



Entergy Nuclear Southwest
Entergy Operations, Inc.
17265 River Road
Killona, LA 70066-0751
Tel 504 739 6475
Fax 504 739 6698
aharris@entergy.com

Alan J. Harris
Director, Nuclear Safety Assurance
Waterford 3

W3F1-2001-0073
A4.05
PR

July 20, 2001

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Subject: Waterford 3 SES
Docket No. 50-382
License No. NPF-38
Emergency Plan Implementing Procedures

Gentlemen:

In accordance with Appendix E of 10CFR50 and 10CFR50.4(b)(5), Entergy is submitting revised and changed Waterford 3 Emergency Plan Implementing Procedures. These changes were reviewed in accordance with 10CFR50.54(q) requirements and were determined not to decrease the effectiveness of the emergency plan.

This letter does not contain any commitments.

Included in this submittal are the following procedures:

1. EP-003-040 (Revision 21, Change 1), "Emergency Equipment Inventory" - This change deleted references to the specific locations of the emergency equipment at Ochsner and West Jefferson hospitals.
2. EP-003-040 (Revision 21, Change 2), "Emergency Equipment Inventory" - This change added flexibility for use of equivalent equipment for the Ludlum 12 w/Pancake Probe, corrected a reference to a procedure, and deleted "wire bag racks" from Attachment 7.8 because West Jefferson hospital does not choose to use this equipment.

A045

Emergency Plan Implementing Procedures
W3F1-2001-0073
Page 2
July 20, 2001

Please note that the enclosed changes only include the revised pages and not the entire procedure. Please replace these effective pages with the pages in your Revision 21 copy.

Should you have any questions concerning these procedures, please contact Mr. J.J. Lewis, Emergency Planning Manager, at (504) 739-6624.

Very truly yours,



A.J. Harris
Director,
Nuclear Safety Assurance

AJH/DCM/cbh
Enclosure

cc: (w/Enclosure)
E.W. Merschoff, NRC Region IV (2 copies)

(w/o Enclosure)
N. Kalyanam (NRC-NRR), W.A. Maier (NRC Region IV), J. Smith,
N.S. Reynolds, NRC Resident Inspectors Office

**ENCLOSURE TO
W3F1-2001-0073**

**EP-003-040, Revision 21, Change 1
(Emergency Equipment Inventory)**

**EP-003-040, Revision 21, Change 2
(Emergency Equipment Inventory)**

REQUEST/APPROVAL PAGE

SAFETY RELATED

Required Review Level (check one)

- PORC
 QUALIFIED REVIEWER

PROCEDURE NUMBER: EP-003-040 REVISION: 21 CHANGE: 1 DEVIATION: 0

TITLE: Emergency Equipment Inventory

EFFECTIVE DATE/MILESTONE: N/A
(N/A If Same as Approval Date)

PROCEDURE OWNER: Emergency Planning Manager

PREPARER (Print Name / Initial): A.S. Lubinski ASL (Position Title) DATE: 06/27/01

ACTION:

- New Procedure
 Deletion
 Revision

Change EC? N/A
(Applicable W2.109 Step Numbers)

Deviation Expiration Date/Milestone: N/A
 Temporary Procedure Applicable Conditions: N/A

DESCRIPTION AND JUSTIFICATION OF CHANGE:

Deleted references to the specific locations of the emergency equipment at Ochsner and West Jefferson hospitals on Attachments 7.8 & 7.9.

Request/Approval Page Continuation Sheet(s) attached.

EC SUPERVISOR	APPROVAL:	<u>N/A</u>	DATE:	<u>6/27/01</u>
50.59 REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>John E Fields</u>	DATE:	<u>6/27/01</u>
<input type="checkbox"/> PROGRAMMATICALLY EXCLUDED	PORC Mtg. No.:	<u>N/A</u>	DATE:	<u>6/27/01</u>
50.54 REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>John E Fields</u>	DATE:	<u>6/27/01</u>
TECHNICAL REVIEWER	REVIEW:	<u>John E Fields</u>	DATE:	<u>6/27/01</u>

Change Notice (CN)? N/A

CHANGE NOTICE (CN) SUPERVISOR	APPROVAL:	<u>N/A</u>	DATE:	<u> </u>
CHANGE NOTICE (CN) ON-SHIFT SM/CRS	APPROVAL:	<u>N/A</u>	DATE:	<u> </u>
		<u>2 Week Final Approval</u>	DATE:	<u> </u>

QUALIFIED REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>Randy J. King</u>	DATE:	<u>6/27/01</u>
GROUP/DEPT. HEAD REVIEW <input type="checkbox"/> or APPROVAL <input checked="" type="checkbox"/>		<u> </u>	DATE:	<u>6-27-01</u>
GM, PLANT OPERATIONS REVIEW <input type="checkbox"/> or APPROVAL <input type="checkbox"/>		<u>N/A</u>	DATE:	<u> </u>
VICE PRESIDENT, OPERATIONS APPROVAL:		<u>N/A</u>	DATE:	<u> </u>

CONTROLLED

LIST OF EFFECTIVE PAGES

1-9,32-35	Revision 21
2, 27-30	Change 1
10-12	Revision 20
13-16	Revision 19
24,25	Revision 18
26	Revision 17
17-21,36	Revision 16
27-30	Revision 15
22,23	Revision 14
31	Revision 11

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
LOCATION: West Jefferson

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
E-520 (or equivalent) w/Probe	1					
Ludlum 12 w/Pancake Probe	1					
Ludlum 12 w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Decon Soap	1		N/A	N/A		
Tape "2" roll (2 Masking/2 Duct)	4		N/A	N/A		
Absorbent Paper (or Herculite)	1		N/A	N/A		
Barricade Ribbon (roll)	1		N/A	N/A		
Radiation Postings w/Inserts	24		N/A	N/A		
15 Gallon Poly Bottles	4		N/A	N/A		
Radioactive Material Bags (roll)	1		N/A	N/A		
Stepoff Pads	6		N/A	N/A		
Scissors	2		N/A	N/A		
Radioactive Material Sticker (roll)	2		N/A	N/A		
Yellow & Magenta Tape (roll)	1		N/A	N/A		
Stanchions	6		N/A	N/A		
Clipboards w/Dosimeter ID Numbers	1		N/A	N/A		
Black Ball Point Pens (box)	1		N/A	N/A		
Felt Tip Marking Pens	3		N/A	N/A		

1

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
LOCATION: West Jefferson

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Notebooks	3		N/A	N/A		
Writing Tablets	6		N/A	N/A		
Smears (box)	1		N/A	N/A		
Decontamination Table Top	1		N/A	N/A		
25 Ft. Hose with Hand Shower Connection	1		N/A	N/A		
Potassium Iodide (bottle)	1		N/A			
Batteries (D cell)	8		N/A	N/A		
Dosimeter 0-200 MR	15		N/A			
Dosimeter Charger	1		N/A	N/A		
TLD's	15		N/A	N/A		
Control TLD's	1		N/A	N/A		
Messaline Mop	1		N/A	N/A		
Messaline Cloth (package)	2		N/A	N/A		
Waste Containers (Yellow)	4		N/A	N/A		
Wire Bag Racks	2		N/A	N/A		

INVENTORY CONDUCTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Emergency Planning Coordinator

INVENTORY CHECKLIST

INVENTORY
 RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
 LOCATION: Ochsner

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
E-520 (or equivalent) w/Probe	1					
Ludlum 12 w/Pancake Probe	1					
Ludlum 12 w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Decon Soap	1		N/A	N/A		
Tape "2" roll (2 Masking/2 Duct)	4		N/A	N/A		
Absorbent Paper (or Herculite)	1		N/A	N/A		
Barricade Ribbon (roll)	1		N/A	N/A		
Radiation Postings w/Inserts	24		N/A	N/A		
15 Gallon Poly Bottles	3		N/A	N/A		
Radioactive Material Bags (roll)	1		N/A	N/A		
Stepoff Pads	6		N/A	N/A		
Scissors	2		N/A	N/A		
Radioactive Material Sticker (roll)	2		N/A	N/A		
Yellow & Magenta Tape (roll)	1		N/A	N/A		
Stanchions	8		N/A	N/A		
Clipboards w/Dosimeter ID Numbers	1		N/A	N/A		
Black Ball Point Pens (box)	1		N/A	N/A		
Felt Tip Marking Pens	3		N/A	N/A		

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
LOCATION: Ochsner

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Notebooks	3		N/A	N/A		
Writing Tablets	6		N/A	N/A		
Smears (box)	1		N/A	N/A		
Decontamination Table Top	1		N/A	N/A		
25 Ft.Hose with Hand Shower Connection	1		N/A	N/A		
Potassium Iodide (bottle)	1		N/A			
Batteries (D cell)	8		N/A	N/A		
Dosimeter 0-200 MR	15		N/A			
Dosimeter Charger	1		N/A	N/A		
TLD's	15		N/A	N/A		
Control TLD's	1		N/A	N/A		
Messaline Mop	1		N/A	N/A		
Messaline Cloth (package)	2		N/A	N/A		
Wire Bag Racks	4		N/A	N/A		

INVENTORY CONDUCTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Emergency Planning Coordinator

SAFETY RELATED

Required Review Level (check one)

PORC

QUALIFIED REVIEWER

PROCEDURE NUMBER: EP-003-040 REVISION: 21 CHANGE: 2 DEVIATION: 0

TITLE: Emergency Equipment Inventory

EFFECTIVE DATE/MILESTONE: N/A
(N/A If Same as Approval Date)

PROCEDURE OWNER: Emergency Planning Manager
(Position Title)

PREPARER (Print Name / Initial): J.J. Lewis / [Signature] DATE: 07/03/01

ACTION:

- New Procedure
- Deletion
- Revision
- Change

EC?

N/A

(Applicable W2.109 Step Numbers)

Deviation Expiration Date/Milestone: N/A
 Temporary Procedure Applicable Conditions: N/A

DESCRIPTION AND JUSTIFICATION OF CHANGE:

Add "or equivalent" to inventory listing item "Ludlum 12 w/Pancake Probe" to allow flexibility in procedure for replacing or substituting with equipment that performs the same function and is equivalent. Attachments 7.1, 7.2, 7.3, 7.4, 7.6, 7.8, 7.9 and 7.11 are affected.

Other changes made with this procedure change:

- Change reference to HP-002-704 Attachment 13.2 to Attachment 13.3 to correct this procedure in Attachments 7.3 and 7.6.
- Add "Pancake" to Ludlum 12 listing in Attachment 7.4 to describe the type of probe and correct procedure.
- Delete "wire bag racks" from listing in Attachment 7.8 because WJMC does not choose to use this equipment.

Request/Approval Page Continuation Sheet(s) attached.

EC SUPERVISOR	APPROVAL:	<u>N/A</u>	DATE:	<u> </u>
50.59 REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>Michael S. Huskey</u>	DATE:	<u>7-4-01</u>
<input type="checkbox"/> PROGRAMMATICALLY EXCLUDED	PORC Mtg. No.:	<u>N/A</u>	DATE:	<u> </u>
50.54 REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>Michael S. Huskey</u>	DATE:	<u>7-4-01</u>
TECHNICAL REVIEWER	REVIEW:	<u>Michael S. Huskey</u>	DATE:	<u>7-4-01</u>

Change Notice (CN)? N/A

CHANGE NOTICE (CN) SUPERVISOR	APPROVAL:	<u>N/A</u>	DATE:	<u> </u>
CHANGE NOTICE (CN) ON-SHIFT SM/CRS	APPROVAL:	<u>N/A</u>	DATE:	<u> </u>
			2 Week Final Approval	DATE: <u> </u>

QUALIFIED REVIEWER Required? <input checked="" type="checkbox"/>	REVIEW:	<u>[Signature]</u>	DATE:	<u>7/5/01</u>
GROUP/DEPT. HEAD REVIEW <input type="checkbox"/> or APPROVAL <input checked="" type="checkbox"/>		<u>[Signature]</u>	DATE:	<u>7/6/01</u>
GM, PLANT OPERATIONS REVIEW <input type="checkbox"/> or APPROVAL <input type="checkbox"/>		<u>N/A</u>	DATE:	<u> </u>
VICE PRESIDENT OPERATIONS APPROVAL:		<u>N/A</u>	DATE:	<u> </u>

LIST OF EFFECTIVE PAGES

1-9,32-35	Revision 21
2, 27-30	Change 1
2,10,14,17,18,20, 24,25,27-29,33	Change 2
10-12	Revision 20
13-16	Revision 19
24,25	Revision 18
26	Revision 17
17-21,36	Revision 16
27-30	Revision 15
22,23	Revision 14
31	Revision 11

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: OSC Storage Room
LOCATION: Maintenance Support Building (MSB) - OSC

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
RO2 (or equivalent)	1					
RO2A (or equivalent)	1					
Bicron RSO-50 (or equivalent)	1					
Bicron RSO-50 (or equivalent)	1					
Teletector (or equivalent)	1					
Teletector (or equivalent)	1					
Ludlum 177 (or equivalent) w/Pancake Probe	1					
Ludlum 177 (or equivalent) w/Pancake Probe *	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
Air Sampler (Hi Vol.)	1					
Dosimeter Charger	3		N/A	N/A		
TLD's	20		N/A	N/A		
Control TLD	1		N/A	N/A		
Dosimeter O-200 MR	200		N/A			
Dosimeter 0-1.5 R	30		N/A			
Dosimeter 0-10 R	14		N/A			
CS-137 Button Check Source	1			N/A		
Handheld Radio with Charger **	2		N/A	N/A		
SCBA Kits	10		N/A	N/A		

* Located at OSC Entrance Hallway

** One handheld radio and one handheld radio charger are located in the OSC Command Room.

INVENTORY CHECKLIST

INVENTORY
 RESPONSIBILITY HP Supervisor

DESCRIPTION: Field Monitoring Kits A B C (Circle One)
 LOCATION: Backup OSC - Admin. Bldg. Projection Room

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
CE-003-533 Att. 12.4 Rev. _____	3		N/A	N/A		
CE-003-533 Att. 12.5 Rev. _____	3		N/A	N/A		
CE-003-533 Att. 12.6 Rev. _____	3		N/A	N/A		
EP-002-032 Att 7.1 Rev. _____	5		N/A	N/A		
EP-002-033 Att 7.2 Rev. _____	10		N/A	N/A		
EP-002-033 Att. 7.3 Rev. _____	10		N/A	N/A		
EP-002-033 Att. 7.5 Rev. _____	10		N/A	N/A		
Ludlum 12 (or equivalent) w/Pancake Probe	1					
R02 (or equivalent)	1					
Spare Air Sampler Fuses	3		N/A	N/A		
Air Sampler (battery)	1					
Air Sampler Filters - (box)	1		N/A	N/A		
Air Purifying Respirator (Medium) **	2		N/A	N/A		
Air Purifying Respirator (Small) **	1		N/A	N/A		
Air Purifying Respirator (Large) **	1		N/A	N/A		
CS-137 Button Check Source	1			N/A		
Laminated EPZ Map	1		N/A	N/A		
Laminated EAB Map	1		N/A	N/A		
Tape - 2" roll	1		N/A	N/A		
Silver Zeolite Cartridges	10		N/A			
Cartridge Holder	1		N/A	N/A		

2

** Located in Backup OSC HP Locker

cc: W-3 Records Center - Original
 EP-003-040 Revision 19

Attachment 7.2 (2 of 4)

INVENTORY CHECKLIST

INVENTORY
 RESPONSIBILITY HP Supervisor

DESCRIPTION: Personnel Decon Kits
 LOCATION: EOF/Backup OSC/-4 Control Point (Circle One)

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 12 (or equivalent) w/Pancake Probe	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Radioactive Material Bags	6		N/A	N/A		
Cloth Towels	10		N/A	N/A		
Soft Brush	2		N/A	N/A		
Shaving Cream (can)	2		N/A	N/A		
Razors	5		N/A	N/A		
Hand Soap	2		N/A	N/A		
Disposable Gloves (box)	1		N/A	N/A		
Paper Towels (pkg.)	1		N/A	N/A		
6V Lantern with battery	1		N/A	N/A		
"D" Cell Batteries	6		N/A	N/A		
Messaline Cloth (Pack)	1		N/A	N/A		
Smears (box)	1		N/A	N/A		
Tweezers	1		N/A	N/A		
Scissors	1		N/A	N/A		
Q-Tips (box)	1		N/A	N/A		
Tape 2" roll (duct)	1		N/A	N/A		

2

INVENTORY CHECKLIST

INVENTORY

DESCRIPTION: Personnel Decor Kits

RESPONSIBILITY HP Supervisor

LOCATION: EOF/Backup OSC/-4 Control Point (Circle One)

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
EP-002-032 Rev. _____	1		N/A	N/A		
HP-002-704 Rev. _____	1		N/A	N/A		
EP-002-032 Att. 7.1 Rev. _____	10		N/A	N/A		
HP-002-704 Att. 13.3 Rev. _____	10		N/A	N/A		
HP-002-201 Att. 13.1 Rev. _____	10		N/A	N/A		

2

INVENTORY CONDUCTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Emergency Planning Coordinator

cc: W-3 Records Center - Original
EP-003-040 Revision 16

Attachment 7.3 (2 of 2)

INVENTORY CHECKLIST

INVENTORY
 RESPONSIBILITY HP Supervisor

DESCRIPTION: TSC HP Emergency Locker
 LOCATION: +46 RAB, TSC-ECC

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Disposable Gloves (box)	1		N/A	N/A		
50' Extension Cord	1		N/A	N/A		
SCBA Kits *	18		N/A	N/A		
SCBA Spare Air Cylinders **	18		N/A	N/A		
Ludlum 12 (or equivalent) w/Pancake Probe #	1					
Complete PC Package # Consisting of: Coveralls, Cloth Hoods, Plastic Booties (pair), Rubber Overshoes (pair), Rubber Gloves (pair), Cotton Glove Inserts (pair)	2		N/A	N/A		
Tape 2" roll (duct)	2		N/A	N/A		
Frisking Instruction Sign #	1		N/A	N/A		
Step Off Pad #	2		N/A	N/A		
PC Plastic Booties #	50		N/A	N/A		
Disposable Gloves (box) #	1		N/A	N/A		
Barricade Ribbon (roll) #	1		N/A	N/A		
Stanchions #	3		N/A	N/A		
Smears (box) #	1		N/A	N/A		

* Located in TSC Hallway
 ** Located in TSC Hallway Locker
 # Located in TSC Vault

cc: W-3 Records Center - Original
 EP-003-040 Revision 16

Attachment 7.4 (2 of 3)

INVENTORY CHECKLIST

DESCRIPTION: HP Ambulance Kit

LOCATION: Maintenance Support Building (MSB) - OSC Storage Room/
4 Control Point Emergency Supply Cabinet (Circle One)

INVENTORY

RESPONSIBILITY HP Supervisor

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Ludlum 12 (or equivalent) w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Tape 2" (roll)	1		N/A	N/A		
Absorbent Material (pkg) (cloth/paper)	1		N/A	N/A		
Pens	2		N/A	N/A		
Clipboard	1		N/A	N/A		
Smears (box)	1		N/A	N/A		
TLD's	5		N/A	N/A		
Control TLD	1		N/A	N/A		
Paper Coveralls	3		N/A	N/A		
Rubber Overshoes (pair)	3		N/A	N/A		
Plastic Booties (pair)	3		N/A	N/A		
Disposable Gloves (box)	1		N/A	N/A		
Disposable Blankets	2		N/A	N/A		
Pre-Cut Herculite	1		N/A	N/A		
"D" Cell Batteries	4		N/A	N/A		
Barricade Tape (roll)	1		N/A	N/A		
Radioactive Material Bags (small)	6		N/A	N/A		

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Ambulance Kit
LOCATION: Maintenance Support Building (MSB) - OSC Storage Room/
4 Control Point Emergency Supply Cabinet (Circle One)

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Radioactive Material Bags (large)	4		N/A	N/A		
HP-002-201 Att. 13.1 Rev.	10		N/A	N/A		
UNT-007-018 Att. 7.2 Rev.	10		N/A	N/A		
UNT-007-018 Att. 7.3 Rev.	2		N/A	N/A		
UNT-007-018 Att. 7.4 Rev.	2		N/A	N/A		
HP-002-704 Att. 13.3 Rev.	10		N/A	N/A		
UNT-007-018 Rev.	1		N/A	N/A		
HP-002-704 Rev.	1		N/A	N/A		
Dosimeters 0-200 MR	5		N/A			

2

INVENTORY CONDUCTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Emergency Planning Coordinator

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
 LOCATION: West Jefferson

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
E-520 (or equivalent) w/Probe	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Decon Soap	1		N/A	N/A		
Tape "2" roll (2 Masking/2 Duct)	4		N/A	N/A		
Absorbent Paper (or Herculite)	1		N/A	N/A		
Barricade Ribbon (roll)	1		N/A	N/A		
Radiation Postings w/Inserts	24		N/A	N/A		
15 Gallon Poly Bottles	4		N/A	N/A		
Radioactive Material Bags (roll)	1		N/A	N/A		
Stepoff Pads	6		N/A	N/A		
Scissors	2		N/A	N/A		
Radioactive Material Sticker (roll)	2		N/A	N/A		
Yellow & Magenta Tape (roll)	1		N/A	N/A		
Stanchions	6		N/A	N/A		
Clipboards w/Dosimeter ID Numbers	1		N/A	N/A		
Black Ball Point Pens (box)	1		N/A	N/A		
Felt Tip Marking Pens	3		N/A	N/A		

2

1

INVENTORY CHECKLIST

INVENTORY RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
 LOCATION: West Jefferson

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
Notebooks	3		N/A	N/A		
Writing Tablets	6		N/A	N/A		
Smears (box)	1		N/A	N/A		
Decontamination Table Top	1		N/A	N/A		
25 Ft. Hose with Hand Shower Connection	1		N/A	N/A		
Potassium Iodide (bottle)	1		N/A			
Batteries (D cell)	8		N/A	N/A		
Dosimeter 0-200 MR	15		N/A			
Dosimeter Charger	1		N/A	N/A		
TLD's	15		N/A	N/A		
Control TLD's	1		N/A	N/A		
Messaline Mop	1		N/A	N/A		
Messaline Cloth (package)	2		N/A	N/A		
Waste Containers (Yellow)	4		N/A	N/A		

INVENTORY CONDUCTED BY: _____

DATE: _____

REVIEWED BY: _____

DATE: _____

Emergency Planning Coordinator

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: HP Hospital Locker
LOCATION: Ochsner

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
E-520 (or equivalent) w/Probe	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
Ludlum 12 (or equivalent) w/Pancake Probe	1					
CS-137 Button Check Source	1			N/A		
Decon Soap	1		N/A	N/A		
Tape "2" roll (2 Masking/2 Duct)	4		N/A	N/A		
Absorbent Paper (or Herculite)	1		N/A	N/A		
Barricade Ribbon (roll)	1		N/A	N/A		
Radiation Postings w/Inserts	24		N/A	N/A		
15 Gallon Poly Bottles	3		N/A	N/A		
Radioactive Material Bags (roll)	1		N/A	N/A		
Stepoff Pads	6		N/A	N/A		
Scissors	2		N/A	N/A		
Radioactive Material Sticker (roll)	2		N/A	N/A		
Yellow & Magenta Tape (roll)	1		N/A	N/A		
Stanchions	8		N/A	N/A		
Clipboards w/Dosimeter ID Numbers	1		N/A	N/A		
Black Ball Point Pens (box)	1		N/A	N/A		
Felt Tip Marking Pens	3		N/A	N/A		

2

1

INVENTORY CHECKLIST

INVENTORY
RESPONSIBILITY HP Supervisor

DESCRIPTION: Onsite Monitoring Kit
LOCATION: Maintenance Support Building (MSB) - OSC Storage Room

ITEM DESCRIPTION	MINIMUM REQUIRED	CURRENT QUANTITY	TAG NUMBER	CALIBRATION DUE DATE	CONDITION SAT/UNSAT	COMMENTS
EP-002-061 Att. 7.5 Rev.	1		N/A	N/A		
EP-002-061 Att. 7.6 Rev.	1		N/A	N/A		
EP-002-061 Att. 7.7 Rev.	1		N/A	N/A		
EP-002-061 Att. 7.8 Rev.	1		N/A	N/A		
CE-003-533 Att. 12.4 Rev.	3		N/A	N/A		
CE-003-533 Att. 12.5 Rev.	3		N/A	N/A		
CE-003-533 Att. 12.6 Rev.	3		N/A	N/A		
Ludlum 12 (or equivalent) w/Pancake Probe *	1					
RO2 (or equivalent) *	1					
Spare Air Sampler Fuses *	3		N/A	N/A		
Air Sampler (battery) *	1					
Air Sampler Filters - (box) *	1		N/A	N/A		
Air Purifying Resp. w/Canisters **	2		N/A			
CS-137 Button Check Source *	1			N/A		
Laminated EPZ Map	1		N/A	N/A		
Laminated EAB Map	1		N/A	N/A		
Tape - 2" (roll)	1		N/A	N/A		
Silver Zeolite Cartridges	10		N/A			
Cartridge Holder	1		N/A	N/A		

* Located in Instrument Box

** Located on shelf in OSC Storage Room

2