evacuation may be declared when either of the following occur*

   a. *Criteria for a limited evacuation are exceeded in two or more large operating areas within one building; or*

   b. *An unexpected or uncontrolled exposure rate in excess of the expected dose rate as indicated by an area radiation monitor alarm within a single building.*

Date:_____ Time:_____ Action Completed Initials

1. Determine an assembly location. _____

2. Dispatch Radiation Protection Technician for personnel monitoring to assembly location, as necessary. _____

LIMITED OR BUILDING EVACUATION

3. Direct the Security Shift Supervisor to conduct personnel accountability according to page 3 of this Attachment. _____

4. Merge the Page Party/Gaitronics and make the following plant announcement: _____

   PULSE tone. **"Attention in the plant. Evacuate the** (specify area or building) **and assemble at the** (second floor hallway of the Services Building or alternate location)." (Repeat message)

5. Implement ADM-0060 First Responder Emergencies, as necessary. _____

6. Implement RBNP-035 Hazardous Material Emergency Response Plan, as necessary. _____

7. Implement FPP-0010 Fire Fighting Procedure, as necessary. _____

8. Upon report of missing individual(s) implement Search and Rescue in accordance with Attachment 7. _____

9. When appropriate inform personnel that the hazard no longer exists. _____

10. Forward the original of this checklist to the Manager - Emergency Preparedness. _____

LIMITED OR BUILDING EVACUATION

Date:_____ Time:_____ Action Completed Initials

SECURITY SHIFT SUPERVISOR

1. Direct security officers to obtain a list of assembled personnel. _____
2. Establish control to prevent access into evacuated area. _____
3. Obtain printouts if area access is controlled by card readers. _____
4. Report accountability results to the Emergency Director. _____
5. Establish normal access, as possible. _____

OWNER CONTROLLED AREA EVACUATION

Date _____ Time _____ Action Completed Initial

NOTE

If select personnel or groups are needed to standby until a determination of their services is made, have them report to the cafeteria and standby for further instructions.

1. IF a radiological release has NOT occurred AND is NOT judged imminent, THEN Go To Step 9.

2. IF a radiological release has occurred, is in progress, or is judged to be imminent, THEN Go To Step 3.

3. Select an Evacuation Point and Assembly Area using the following table. _____

Wind Direction From	Evacuation Point	Assembly Area
> 40° - ≤ 255°	South Train Gate	Alternate Assembly Area
> 255° - ≤ 40°	PAP	Training Center OR Activity Center (Back-up)

____PAP/Assembly Area East (Training Center)
____PAP/Assembly Area West (Activity Center)
____South Train Gate/Alternate Assembly Area

4. Dispatch Radiation Protection Technicians to the selected Assembly Area to monitor and decontaminate evacuees as necessary. _____

5. Direct the Security Shift Supervisor to dispatch any available Officers to the selected Assembly Area to assist in traffic control and an orderly evacuation process and to complete page 3 of this Attachment. _____

6. Merge the Page Party/Gaitronics and make plant announcement. _____

   PULSE tone. **"Attention in the plant. All personnel not presently assigned to an emergency facility are directed to evacuate. Use the** (specify the Primary Access Point or South Train gate). **Proceed to the evacuation assembly area** (specify location). (Repeat message)

7. If the Alternate Assembly Area is being used, personnel shall walk to the Alternate Assembly Area. Contact LOEP and request that they provide transportation for evacuees as necessary. _____

8. Continue at Step 11. _____

OWNER CONTROLLED AREA EVACUATION

9. Direct the Security Shift Supervisor to prepare for an Owner Controlled Area evacuation, to assist in traffic control and to complete page 3 of this Attachment. _____

10. Merge the Page Party/Gaitronics and make plant announcement. _____

    PULSE tone. **"Attention in the plant. All personnel not presently assigned to an emergency facility are directed to evacuate. Use the Primary Access Point. Engineering, Maintenance, and Operations personnel not on shift report to the cafeteria and standby for further instructions. All other personnel are directed to go home.** (Repeat message)

11. Review the accountability report for the Protected Area. (Accountability should be completed within approximately 30 minutes of the emergency declaration.) _____

12. Maintain personnel accountability in the Control Room. _____

13. Upon report of missing individual(s) implement Search and Rescue in accordance with Attachment 7. _____

14. Forward the original of this checklist to the Manager - Emergency Preparedness. _____

OWNER CONTROLLED AREA EVACUATION

Date:_____ Time:_____ Action Completed Initials

SECURITY SHIFT SUPERVISOR

1. Call West Feliciana Sheriff's Office to request traffic/access control assistance. _____
2. If directed, open the South Train Gate. _____
3. Direct security officers to perform Protected Area accountability. _____
4. If the TSC is operational, ensure that accountability printouts are forwarded to the Security Coordinator for determination of accountability. If the TSC is not operational, then forward printouts to the Control Room. _____
5. Provide any known information on individuals who are unaccounted for to the Emergency Director. _____
6. Direct security officers to evacuate Owner Controlled Areas outside of the protected area to ensure personnel are aware of the evacuation order. _____
7. Ensure that security officers receive a briefing on potential hazards and any protective measures required. _____
8. Establish controls to prevent persons from entering evacuated areas. _____

Date:_____ Time:_____ Action Completed Initials

SECURITY OFFICERS

1. Perform duties as directed. _____
2. During Owner Controlled Area evacuations, perform the following activities for areas outside the Protected Area:
   a. Enter each building and announce the evacuation and designated Assembly area, if applicable. _____
   b. Direct all personnel to evacuate. _____

SEARCH AND RESCUE OPERATIONS CHECKLIST

Date:_____ Time:_____ Action Completed Initials

1. If notified that an individual is still within the hazard area, merge the Gaitronics and make the following announcement: _____

   WARBLE tone. **"Attention in the plant,** (name of individual) **report your location to the control room immediately."** (Repeat message)

2. If the individual has not contacted the Control Room within approximately two minutes following the second announcement, perform the following:

   2.1 Direct the Security Shift Supervisor to provide information on likely areas to search. _____

   2.2 Direct the OSC Director to activate the Search and Rescue Team and provide information on specific plant areas to be searched and provide any protective measure information needed on potential hazards. _____

   2.3 If the OSC is not operational, assemble a team composed of personnel identified in section 3.11. Provide information on specific areas to be searched and provide any protective measure information needed on potential hazards. _____

   2.4 Authorize team members to exceed exposure limits, as necessary, in accordance with EIP-2-012. _____

3. Forward the original of this checklist to the Manager - Emergency Preparedness. _____

TOXIC GAS RELEASE CHECKLIST

Date:_____ Time:_____ Action Completed Initials

Complete the following steps according to the applicable classification.

NOTIFICATION OF UNUSUAL EVENT

1. For gas releases, post and/or restrict access to affected facilities, especially basements, pits, drainage ditches, depressions, etc. _____

TERMINATION ACTIONS

For gaseous releases, perform the following actions.

1. Verify that each potentially affected facility or area is safe prior to allowing personnel access. _____
2. Evaluate the effects of the gaseous release on tanks vented to atmosphere, electrical equipment, etc. _____

ALERT

Consider performing the listed actions prior to toxic gases entering the facility.

1. Have personnel don SCBA's. _____
2. Cover skin with available clothing. _____
3. Post and restrict access to affected facilities, especially basements, pits, drainage ditches, depressions, etc. _____

TERMINATION ACTIONS

For gas releases, perform the following actions.

1. Verify that each potentially affected facility or area is safe prior to allowing personnel access. _____
2. Evaluate the effects of the gaseous release on tanks vented to atmosphere, electrical equipment, etc. _____

TOXIC GAS RELEASE CHECKLIST

Date:_____ Time:_____ Action Completed Initials

SITE AREA/GENERAL EMERGENCY

If the toxic gas concentration in the Main Control Room is expected to exceed the toxicity limit, consider implementing one or more of the listed actions.

1. Have personnel don SCBA's. _____
2. Cover skin with available clothing. _____
3. Contact Chemistry to monitor toxic gas concentration in the control room. _____
4. Contact RP to assist in SCBA bottle changeout. _____

TERMINATION ACTIONS

For gas releases, perform the following actions.

1. Verify that each potentially affected facility or area is safe prior to allowing personnel access. _____
2. Evaluate the effects of the gaseous release on tanks vented to atmosphere, electrical equipment, etc. _____

ENTERGY

PAR

Procedure Action Request

PROCEDURE NO	CURRENT REV.	PROCEDURE TITLE
EIP-2-007	17	Protective Action Recommendation Guidelines

TYPE OF ACTION:

- ☑ PROCEDURE REVISION (PR)
- ☐ NEW PROCEDURE (NP)
- ☐ EDITORIAL CHANGE (EC)
- ☐ COMMENT (CM)
- ☐ CANCEL PROCEDURE (CP)
- ☐ OTHER (O)

DESCRIBE ACTION:

1. Section 1- Added text "for the Shift Manager acting as Recovery Manager to determine protective action recommendations for". This procedure is to be used in the Control Room only. Applicable sections of the original EIP-2-007 have been added to the EOF and TSC procedures to allow PAR determinations from those facilities as necessary.
2. Section 2-Removed reference to EIP-2-006, Notifications.
3. Section 4.1-Spelled out the words Emergency Planning Zone.
4. Step 4.2- Deleted. This procedure covers offsite protective actions recommendations. Onsite protective actions are addressed in EIP-2-002 Classification Actions.
5. Section 6 Note- Added clarifying text "or data availability which requires upgrading the PARs." This text is added to fall in line with guidance provided in NEI-99-02 dealing with PAR development.
6. Step 6.1.1- Added reference to Attachments 2 and 3 to utilize in determining PARs.
7. Step 6.1.2- Reworded step. Added word "emergency".
8. Steps 6.1.2.1 through 6.1.2.3- Deleted consideration information on venting containment. This procedure is to be used in the control room only. Operations procedures will require venting of containment regardless of offsite consequences. This information will not preclude that from happening.

See attached.

- ☑ EVALUATION (50.54q) COMPLETED, If applicable (Attach form from RBNP - 075)
- ☑ LICENSING COMMITMENTS VERIFIED
- ☑ CROSS DISCIPLINE REVIEW
- ☑ TRAINING REQUIRED
- ☑ BEFORE ISSUE or ☐ AFTER ISSUE

REVIEW AND APPROVAL:

PREPARER — SIGNATURE / KCN / DATE: John Hunt 0628 4/3/01

FRC (Mtg. # 2001-017)

SIGNATURE / KCN / DATE: 1409 4/12/01

TECHNICAL REVIEWER: Kristi Huffstatler 1211 4/3/01

EP MANAGER: 0533 4-4-01

EFFECTIVE DATE:

9. Steps 6.1.3 through 6.1.8- This information has been converted into the flowchart steps of Attachment 1. Additionally, specific details of contacting the local authorities within 5 minutes, etc. are contained in the Control Room Communicator's checklist in EIP-2-006 Notifications.
10. Step 6.1.9- Reworded text to state wind shifts which change the "scenario number may" trigger an increase in PARs to a higher level. "To determine the appropriate PAR, review the emergency scenario maps and the National Weather Service (NWS) forecast. In addition, if NWS indicates continued wind shifts" consider the following guidance...
11. Added Attachment 1 PAR Process.
12. Attachment 2- Changed LRPD to LDEQ due to their name change.

*G12.23.2

ENTERGY

RIVER BEND STATION
STATION SUPPORT MANUAL
*EMERGENCY IMPLEMENTING PROCEDURE

*PROTECTIVE ACTION RECOMMENDATION GUIDELINES

PROCEDURE NUMBER:	***EIP-2-007**
REVISION NUMBER:	***18**
Effective Date:	**APR 2 3 2001**

NOTE : SIGNATURES ARE ON FILE.

*INDEXING INFORMATION

This procedure has been reviewed for 10CFR50.59 applicability. 10CFR50.59 screening for the programmatic exclusion of all EIP changes, approved by FRC on 7/10/97, concludes that further review of changes to this procedure under 10CFR50.59 are not necessary.

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1 PURPOSE

This procedure is a guide for the Shift Manager acting as Recovery Manager to determine protective action recommendations for the State and local authorities during an emergency. Since it is impossible to cover all potential situations, the judgment of the person responsible for recommending protective actions shall take precedence over the requirements of this procedure.

2 REFERENCES

2.1 EIP-2-002, Classification Actions

2.2 Environmental Protection Agency (EPA) 400-R-92-001, October 1991. "Manual of Protective Action Guides and Protective Actions for Nuclear Incidents"

3 DEFINITIONS

3.1 Committed Dose Equivalent (CDE) - The dose equivalent to organs or tissues of reference that will be received from an intake of radioactive material during the 50 year period following the intake.

3.2 Minimum Protective Action Recommendation - Upon declaration of a General Emergency, the minimum protective action recommendation is evacuate the 2 mile radius, evacuate 5 miles downwind, shelter the 10 mile radius, and evacuate schools, institutions and recreation areas in the 5 mile radius.

3.3 Protective Action - An action taken to avoid or reduce the effects on the general public of a nuclear emergency when the benefits derived from such an action are sufficient to offset any undesirable features or results of the protective action (i.e., constraints).

3.4 Protective Action Guide (PAG) - The level at which the projected dose to individuals in the population or the potential dose from a rapidly escalating emergency warrants taking protective action. A PAG under no circumstance implies an acceptable dose; it is used only to minimize the risk from an event, which is occurring, may occur, or has already occurred.

3.5 Projected Dose - The estimated dose that would be received by individuals if no protective actions were taken following a release of radioactive materials.

3.6 Total Effective Dose Equivalent (TEDE) - The sum of the Deep Dose Equivalent (DDE) (from external exposure) and the Committed Effective Dose Equivalent (CEDE) (from internal exposure).

4 RESPONSIBILITIES

4.1 Recovery Manager (RM) - overall responsibility and authority for emergency response activities. Determines the appropriate recommended protective measures for offsite persons within the Emergency Planning Zone (EPZ) and for communication of these recommendations to both States and local authorities. The first responsibility of the Recovery Manager is to make protective action recommendations based on plant conditions or radiological releases as soon as possible. **This responsibility for determination and communication of protective action recommendations may not be delegated.**

5 GENERAL

5.1 The following table is a guideline for specific Protective Action Recommendations (PARs) (see Attachment 1).

Whole Body Total Effective Dose Equivalent		Thyroid Committed Dose Equivalent	Protective Action to be Recommended
< 1 rem	**OR**	< 5 rem	No specific actions for the general public
≥ 1 rem		≥ 5 rem	Evacuate area unless constraints make evacuation impractical
		> 25 rem	Consider administration of stable iodine for emergency workers

5.2 The authority and responsibility for the selection and implementation of offsite response options rests fully with the appropriate State and local authorities. River Bend Station has no authority with respect to imposing protective response options beyond the boundaries of the River Bend Site.

5.3 Protective Action Recommendations are based on projected radiation exposure. State and local authorities may take into consideration ambient meteorology and duration of release. Evacuation times and degree of protection afforded by local residential units are considered by the State as appropriate when considering sheltering in lieu of evacuation.

6 PROCEDURE

NOTE

The actions of this procedure may be completed in any sequence, however, the sequence presented is recommended.

NOTE

Protective Action Recommendations (PARs) must be developed within 15 minutes of the declaration of a General Emergency or data availability which requires upgrading the PARs.

6.1 The Recovery Manager should:

6.1.1. Use Attachments 1, 2 and 3 to formulate Protective Action Recommendations (PARs).

6.1.2. Consider the following guidance when determining PARs:

1. If the potential exists for an emergency vent of containment, issue PARs in anticipation of the vent.

2. After initial PAR implementation, assuming no change in dose projections which would require an increase in PARs, wind shifts which change the scenario number may trigger an increase in PARs to a higher level. To determine the appropriate PAR, review the emergency scenario maps and the National Weather Service (NWS) forecast. In addition, if NWS indicates continued wind shifts, consider the following guidance:

   a. **Present PARs** - Evacuate 2 mile radius, evacuate 5 miles down wind, shelter the 10 mile radius and evacuate schools, institutions and recreation areas in the 5 mile radius (Minimum PARs).

Wind shifts - Evacuate 5 mile radius and shelter the 10 mile radius (Scenario #12).

b. **Present PARs** - Evacuate 5 mile radius, evacuate 10 miles down wind, shelter the remaining 10 mile radius and evacuate schools, institutions and recreation areas in the 10 mile radius.

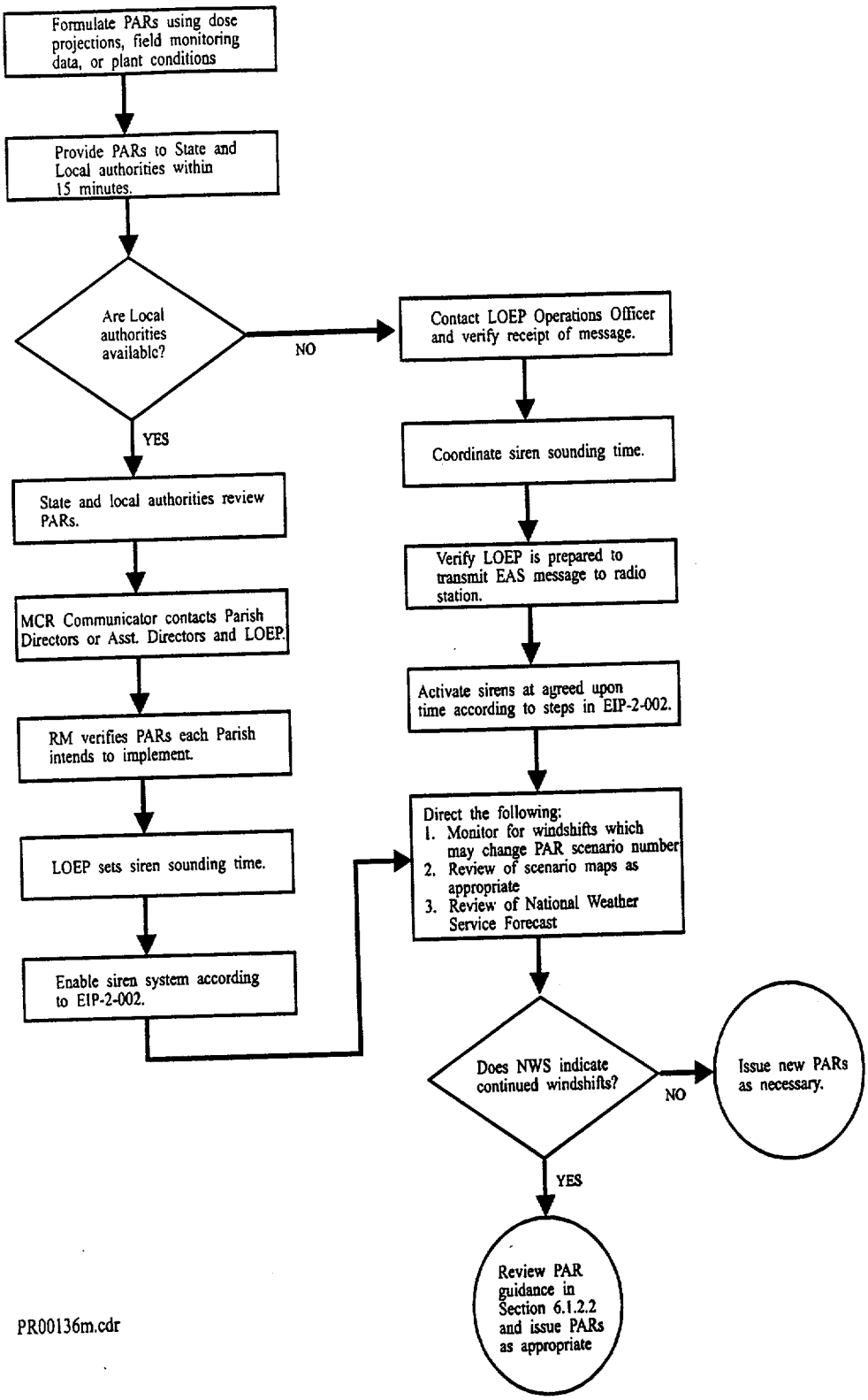
Wind shifts - Evacuate 10 mile radius (Scenario #27).

6.1.3. Ensure that the originals of all documents generated by the implementation of this procedure are forwarded to the Manager-Emergency Preparedness.

7 DOCUMENTATION

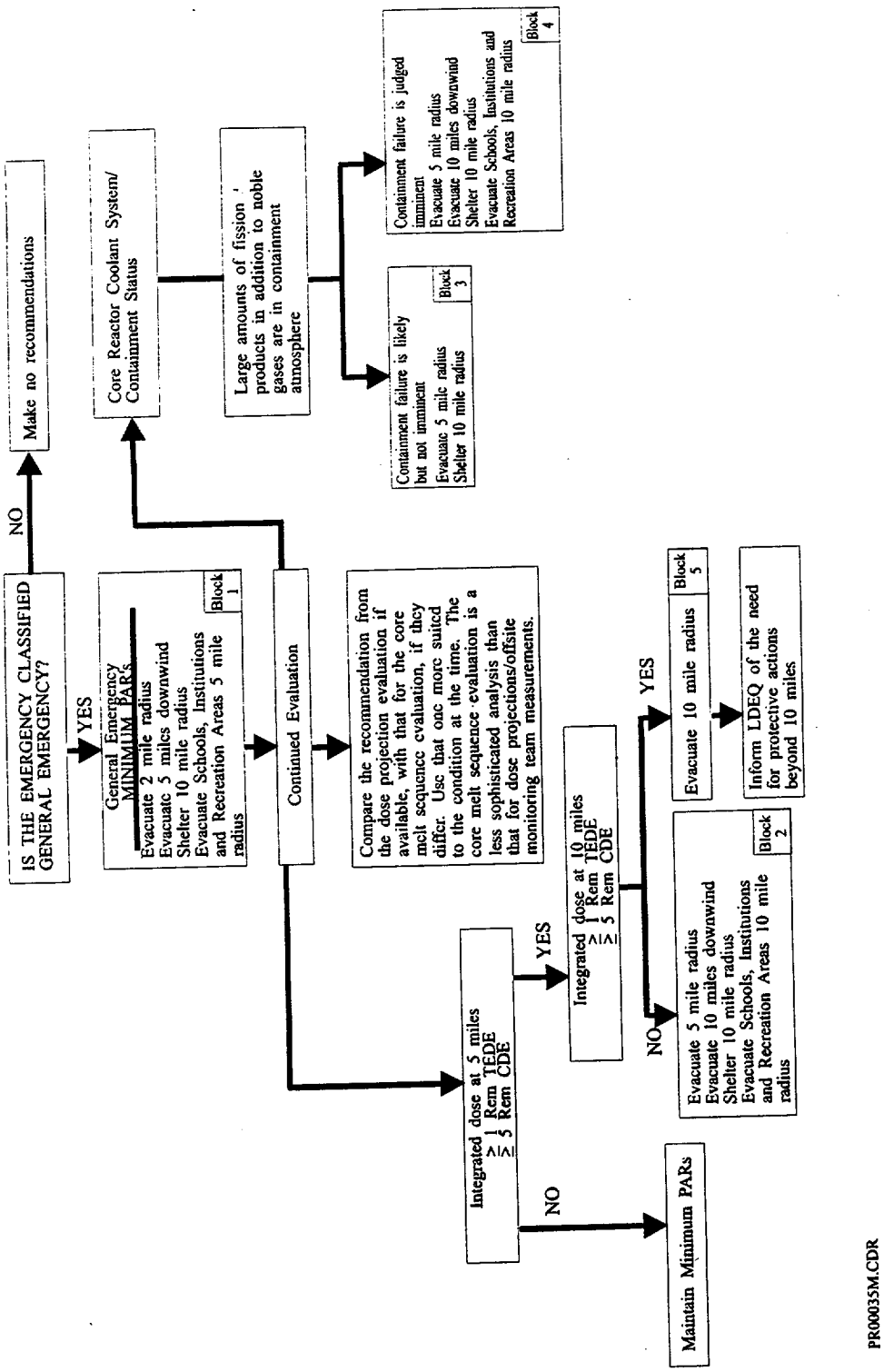
NONE

PAR PROCESS



PR00136m.cdr

PAR FLOW CHART



PR00035M.CDR

PAR SECTORS AND SCENARIO NUMBERS

BLOCK 1

PROTECTIVE ACTION FLOWCHART
EVACUATE 2 MILE RADIUS AND EVACUATE 5 MILES DOWNWIND AND SHELTER THE 10 MILE RADIUS AND EVACUATE SCHOOLS, INSTITUTIONS, RECREATION AREAS 5 MILE RADIUS.

Locate the wind direction to find the appropriate scenario number to use.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
168.76-191.25	1	A OR B	R & B
191.26-213.75			A & C
213.76-236.25	2	C	B & D
236.26-258.75	3	D	C & E
258.76-281.25	4	E OR F	D & F
281.26-303.75			E & G
303.76-326.25	5	G OR H	F & H
326.26-348.75			G & J
348.76-11.25	6	J	H & K
11.26-33.75	7	K	J & L
33.76-56.25	8	L OR M	K & M
56.26-78.75			L & N
78.76-101.25	9	N	M & P
101.26-123.75	10	P OR Q	N & Q
123.76-146.25			P & R
146.26-168.75	11	R	Q & A

BLOCK 3

PROTECTIVE ACTION FLOWCHART
EVACUATE 5 MILE RADIUS AND SHELTER THE 10 MILE RADIUS.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTORS
ANY	12	ALL	ALL

PAR SECTORS AND SCENARIO NUMBERS

BLOCK 2 OR 4

PROTECTIVE ACTION FLOWCHART
EVACUATE 5 MILE RADIUS AND EVACUATE 10 MILES DOWNWIND AND SHELTER THE 10 MILE RADIUS AND EVACUATE SCHOOLS, INSTITUTIONS, RECREATION AREAS 10 MILE RADIUS.

Locate the wind direction to find the appropriate scenario number to use.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
168.76-191.25	13	A	R & B
191.26-213.75	14	B	A & C
213.76-236.25	15	C OR	B & D
236.26-258.75		D	C & E
258.76-281.25	16	E	D & F
281.26-303.75	17	F	E & G
303.76-326.25	18	G	F & H
326.26-348.75	19	H	G & J
348.76-11.25	20	J	H & K
11.26-33.75	21	K	J & L
33.76-56.25	22	L	K & M
56.26-78.75	23	M	L & N
78.76-101.25	24	N	M & P
101.26-123.75	25	P OR	N & Q
123.76-148.25		Q	P & R
148.26-168.75	26	R	Q & A

BLOCK 5

PROTECTIVE ACTION FLOWCHART
EVACUATE 10 MILE RADIUS

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
ANY	27	ALL	ALL

ENTERGY

PAR

Page 1 of 1

Procedure Action Request

PROCEDURE NO	CURRENT REV.	PROCEDURE TITLE
EIP-2-018	21	Technical Support Center

TYPE OF ACTION:

- ☑ PROCEDURE REVISION (PR)
- ☐ NEW PROCEDURE (NP)
- ☐ EDITORIAL CHANGE (EC)
- ☐ COMMENT (CM)
- ☐ CANCEL PROCEDURE (CP)
- ☐ OTHER (O)

DESCRIBE ACTION:

The following changes are to be made to this procedure:

1. Throughout procedure changed Operations Shift Superintendent to Shift Manager.
2. Removed reference to EIP-2-007, Protective Action Recommendations.
3. Section 3.4.3 – Added clarification to the release definition. This is consistent with other EIPs.
4. Added definitions for Building Evacuations and Limited Evacuations.
5. Responsibility 4.2.5 – Reworded step to be consistent with that contained in EOF procedure EIP-2-020.
6. Attachment 1:
   - Subsequent Action Step 5– Added this step to direct limited or building evacuation according to page 9. ~~8.~~ 9A 4-12-01
   - Subsequent Action – Added NOTE to clarify specifics on time requirements for developing PARs.
   - Subsequent Action Step 8 – Replaced reference to EIP-2-007 with Attachment 18.
   - Subsequent Action Step 8f – Added clarification that PAR verification checklist is provided by Communicator.
   - Subsequent Action Step 9 – Added this step to revise PARs based on wind shifts when advised by the RPC. Consistent with EOF procedure EIP-2-020.
   - Owner Controlled Area Evacuation checklist – Changed steps 1 and 2 to be in line with the Writer's Guide.
   - Limited or Building Evacuation checklist – Added this checklist to the procedure. Contains guidance included in the E-Plan and is consistent with information contained in EIP-2-002 Classification Actions.

- ☑ EVALUATION (50.54q) COMPLETED, If applicable (Attach form from RBNP - 075)
- ☑ LICENSING COMMITMENTS VERIFIED
- ☑ CROSS DISCIPLINE REVIEW
- ☐ TRAINING REQUIRED
- ☐ BEFORE ISSUE or ☐ AFTER ISSUE

REVIEW AND APPROVAL:

PREPARER — SIGNATURE / KCN / DATE: [signature] 0628 4/3/01 — FRC (Mtg. # 2001-017) — SIGNATURE / KCN / DATE: [signature] 1409 4/12/01

TECHNICAL REVIEWER: Kristi Huffstatler 1211 4/3/01 — EP MANAGER: [signature] 0033 4-4-01

EFFECTIVE DATE: APR 17 2001

Continued

7. Attachment 2:

- Subsequent Action – Added clarification to NOTE on the requirements to notify state and local authorities.
- Guidelines for Completing The LNMF – Added clarifying detail to the guidelines for completing the LNMF.

8. Attachment 3:

- Subsequent Action Step 4 – Added additional information for the Admin Coordinator to contact the Admin/Logistics Advisor for EOF RP and Chemistry technician needs.
- Provided clarification on numbers of personnel needed for the facility staff rotation sheets.

9. Attachment 4:

- Subsequent Action - Added clarifying information to NOTE on using the short notification message form.
- Subsequent Action Step 3 – Corrected reference of Verification Checklist from page 4 to 3.
- Subsequent Action Step 7b – Added words "the PAR Verification Checklist".
- Removed portion of Step 3 to fax copy of Notification Message Forms to OSC. OSC no longer maintains status board requiring that information.

10. Attachment 5:

- Subsequent Action Step 1 – Added wording to check current on-shift staffing.

11. Attachment 6:

- Activation – Removed information on Visualizer setup. Much of this information was for information and has been developed into an aid.
- Subsequent Action Step 3 – Reworded step.

12. Attachment 11:

- Activation Step 3 – Reworded to incorporate use of new radios.
- Subsequent Action Step 1 – Added wording to check current on-shift staffing.

13. Attachment 12:

- Activation Steps 2 and 4 – Added information on switching door lock plates and obtaining comp positions from CAS.
- Subsequent Action Steps 2 and 4 – Added information to obtain alpha report and monitor wind direction in relation to security positions.
- Added Limited or Building checklist information.

14. Attachment 13:

- Subsequent Action Step 1 – Corrected page reference error.

15. Attachment 15:

- Activation Step 3 – Added step to call in additional Status Communicator if needed.
- Subsequent Action Step – Removed information to print General Information board information and distribute.

16. Attachment 16:

- Activation Step 1 – Added wording "or Control Room Communicator".
- Subsequent Action Step 4 – Added to have ENS Communicator notify NRC of termination.

17. Attachment 17:

- Activation Step 1 – Changed "Filenet printer" to "Electronic document printer"
- Subsequent Action Step 1 – Removed information to retrieve, copy and distribute "printouts from status boards".

ENTERGY

RIVER BEND STATION
STATION SUPPORT MANUAL
***EMERGENCY IMPLEMENTING PROCEDURE**

**TECHNICAL SUPPORT CENTER*

PROCEDURE NUMBER:	***EIP-2-018**
REVISION NUMBER:	***22**
Effective Date:	* APR 17 2001

NOTE : SIGNATURES ARE ON FILE.

*INDEXING INFORMATION

This procedure has been reviewed for 10CFR50.59 applicability. 10CFR50.59 screening for the programmatic exclusion of all EIP changes, approved by the FRC on 7/10/97, concludes that further review of changes to this procedure under 10CFR50.59 are not necessary.

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1 PURPOSE

This procedure provides instructions for the activation, operation and deactivation of the Technical Support Center (TSC).

2 REFERENCES

2.1 COP-1050, Post Accident Estimation of Fuel Core Damage

2.2 EIP-2-001, Classification of Emergencies

2.3 EIP-2-012, Radiation Exposure Controls

2.4 EIP-2-014, Offsite Radiological Monitoring

2.5 EIP-2-015, Post Accident Sampling Operations

2.6 EIP-2-024, Offsite Dose Calculations

2.7 RPP-0006, Radiological Surveys

2.8 Commitment 15578

3 DEFINITIONS

3.1 Activation - The process of assembling personnel, verifying equipment operability, and making a facility ready to support the emergency response.

3.2 Operational - The TSC is considered to be operational when minimum staffing is present and, in the judgment of the designated Emergency Director, the TSC staff is prepared to perform functional responsibilities.

3.3 Habitable - For the purpose of this procedure, the term habitable is based solely on radiological conditions, however, the TSC Manager may declare the facility uninhabitable based on other conditions.

3.4 Radioactive release - For the purpose of offsite notifications, and discussions with State and local authorities, a "release" will be determined to be occurring and the "Radioactive Release" on the Short and Long Notification Message Forms is marked "yes", when:

3.4.1 Any one of three effluent monitors indicates a value three times the High alarm set point

OR

3.4.2 Any two of the three effluent monitors indicate a value equal or greater than the High alarm set point.

The three effluent monitors are:

TITLE	NO.
Main Plant Exhaust Stack	RMS-RE125 Channel 4 (4GE125)
Radwaste Vent. Exhaust	RMS-RE006 Channel 4 (4GE006)
Fuel Bldg. Vent. Exhaust	RMS-RE005 Channel 4 (4GE005)

OR

3.4.3 An unmonitored release is detected at the site boundary by teams with survey instruments.

3.5 Short Notification Message Form (SNMF) - Used for declaration of an emergency classification or changes to the Protective Action Recommendations (PARs). Notification must be made to State and local authorities within approximately 15 minutes. The Short Notification Message Form contains information about the class of emergency, whether a release is taking place, potentially affected population and areas, and whether protective measures may be necessary.

3.6 Long Notification Message Form (LNMF) - Used for providing State and local authorities follow-up information. The LNMF is sent out as soon as possible following a SNMF. The LNMF is also sent out for any significant changes to plant conditions that do not require an emergency escalation or change in PARs. No more than 2 hours should be exceeded between any two LNMFs.

3.7 Building Evacuation-The withdrawal of personnel from an affected building due to a localized hazard.

3.8 Limited Evacuation-The withdrawal of personnel from a room or area due to a localized hazard.

4 RESPONSIBILITIES

4.1 Emergency Director:

4.1.1 assess and classify emergency conditions.

4.1.2 authorize doses in excess of 10CFR20 limits.

4.1.3 direct onsite activities in support of the Control Room.

4.1.4 authorize departures from license conditions or Technical Specifications in accordance with 10 CFR 50.54 (x).

4.1.5 determine need for onsite evacuation, personnel accountability, and implement search and rescue as required.

4.2 Recovery Manager:

4.2.1 provide overall management of River Bend Station (RBS) response activities.

4.2.2 provide notifications and make protective action recommendations to offsite authorities.

4.2.3 coordinate RBS response activities as required with offsite organizations.

4.2.4 ensure that offsite radiological conditions are measured and monitored.

4.2.5 review information being released to the Joint Information Center (JIC).

4.2.6 establish a Recovery Organization.

4.2.7 terminate the emergency.

4.3 TSC Manager - ensures that TSC is activated, manages TSC staff/resources in mitigation efforts, assesses plant conditions and recommends potential mitigation actions, ensures that notification message forms are properly filled out and completed on time, and that TSC staff provide support functions per the applicable section(s) of this procedure.

5 GENERAL

5.1 Attachment 20, Technical Support Center Organization Chart is a typical makeup for the TSC.

5.2 Attachment 21, Technical Support Center Floor Plan is a typical setup for the TSC.

6 PROCEDURE

NOTE

The actions of this procedure may be completed in any sequence, however, the sequence presented is recommended.

6.1 Emergency Director

6.1.1 The Emergency Director should use Attachment 1 as a guideline. Document pertinent information on Attachment 19.

6.2 TSC Manager

6.2.1 The TSC Manager should use Attachment 2 as a guideline. Document pertinent information on Attachment 19.

6.3 Administrative Coordinator

6.3.1 The Administrative Coordinator should use Attachment 3 as a guideline. Document pertinent information on Attachment 19.

6.4 Communicator

6.4.1 The Communicator should use Attachment 4 as a guideline.

6.5 Radiation Protection Coordinator

6.5.1 The Radiation Protection Coordinator should use Attachment 5 as a guideline. Document pertinent information on Attachment 19.

6.6 Maintenance Support Coordinator

6.6.1 The Maintenance Support Coordinator should use Attachment 6 as a guideline. Document pertinent information on Attachment 19.

6.7 Reactor Engineer

6.7.1 The Reactor Engineer should use Attachment 7 as a guideline. Document pertinent information on Attachment 19.

6.8 Engineering Coordinator

6.8.1 The Engineering Coordinator should use Attachment 8 as a guideline. Document pertinent information on Attachment 19.

6.9 Mechanical/Electrical Engineers

6.9.1 The Mechanical Engineers and the Electrical Engineers should use Attachment 9 as a guideline. Document pertinent information on Attachment 19.

6.10 Operations Support Coordinator

6.10.1 The Operations Support Coordinator should use Attachment 10 as a guideline. Document pertinent information on Attachment 19.

6.11 Chemistry/Core Damage Assessment Coordinator

6.11.1 The Chemistry/Core Damage Assessment Coordinator should use Attachment 11 as a guideline. Document pertinent information on Attachment 19.

6.12 Security Coordinator

6.12.1 The Security Coordinator should use Attachment 12 as a guideline. Document pertinent information on Attachment 19.

6.13 TSC Habitability Technician

6.13.1 The TSC Habitability Technician should use Attachment 13 as a guideline. Document pertinent information on Attachment 19.

6.14 Data Facility Coordinator

6.14.1 The Data Facility Coordinator should use Attachment 14 as a guideline. Document pertinent information on Attachment 19.

6.15 Status Communicator

6.15.1 The Status Communicator should use Attachment 15 as a guideline.

6.16 ENS Communicator

6.16.1 The ENS Communicator should use Attachment 16 as a guideline. Document pertinent information on Attachment 19.

6.17 Administrative Support Personnel

6.17.1 The Administrative Support Personnel should use Attachment 17 as a guideline. Document pertinent information on Attachment 19.

7 DOCUMENTATION

Attachments 1-19 of this procedure will be sent to Permanent Plant Files (PPF) per EPP-2-100 by the Manager - Emergency Preparedness.

EMERGENCY DIRECTOR

ACTIVATION Date: _____ Action Completed Initial

1. Review status of emergency with the Shift Manager including offsite notifications and any work teams dispatched out of the Control Room. _____

2. Brief OSC Director on teams dispatched from the Control Room. _____

3. Brief the TSC/OSC staff on the status of the emergency. _____

4. Review habitability determination and if necessary provide direction on evacuation of the TSC, OSC, or CR. _____

5. When the TSC is ready to be declared operational:

   5.1 Contact the Shift Manager.

      5.1.1 Ensure that message control and dose assessment have been transferred to the TSC. _____

      5.1.2 Transfer RM/ED duties from the Shift Manager. _____

      5.1.3 Request Shift Manager to make a sitewide announcement of change in RM/ED duties and TSC operational status. _____

   5.2 Announce that the TSC is operational and that you have assumed RM/ED duties from the Control Room. _____

   5.3 Inform the EOF that the TSC is operational. _____

SUBSEQUENT ACTIONS

NOTE

Items with an asterisk (*) are only performed if responsible for Recovery Manager duties.

1. Coordinate the transfer of Recovery Manager duties with the EOF.

2. Remain in the immediate TSC area, unless relieved by the TSC Manager.

EMERGENCY DIRECTOR

SUBSEQUENT ACTIONS (Cont.'d)

3. Periodically update the TSC/OSC on plant conditions and emergency actions in progress.

4. Review and make emergency classification declarations in accordance with EIP-2-001, Classification of Emergencies.

5. Direct a Limited or Building Evacuation according to page 9-10 of this attachment if unexpected radiological hazards or other emergency conditions occur which jeopardize personnel safety.

6. At declaration of a Site Area Emergency or higher refer to page 6 of this attachment.

*7. At a Site Area Emergency or General Emergency based on radiological or plant conditions, direct EOF to coordinate relocation of JIC, if EOF is not operational.

*8. Review and approve notification message forms for transmittal.

NOTE

Protective Action Recommendations (PARs) must be developed within 15 minutes of a General Emergency or data availability which requires upgrading the PARs.

*9. Issue Protective Action Recommendations as necessary.

a. Using Attachment 18, formulate Protective Action Recommendations (PARs) using dose projections, field monitoring data, or plant conditions.

b. Review and discuss the protective actions to be recommended for the general public with the RP Coordinator.

c. Ensure the Siren System has been enabled in the Control Room or EOF before setting the siren sounding time with the State and local parishes.

d. Provide PARs to State and local authorities within 15 minutes. Once State and local authorities receive the PARs, the State and local authorities will have approximately 5 minutes to review the PARs.

e. When the Directors of all parishes and the Operations Officer (LOEP) are on the Hotline, verify the PARs (Scenario Number) each parish intends to implement.

EMERGENCY DIRECTOR

SUBSEQUENT ACTIONS (Cont.'d)

f. Write the scenario number approved and initial each parish choice on the PAR Verification Checklist provided by the Communicator.

g. Obtain siren sounding time from Operations Officer and document on PAR Verification Checklist.

*10. Revise PARs based on wind shifts when advised by the Radiation Protection Coordinator.

*11. If doses $\geq$ 1 rem TEDE or $\geq$ 5 rem CDE are projected at 10 miles, ensure LDEQ is aware of the need for protective actions beyond 10 miles.

12. Direct development and prioritization of corrective actions to mitigate the emergency.

13. Authorize departures from a license condition or a Technical Specification in accordance with 10 CFR 50.54 (x).

14. Authorize emergency response personnel to receive radiation exposures in excess of 10 CFR 20 limits as required in accordance with EIP-2-012, Radiation Exposure Controls.

15. Direct the Chemistry/Core Damage Assessment Coordinator to initiate PASS preparatory actions and PASS sample actions, as necessary.

16. Keep the Recovery Manager informed of the status of onsite emergency response activities.

17. If the OSC becomes uninhabitable, it will relocate to the TSC Conference Room. As necessary, assist the OSC Director in relocation.

18. If the EOF is relocated to the Alternate EOF, assume duties as the Recovery Manager until the Alternate EOF is operational.

19. If the TSC is relocating refer to Relocation Actions portion of this checklist.

*20. Terminate the emergency in accordance with the following criteria:

ALERT - Terminate the emergency when the Alert conditions are no longer met and the plant is in a stable condition. Coordinate termination with state and local authorities.

EMERGENCY DIRECTOR

SUBSEQUENT ACTIONS (Cont.'d)

SAE/GE- Terminate the emergency when the SAE/GE conditions are no longer met and the following has been accomplished:

1. The reactor is in cold shutdown, is in a stable, safe configuration, and adequate core cooling is available.
2. Excessive releases of radioactivity to the environment have been terminated and no further potential for significant radioactivity releases exists.
3. Offsite concentrations of radioactivity in the atmosphere or in waterways have dispersed to near background levels, excluding ground deposition.
4. The State of Louisiana, the local Parishes and the NRC concur in terminating the emergency.

*21. Notify the NRC and offsite authorities of the emergency termination.

*22. When a Site Area or General Emergency has been terminated, implement EIP-2-028, Recovery.

RELOCATION ACTIONS

1. If the TSC becomes uninhabitable, the following personnel and their functions will transfer to the Control Room. These personnel should relocate with their facility procedure binders.

Emergency Director-	To report to the Shift Manager's desk to assume ED functions.
Reactor Engineer-	To report to the RE desk to provide support to operations.
Radiation Protection Coordinator-	To report to CADAP to perform dose assessment.
Operations Support Coordinator-	To report to the Shift Manager's desk to assist the ED.
TSC Communicator-	To report to the Communicator's desk to assume offsite communications if necessary.
ENS Communicator-	To report to the Communicator's desk to resume NRC communications.

2. The following personnel will report to the Shift Clerk's office to resume OSC functions. They should relocate with radios, SCBAs (with spare bottles), procedures, and forms.

OSC Director-	To provide briefings and control teams.
Electrician (1)	
Mechanic (1)	
I&C Technician (1)	
Radiation Protection Technician (1)	To perform habitability assessment and team coverage.
Fully Qualified Radiation Protection Technician-	To assist in team briefings and control offsite teams if necessary.

EMERGENCY DIRECTOR

RELOCATION ACTIONS (Cont.'d)

3. Determine with the Recovery Manager the disposition of remaining OSC and TSC personnel.

   a. Sent to EOF to be utilized as additional resources (engineers).

   b. Sent home to remain on standby.

DEACTIVATION

1. After receiving direction from the Recovery Manager, instruct the TSC Manager to deactivate the facility.

2. Ensure that all documentation is forwarded to the TSC Manager.

EMERGENCY DIRECTOR

OWNER CONTROLLED AREA EVACUATION

Date _____ Time _____ Action Completed Initial

NOTE

If select personnel or groups are needed to standby until a determination of their services is made, have them report to the cafeteria and standby for further instructions.

1. IF a radiological release has NOT occurred AND is NOT judged imminent, THEN Go To Step 9.

2. IF a radiological release has occurred, is in progress, or is judged to be imminent, THEN Go To Step 3.

3. Select an Evacuation Point and Assembly Area using the following table: _____

Wind Direction From	Evacuation Point	Assembly Area
> 40° - ≤ 255°	South Train Gate	Alternate Assembly Area
> 255° - ≤ 40°	PAP	Training Center OR Activity Center (Back-up)

____PAP/Assembly Area East (Training Center)
____PAP/Assembly Area West (Activity Center)
____South Train Gate/Alternate Assembly Area

4. Direct the RP Coordinator to dispatch Radiation Protection Technicians to the selected Assembly Area to monitor and decontaminate evacuees as necessary. _____

5. Direct the Security Coordinator to dispatch any available Officers to the selected Assembly Area and to complete the Owner Controlled Area Evacuation actions of Attachment 12. _____

6. Direct the Control Room to make the appropriate announcement according to EIP-2-002. _____

EMERGENCY DIRECTOR

7. If the Alternate Assembly Area is being used personnel shall walk to the Alternate Assembly Area. Request that LOEP provide transportation for evacuees as necessary. _____

8. Continue at Step 11. _____

9. Direct the Security Coordinator to prepare for an Owner Controlled Area evacuation and to complete the Owner Controlled Area Evacuation actions of Attachment 12. _____

10. Inform the Control Room that an evacuation is to occur through the Primary Access Point with no release. Direct them to make the appropriate announcement according to EIP-2-002. _____

11. If accountability shows any unaccounted for personnel, implement Search and Rescue in accordance with page 8 of this attachment. _____

EMERGENCY DIRECTOR

SEARCH AND RESCUE OPERATIONS CHECKLIST

Date: _____ Time: _____ Action Completed Initial

1. If notified that an individual is still within the hazard area direct the Control Room to make the appropriate announcement according to EIP-2-002. _____

2. If the individual has not contacted the Control Room within approximately two minutes following the second announcement, perform the following:

   2.1 Direct the Security Coordinator to provide information on likely areas to search. _____

   2.2 Direct the OSC Director to activate the Search and Rescue Team and provide information on specific plant areas to be searched, and provide any protective measure information needed on potential hazards. _____

   2.3 Authorize team members to exceed exposure limits, as necessary, in accordance with EIP-2-012. _____

EMERGENCY DIRECTOR

LIMITED OR BUILDING EVACUATION

NOTE

In general, evacuations will be in accordance with the following guidelines:

1. *A limited evacuation may be implemented when any of the following conditions exists*

    a. *Unexpected area radiation monitor high level alarms are received.*

    b. *Unexpected high airborne activity as identified by the activation of a continuous air monitor or RP air sample analysis.*

    c. *Unexpected increase of radioactive surface contamination in an area previously designated clean or in excess of expected levels as identified on a Radiation Work Permit.*

    d. *Upon discovery of a large radioactive (or suspected radioactive) liquid spill.*

    e. *Other emergency conditions occur, such as fire or hazardous gas encounters, that may endanger human health or safety.*

2. *A building evacuation may be declared when either of the following occur*

    a. *Criteria for a limited evacuation are exceeded in two or more large operating areas within one building; or*

    b. *An unexpected or uncontrolled exposure rate in excess of the expected dose rate as indicated by an area radiation monitor alarm within a single building.*

Date:_____ Time:_____ Action Completed Initials

1. Determine an assembly location (Normally the second floor hallway of the Services Building). _____

EMERGENCY DIRECTOR

2. Direct the RP Coordinator to dispatch a Radiation Protection Technician for personnel monitoring to assembly location, as necessary. _____

3. Direct the Security Coordinator to prepare for a Limited/Building Evacuation and complete the Limited/Building Evacuation actions of Attachment 12. _____

4. Direct the control room to make the appropriate announcement according to EIP-2-002. _____

5. Implement ADM-0060 First Responder Emergencies, as necessary. _____

6. Implement RBNP-035 Hazardous Material Emergency Response Plan, as necessary. _____

7. Implement FPP-0010 Fire Fighting Procedure, as necessary. _____

8. If accountability shows any unaccounted for personnel, implement Search and Rescue in accordance with page 8 of this attachment. _____

9. When appropriate direct control room to inform personnel that the hazard no longer exists. _____

TSC MANAGER

ACTIVATION Date: _____ Action Completed Initial

1. Periodically announce that no eating, drinking, or chewing is allowed until habitability is determined. ____

2. Obtain status of habitability of the TSC from the RP Coordinator. Make announcement of status. ____

   a. If the TSC is uninhabitable, obtain concurrence from the Emergency Director and implement the Relocation Action portion of this checklist. ____

3. When the TSC is determined to be habitable, make announcement. ____

4. All minimum staffing personnel have completed the activation portion of their checklist and are prepared to perform functional responsibilities: ____

   a. Emergency Director
   b. Operations Support Coordinator
   c. Radiation Protection Coordinator
   d. Communicator

5. Inform the Emergency Director that the TSC is ready to be declared operational when control of the following have been transferred to the TSC: ____

   a. Dose assessment

   b. Offsite notifications

TSC MANAGER

SUBSEQUENT ACTIONS

NOTE

Items with an asterisk (*) are only performed if the TSC is responsible for Recovery Manager duties.

NOTE

Notifications to State and Local authorities must be made within approximately 15 minutes of a declaration of an emergency or Protective Action Recommendation (PAR) change using the Short Notification Message Form.

1. Ensure status boards are updated.

2. Ensure the OSC Director has had the TSC ventilation system placed in the emergency mode.

3. Relieve the Emergency Director as necessary. Remain in the immediate TSC area when functioning as the Emergency Director and make appropriate announcements.

*4. Prepare the appropriate Short Notification Message Form (SNMF).

*5. As soon as possible following the SNMF, prepare a Long Notification Message Form (LNMF) as shown on page 5 of this attachment. Refer to page 6 for directions on how to fill out the LNMF.

*6. Prepare a LNMF when significant changes to plant conditions occur that do not require an emergency escalation or change in PARs. During extended emergencies, time between LNMFs should <u>not</u> exceed 2 hours.

NOTE

The Technical Support Guidelines may be used to assess accident conditions.

TSC MANAGER

SUBSEQUENT ACTIONS (Cont.'d)

7. Coordinate TSC staff activities:

   a. Collection, retention, and transmittal of plant emergency conditions information.

   b. Design and installation of short term instrumentation and controls modifications.

   c. Design and installation of system modifications.

   d. Development of guidance for Operations personnel on the protection of the reactor core.

8. Ensure the Administrative Coordinator develops a long term relief rotation list for the Control Room, TSC, and OSC.

9. Keep the Emergency Director informed of all activities.

10. If the OSC becomes uninhabitable, assist OSC Director in relocation of OSC personnel to the TSC Conference Room.

*11. Upon termination of the emergency ensure that notifications are made to State and local authorities using the Long Notification Message Form.

RELOCATION ACTIONS

1. If the TSC becomes uninhabitable, the following personnel and their functions will transfer to the Control Room. These personnel should relocate with their facility procedure binders.

Emergency Director-	To report to the Shift Manager's desk to assume ED functions.
Reactor Engineer-	To report to the RE desk to provide support to operations.
Radiation Protection Coordinator-	To report to CADAP to perform dose assessment.
Operations Support Coordinator-	To report to the Shift Manager's desk to assist the ED.
TSC Communicator-	To report to the Communicator's desk to assume offsite communications if necessary.
ENS Communicator-	To report to the Communicator's desk to resume NRC communications.

TSC MANAGER

RELOCATION ACTIONS (Cont.'d)

2. The following personnel will report to the Shift Clerk's office to resume OSC functions. They should relocate with radios, SCBAs (with spare bottles), procedures, and forms.

OSC Director- To provide briefings and control teams.
Electrician (1)
Mechanic (1)
I&C Technician (1)
Radiation Protection Technician (1)
Fully Qualified Radiation Protection Technician-To assist in team briefings and control offsite teams if necessary.

3. Consult with the Emergency Director on disposition of remaining personnel.

   a. Sent to EOF as additional resources (engineers).

   b. Sent home to remain on standby.

DEACTIVATION

1. When directed by the Emergency Director, announce deactivation of the TSC.

2. Ensure that all equipment is returned. Report all damaged and/or missing equipment to the Manager - Emergency Preparedness.

3. Direct the TSC Communicator to terminate ERDS after receiving NRC concurrence.

4. Ensure that all documentation is forwarded to the Manager - Emergency Preparedness.

TSC MANAGER

NOTIFICATION MESSAGE FORM

1. THIS IS RIVER BEND NUCLEAR STATION WITH MESSAGE NUMBER _____

2. A. _____/_____ (TIME/DATE) B. COMM: _____ (NAME) C. TEL. NO: _____

3. **EMERGENCY CLASSIFICATION:**
   - A. ☐ NOTIFICATION OF UNUSUAL EVENT
   - B. ☐ ALERT
   - C. ☐ SITE AREA EMERGENCY
   - D. ☐ GENERAL EMERGENCY
   - E. ☐ TERMINATED

4. CURRENT EMERGENCY CLASSIFICATION ☐ DECLARATION ☐ TERMINATION

5. Time/Date: _____/_____

   RECOMMENDED PROTECTIVE ACTIONS:
   - A. ☐ No Protective Actions Recommended At This Time (Go to item 6).
   - B. ☐ EVACUATE _____
   - ☐ SHELTER _____

6. **INCIDENT DESCRIPTION/UPDATE/COMMENTS:** _____

7. **REACTOR SHUTDOWN?** ☐ NO ☐ YES Time/Date: _____/_____

8. **METEOROLOGICAL DATA:**
   - A. Wind direction **FROM** _____ Degrees at _____ MPH
   - B. Sectors Affected (A-R): _____
   - C. Stability Class (A-G): _____
   - D. Precipitation: ☐ None ☐ Rain ☐ Sleet ☐ Snow ☐ Hail ☐ Other _____

9. **RELEASE INFORMATION:**
   - A. ☐ No Release (Go to item 13)
   - C. ☐ A RELEASE OCCURRED BUT STOPPED; Duration _____ hrs. Release Stopped at _____ hrs.
   - B. ☐ A RELEASE IS OCCURRING: Expected Duration _____ hrs. Release Started at _____ hrs.

10. **TYPE OF RELEASE:**
    - A. ☐ Radioactive Gases
    - B. ☐ Radioactive Airborne Particulates
    - C. ☐ Radioactive Liquids

11. **RELEASE RATE:**
    - A. NOBLE GASES _____ Ci/s
    - B. IODINES _____ Ci/s

12. **ESTIMATE OF PROJECTED OFF-SITE DOSE:**
    - A. Projections for _____ hours based on: ☐ Field Data ☐ Plant Data
    - **B. (TEDE) WB DOSE COMMITMENT (Rem)**
      - Site Boundary _____ 5 miles _____
      - 2 miles _____ 10 miles _____
    - **C. (CDE) THYROID DOSE COMMITMENT (Rem)**
      - Site Boundary _____ 5 miles _____
      - 2 miles _____ 10 miles _____

13. **MESSAGE APPROVED BY:** _____ TITLE: _____

14. **MESSAGE RECEIVED BY:** _____ TIME: _____

PR00015M.CDR

TSC MANAGER

GUIDELINES FOR COMPLETING THE LNMF

	ESP_COMM	MANUAL METHOD
Line 1	Message Number automatic	Assign a message number. Number the messages sequentially until the emergency is terminated.
Line 2	2A Time/Date automatic upon transmission. 2B Comm: Select facility from pull-down menu. 2C Tel. No.: Indicate "hotline" unless alternate method is being used, then enter alternate method.	2A Enter Time/Date message was transmitted. 2B Comm.: Enter facility name. 2C Tel. No.: Indicate "hotline" unless alternate method is being used, then enter alternate method.
Line 3	Automatic from Short Form. If termination message, check "terminated".	Check appropriate classification or terminated.
Line 4	Automatic from Short Form. For termination, check "termination" and enter termination time/date.	Check either declaration or termination. Enter time/date of emergency declaration or termination.
Line 5	Check appropriate box(es). If PAR has been recommended, select appropriate protective actions and indicate scenario number.	Check appropriate box(es). If PARs have been recommended, indicate the scenario number.
Line 6	Enter description from Short Form. May add information as necessary. Use this line to correct any previous errors.	Enter description from Short Form. May add information as necessary. Use this line to correct any previous errors.
Line 7	Indicate if the reactor is shutdown. Information should be obtained from Operations. If yes, enter time/date.	Indicate if the reactor is shutdown. Information should be obtained from Operations. If yes, enter the time/date.
Line 8	Information for Lines 8A-C can be found on CADAP on the "values" screen. A backup to CADAP for meteorological data is the RM-21 printer in the TSC Computer Room (SB 123-04). 8A - Enter wind direction and speed. 8B - Enter the affected sectors according to the current wind direction. 8C - Enter stability class. 8D - Check appropriate box. *NOTE: 8 A-C are automatically completed when dose data is imported from CADAP.*	Information for Lines 8A-C can be found on CADAP on the "values" screen. A backup to CADAP for meteorological data is the RM-21 printer in the TSC Computer Room (SB 123-04). 8A - Enter wind direction and speed. 8B - Enter the affected sectors according to the current wind direction. 8C - Enter stability class. 8D - Check appropriate box.
Line 9	Determine if there is a release. 9A If no release, check block A and proceed to line 13. 9B/C If release has occurred or is occurring, check B or C as appropriate and enter duration and time release started/stopped. When checking B & C, be sure to import appropriate dose data.	Determine if there is a release. 9A If no release, check block A and proceed to line 13. 9B/C If release has occurred or is occurring, check B or C as appropriate and enter duration and time release started/stopped. When checking B & C, be sure to import appropriate dose data.
Line 10	Indicate the type of release. If there is no core damage, check 10A. If there is clad damage or fuel melt, check 10A & 10B. If the release is a liquid release, check 10C.	Indicate the type of release. If there is no core damage, check 10A. If there is clad damage or fuel melt, check 10A & 10B. If the release is a liquid release, check 10C.
Line 11	Imported from CADAP	Enter release rate. DRMS provides release rates in uCi/sec. These rates must be converted to Ci/sec. CADAP also provides this information through Notepad.
Line 12	12A Enter numbers of hours used and method used in dose calculation. 12B Import from CADAP.	12A Enter numbers of hours used and method used in dose calculation. 12B Obtain from CADAP results.
Line 13	Enter Recovery Manager/Emergency Director's name and "RM/ED" as title. RM/ED must review and approve NMFs prior to transmission.	Enter Recovery Manager/Emergency Director's name and "RM/ED" as title. RM/ED must review and approve NMFs prior to transmission.
Line 14	Leave blank. For use by parishes.	Leave blank. For use by parishes.

ADMINISTRATIVE COORDINATOR

ACTIVATION Date: _____ Action Completed Initial

1. Call in Administrative personnel for the TSC and the OSC, using the Emergency Telephone Book located in the Administrative Coordinator's binder. ____

2. Verify that all required TSC staff members are present. If positions remain to be filled, obtain the Dialogics callout log from the TSC fax to determine which TSC staff members have responded. Call additional staff members as required. ____

3. Check with the TSC Data Facility Coordinator and verify that all TSC administrative equipment is functional. If problems or non-functional equipment is identified, improvise with the use of alternate equipment or initiate actions to repair or replace non-functional equipment. ____

4. Obtain a list of personnel located in the Protected Area from Security. This information can be utilized for later shift compliments. ____

5. Print daily report and ensure distribution. ____

SUBSEQUENT ACTIONS

1. Monitor TSC gaitronics speaker volume and adjust if necessary.

2. Verify with NRC personnel that the FTS 2000 phone lines are operational. Report any problems to the NRC Operations Center using a commercial phone and the numbers listed on the NRC phone.

3. Coordinate with the Admin/Logistics Advisor the procurement of additional supplies and resources as directed by the TSC staff. Coordinate delivery with the Admin/Logistics Advisor and the Security Coordinator. Notify TSC staff personnel of Estimated Time of Arrival for requested materials or resources. If the EOF has relocated, coordinate this with the Corporate Emergency Center (CEC) on the Corporate Hotline.

4. Using pages 3-7 of this attachment develop a staffing rotation list for TSC, OSC, and Control Room personnel. Contact the EOF Admin/Logistics Advisor for EOF RP technician and Chemistry technician staffing needs and the approved access route for responding personnel. Along with the TSC Manager, determine shift times. Coordinate with the Operations Support Coordinator to identify additional operations personnel needs. Contact the individuals on the list and inform them of the time that they are scheduled to report to the site and the approved route. Unless directed to do otherwise by the Operations Support Coordinator, call out (2) additional NCOs and (2) NEOs to augment the next shift.

ADMINISTRATIVE COORDINATOR

SUBSEQUENT ACTIONS (Cont'd)

5. Call the Admin/Logistics Advisor for updated information on any injured personnel. Periodically update the TSC Manager on the injured person(s) status.

RELOCATION ACTIONS

If TSC is relocating

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.
2. Ensure that all equipment, procedures, and drawings are properly stored.
3. Have administrative staff collect all documentation.
4. Ensure that all documentation is forwarded to the TSC Manager.

ADMINISTRATIVE COORDINATOR

OSC STAFF ROTATION
(12-Hour Shifts)

Position	1st Shift Date: Time:	2nd Shift Date: Time:	3rd Shift Date: Time:	4th Shift Date: Time:
OSC Director (1)				
Manager Electrical (1)				
Manager Mechanical (1)				
Manager I & C (1)				
Status Communicator (1)				
OSC Admin Support (1)				
FQRPT (1)				
Mechanical Maintenance (Ask Maint. Support Coordinator)				
Electrical Maintenance (Ask Maint. Support Coordinator)				
I&C Maintenance (Ask Maint. Support Coordinator)				

ADMINISTRATIVE COORDINATOR

OSC STAFF ROTATION (Cont.'d)
(12-Hour Shifts)

	1st Shift Date: Time:	2nd Shift Date: Time:	3rd Shift Date: Time:	4th Shift Date: Time:
Radiation Protection Technicians OSC (Ask RP Coordinator)				
TSC				
EOF				
Chemistry Technicians OSC				
(Ask Chemistry/Core Damage Assessment Coordinator) EOF				

ADMINISTRATIVE COORDINATOR

TSC STAFF ROTATION
(12-Hour Shifts)

Position	1st Shift Date: Time:	2nd Shift Date: Time:	3rd Shift Date: Time:	4th Shift Date: Time:
Emergency Director (1)				
TSC Manager (1)				
Reactor Engineer (1)				
Mechanical Engineer (Ask Engineering Coordinator)				
Electrical Engineer (Ask Engineering Coordinator)				
Engineering Coord. (1)				
Ops. Support Coord. (1)				
Maintenance Support Coordinator (1)				
Radiation Protection Coordinator (1)				
Chemistry/Core Damage Assessment Coord. (1)				
Security Coordinator (1)				
Status Communicator (1)				
Data Facility Coord. (1)				

ADMINISTRATIVE COORDINATOR

TSC STAFF ROTATION (Cont.'d)
(12-Hour Shifts)

Position	1st Shift Date: Time:	2nd Shift Date: Time:	3rd Shift Date: Time:	4th Shift Date: Time:
Administrative Coordinator (1)				
TSC Communicator (1)				
ENS Communicator (1)				
Administrative Support (Determined by Admin Coordinator)				

ADMINISTRATIVE COORDINATOR

CONTROL ROOM STAFF ROTATION
(12-Hour Shifts)

Position	1st Shift Date: Time:	2nd Shift Date: Time:	3rd Shift Date: Time:	4th Shift Date: Time:
Shift Manager (1 min)				
Control Room Supervisor (1 min)				
Nuclear Control Operators (3 min)				
Nuclear Equipment Operators (4 min)				
Shift Technical Advisor (1 min)				
TSC/CR Communicator (1 min)				
Additional Support				

COMMUNICATOR

ACTIVATION Date: _____ Action Completed Initial

1. Verify activation of Emergency Response Data System (ERDS). ____

2. Verify the operability of the following communications equipment:

   - State and Local Hotline, call the Emergency Operations Center (LOEP) at 361. ____
   - Emergency Shutdown Line, call the OSC at 202. ____
   - Civil Defense Radio Console, call LOEP ____
   - ESP Computer ____

3. Contact the Main Control Room Communicator to receive a status on offsite notifications. ____

4. Inform TSC Manager when prepared to assume offsite notifications. ____

SUBSEQUENT ACTIONS

NOTE

Notifications to State and local authorities must be made within approximately 15 minutes of a declaration of an emergency or Protective Action Recommendation (PAR) change using the Short Notification Message Form (SNMF).

1. Contact the EOF Communicator with status of offsite notifications.

2. Assist the TSC Manager in completing the appropriate Notification Message Form (NMF). Ensure that the RP Coordinator reviews all dose data prior to RM/ED review and approval to transmit. When directed, make notifications of the emergency to State and local authorities.

3. Verify NMF receipt with State and local authorities using the State and Local Hotline. Complete a new NMF Verification Checklist (page 3) for each message sent.

4. If an agency has not received the message, obtain message receipt verification from the other agencies and re-transmit the message (ESP Computer) to the non-receiving party.

5. If the message is still not received, read it over the Hotline to the location, line by line.

COMMUNICATOR

SUBSEQUENT ACTIONS (Cont'd)

6. If no contact is made with a location on the Hotline, call the location on the commercial telephone to verify receipt of message. If commercial telephones are inoperable, the Civil Defense Radio may be used.

7. If Protective Action Recommendations (PARs) are issued from the TSC:

   a. During the verification of message receipt on the Hotline, inform LOEP and the Parish EOCs that you will call them back in five minutes for PAR confirmation.

   b. After five minutes, contact LOEP and the five Parish EOCs. Using the PAR Verification Checklist on page 4, verify that the Directors or the Assistant Directors of all Parishes and the Operations Officer at LOEP are on the Hotline.

   c. When verified, request the RM/ED to pick up the Hotline for PAR verification and give the RM/ED the PAR Verification Checklist.

8. Make follow-up notifications to State and local authorities as directed by the RM/ED.

9. Maintain a file of all notification message forms and verification checklists.

10. Ensure that Administrative personnel copy and distribute all Notification Message Forms to TSC staff.

11. Inform the Emergency Director when relieved of communications duties by the EOF Communicator.

RELOCATION ACTIONS

If TSC is relocating:

Report to Communicator's desk in the Control Room with appropriate supplies to assume offsite notifications should the need arise.

If EOF is relocating:

Receive turnover from EOF Communicator and resume responsibilities for offsite notifications

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure all messages are cleared and ESP Computer control is returned to the Control Room.

3. Ensure all documentation is forwarded to the TSC Manager.

COMMUNICATOR

NMF VERIFICATION CHECKLIST

Ensure at least one of the agencies in each of the following rows receives the message.

MESSAGE # _____

FACILITY	PHONE #	Hotline #	MSG. REC'D (Y/N/NA)
La. Dept. of Environmental Quality (LDEQ) (M-F - 8AM to 4PM only, LOEP will notify all other times)	9-765-0160	371	
La. Office of Emergency Preparedness (LOEP) (State EOC)	9-342-5470 (24-hr. pt.)	361	
West Feliciana Parish (WFP)	EOC 9-635-4792	351	
	24-HR. PT. 9-635-3241	352	
East Feliciana Parish (EFP)	EOC 9-634-7269	341	
	24-HR. PT. 9-683-5459	342	
Pointe Coupee Parish (PCP)	EOC 9-638-5540	331	
	24-HR. PT. 9-638-3737	332	
East Baton Rouge Parish (EBRP)	EOC 9-389-3035	311	
	24-HR. PT. 9-389-3300	311	
West Baton Rouge Parish (WBRP)	EOC 9-346-1581	321	
	24-HR. PT. 9-343-9234	321	
Mississippi Emergency Management Agency (MEMA)	9-1-601-352-9100	381	
Mississippi Highway Patrol (MHP)	9-1-601-987-1530 (24 hr. pt.)	382	

Parish EOCs and LOEP Operations Officer informed of 5-minute PAR verification phone call YES NO NA

Message Verified _____ _____
Communicator Signature/KCN Time/Date

COMMUNICATOR

PAR VERIFICATION CHECKLIST

Scenario # Recommended: _____ Date:_____

Communicator verifies that correct individuals are on the State and Local Hotline by placing a check mark on the appropriate line. The RM/ED will verify approved scenario and initial the form.

	RM/ED Initial	On Line
WEST FELICIANA PARISH:		
Director of Emergency Preparedness		_____
Assistant Director		_____
APPROVED SCENARIO #_____	_____	
EAST FELICIANA PARISH:		
Director of Emergency Preparedness		_____
Assistant Director		_____
APPROVED SCENARIO #_____	_____	
POINTE COUPEE PARISH:		
Director of Emergency Preparedness		_____
Assistant Director		_____
APPROVED SCENARIO #_____	_____	
WEST BATON ROUGE PARISH:		
Director of Emergency Preparedness		_____
Assistant Director		_____
APPROVED SCENARIO #_____	_____	
EAST BATON ROUGE PARISH:		
Director of Emergency Preparedness		_____
Assistant Director		_____
APPROVED SCENARIO #_____	_____	
STATE OF LOUISIANA		
LOEP Operations Officer		_____
Siren Sounding Time: _____	_____	

RADIATION PROTECTION COORDINATOR

ACTIVATION Date: _____ Action Completed Initial

NOTE

If no release is occurring or has occurred, the TSC may be presumed to be radiologically habitable without conducting surveys.

1. Using the following guidelines evaluate radiological conditions and determine habitability of the TSC. Provide results to TSC Manager and post on status board. ____

Facility habitability is based on a maximum dose limit of 5 rem TEDE over an assumed 12 hour shift. A combination of 200 mR/hr to the whole body (Deep Dose Equivalent) **plus** an airborne concentration of 5E-6 µCi/cc radioiodine in the facility equates to a TEDE of approximately 5 rem in 12 hours.

NOTE

If DRMS or meteorological tower information is unavailable in the facility, have an individual dispatched to the Control Room to relay data. The onsite hotline, if available, may be used to relay this information.

2. Ensure that the RM-11 module of the DRMS is operable, as follows: ____

   a. Ensure that the RM-11 console and printer power switches are in the "ON" position.

   b. Check RM-11 console screen brightness by turning "BRIGHTNESS" button.

   c. If display does not appear on screen, flip "ALTERNATE/ PRIMARY" selector switch from one position to the other.

   d. Press any "Grid" button and display should appear on screen.

RADIATION PROTECTION COORDINATOR

ACTIVATION (CONT'D)

e. If display does not appear on screen, perform the following:

1. Obtain panel key from TSC key box.

2. Proceed through door SB123-04 to room #303 (Cable chase room) to check breaker(s).

3. Check breaker #27 and #29 on Panel #1VBN-PNL-06A.

4. If breaker(s) has tripped, reset breaker by taking switch to "OFF" position, then to the "ON" position.

5. Proceed as described in step "a." above.

3. Ensure that the RM-21 module of the DRMS is operable as follows: ____

a. Type "HELP MET" RETURN to obtain current meteorological information.

Type "HELP RAD" RETURN to obtain plant effluent and meteorological information.

Type "HELP" RETURN to view the "help" menus.

4. Verify operability of the onsite hotline. Call the OSC at 202. ____

5. Inform the TSC Manager when prepared to assume functional responsibilities. ____

SUBSEQUENT ACTIONS

1. Check RP technician response to the Dialogics callout and current on-shift RP staffing. Have Administrative Coordinator contact additional technicians as necessary for the following:

a. Three report to the OSC

C b. One report to the EOF as Habitability Technician.

c. One report to the TSC as Habitability Technician.

d. Two report to the Primary Access Point (PAP), pickup keys and emergency vehicles, and report to the EOF for offsite team functions.

RADIATION PROTECTION COORDINATOR

SUBSEQUENT ACTIONS (Cont'd)

2. Obtain status of any monitoring teams previously dispatched by the Control Room.

3. As required ensure the distribution of pocket dosimeters and TLDs to TSC personnel and announce the frequency at which they should be read.

4. As required, direct the establishment of a TSC contamination control point outside door # SB123-19.

5. Ensure OSC dispatches qualified personnel to refill SCBA bottles.

6. Review all notification message forms containing radiological data prior to transmission.

7. Periodically assess TSC habitability.

8. Assess plant radiological conditions and effectiveness of accident mitigation strategies.

9. Review dose projection calculations with the Emergency Director and keep him informed of offsite radiological data, both real time and projected doses.

10. If the TSC is issuing Protective Action Recommendations, perform the following:

    a. Using Attachment 18, recommend offsite Protective Action Recommendations to the Emergency Director, as necessary. Provide information without delay.

    b. Complete the applicable sections of the Notification Message Form.

    c. After initial PAR implementation, assuming no change in dose projections that would require an increase in PARs, wind shifts which change the scenario number, may trigger an increase in PARs to a higher level. To determine the appropriate PAR, review the emergency scenario maps and the National Weather Service (NWS) forecast. In addition, if NWS indicates continued wind shifts, consider the following:

        - **Present PARs** - Evacuate 2 mile radius, evacuate 5 miles downwind, shelter the 10 mile radius and evacuate schools, institutions and recreation areas in the 5 mile radius (minimum PARs)

          Wind shifts - Evacuate 5 mile radius and shelter the 10 mile radius. (Scenario #12)

RADIATION PROTECTION COORDINATOR

SUBSEQUENT ACTIONS (Cont'd)

- **Present PARs** - Evacuate 5 mile radius, evacuate 10 miles downwind, shelter the remaining 10 mile radius and evacuate schools, institutions and recreation areas in the 10 mile radius.

  Wind shifts - Evacuate 10 mile radius. (Scenario #27)

d. When PARs are issued, provide recommended routes for personnel and deliveries into RBS.

e. If doses $\geq$ 1 rem TEDE or $\geq$ 5 rem CDE thyroid are projected at 10 miles, estimate the projected dose at 15, 20 and 25 miles as appropriate and inform the Emergency Director of the distance and downwind areas at which a PAG is estimated to be exceeded.

Estimate radiation doses beyond 10 miles using the following factors:

These ratios may be used regardless of Stability Class, Wind Speed or Time After Shutdown when the Core State = "Fuel Melt"

Radiation Dose at 15 miles = dose at 10 miles x 0.387
Radiation Dose at 20 miles = dose at 10 miles x 0.267
Radiation Dose at 25 miles = dose at 10 miles x 0.226

Ratios are applicable to either TEDE or CDE, although CDE Thyroid will normally be the dominant factor.

11. Coordinate with the OSC Director to dispatch personnel for radiological and environmental monitoring in accordance with EIP-2-014, Offsite Radiological Monitoring.

12. Upon declaration of a Site Area Emergency or higher, assist the Emergency Director in determining the evacuation egress point and assembly area to be used.

13. Coordinate with the Security Coordinator on protective actions for security personnel.

14. Determine personnel exposure margins. Assist the Emergency Director in authorizing emergency exposure limits in excess of 10 CFR 20 in accordance with EIP-2-012, Radiation Exposure Controls.

RADIATION PROTECTION COORDINATOR

SUBSEQUENT ACTIONS (Cont'd)

15. Advise the Emergency Director on the use of Potassium Iodide (KI) in accordance with EIP-2-012. KI is stored in the decontamination room, second floor services building, Main Control Room, and TSC RP lockers.

16. Assist the Radiation Protection Advisor in obtaining Emergency Director authorization for use of KI by offsite teams.

RELOCATION ACTIONS

If the TSC is relocating:

1. Receive dose assessment turnover from Chemistry/Core Damage Assessment Coordinator and report to CADAP computer in control room to assume those responsibilities as needed. Take laptop dose assessment computer and battery charger located in TSC RP locker.

2. Assume normal RP Coordinator responsibilities in control room to support mitigation activities.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

MAINTENANCE SUPPORT COORDINATOR

ACTIVATION

Date: _____ Action Completed Initial

1. Obtain the status of work teams dispatched by the Control Room and/or the OSC. ____

2. Ensure that the TSC/OSC Video link is operational. ____

SUBSEQUENT ACTIONS

1. Ensure that OSC is placing TSC ventilation in the emergency mode.

2. Ensure that the Engineering Coordinator and TSC Manager are advised on status of repairs and corrective actions in the plant.

3. Ensure initiation of Work Orders and coordinate repair and corrective actions with the OSC Manager.

4. Coordinate work team dispatch by obtaining the work team NAME and PRIORITY from the Emergency Director.

5. Ensure that work teams receive briefings from the Engineering Coordinator or Mechanical/Electrical Engineers as applicable.

6. Post the work team on the TSC/OSC Video link, using the Video link form (Page 2 of this attachment).

7. Track personnel leaving the TSC envelope. Advise the OSC to expect their arrival in that facility and that they should be tracked as a team.

RELOCATION ACTIONS

If TSC is relocating:

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

MAINTENANCE SUPPORT COORDINATOR

(Typical)

Note: All teams must have a priority assigned by the Emergency Director

Time:_____

Priority	**Assignment**	**B** = In Briefing **O** = Out

REACTOR ENGINEER

ACTIVATION

Date: _____

Action Completed
Initial

1. Inform the TSC Manager if in the Control Room and estimate your time of arrival in the TSC. ____

SUBSEQUENT ACTIONS

NOTE

The Technical Support Guidelines may be used to assess accident conditions.

1. Along with the Chemistry/Core Damage Assessment Coordinator and Technical Advisor analyze core parameters to determine core conditions. Use COP - 1050, Post Accident Estimation of Fuel Core Damage.
2. Review proposed plant operations and assess the effect on core condition.
3. Develop recommendations on plant operations that would improve or stabilize core conditions.
4. Keep the Chemistry/Core Damage Assessment Coordinator and Technical Advisor informed on core conditions.
5. Report to the Control Room, as necessary, and return to the TSC.

RELOCATION ACTIONS

If the TSC is relocating:

1. Transfer to Reactor Engineer workstation in control room and resume functions.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.
2. Ensure that all documentation is forwarded to the TSC Manager.

ENGINEERING COORDINATOR

ACTIVATION

Date: _____

Action Completed
Initial

1. Obtain plant status from the Operations Support Coordinator. ____

2. Ensure that the engineering staff are assembled and prepared to perform their functional responsibilities. ____

3. Contact the Engineering Support Advisor on engineering activities underway. ____

SUBSEQUENT ACTIONS

1. Provide advice on plant repair and corrective actions.

NOTE

The Technical Support Guidelines may be used to assess accident conditions.

2. Consult with Maintenance Support Coordinator on maintenance operations. Follow up on OSC activities.

3. Provide briefings to the work teams on maintenance operations, as necessary.

4. Direct the activities of the engineering staff.

5. Request EOF engineering assistance as needed.

6. Keep the Engineering Support Advisor and the TSC Manager informed of engineering activities.

7. Assess the need for additional engineering specialists. Make recommendations to the TSC Manager.

RELOCATION ACTIONS

If TSC is relocating

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

MECHANICAL/ELECTRICAL ENGINEERS

ACTIVATION

Date: _____ Action Completed Initial

1. Obtain plant status from the Engineering Coordinator. ____
2. Ensure that prints and drawings are available. If not, have the Data Facility Coordinator assist in obtaining what is needed. ____
3. Set up the flip chart for tracking engineering activities. ____
4. Verify engineering computers are functional. ____
5. Inform the Engineering Coordinator when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

1. Provide advice on plant repair and corrective actions.
2. Consult with the Engineering Coordinator on maintenance operations.
3. Provide repair team briefings as requested.
4. Inform the Maintenance Support Coordinator prior to leaving the TSC to go to the OSC for work team assignments.
5. Track engineering activities on the flip chart for TSC staff information.
6. Keep the Engineering Coordinator informed of activities.

RELOCATION ACTIONS

If TSC is relocating:

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the Engineering Coordinator, deactivate the TSC.
2. Ensure that all documentation is forwarded to the Engineering Coordinator.

OPERATIONS SUPPORT COORDINATOR

ACTIVATION Date: _____ Action Completed Initial

1. Establish contact with the TSC/CR Communicator. ____

2. Verify ERIS monitor is operational. If power is not available, perform the following: ____

    1. Obtain panel key from TSC key box.
    2. Proceed through door SB123-04 to room #303 (Cable chase room).
    3. Check breaker panel 1VBN-PNL06.
    4. If the main breaker and/or other breakers have tripped, switch to the "OFF" position, then switch to the "ON" position.

3. If ERIS monitor is inoperable, obtain plant parameters from the Control Room. ____

4. Inform the TSC Manager when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

1. As time allows establish contact with the TSC/CR Communicator and obtain plant system availability from the Control Room, using the Main Plant Systems Availability Checklist, on page 3. Ensure checklist is distributed to TSC staff and faxed to the EOF staff.

2. Review emergency classification and recommend upgrading of the emergency in accordance with EIP-2-001, Classification of Emergencies.

3. Identify operators in the field and teams dispatched by the Shift Manager to the Maintenance Support Coordinator.

4. Ensure status boards are updated with information obtained from ERIS and headset circuit.

NOTE

The Technical Support Guidelines may be used to assess accident conditions.

OPERATIONS SUPPORT COORDINATOR

SUBSEQUENT ACTIONS (CONT'D)

5. Ensure that the Emergency Director is kept informed of:

   a. Current plant conditions.

   b. Actions being performed or anticipated to mitigate the accident.

   c. Repairs and investigations initiated.

6. Follow the EOPs/SAPs and keep the Emergency Director informed on status.

7. Keep the Operations Advisor and the Shift Manager informed of activities.

RELOCATION ACTIONS

If TSC is relocating:

1. Relocate to control room to assist Emergency Director as necessary.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

OPERATIONS SUPPORT COORDINATOR

MAIN PLANT SYSTEMS AVAILABILITY CHECKLIST
DATE/TIME FORM COMPLETED: ____/____ (Typical)

SYSTEM				STATUS	REASON IF ANY
D/G	A	B	C	Standby	
	A	B	C	Operating	
	A	B	C	Unavailable	
COND/FW				Standby	
				Injecting	
				Unavailable	
CRD				Standby	
				Operating	
				Unavailable	
HPCS				Standby	
				Injecting	
				Unavailable	
LPCS	A	B	C	Standby	
	A	B	C	Injecting	
	A	B	C	Unavailable	
LPCI	A	B	C	Standby	
	A	B	C	Injecting	
	A	B	C	Unavailable	
S.P. Cooling	A	B		Standby	
	A	B		Operating	
	A	B		Unavailable	
RWCU				Standby	
				Operating	
				Unavailable	
Turbine				On-Line	
				Tripped	
Turbine Bypass				Operating	
				Unavailable	
SLC	A	B		Standby	
	A	B		Injecting	
	A	B		Unavailable	
DW Cooling	A	B	C	Operating	
	D	E	F		
	A	B	C	Unavailable	
	D	E	F		
CONT Cooling	A	B	C	Operating	
	A	B	C	Unavailable	
Isolation Signals				Level 1	
				Level 2	
				High D/W Press	
				Leak Detection	
RCIC				Standby	
				Injecting	
				Unavailable	
NSW				Operating	
				Unavailable	
SSW	Div I			Standby	
				Operating	
				Unavailable	
	Div II			Standby	
				Operating	
				Unavailable	
Failures to Isolate:					
Equipment Failures:					

CHEMISTRY/CORE DAMAGE ASSESSMENT COORDINATOR

ACTIVATION Date: _____ Action Completed Initial

1. Verify the operability of CADAP. ____

2. As necessary, contact the Chemistry Technician in the Control Room to receive a turnover on dose assessment activities. ____

3. Verify operability of the offsite/onsite monitoring team radio by contacting the following locations:

   - EOF on the OFF/RAD channel ____
   - OSC on the ON/RAD channel ____

4. Inform the RP Coordinator when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

NOTE

The Technical Support Guidelines may be used to assess accident conditions.

1. Check chemistry technician response to the Dialogics callout and current on-shift chemistry technician staffing. Have Administrative Coordinator contact additional technicians as necessary for the following:

   a. Have one report to the OSC and two report to the EOF for offsite team functions.

2. Perform dose assessment calculations in accordance with EIP-2-024, Offsite Dose Calculations. Provide results to RP Coordinator.

3. Keep RP Coordinator informed of changes in wind direction.

4. Coordinate with Reactor Engineer in analyzing core parameters. To determine core conditions, use COP - 1050, Post Accident Estimate of Fuel Core Damage. Provide information to the TSC Manager and Technical Advisor.

5. Verify operability of backup CADAP computer stored in the TSC RP locker. Place the lap top computer battery on charge.

6. Recommend the performance of PASS preparatory actions and PASS sample actions in accordance with EIP-2-015, Post Accident Sampling Operations, as necessary.

CHEMISTRY/CORE DAMAGE ASSESSMENT COORDINATOR

SUBSEQUENT ACTIONS (cont'd)

7. Direct PASS activities through the Maintenance Support Coordinator.

8. Develop and implement methods to process liquid and gaseous radioactive waste accumulated during the emergency.

RELOCATION ACTIONS

If the TSC is relocating:

1. Provide dose assessment turnover to RP Coordinator and relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

SECURITY COORDINATOR

ACTIVATION

Date: _____

Action Completed Initial

1. Notify the alarm station(s) of presence in TSC. ____

2. Ensure that the lock plates of TSC doors SB123-03 and SB123-01 are flipped and the doors are locked and signs posted. Activate card reader on door SB123-12. Ensure that TSC personnel have carded in on the accountability card reader. ____

3. If card reader is inoperable, prepare manual list of personnel and maintain accountability. ____

4. Obtain from Security Alarm Station comp positions and locations. ____

5. Verify that the OSC card reader is activated. If inoperable, ensure that the OSC Manager maintains a manual list of personnel. ____

6. Verify that the Control Room card reader is activated. If inoperable, ensure that the Shift Manager maintains a manual list of personnel. ____

SUBSEQUENT ACTIONS

1. Inform TSC Manager if leaving the facility.

2. Obtain alpha listing report for Administrative Coordinator.

3. Ensure that Security Shift Supervisor is advised periodically on plant emergency.

4. Coordinate with the Radiation Protection Coordinator for dosimetry and protective actions for security personnel. Monitor wind direction in relation to security positions.

5. Keep the TSC Manager informed of any security contingency event and actions in progress.

6. Notify the Security Shift Supervisor of vehicles needing entry into the Protected Area.

RELOCATION ACTIONS

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

SECURITY COORDINATOR

DEACTIVATION ACTIONS (cont'd)

2. Inform the Security Shift Supervisor of the TSC deactivation.

3. Ensure that all documentation is forwarded to the TSC Manager.

SECURITY COORDINATOR

OWNER CONTROLLED AREA EVACUATION

Date:_____Time: _____ Action Completed Initial

1. When directed, make provisions to evacuate the site using the PAP or South Train Gate. _____

   a. The protected area accountability should be completed within about 30 minutes of the declaration of a Site Area or General Emergency and continuously thereafter.

NOTE

If the Alternate Evacuation Point (South Train gate) is to be used, make provisions to open it prior to the announcement to evacuate.

2. Contact West Feliciana Sheriff's Office to request traffic and access control assistance. _____

3. Provide protected area accountability results to the Emergency Director and TSC Manager including information on any unaccounted for individuals. _____

4. Direct security officers to sweep the Owner Controlled Area outside of the protected area to ensure personnel are aware of the evacuation order. Some areas such as the warehouse, MA-1/2, Field Administration, and Training Center may not hear the evacuation order on the gaitronics. _____

5. Ensure security officers receive a briefing on potential hazards and any protective measures required. _____

6. Establish controls to prevent persons from entering evacuated areas. _____

SECURITY COORDINATOR

LIMITED OR BUILDING EVACUATION

Date:_____ Time:_____

Action Completed Initials

SECURITY COORDINATOR

1. Direct security officers to obtain a list of assembled personnel. ____
2. Establish control of access into evacuated area. ____
3. Obtain printouts if area access is controlled by card readers. ____
4. Report accountability results to the Emergency Director. ____
5. Establish normal access, as possible. ____

TSC HABITABILITY TECHNICIAN

ACTIVATION

Date: _____

Action Completed Initial

1. Perform operational checks on monitoring equipment prior to use. ____

2. Perform radiation and airborne radioactivity surveys in accordance with RPP-0006, Radiological Monitoring or applicable attachment of EIP-2-014 Offsite Radiological Monitoring to ensure that the TSC is habitable. Report survey results to the Radiation Protection Coordinator. ____

3. Inform the RP Coordinator when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

1. When directed by RP Coordinator, distribute pocket dosimeters and TLDs. Document on page 3 of this attachment.

2. Establish a contamination control point outside of door SB123-19, as directed. If needed, coordinate with OSC Habitability Technician the establishment of a clean path between TSC and OSC.

3. If personnel entering the TSC are contaminated, notify the RP Coordinator and arrange for decontamination by the OSC.

4. Perform periodic surveys of the TSC.

5. Keep the RP Coordinator informed of all activities.

RELOCATION ACTIONS

If the TSC is relocating:

1. Relocate to the control room when directed by the TSC Manager. Upon arrival resume habitability assessment and provide team coverage if necessary. Utilize supplies located in the Emergency Planning locker located in the control room.

DEACTIVATION

1. When directed by the RP Coordinator, deactivate the TSC.

2. Ensure that all dosimeters and TLDs that were distributed are collected.

TSC HABITABILITY TECHNICIAN

DEACTIVATION (cont'd)

3. Ensure that all monitoring instrumentation is stored and operable. Report problems to the RP Coordinator.

4. Ensure that all documentation is forwarded to the RP Coordinator.

TSC HABITABILITY TECHNICIAN

(Typical)

Date: _____

TLD	Name (Last,First,MI) Print	SSN	Returned (✓)

DATA FACILITY COORDINATOR

ACTIVATION

Date: _____

Action Completed
Initial

1. Verify availability of TSC drawings. If necessary, obtain drawings from Drawing Control Center. ____

2. Develop a list of non-functional administrative equipment and present to Administrative Coordinator. ____

3. Inform the Administrative Coordinator when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

1. Obtain reference materials as requested.

2. Assist the Administrative Coordinator, as necessary.

3. Provide document support for the OSC, as necessary.

RELOCATION ACTIONS

If the TSC is relocating:

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. If necessary, ensure that all drawings are returned to the Drawing Control Center.

3. Ensure that all reference materials are returned to the appropriate storage location.

4. Ensure that all documentation is forwarded to the TSC Manager.

STATUS COMMUNICATOR

ACTIVATION

Date: _____ Action Completed Initial

1. Ensure that the headset is operable. ____

2. Update status boards with current information from ERIS data sheets, Notification Message Forms, and headset circuit. ____

3. Have Administrative Coordinator call out another Status Communicator, if needed. ____

SUBSEQUENT ACTIONS

1. Continually update all status boards with current information from ERIS, Notification Message Forms, and information obtained over the headset or from the Operations Support Coordinator or Maintenance Support Coordinator.

2. Ensure that the Operations Support Coordinator and TSC Manager periodically verify the accuracy of status board information.

RELOCATION ACTIONS

If the TSC is relocating:

1. Relocate as directed by the TSC Manager.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Ensure that all documentation is forwarded to the TSC Manager.

ENS COMMUNICATOR

ACTIVATION

Date: _____ Action Completed Initial

1. Proceed to the Control Room and relieve the TSC/Control Room Communicator or Control Room Communicator of the NRC notification duties. ____

2. Inform the TSC Manager that you are in the Control Room. ____

3. When the TSC becomes operational, inform the NRC that you are relocating duties to the TSC. Report to the TSC. ____

SUBSEQUENT ACTIONS

1. Communicate plant status as requested. Keep the NRC informed of the following:

   a. Degradation in the level of safety in the plant or worsening plant conditions.

   b. Results of ensuing evaluations or assessments of plant conditions.

   c. Effectiveness of response or protective measures taken.

   d. Information related to plant behavior that is not understood.

   e. Changes in classifications or Protective Action Recommendations (PARs).

2. When the NRC requests, have the HPN Communicator establish contact with the NRC.

3. If in doubt about information, check with Operations Support Coordinator and TSC Manager on accuracy of your information prior to passing it on to the NRC.

4. Upon termination of the emergency, notify the NRC.

RELOCATION ACTIONS

If TSC is relocating:

1. Report to the Communicator's desk in the control room to resume ENS duties.

DEACTIVATION

1. When directed by the TSC Manager, deactivate the TSC.

2. Inform the NRC and obtain concurrence to deactivate ENS duties.

3. Ensure that all documentation is forwarded to the TSC Manager.

ADMINISTRATIVE SUPPORT PERSONNEL

ACTIVATION Date: _____ Action Completed Initial

1. Test the operability of administrative equipment which includes but is not limited to:

   - copier ____
   - fax ____
   - ERIS laser printer ____
   - Electronic document printer ____

2. Obtain all previous Notification Message Forms. Copy and distribute to TSC staff. ____

3. Assist the TSC staff in facility activation. ____

4. Inform the Administrative Coordinator when prepared to perform functional responsibilities. ____

SUBSEQUENT ACTIONS

1. Continuously retrieve, copy and distribute ERIS data (as necessary), and Notification Message Forms.

2. Bring or fax information to the OSC as necessary.

3. Retrieve drawings, procedures, and documents.

4. Provide clerical support as directed by the Administrative Coordinator.

RELOCATION ACTIONS

If TSC is relocating:

1. Relocate as directed by the TSC Manager.

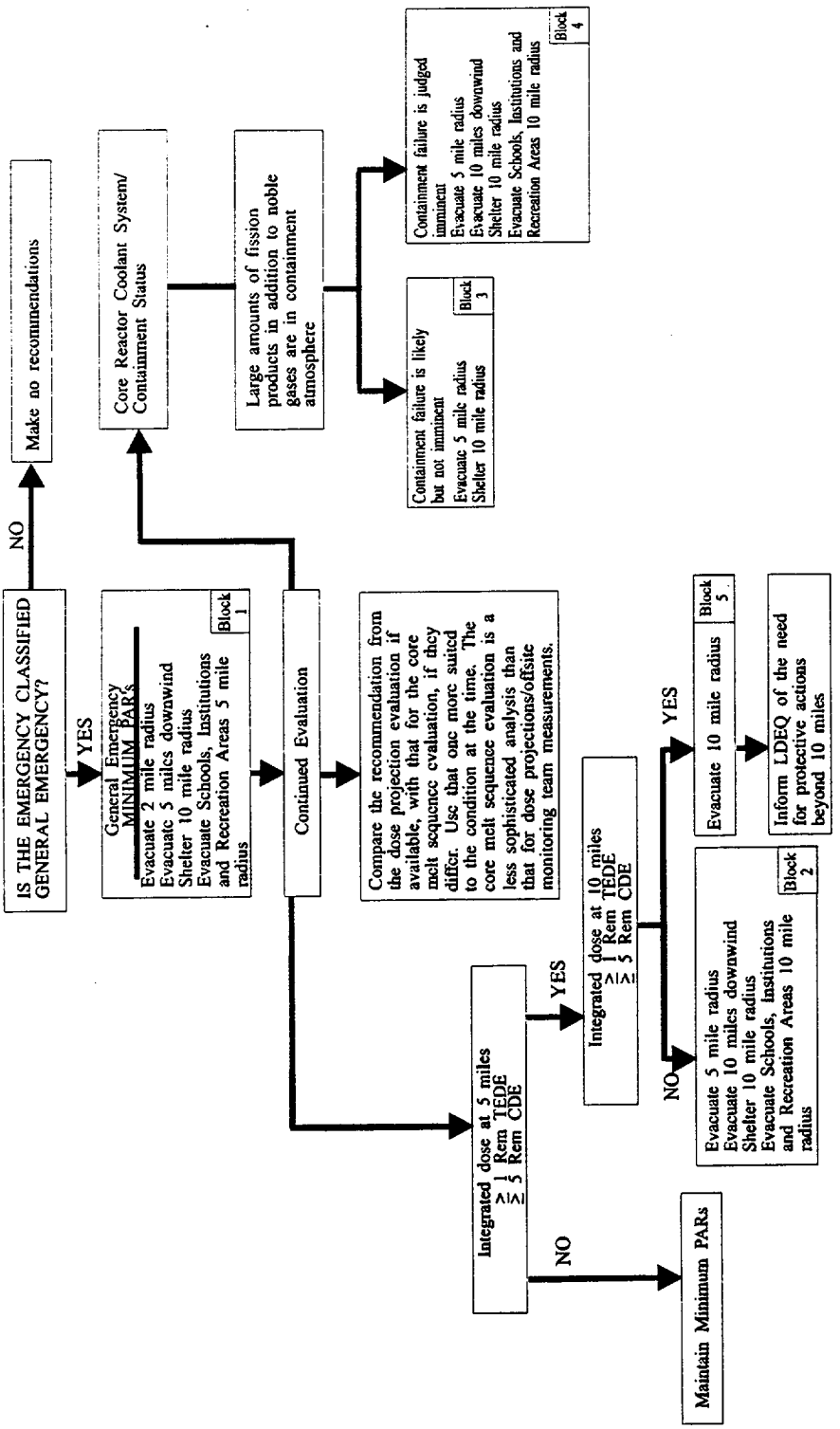
DEACTIVATION

1. When directed by the Administrative Coordinator, deactivate the TSC.

2. Ensure that all procedures, drawings, reference materials and equipment are stored in the appropriate location and condition.

3. Ensure that all documentation is forwarded to the TSC Manager.

PROTECTIVE ACTION RECOMMENDATIONS (PARS)



PROTECTIVE ACTION RECOMMENDATIONS (PARS)

BLOCK 1

PROTECTIVE ACTION FLOWCHART
EVACUATE 2 MILE RADIUS AND EVACUATE 5 MILES DOWNWIND AND SHELTER THE 10 MILE RADIUS AND EVACUATE SCHOOLS, INSTITUTIONS, RECREATION AREAS 5 MILE RADIUS.

Locate the wind direction to find the appropriate scenario number to use.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
168.76-191.25	1	A OR B	R & B A & C
213.76-236.25	2	C	B & D
236.26-258.75	3	D	C & E
258.76-281.25	4	E OR F	D & F E & G
303.76-326.25	5	G OR H	F & H G & J
348.76-11.25	6	J	H & K
11.26-33.75	7	K	J & L
33.76-56.25	8	L OR M	K & M L & N
78.76-101.25	9	N	M & P
101.26-123.75	10	P OR Q	N & Q P & R
146.26-168.75	11	R	Q & A

BLOCK 3

PROTECTIVE ACTION FLOWCHART
EVACUATE 5 MILE RADIUS AND SHELTER THE 10 MILE RADIUS.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTORS
ANY	12	ALL	ALL

PROTECTIVE ACTION RECOMMENDATIONS (PARS)

BLOCK 2 OR 4

PROTECTIVE ACTION FLOWCHART
EVACUATE 5 MILE RADIUS AND EVACUATE 10 MILES DOWNWIND AND SHELTER THE 10 MILE RADIUS AND EVACUATE SCHOOLS, INSTITUTIONS, RECREATION AREAS 10 MILE RADIUS.

Locate the wind direction to find the appropriate scenario number to use.

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
168.76-191.25	13	A	R & B
191.26-213.75	14	B	A & C
213.76-236.25 236.26-258.75	15	C OR D	B & D C & E
258.76-281.25	16	E	D & F
281.26-303.75	17	F	E & G
303.76-326.25	18	G	F & H
326.26-348.75	19	H	G & J
348.76-11.25	20	J	H & K
11.26-33.75	21	K	J & L
33.76-56.25	22	L	K & M
56.26-78.75	23	M	L & N
78.76-101.25	24	N	M & P
101.26-123.75 123.76-148.25	25	P OR Q	N & Q P & R
148.26-168.75	26	R	Q & A

BLOCK 5

PROTECTIVE ACTION FLOWCHART
EVACUATE 10 MILE RADIUS

DEGREES FROM	SCENARIO NUMBER	CENTERLINE SECTOR	SIDE SECTOR
ANY	27	ALL	ALL

LOG FORM

(Typical)

Name:_____ Date:_____

Position:_____ Page ____ of ____

TIME	ACTIVITY
____	_____
____	_____
____	_____
____	_____
____	_____
____	_____
____	_____
____	_____
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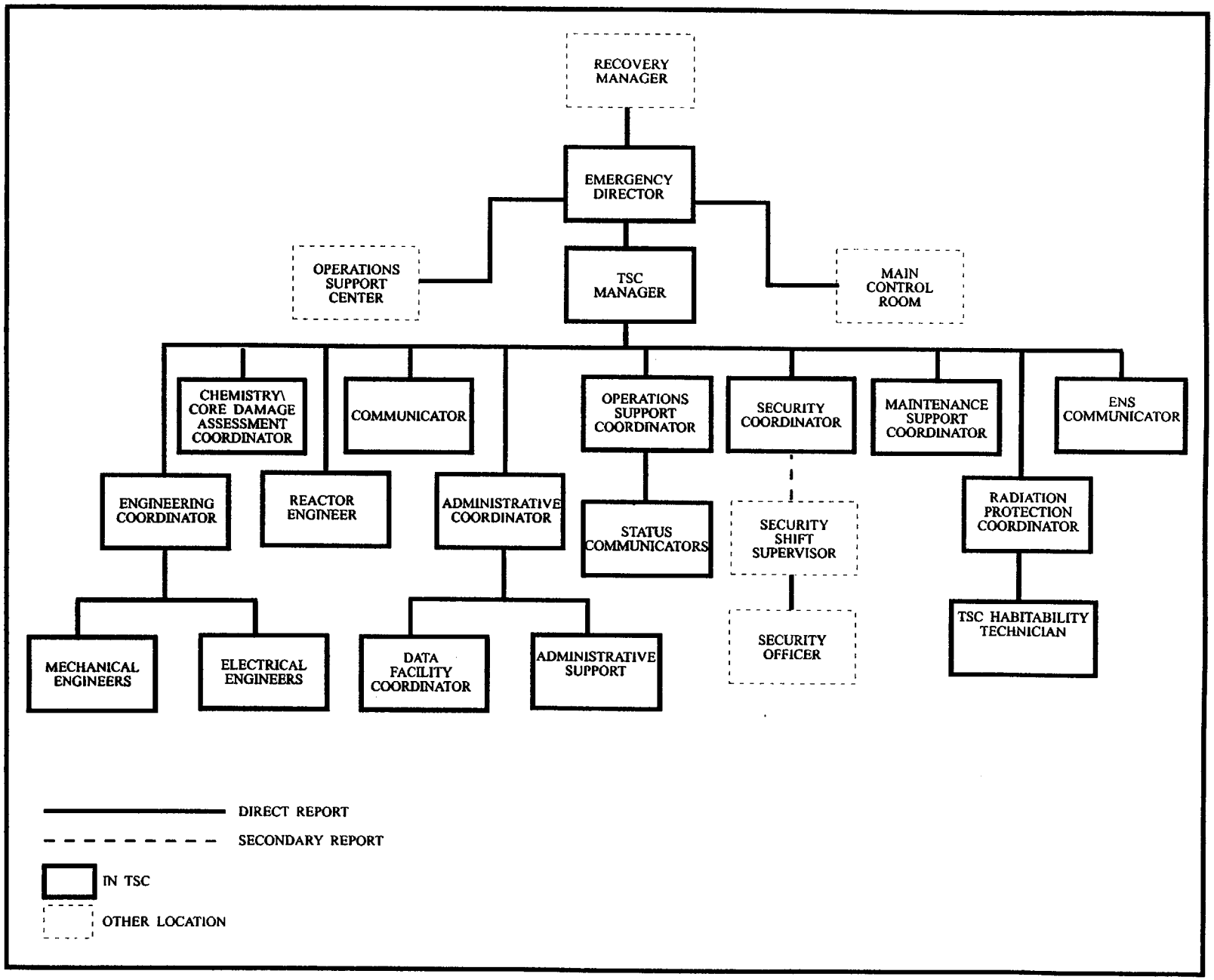
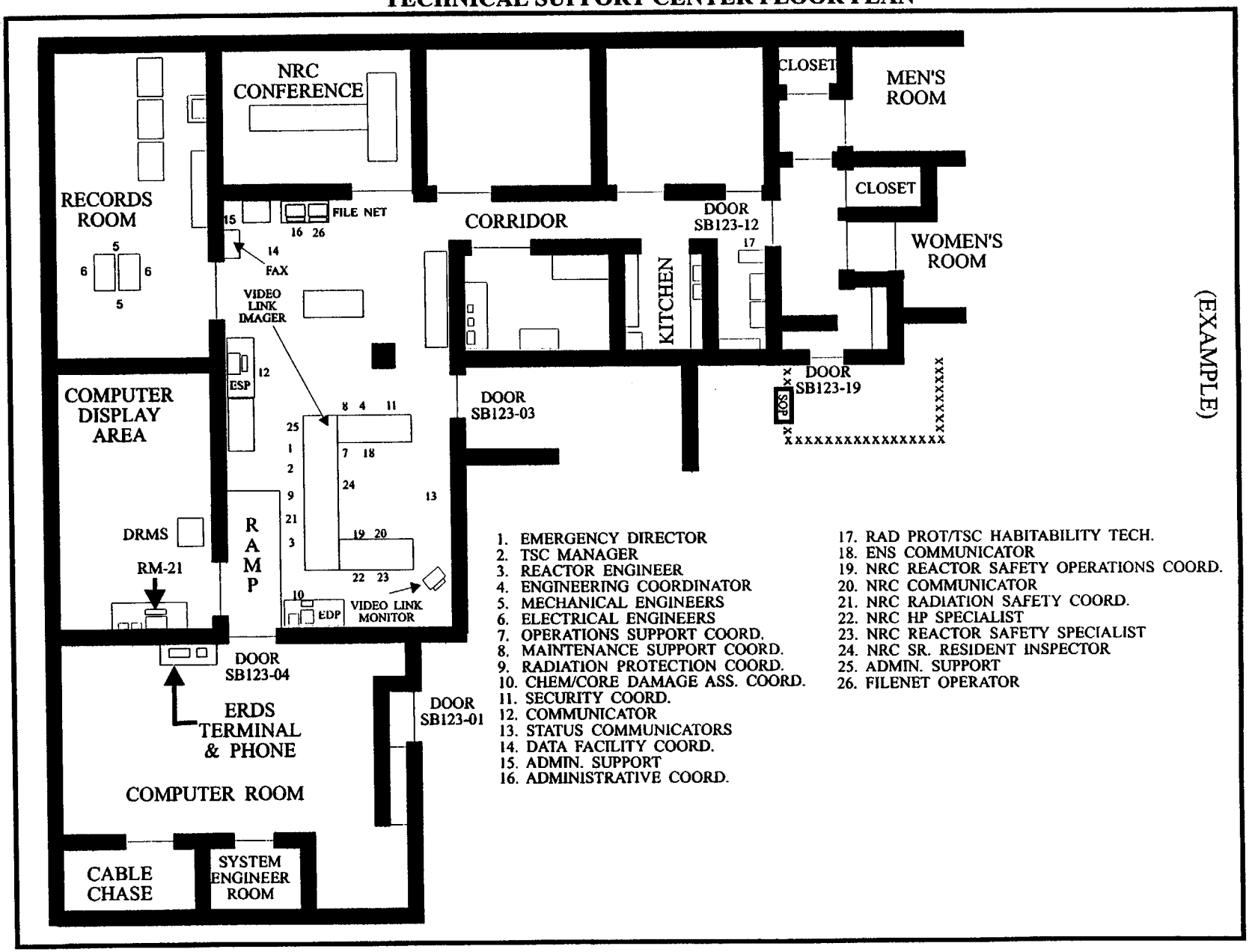
____	_____
____	_____

TECHNICAL SUPPORT CENTER ORGANIZATIONAL CHART

PR00007M.CDR



TECHNICAL SUPPORT CENTER FLOOR PLAN



1. EMERGENCY DIRECTOR
2. TSC MANAGER
3. REACTOR ENGINEER
4. ENGINEERING COORDINATOR
5. MECHANICAL ENGINEERS
6. ELECTRICAL ENGINEERS
7. OPERATIONS SUPPORT COORD.
8. MAINTENANCE SUPPORT COORD.
9. RADIATION PROTECTION COORD.
10. CHEM/CORE DAMAGE ASS. COORD.
11. SECURITY COORD.
12. COMMUNICATOR
13. STATUS COMMUNICATORS
14. DATA FACILITY COORD.
15. ADMIN. SUPPORT
16. ADMINISTRATIVE COORD.
17. RAD PROT/TSC HABITABILITY TECH.
18. ENS COMMUNICATOR
19. NRC REACTOR SAFETY OPERATIONS COORD.
20. NRC COMMUNICATOR
21. NRC RADIATION SAFETY COORD.
22. NRC HP SPECIALIST
23. NRC REACTOR SAFETY SPECIALIST
24. NRC SR. RESIDENT INSPECTOR
25. ADMIN. SUPPORT
26. FILENET OPERATOR

PR00002M.CDR

ENTERGY

PAR

Page 1 of 1

Procedure Action Request

PROCEDURE NO	CURRENT REV.	PROCEDURE TITLE
EIP-2-103	15	Emergency Equipment Inventory

TYPE OF ACTION:

- ☑ PROCEDURE REVISION (PR)
- ☐ NEW PROCEDURE (NP)
- ☐ EDITORIAL CHANGE (EC)
- ☐ COMMENT (CM)
- ☐ CANCEL PROCEDURE (CP)
- ☐ OTHER (O)

DESCRIBE ACTION:

Added statement to the General Section stating that the RP instruments located at Our Lady of the Lake Hospital are stored in the Nuclear Medicine lab.

Attachment 4-Changed listing of number of small respirators in the OSC locker from 10 to 1. This was identified as a typographical error.

Attachment 4-Removed listing for come alongs, slings, and shackles. These are readily available in the plant.

- ☑ EVALUATION (50.54q) COMPLETED, If applicable
  (Attach form from RBNP - 075)
- ☑ LICENSING COMMITMENTS VERIFIED
- ☐ CROSS DISCIPLINE REVIEW
- ☐ TRAINING REQUIRED
- ☐ BEFORE ISSUE or ☐ AFTER ISSUE

REVIEW AND APPROVAL:

	SIGNATURE / KCN / DATE		SIGNATURE / KCN / DATE
PREPARER	John Hunt 0628 4/3/01	FRC (Mtg. # 2001-017)	01409 4/12/01
TECHNICAL REVIEWER	Kristi Huffstatter 1211 4/3/01	EP MANAGER	Michael N Bahrami 0033 4-4-01

EFFECTIVE DATE: APR 17 2001

*G12.23.2

ENTERGY

RIVER BEND STATION
STATION SUPPORT MANUAL
***EMERGENCY IMPLEMENTING PROCEDURE**

**EMERGENCY EQUIPMENT INVENTORY*

PROCEDURE NUMBER:	***EIP-2-103**
REVISION NUMBER:	***16**
Effective Date:	* APR 17 2001

NOTE : SIGNATURES ARE ON FILE.

*INDEXING INFORMATION

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1 PURPOSE

The purpose of this procedure is to provide instructions for the periodic inventory, inspection, and calibration verification of emergency equipment.

2 REFERENCES

RPP-0022, Respiratory Protection Equipment Cleaning, Inspection, and Repair

3 DEFINITIONS

NONE

4 RESPONSIBILITIES

4.1 Manager - Emergency Preparedness - ensures maintenance, and availability (as appropriate) of emergency equipment which may be required during an emergency.

4.2 Superintendent-Radiation Control - ensures calibration of radiological monitoring equipment and maintenance of respiratory equipment.

4.3 Emergency Planner - schedules and conducts inventories.

5 GENERAL

The RP instruments at Our Lady of the Lake Hospital are stored in the Nuclear Medicine lab.

6 PROCEDURE

NOTE

The actions of this procedure may be completed in any sequence, however, the sequence presented is recommended.

6.1 The Manager - Emergency Preparedness should:

6.1.1. Review all attachments and indicate review by signing Attachment 1.

6.1.2. Ensure that deficiencies and inventories are corrected as necessary. The contents of emergency lockers should match the equipment listed in this procedure.

6.2 The Emergency Planner should:

6.2.1. Inventory equipment listed in Attachments 2 through 11 quarterly, after each use and any time it is suspected that the equipment has been tampered with or used for unauthorized purposes. An inventory of emergency equipment shall be performed within 48 hours after a drill/exercise for all kits and lockers where the integrity has been compromised (LC #13622).

6.2.2. Perform an operational check of portable survey instruments as follows:

1. Check calibration sticker date.
2. Visual inspection for physical damage.
3. Perform battery check.
4. Use check source provided, obtain reading above background.

6.2.3. Perform an operational check of portable air sampler instruments as follows:

1. Check calibration sticker date,
2. Visual inspection/housing integrity,
3. Briefly run sampler, and
4. Inspect O-rings for signs of cracking/brittleness. Replace as necessary.

6.2.4. Perform an operational check of portable radios.

6.2.5. Immediately correct identified deficiencies or document deficiencies on the EP Action Item Tracking database if immediate corrective action cannot be performed.

NOTE

Silver Zeolite Cartridges are considered hazardous waste and must be disposed of in an appropriate manner. Contact Environmental Services for disposal requirements.

6.2.6. If calibration dates are found that will expire within the next inventory period, notify Radiation Protection by memorandum and copy to file.

6.2.7. If a locker/kit deficiency cannot be corrected in one day notify the Manager - Emergency Preparedness.

6.3 The Superintendent-Radiation Control should:

6.3.1. Ensure the calibration of radiation monitoring equipment in accordance with applicable procedures.

6.3.2. Ensure the availability of sufficient reserves of instruments and equipment from normal station inventories to replace instruments/ equipment removed from the emergency lockers/kits for calibration or repair.

6.3.3. Ensure that respiratory equipment is inspected at least once each month in accordance with RPP-0022.

7 DOCUMENTATION

Completed inventory sheets shall be maintained by Emergency Planning for a period of 12 months. Attachments 1-11 shall be forwarded to Permanent Plant Files (PPF).

INVENTORY COVER SHEET

		UNSAT.	SAT.
A.	Quarterly Emergency Equipment Locker Inventory (Attachments 2 - 11)	_____	_____

Reviewed By:

_____/_____/_____
Manager - Emergency Preparedness KCN Date

Additional Comments: _____

_____

_____

_____

_____

MAIN CONTROL ROOM

DESCRIPTION: MAIN CONTROL ROOM EMERGENCY LOCKER				LOCATION: MAIN CONTROL ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
TSC/CR Communicator headset	1		N/A	N/A	SAT/UNSAT	
Radioactive Material Tags	10		N/A	N/A	SAT/UNSAT	
Calculator	1		N/A	N/A	SAT/UNSAT	
Contamination Smears	1 Box		N/A	N/A	SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	
Particulate Filters	1 Box		N/A	N/A	SAT/UNSAT	
Silver Zeolite Cartridges	5		N/A		SAT/UNSAT	
Dosimeter 0-500 mR	25		N/A		SAT/UNSAT	
Dosimeter 0-1 R	5		N/A		SAT/UNSAT	
Dosimeter 0-10 R	5		N/A		SAT/UNSAT	
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
Low Range Ion Chamber Rate Meter B/G 0-50 R/Hr R02(A) or equivalent	2				SAT/UNSAT SAT/UNSAT	
G/M Frisker RM 14 (or equivalent) with Probe	1				SAT/UNSAT	
Spare Probe	1		N/A	N/A	SAT/UNSAT	
~ 8 uCi Cs 137 Check Source	1			N/A	SAT/UNSAT	

MAIN CONTROL ROOM

DESCRIPTION: MAIN CONTROL ROOM EMERGENCY LOCKER				LOCATION: MAIN CONTROL ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Rad. Tape	1		N/A	N/A	SAT/UNSAT	
Masking Tape	2		N/A	N/A	SAT/UNSAT	
Step Off Pads	2		N/A	N/A	SAT/UNSAT	
Caution Signs	2		N/A	N/A	SAT/UNSAT	
Contaminated Area Insert	2		N/A	N/A	SAT/UNSAT	
High Rad. Area Insert	2		N/A	N/A	SAT/UNSAT	
Rad. Area Insert	2		N/A	N/A	SAT/UNSAT	
Barrier Rope (Feet).	~50		N/A	N/A	SAT/UNSAT	
Poly Bags (XL)	5		N/A	N/A	SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Protective Clothing Sets (Includes hood, coveralls, shoe covers, rubbers, gloves, glove liners)	10		N/A	N/A	SAT/UNSAT	
Full Face Filter Respirator	1 Small 10 Medium 1 Large		N/A	N/A	SAT/UNSAT SAT/UNSAT SAT/UNSAT	

MAIN CONTROL ROOM

DESCRIPTION: MAIN CONTROL ROOM EMERGENCY LOCKER				LOCATION: MAIN CONTROL ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Flashlights with batteries	5		N/A	N/A	SAT/UNSAT	
Spare Batteries "D" Cell	24		N/A	N/A	SAT/UNSAT	
Lantern with Battery	2		N/A	N/A	SAT/UNSAT	
Spare Lantern Batteries	2		N/A	N/A	SAT/UNSAT	
Lamps with Batteries	4		N/A	N/A	SAT/UNSAT	
Spare Lantern Bulbs	2		N/A	N/A	SAT/UNSAT	
Air Sample Collector	2				SAT/UNSAT SAT/UNSAT	
SCBA	10		N/A	N/A	SAT/UNSAT	
SCBA Spare Bottles	30		N/A	N/A	SAT/UNSAT	
Batteries "9 V"	4		N/A	N/A	SAT/UNSAT	
KI Bottles	10		N/A		SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS/AIR SAMPLERS PERFORMED: YES ___ NO ___

TECHNICAL SUPPORT CENTER

DESCRIPTION: TSC EMERGENCY LOCKER				LOCATION: TSC		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Low Range Ion Chamber Rate Meter B/G 0-5R/Hr RO2(A) or equivalent	2				SAT/UNSAT	
					SAT/UNSAT	
GM Frisker RM 14 (or equivalent) with probe	2				SAT/UNSAT	
					SAT/UNSAT	
Spare Probes	2		N/A	N/A	SAT/UNSAT	
TLD(S)	25		N/A	N/A	SAT/UNSAT	
Dosimeters 0-500 mR	50		N/A		SAT/UNSAT	
Dosimeters 0-1 R	20		N/A		SAT/UNSAT	
Dosimeter Chargers	2		N/A	N/A	SAT/UNSAT	
~ 8 uCi Cs 137 Check Source	1			N/A	SAT/UNSAT	
Silver Zeolite cartridges	10		N/A		SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	
Smears	1 Box		N/A	N/A	SAT/UNSAT	
Particulate Filters	2 Boxes		N/A	N/A	SAT/UNSAT	
Petri Dish	1 Box		N/A	N/A	SAT/UNSAT	

TECHNICAL SUPPORT CENTER

DESCRIPTION: TSC EMERGENCY LOCKER					LOCATION: TSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Spare Batteries "D" Cell	18		N/A	N/A	SAT/UNSAT	
Spare Batteries "9 V"	3		N/A	N/A	SAT/UNSAT	
Masking Tape	2		N/A	N/A	SAT/UNSAT	
Tweezers	1		N/A	N/A	SAT/UNSAT	
Screw Driver	1		N/A	N/A	SAT/UNSAT	
Calculator	1		N/A	N/A	SAT/UNSAT	
Rad. Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Radioactive Material Tags	5		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 100		N/A	N/A	SAT/UNSAT	
Full Face Filter Respirator	1 Small 5 Medium 1 Large		N/A	N/A	SAT/UNSAT SAT/UNSAT SAT/UNSAT	
Step Off Pad	1		N/A	N/A	SAT/UNSAT	
Bag Stand	2		N/A	N/A	SAT/UNSAT	

TECHNICAL SUPPORT CENTER

DESCRIPTION: TSC EMERGENCY LOCKER				LOCATION: TSC		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Poly Bags (XL)	5		N/A	N/A	SAT/UNSAT	
Lamps without Batteries	10		N/A	N/A	SAT/UNSAT	
Lamp Batteries "D" Cell	80		N/A	N/A	SAT/UNSAT	
Protective Clothing Sets (Includes hood, coveralls, shoe covers, rubbers, gloves, glove liners)	8		N/A	N/A	SAT/UNSAT	
Sign "Frisk Prior to Entry"	1		N/A	N/A	SAT/UNSAT	
Sign "Frisk Prior to Exit"	1		N/A	N/A	SAT/UNSAT	
Extension Cord	1		N/A	N/A	SAT/UNSAT	
Barrier Rope	~ 100 Ft.		N/A	N/A	SAT/UNSAT	
Radiological Survey Data Sheets	25		N/A	N/A	SAT/UNSAT	
Airborne Rad. Activity Data Sheet	25		N/A	N/A	SAT/UNSAT	
Air Sample Collector	2				SAT/UNSAT	
					SAT/UNSAT	

TECHNICAL SUPPORT CENTER

DESCRIPTION: TSC EMERGENCY LOCKER					LOCATION: TSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
SCBA	5		N/A	N/A	SAT/UNSAT	
SCBA Spare Bottles	10		N/A	N/A	SAT/UNSAT	
CADAP Lap Top Computer with charger and battery	1		N/A	N/A	SAT/UNSAT	
KI Bottles	20		N/A		SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS/AIR SAMPLERS PERFORMED: YES ___ NO ___

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER				LOCATION: OSC		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Protective Clothing Set (White paper)	50		N/A	N/A	SAT/UNSAT	
Full Face Filter Respirators	1 Small 10 Medium 1 Large		N/A	N/A	SAT/UNSAT SAT/UNSAT SAT/UNSAT	
Air Sample Collectors (RAP – 1)	2				SAT/UNSAT	
					SAT/UNSAT	
Air Sample Collectors (AC)	2				SAT/UNSAT	
					SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Protective Clothing Sets (Includes hood, coveralls, shoe covers, rubbers, gloves, glove liners)	20		N/A	N/A	SAT/UNSAT	
Masking Tape	10 Rolls		N/A	N/A	SAT/UNSAT	
Rad. Tape	2		N/A	N/A	SAT/UNSAT	
Plastic Suit	10		N/A	N/A	SAT/UNSAT	
AOP-0031 ENCL. Kits	2		N/A	N/A	SAT/UNSAT	

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER					LOCATION: OSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Blanket	1		N/A	N/A	SAT/UNSAT	
First Aid Kit	1		N/A	N/A	SAT/UNSAT	
Bag Stand	1		N/A	N/A	SAT/UNSAT	
Small Acetylene Cut & Weld Rig with Spare Bottles	1		N/A	N/A	SAT/UNSAT	
Camera with 5 Packs of Film	2		N/A	N/A	SAT/UNSAT	
Toxic Gas Monitor	1		N/A	N/A	SAT/UNSAT	
Tool Belts	2		N/A	N/A	SAT/UNSAT	
Dosimeter 0-500 mR	50		N/A		SAT/UNSAT	
Dosimeter 0-1 R	20		N/A		SAT/UNSAT	
Dosimeter 0-10 R	10		N/A		SAT/UNSAT	
Dosimeter 0-100 R	10		N/A		SAT/UNSAT	
TLD(S)	30		N/A	N/A	SAT/UNSAT	
TLD Finger Rings	20		N/A	N/A	SAT/UNSAT	
Screw Driver	1		N/A	N/A	SAT/UNSAT	
Dosimeter Charger	2		N/A	N/A	SAT/UNSAT	
Spare Batteries "D" Cell	48		N/A	N/A	SAT/UNSAT	

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER					LOCATION: OSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Spare Batteries "C" Cell	8		N/A	N/A	SAT/UNSAT	
Spare Batteries "9 V"	18		N/A	N/A	SAT/UNSAT	
Flashlights without Batteries	10		N/A	N/A	SAT/UNSAT	
Contamination Smears	2 Boxes		N/A	N/A	SAT/UNSAT	
Smear Envelopes	2 Boxes		N/A	N/A	SAT/UNSAT	
Particulate Filters	2 Boxes		N/A	N/A	SAT/UNSAT	
Stick On Labels	1 Box		N/A	N/A	SAT/UNSAT	
Silver Zeolite Cartridges	10		N/A		SAT/UNSAT	
Sign Holders	10		N/A	N/A	SAT/UNSAT	
Contam. Area Insert	20		N/A	N/A	SAT/UNSAT	
Radiation Area Insert	20		N/A	N/A	SAT/UNSAT	
High Rad. Area Insert	20		N/A	N/A	SAT/UNSAT	
Rad. Material Insert	20		N/A	N/A	SAT/UNSAT	
Hot Spot Stickers	15		N/A	N/A	SAT/UNSAT	
Rad. Material Stickers	1 Roll		N/A	N/A	SAT/UNSAT	

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER					LOCATION: OSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Barrier Rope	~ 500 Ft.		N/A	N/A	SAT/UNSAT	
Air Sample Collector (DC)	2				SAT/UNSAT	
					SAT/UNSAT	
Lamps without Batteries	3		N/A	N/A	SAT/UNSAT	
Teletector 6112B Gamma .1-1000 R/Hr (or equivalent)	2				SAT/UNSAT	
					SAT/UNSAT	
Spare Frisker Probes	5		N/A	N/A	SAT/UNSAT	
Portable radio with Holster	6		N/A	N/A	SAT/UNSAT	
Radioactive Material Tags	~ 100		N/A	N/A	SAT/UNSAT	
Trash Can	3		N/A	N/A	SAT/UNSAT	
High Range Ion Rate Chamber Meter B/G 0-10,000 R/Hr (RO7) or equivalent	1				SAT/UNSAT	
G-M Frisker RM 14 (or equivalent) with probe	5				SAT/UNSAT	
					SAT/UNSAT	
					SAT/UNSAT	
					SAT/UNSAT	
					SAT/UNSAT	

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER				LOCATION: OSC		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
RM-21 Portable Rad Monitor (or equivalent) with Probe	1				SAT/UNSAT	
Spare Probe for RM-21 (HP270) or equivalent	2		N/A	N/A	SAT/UNSAT	
~ 8 uCi Cs 137 Check Source	1			N/A	SAT/UNSAT	
Low range Ion Chamber rate Meter B/G 0-5 R/Hr RO2(A) or equivalent	4				SAT/UNSAT	
					SAT/UNSAT	
					SAT/UNSAT	
					SAT/UNSAT	
Pass Cask Ramp	1		N/A	N/A	SAT/UNSAT	
Step Off Pads	20		N/A	N/A	SAT/UNSAT	
Ropes 225 Ft.	2		N/A	N/A	SAT/UNSAT	
Ropes 150 Ft.	2		N/A	N/A	SAT/UNSAT	
Ropes 100 Ft.	2		N/A	N/A	SAT/UNSAT	
Ropes 50 Ft.	2		N/A	N/A	SAT/UNSAT	
Extension Cords	4		N/A	N/A	SAT/UNSAT	
Multi-Receptacle	1		N/A	N/A	SAT/UNSAT	
EIP-2-012	1		N/A	N/A	SAT/UNSAT	
EIP-2-015	1		N/A	N/A	SAT/UNSAT	

OPERATIONS SUPPORT CENTER

DESCRIPTION: OSC EMERGENCY LOCKER					LOCATION: OSC	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
EIP-2-016	1		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
Yellow Metal Stanchions	5		N/A	N/A	SAT/UNSAT	
Frisker Stands	2		N/A	N/A	SAT/UNSAT	
SCBA	10		N/A	N/A	SAT/UNSAT	
Tool Kit	2		N/A	N/A	SAT/UNSAT	
Dose Tracking Cards	20		N/A	N/A	SAT/UNSAT	
Hydraulic Jack	2		N/A	N/A	SAT/UNSAT	
Bolt Cutters	4		N/A	N/A	SAT/UNSAT	
Wrecking Bars	4		N/A	N/A	SAT/UNSAT	
Sledge Hammer	2		N/A	N/A	SAT/UNSAT	
SCBA Spare Air Bottles	10		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS/AIR SAMPLERS PERFORMED: YES ___ NO ___

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF EMERGENCY SUPPLIES				LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Protective Clothing (White paper)	50		N/A	N/A	SAT/UNSAT	
Paper Towel	1 Roll		N/A	N/A	SAT/UNSAT	
Plastic Beaker 1 Liter	5		N/A	N/A	SAT/UNSAT	
Poly Bottle 1 Gallon	5		N/A	N/A	SAT/UNSAT	
KI Bottles	95		N/A		SAT/UNSAT	
Spare Probes	2		N/A	N/A	SAT/UNSAT	
Contamination Smears	1 Box		N/A	N/A	SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	
Particulate Filters	2 Boxes		N/A	N/A	SAT/UNSAT	
Petri Dish	1 Box		N/A	N/A	SAT/UNSAT	
Tweezers	1		N/A	N/A	SAT/UNSAT	
Silver Zeolite Cartridges	10		N/A		SAT/UNSAT	
Flashlight without Batteries	2		N/A	N/A	SAT/UNSAT	
Spare Batteries "D" Cell	6		N/A	N/A	SAT/UNSAT	
Batteries "9 V"	7		N/A	N/A	SAT/UNSAT	
Dosimeter 0-500 mR	75		N/A		SAT/UNSAT	
Dosimeter Charger	2		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF EMERGENCY SUPPLIES				LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Screw Driver	1		N/A	N/A	SAT/UNSAT	
TLD(S)	75		N/A	N/A	SAT/UNSAT	
Low Range Ion	2				SAT/UNSAT	
Chamber Rate Meter B/G 0-5 R/Hr RO2(A) or equivalent					SAT/UNSAT	
~ 8 uCi Cs137 Check Source	1			N/A	SAT/UNSAT	
Rad. Material Tags	25		N/A	N/A	SAT/UNSAT	
Masking Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Radiation Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Rad. Material Insert	5		N/A	N/A	SAT/UNSAT	
High Rad. Area Inserts	5		N/A	N/A	SAT/UNSAT	
Contam. Area Insert	5		N/A	N/A	SAT/UNSAT	
Rad. Area Insert	5		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
Rad. Survey Data Sheets	25		N/A	N/A	SAT/UNSAT	
Airborne Activity Data Sheets	25		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF EMERGENCY SUPPLIES					LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Air Sample Collector (RAP-1)	2				SAT/UNSAT SAT/UNSAT	
Sign Holders	8		N/A	N/A	SAT/UNSAT	
Air Sample Collector (DC)	2				SAT/UNSAT SAT/UNSAT	
G/M Frisker RM 14 (or equivalent) with Probe	2				SAT/UNSAT SAT/UNSAT	
Container for Radioactive Liquids (15 Gallon)	2		N/A	N/A	SAT/UNSAT	
Eye Wash Solution	2		N/A	N/A	SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Step Off Pads	5		N/A	N/A	SAT/UNSAT	
Plastic Sheet	1 Roll		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~500		N/A	N/A	SAT/UNSAT	
Barrier Rope	~100 Ft.		N/A	N/A	SAT/UNSAT	
Wash Cloths	10		N/A	N/A	SAT/UNSAT	
Towels	10		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF EMERGENCY SUPPLIES				LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Bag Stands	2		N/A	N/A	SAT/UNSAT	
Detergent	2		N/A	N/A	SAT/UNSAT	
Corn Meal	2		N/A	N/A	SAT/UNSAT	
Soap	2		N/A	N/A	SAT/UNSAT	
Shaving Creme	2		N/A	N/A	SAT/UNSAT	
Razors	5		N/A	N/A	SAT/UNSAT	
Full Face Filter Respirator	1 Small 1 Large		N/A	N/A	SAT/UNSAT SAT/UNSAT	
Extension Cord	1		N/A	N/A	SAT/UNSAT	
Water Pump	1		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #1				LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Low Range IonChamber Rate Meter B/G 0-5R/Hr R02(A) or equivalent	2				SAT/UNSAT SAT/UNSAT	
G-M Frisker E140N (or equivalent) with Probe	1				SAT/UNSAT	
~8 uCi Cs137 Check Source	1			N/A	SAT/UNSAT	
Spare Frisker Probe	1		N/A	N/A	SAT/UNSAT	
Fuse for Air Sampler	1		N/A	N/A	SAT/UNSAT	
KI Bottles	1		N/A		SAT/UNSAT	
Rad. Survey Data Sheets	25		N/A	N/A	SAT/UNSAT	
Air Activity Data Sheets	25		N/A	N/A	SAT/UNSAT	
Road Map	1		N/A	N/A	SAT/UNSAT	
EPZ Grid Map	1		N/A	N/A	SAT/UNSAT	
EIP-2-014 Air Sample Forms	20		N/A	N/A	SAT/UNSAT	
EIP-2-012	1		N/A	N/A	SAT/UNSAT	
EIP-2-014	1		N/A	N/A	SAT/UNSAT	
ESP-8-028	1		N/A	N/A	SAT/UNSAT	
Air Sample Collector (DC)	1				SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #1					LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Plastic Container with Cap, 1 Liter	6		N/A	N/A	SAT/UNSAT	
Hand Trowel (Garden)	1		N/A	N/A	SAT/UNSAT	
Tape Measure	1		N/A	N/A	SAT/UNSAT	
Adhesive Labels	1 Pack		N/A	N/A	SAT/UNSAT	
Compass	1		N/A	N/A	SAT/UNSAT	
Screw Driver	1		N/A	N/A	SAT/UNSAT	
Pliers	1		N/A	N/A	SAT/UNSAT	
Quarters	$5.00		N/A	N/A	SAT/UNSAT	
Pens	3		N/A	N/A	SAT/UNSAT	
Marker	1		N/A	N/A	SAT/UNSAT	
Stop Watch	1		N/A	N/A	SAT/UNSAT	
Tweezers	1		N/A	N/A	SAT/UNSAT	
Masking Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Flashlight without Batteries	2		N/A	N/A	SAT/UNSAT	
Protective Clothing Set (White Paper)	2		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 50		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #1				LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Contamination Smears	1 Box		N/A	N/A	SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	
Silver Zeolite Cartridges	10		N/A		SAT/UNSAT	
Full Face Filter Respirator	2 Medium		N/A	N/A	SAT/UNSAT	
Batteries "D" Cell	6		N/A	N/A	SAT/UNSAT	
Batteries "9 V"	7		N/A	N/A	SAT/UNSAT	
Grass Shears	1		N/A	N/A	SAT/UNSAT	
Dosimeters 0-200 mR	2		N/A		SAT/UNSAT	
Dosimeters 0-500 mR	2		N/A		SAT/UNSAT	
Dosimeter 0-1500 mR	2		N/A		SAT/UNSAT	
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
TLD(S)	2		N/A	N/A	SAT/UNSAT	
Particulate Filters	2 Boxes		N/A	N/A	SAT/UNSAT	
Scales	1		N/A	N/A	SAT/UNSAT	
Portable Calculator	1		N/A	N/A	SAT/UNSAT	
Yellow Rain Gear With Boots	2		N/A	N/A	SAT/UNSAT	
Portable Radio	2		N/A	N/A	SAT/UNSAT	
Portable Phone	1		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #2					LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Low Range Ion	2				SAT/UNSAT	
Chamber Rate Meter B/G 0-5R/Hr RO2(A) or equivalent					SAT/UNSAT	
G-M Frisker E140N (or equivalent) with Probe	1				SAT/UNSAT	
~ 8 uCi Cs137 Check Source	1			N/A	SAT/UNSAT	
Spare Frisker Probe	1		N/A	N/A	SAT/UNSAT	
Fuse for Air Sampler	1		N/A	N/A	SAT/UNSAT	
KI Bottles	1		N/A		SAT/UNSAT	
Rad. Survey Data Sheets	25		N/A	N/A	SAT/UNSAT	
Air Activity Data Sheets	25		N/A	N/A	SAT/UNSAT	
Road Map	1		N/A	N/A	SAT/UNSAT	
EPZ Grid Map	1		N/A	N/A	SAT/UNSAT	
EIP-2-014 Air Sample Forms	20		N/A	N/A	SAT/UNSAT	
EIP-2-012	1		N/A	N/A	SAT/UNSAT	
EIP-2-014	1		N/A	N/A	SAT/UNSAT	
ESP-8-028	1		N/A	N/A	SAT/UNSAT	
Air Sample Collector (DC)	1				SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #2					LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Plastic Container with Cap, 1 Liter	6		N/A	N/A	SAT/UNSAT	
Hand Trowel (Garden)	1		N/A	N/A	SAT/UNSAT	
Tape Measure	1		N/A	N/A	SAT/UNSAT	
Adhesive Labels	1 Pack		N/A	N/A	SAT/UNSAT	
Compass	1		N/A	N/A	SAT/UNSAT	
Screw Driver	1		N/A	N/A	SAT/UNSAT	
Pliers	1		N/A	N/A	SAT/UNSAT	
Quarters	$5.00		N/A	N/A	SAT/UNSAT	
Pens	3		N/A	N/A	SAT/UNSAT	
Marker	1		N/A	N/A	SAT/UNSAT	
Stop Watch	1		N/A	N/A	SAT/UNSAT	
Tweezers	1		N/A	N/A	SAT/UNSAT	
Masking Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Flashlight without Batteries	2		N/A	N/A	SAT/UNSAT	
Protective Clothing Set (White Paper)	2		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 50		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #2	LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM

ITEM DESCRIPTION	MINIMUM REQUIRED	ACTUAL QTY.	SERIAL NUMBER	EXPIRATION DATE	CONDITION SAT/UNSAT	COMMENTS
Contamination Smears	1 Box		N/A	N/A	SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	
Silver Zeolite Cartridges	10		N/A		SAT/UNSAT	
Full Face Filter Respirator	2 Medium		N/A	N/A	SAT/UNSAT	
Batteries "D" Cell	6		N/A	N/A	SAT/UNSAT	
Batteries "9 V"	7		N/A	N/A	SAT/UNSAT	
Grass Shears	1		N/A	N/A	SAT/UNSAT	
Dosimeters 0-200 Mr	2		N/A		SAT/UNSAT	
Dosimeters 0-500 Mr	2		N/A		SAT/UNSAT	
Dosimeter 0-1500 Mr	2		N/A		SAT/UNSAT	
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
TLD(S)	2		N/A	N/A	SAT/UNSAT	
Particulate Filters	2 Boxes		N/A	N/A	SAT/UNSAT	
Scales	1		N/A	N/A	SAT/UNSAT	
Portable Calculator	1		N/A	N/A	SAT/UNSAT	

EMERGENCY OPERATIONS FACILITY

DESCRIPTION: EOF OFFSITE EMERGENCY KIT #2					LOCATION: EMERGENCY EQUIPMENT STORAGE ROOM	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Yellow Rain Gear With Boots	2		N/A	N/A	SAT/UNSAT	
Portable Radio	2		N/A	N/A	SAT/UNSAT	
Portable Phone	1		N/A	N/A	SAT/UNSAT	
INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____ OPERATIONAL CHECKS ON INSTRUMENTS/AIR SAMPLERS PERFORMED: YES ___ NO ___						

DECONTAMINATION ROOM

DESCRIPTION: DECONTAMINATION ROOM					LOCATION: 2ND FLOOR SERVICES BUILDING	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
G/M Frisker RM 14 (or equivalent) with Probe	1				SAT/UNSAT	
Treatment Table	1		N/A	N/A	SAT/UNSAT	
Contam. Material Sign	2		N/A	N/A	SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	
Poly Bags (S)	25		N/A	N/A	SAT/UNSAT	
Poly Bottle 1 Gallon	5		N/A	N/A	SAT/UNSAT	
Plastic Beakers 1 Liter	5		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 500		N/A	N/A	SAT/UNSAT	
KI Bottles	70		N/A	N/A	SAT/UNSAT	
Paper Towels	1 Roll		N/A	N/A	SAT/UNSAT	
Log Book	1		N/A	N/A	SAT/UNSAT	
Hand Soap	1 Gallon		N/A	N/A	SAT/UNSAT	
Detergent	1 Gallon		N/A	N/A	SAT/UNSAT	
Wash Cloths	10		N/A	N/A	SAT/UNSAT	

DECONTAMINATION ROOM

DESCRIPTION: DECONTAMINATION ROOM					LOCATION: 2ND FLOOR SERVICES BUILDING	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Cotton Towels	10		N/A	N/A	SAT/UNSAT	
Shaving Cream	2		N/A	N/A	SAT/UNSAT	
Disposable Safety Razor	2		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE: _____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS PERFORMED: YES ___ NO ___

AMBULANCE KIT

DESCRIPTION: AMBULANCE KIT					LOCATION: PRIMARY ACCESS POINT (PAP)	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Protective Clothing Sets (Includes hood, coveralls, shoe covers, rubbers, gloves, glove liners)	4		N/A	N/A	SAT/UNSAT	
Dosimeter 0-200 Mr	4		N/A		SAT/UNSAT	
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
TLD(S)	4		N/A	N/A	SAT/UNSAT	
Clipboard	1		N/A	N/A	SAT/UNSAT	
Note Pad	6		N/A	N/A	SAT/UNSAT	
Pens	2		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 100		N/A	N/A	SAT/UNSAT	
Masking Tape	2 Rolls		N/A	N/A	SAT/UNSAT	
Rad. Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Herculite for Amb. Floor	Lot		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE: _____ _____ _____

ACTIVITY CENTER

DESCRIPTION: DECONTAMINATION SUPPLIES					LOCATION: ACTIVITY CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
G/M Frisker RM 14 (or equivalent) with Probe	1				SAT/UNSAT	
Poly Bags (L)	25		N/A	N/A	SAT/UNSAT	
Poly bags (S)	25		N/A	N/A	SAT/UNSAT	
Container for Rad. Liquids 15 Gallon	2		N/A	N/A	SAT/UNSAT	
Container for Rad. Trash Material	1		N/A	N/A	SAT/UNSAT	
Plastic Sheet	1 Roll		N/A	N/A	SAT/UNSAT	
Step Off Pads	2		N/A	N/A	SAT/UNSAT	
Poly Beakers 1 Liter	10		N/A	N/A	SAT/UNSAT	
Surgical Gloves	~ 100		N/A	N/A	SAT/UNSAT	
Cotton Towels	12		N/A	N/A	SAT/UNSAT	
Eye Wash Solution	2		N/A	N/A	SAT/UNSAT	
Protective Clothing Set (White Paper)	50		N/A	N/A	SAT/UNSAT	
Contamination Smears	1 Box		N/A	N/A	SAT/UNSAT	
Smear Envelopes	1 Box		N/A	N/A	SAT/UNSAT	

ACTIVITY CENTER

DESCRIPTION: DECONTAMINATION SUPPLIES					LOCATION: ACTIVITY CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Flashlights without Batteries	2		N/A	N/A	SAT/UNSAT	
Batteries "D" Cell	4		N/A	N/A	SAT/UNSAT	
Masking Tape	1 Roll		N/A	N/A	SAT/UNSAT	
Log Books	2		N/A	N/A	SAT/UNSAT	
Clipboard	3		N/A	N/A	SAT/UNSAT	
Note Pad	3		N/A	N/A	SAT/UNSAT	
Pens	6		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
RPP-0018	1		N/A	N/A	SAT/UNSAT	
Sign Holders	6		N/A	N/A	SAT/UNSAT	
Rad. Area Insert	10		N/A	N/A	SAT/UNSAT	
Contam. Area Insert	10		N/A	N/A	SAT/UNSAT	
Rad. Material Insert	10		N/A	N/A	SAT/UNSAT	
Paper Towel	1 Roll		N/A	N/A	SAT/UNSAT	

ACTIVITY CENTER

DESCRIPTION: DECONTAMINATION SUPPLIES					LOCATION: ACTIVITY CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Soap Bar	2		N/A	N/A	SAT/UNSAT	
Shaving Cream	2		N/A	N/A	SAT/UNSAT	
Safety Razor	5		N/A	N/A	SAT/UNSAT	
Cotton Balls	2 Boxes		N/A	N/A	SAT/UNSAT	
Q Tips	2 Boxes		N/A	N/A	SAT/UNSAT	
Corn Meal	2		N/A	N/A	SAT/UNSAT	
Detergent	2		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS PERFORMED: YES ___ NO ___

WEST FELICIANA PARISH HOSPITAL

DESCRIPTION: EMERGENCY EQUIPMENT					LOCATION: WEST FELICIANA PARISH HOSPITAL	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
G/M Frisker RM 14 (or equivalent) with Probe	2				SAT/UNSAT	
					SAT/UNSAT	
G/M Low Range Meter 0-2000 Mr/Hr	1				SAT/UNSAT	
Hose with Low Pressure Shower head, Pre-rinse with Spray Head and Hose Adapter	1		N/A	N/A	SAT/UNSAT	
Decon Table Top, with Splash Guard, Stretcher Insert	1		N/A	N/A	SAT/UNSAT	
Poly Water Container (15 Gallon)	2		N/A	N/A	SAT/UNSAT	
Contam. Waste Container with base (35 Gallon)	2		N/A	N/A	SAT/UNSAT	
Stanchions Metal/Plastic	6		N/A	N/A	SAT/UNSAT	
Metal Storage Cabinet (Locked)	1		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
Step Off Pad	1		N/A	N/A	SAT/UNSAT	
Accident poster	2		N/A	N/A	SAT/UNSAT	

WEST FELICIANA PARISH HOSPITAL

DESCRIPTION: EMERGENCY EQUIPMENT				LOCATION: WEST FELICIANA PARISH HOSPITAL		
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Herculite cut to fit REA	Lot		N/A	N/A	SAT/UNSAT	
Plastic Trash Can Liners	10		N/A	N/A	SAT/UNSAT	
Plastic trash bags	6		N/A	N/A	SAT/UNSAT	
Rad. Warning Rope and Sign	Lot		N/A	N/A	SAT/UNSAT	
Sign Inserts 3 per Sign	15		N/A	N/A	SAT/UNSAT	
Rad. Warning Sign Holder	10		N/A	N/A	SAT/UNSAT	
Rad. Material Tags	50		N/A	N/A	SAT/UNSAT	
Lead Container	1		N/A	N/A	SAT/UNSAT	
Sample Taking and Decon Cart (Locked)	1		N/A	N/A	SAT/UNSAT	
Surgical Gloves	1 Box		N/A	N/A	SAT/UNSAT	
Dosimetry and Dress Out Cart (Locked)	1		N/A	N/A	SAT/UNSAT	
Protective Clothing Packs (Sealed)	20		N/A	N/A	SAT/UNSAT	
~ 8 uCi Cs 137 Check Source	1			N/A	SAT/UNSAT	
TLD Finger Rings	8		N/A	N/A	SAT/UNSAT	
Dosimeters 0-200 Mr	10		N/A		SAT/UNSAT	
TLD(S)	10		N/A	N/A	SAT/UNSAT	

WEST FELICIANA PARISH HOSPITAL

DESCRIPTION: EMERGENCY EQUIPMENT					LOCATION: WEST FELICIANA PARISH HOSPITAL	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
Batteries "D" Cell	6		N/A	N/A	SAT/UNSAT	
Masking Tape 2 inch	9 Rolls		N/A	N/A	SAT/UNSAT	
Anatomical Diagram	10 Sheets		N/A	N/A	SAT/UNSAT	
Personnel Dosimetry Log	10 Sheets		N/A	N/A	SAT/UNSAT	
Record Keeping Chart – Clipboard	1		N/A	N/A	SAT/UNSAT	
RMC Procedure Manual	1		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS PERFORMED: YES ___ NO ___

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

DESCRIPTION: EMERGENCY EQUIPMENT					LOCATION: OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
G/M Frisker RM 14 (or equivalent) with Probe	2				SAT/UNSAT	
					SAT/UNSAT	
G/M Low Range Meter 0-2000 Mr/Hr	1				SAT/UNSAT	
Hose with Low Pressure Shower Head, Pre-rinse with Spray Head and Hose Adapter	1		N/A	N/A	SAT/UNSAT	
Decon Table Top with Splash Guard, Stretcher Insert	1		N/A	N/A	SAT/UNSAT	
Poly Water Container (15 Gallon)	2		N/A	N/A	SAT/UNSAT	
Contam. Waste Container with Base (35 Gallon)	2		N/A	N/A	SAT/UNSAT	
Step Off Pad	1		N/A	N/A	SAT/UNSAT	
EIP-2-103	1		N/A	N/A	SAT/UNSAT	
Accident Poster	2		N/A	N/A	SAT/UNSAT	
Stanchions Metal/Plastic	4		N/A	N/A	SAT/UNSAT	
Herculite Cut to fit REA	Lot		N/A	N/A	SAT/UNSAT	

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

DESCRIPTION: EMERGENCY EQUIPMENT					LOCATION: OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Plastic Trash Can Liners	10		N/A	N/A	SAT/UNSAT	
Plastic Trash Bags	6		N/A	N/A	SAT/UNSAT	
Lead Container	1		N/A	N/A	SAT/UNSAT	
Rad. Warning Rope and Sign	Lot		N/A	N/A	SAT/UNSAT	
Sign Holder	5		N/A	N/A	SAT/UNSAT	
Sign Inserts 3 Per Sign	15		N/A	N/A	SAT/UNSAT	
Rad. Material Tags	50		N/A	N/A	SAT/UNSAT	
Sample Taking and Decon. Cart (Locked)	1		N/A	N/A	SAT/UNSAT	
Dosimetry and Dress Out Cart (Locked)	1		N/A	N/A	SAT/UNSAT	
Surgical Gloves	1 Box		N/A	N/A	SAT/UNSAT	
Batteries "D" Cell	6		N/A	N/A	SAT/UNSAT	
Masking Tape 2 inch	9 Rolls		N/A	N/A	SAT/UNSAT	
Anatomical Diagram	10 Sheets		N/A	N/A	SAT/UNSAT	

OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER

DESCRIPTION: EMERGENCY EQUIPMENT					LOCATION: OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
Personnel Dosimetry Log	10 Sheets		N/A	N/A	SAT/UNSAT	
Record Keeping Chart - Clipboard	1		N/A	N/A	SAT/UNSAT	
RMC Procedure Manual	1		N/A	N/A	SAT/UNSAT	
Yellow Floor Wipes	Lot		N/A	N/A	SAT/UNSAT	
~ 8 uCi Cs 137 Check Source	1			N/A	SAT/UNSAT	
TLD Finger Rings	8		N/A	N/A	SAT/UNSAT	
Dosimeters 0-200 mR	10		N/A		SAT/UNSAT	
TLD(S)	10		N/A	N/A	SAT/UNSAT	
Dosimeter Charger	1		N/A	N/A	SAT/UNSAT	
Protective Clothing Packs (Sealed)	20		N/A	N/A	SAT/UNSAT	

INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____

OPERATIONAL CHECKS ON INSTRUMENTS PERFORMED: YES ___ NO ___

REMOTE SHUTDOWN PANEL

DESCRIPTION: REMOTE SHUTDOWN LOCKER					LOCATION: REMOTE SHUTDOWN PANEL	
ITEM DESCRIPTION	**MINIMUM REQUIRED**	**ACTUAL QTY.**	**SERIAL NUMBER**	**EXPIRATION DATE**	**CONDITION SAT/UNSAT**	**COMMENTS**
SCBA with Bottles	2		N/A	N/A	SAT/UNSAT	
Flashlights Lantern Type	4		N/A	N/A	SAT/UNSAT	
Spare Lantern Batteries	4		N/A	N/A	SAT/UNSAT	
Clipboards	3		N/A	N/A	SAT/UNSAT	
Note Pads	3		N/A	N/A	SAT/UNSAT	
Pens (Black)	6		N/A	N/A	SAT/UNSAT	
INVENTORY CONDUCTED BY/KCN/DATE:_____ _____ _____						