

Southern Nuclear Operating Company, Inc.

Vogtle Electric Generating Plant
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U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

NOG- 01172

VOGTLE ELECTRIC GENERATING PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE REVISION

Gentlemen:

In accordance with 10 CFR 50.4, as required by 10 CFR 50, Appendix E, Part V, Southern Nuclear hereby submits the following revision(s) to the Vogtle Emergency Plan Implementing Procedure(s):

<u>Procedure</u>	<u>Revision</u>	<u>Effective Date</u>
91705-C	13	07/18/01

By copy of this letter, the NRC Region II Administrator and the Site NRC Senior Resident Inspector will receive one copy each of the revision(s).

Please contact Angel Cardona at (706) 826-3114 if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey T. Gasser".

Jeffrey T. Gasser
General Manager

JTG:AEC:rpb

Enclosure: Emergency Plan Implementing Procedure(s)

A045

U. S. Nuclear Regulatory Commission
May 7, 2001
Page 2

xc: Southern Nuclear
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U. S. Nuclear Regulatory Commission
Mr. L. Reyes, Regional Administrator (with attachment – one copy)
Mr. J. Zeiler, NRC Senior Resident Inspector, Vogtle (with attachment – one copy)

Approved By G.R. Frederick	Vogtle Electric Generating Plant 	Procedure Number 91705-C	Rev 13
Date Approved 07/18/2001	INVENTORY AND TESTING OF EMERGENCY PREPAREDNESS MATERIAL/EQUIPMENT WHICH ARE NOT PART OF THE EMERGENCY KITS	Page Number 1 of 26	

PRB REVIEW REQUIRED

1.0 **PURPOSE**

The purpose of this procedure is to provide instructions for conducting an inventory and testing of emergency preparedness materials/equipment which are not part of the emergency kits.

2.0 **RESPONSIBILITY**

The Emergency Preparedness Coordinator (EPC) shall be responsible for the periodic inventory, testing, maintenance and replacement of emergency preparedness materials/equipment which are not part of emergency kits.

3.0 **PREREQUISITES**

NONE

4.0 **PRECAUTIONS**

NONE

5.0 **PROCEDURE**

5.1 Inventory of Emergency Preparedness material/equipment which are not part of the emergency kits shall be performed every six months or more frequently, as deemed necessary by the EPC.

5.2 Testing of the Integrated Plant Computer (IPC) shall be performed monthly.

5.3 An operational test of the Emergency Operations Facility (EOF) ventilation system shall be performed quarterly.

5.4 The inventory and/or test shall be conducted using the Data Sheets included in this procedure for the following locations:

5.4.1 Technical Support Center (TSC) Inventory - Data Sheet 1.

5.4.2 Control Room (CR) Inventory - Data Sheet 2.

5.4.3 Operations Support Center (OSC) Inventory - Data Sheet 3.

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NOTE

Additional records or information can be transmitted to the EOF by hand or facsimile such as: Environmental Radiological Monitoring Records, VEGP, GPC and SNC Employee Radiation Histories, System Piping and Instrumentation Diagrams, Piping Area Diagrams, Electrical One-Line, Elementary and Wiring Diagrams, and HVAC Flow Diagrams.

- 5.4.4 Emergency Operations Facility (EOF) Inventory - Data Sheet 4.
- 5.4.5 Back-up Emergency Operations Facility (BEOF) Inventory - Data Sheet 5.
- 5.4.6 TSC and EOF Plant Computer Test - Data Sheet 6.
- 5.4.7 EOF Ventilation System Operational Test - Data Sheet 7.
- 5.5 Per procedure 91701-C, "Preparation and Control of Emergency Preparedness Documents", designated required documents and reference items in Data Sheets 1, 2, 3 and 4 of this procedure will be audited every calendar quarter and/or after each facility activation.
- 5.6 The EPC shall assign an individual to conduct an inventory and/or test if either of the following conditions exist:
 - 5.6.1 The six month inventory and/or monthly/quarterly testing schedule is due.
 - 5.6.2 Damage or loss of materials/equipment is suspected or apparent.
- 5.7 When materials/equipment are found to be inoperable, damaged, or missing, they should be repaired or replaced.
- 5.8 If immediate repair or replacement of inoperable, damaged, or missing materials/equipment is not possible, denote it as such on the appropriate Data Sheet and notify the EPC.
- 5.9 Upon completion of the inventory and/or test, the person(s) performing that task shall sign, date, and forward the Data Sheets to the EPC.

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- 5.10** The EPC shall notify the Manager Training and Emergency Preparedness in writing if:
- a. A semi-annual requirement has not been performed before June 30 or December 31, as appropriate.
 - b. A quarterly test requirement has not been performed before the last day of the calendar quarter in which it was due.
 - c. A monthly requirement has not been performed before the last day of the calendar month in which it was due.

5.11 The EPC shall coordinate the replacement and maintenance of equipment and supplies.

5.12 The EPC may designate steps as N/A when deemed appropriate.

5.13 A file of the Data Sheets shall be maintained by the EPC for a period of one year.

6.0 **REFERENCES**

6.1 **PROCEDURES**

- 6.1.1 91201-C, "Activation And Operation Of The Technical Support Center"
- 6.1.2 91202-C, "Activation And Operation Of The Operations Support Center"
- 6.1.3 91203-C, "Activation And Operation Of The Emergency Operations Facility"
- 6.1.4 91204-C, "Emergency Response Communications"
- 6.1.5 91701-C, "Preparation and Control of Emergency Preparedness Documents"
- 6.1.6 91702-C, "Emergency Equipment And Supplies"
- 6.1.7 13505-1 "Integrated Plant Computer"

END OF PROCEDURE TEXT

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DATA SHEET 1

Sheet 1 of 7

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

Check the correct block for each item appropriately:

- YES, denotes the item(s) is present and operating correctly.
- NO, denotes the item(s) is missing or "Out of Service".
- () denotes the quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
<input type="checkbox"/>	<input type="checkbox"/>	VEGP - Technical Support Center Layout
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Level Magnetic Signs (5)
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Team Status Board
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of Events Status Board
<input type="checkbox"/>	<input type="checkbox"/>	Plant Parameter Status Board
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Monitor/Habitability Status Board
<input type="checkbox"/>	<input type="checkbox"/>	VEGP 10 mile EPZ (wall mounted)
<input type="checkbox"/>	<input type="checkbox"/>	TSC Organizational Chart
<input type="checkbox"/>	<input type="checkbox"/>	Field Monitoring Teams Status Board
<input type="checkbox"/>	<input type="checkbox"/>	Field Team Data Status Board

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TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Projected Dose Status Board
[]	[]	VEGP Site Plan map board (wall mounted in HP area)
[]	[]	VEGP 10 mile EPZ map board (wall mounted in HP area)
[]	[]	VEGP Plant Photo
[]	[]	"Keep Out-Drill in Progress", Magnetic Sign (2)
[]	[]	"No Eating, Drinking, Smoking or Chewing in this Area", Magnetic Sign
[]	[]	VEGP Emergency Response Telephone Directories (3)*
[]	[]	Augusta Phone Book
[]	[]	Waynesboro Phone Book
[]	[]	Precautions/Limitations and Set Points Manual
[]	[]	VEGP Emergency Plan
[]	[]	Operations Work Planning Loads Test Manual
[]	[]	VEGP Tech Specs*
[]	[]	VEGP Combined Spill Prevention Control Countermeasure (SPCC)
[]	[]	CRC Standard Mathematical Tables

* - Denotes quarterly audit required and/or after every facility activation

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TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

YES	NO	ITEM(S)
[]	[]	Handbook of Modern Electronics And Electrical Engineering
[]	[]	Fire Protection Boundary List
[]	[]	Plant Technical Data Book Unit 1
[]	[]	Plant Technical Data Book Unit 2
[]	[]	Equipment Index (U-1 - 1X4DR010, U-2 - 2X4DR010) [On CD-ROM]
[]	[]	Chemistry Procedures Manuals
[]	[]	Safety Related Pump Vendor Manuals
[]	[]	Sequence of Events Log - TSC
[]	[]	TSC Manager Packet*
[]	[]	Emergency Director Packet*
[]	[]	Health Physics Supervisor Packet*
[]	[]	Security Coordinator Packet*
[]	[]	Chemistry Supervisor Packet*
[]	[]	Operations Supervisor Packet*
[]	[]	Maintenance Supervisor Packet*
[]	[]	ENN Communicator Packet*

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TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Engineering Supervisor Packet*
[]	[]	EPIP's, Series 91000, TSC #1*
[]	[]	EPIP's, Series 91000, TSC #2*
[]	[]	INPO Emergency Resources Manual
[]	[]	Operations Procedures, Series 12000
[]	[]	Operations Procedures, Series 18000
[]	[]	Operations Procedures, Series 13000
[]	[]	Operations Procedures, Series 19000
[]	[]	Health Physics Manual
[]	[]	Instrument Log Listing (Microfiche) [On CD-ROM]
[]	[]	Roots, Vents, Drains, and Instrument Control Valve Designation (U-1 - 1X4DR007, U-2 - 2X4DR007) [On CD-ROM]
[]	[]	Power Supply List
[]	[]	FSAR
[]	[]	Savannah River Site Emergency Plan
[]	[]	State of Georgia Radiological Emergency Plan, Annex C, Savannah River Site

* - Denotes quarterly audit required and/or after every facility activation

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TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	State of Georgia Radiological Emergency Plan, Annex F
[]	[]	State of Georgia Radiological Emergency Plan, Annex D, Plant Vogtle
[]	[]	State of Georgia Radiological Emergency Plan, Base Plan
[]	[]	Radiological Emergency Response Plans for Aiken, Allendale, and Barnwell Counties in South Carolina
[]	[]	Valve Location Unit 1
[]	[]	Valve Location Unit 2
[]	[]	P&ID's Unit 1, 2 and Common
[]	[]	Plant Procedures Index
[]	[]	South Carolina Operational Radiological Emergency Response Plan
[]	[]	CRC Handbook of Chemistry and Physics
[]	[]	Mark's Standard Handbook for Mechanical Engineers
[]	[]	NBS/NRC Steam Tables
[]	[]	10 CFR
[]	[]	Core Operating Limits Reports
[]	[]	SAMG's (3)*
[]	[]	Evaluation by Plant Engineering Staff (ERG background information)

* - Denotes quarterly audit required and/or after every facility activation

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TECHNICAL SUPPORT CENTER (TSC) INVENTORY

OTHER MATERIALS/EQUIPMENT

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Facsimile Paper - 1 roll per facsimile type
[]	[]	Copy Machine & Paper (2 Pkgs)
[]	[]	Copy Machine Dry Ink
[]	[]	Copy Machine Cartridge
[]	[]	Dose Assessment Computer Systems
[]	[]	Printer Paper (Dose Assessment Computer)
[]	[]	Clocks (3)
[]	[]	Telephone Headset (Status Loop Communicator)
[]	[]	Microfiche reader
[]	[]	Power strip
[]	[]	Aperture card viewer (hand held)
[]	[]	Hand Held Radio (Channel 5)
[]	[]	IPC Video Copier Paper (1 roll)
[]	[]	IPC Video copier donor film (1 roll)

DATA SHEET 2

CONTROL ROOM (CR) INVENTORY

Check the correct block for each item appropriately:

- YES, denotes the item(s) is present and operating correctly.
- NO, denotes the item(s) is missing or "Out of Service".
- () denotes the quantity of items that should be present in excess of one (1).

REFERENCE MATERIAL

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
<input type="checkbox"/>	<input type="checkbox"/>	EPIP's, Series 91000, Control Room*
<input type="checkbox"/>	<input type="checkbox"/>	VEGP - Technical Specifications*
<input type="checkbox"/>	<input type="checkbox"/>	VEGP Emergency Response Telephone Directory*
<input type="checkbox"/>	<input type="checkbox"/>	Notification and Classification forms (3 sets)*
<input type="checkbox"/>	<input type="checkbox"/>	VEGP Emergency Plan
<input type="checkbox"/>	<input type="checkbox"/>	Plant Operating Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Operating Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Annunciator Response Procedures
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Operating Procedures
<input type="checkbox"/>	<input type="checkbox"/>	FSAR
<input type="checkbox"/>	<input type="checkbox"/>	Severe Accident Control Room Guideline Initial Response (SACRG-1)
<input type="checkbox"/>	<input type="checkbox"/>	Severe Accident Control Room Guideline for Transients After the TSC is Functional (SACRG-2)

* - Denotes quarterly audit required and/or after every facility activation

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CONTROL ROOM (CR) INVENTORY

COMMENTS: _____

Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

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DATA SHEET 3

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OPERATIONS SUPPORT CENTER (OSC) INVENTORY

Check the correct block for each item appropriately:

- YES, denotes the item(s) is present.
- NO, denotes the item(s) is missing or "Out of Service".
- () denotes the minimum quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
<input type="checkbox"/>	<input type="checkbox"/>	Organization Structure
<input type="checkbox"/>	<input type="checkbox"/>	Plant Parameters
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of Events
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Team Status
<input type="checkbox"/>	<input type="checkbox"/>	OSC Layout
<input type="checkbox"/>	<input type="checkbox"/>	VEGP Site Plan map
<input type="checkbox"/>	<input type="checkbox"/>	VEGP Permanent Protected Area Site Plan
<input type="checkbox"/>	<input type="checkbox"/>	VEGP 10 Mile EPZ
<input type="checkbox"/>	<input type="checkbox"/>	EPIP's - Series 91000, OSC Manager*
<input type="checkbox"/>	<input type="checkbox"/>	VEGP Emergency Response Telephone Directory*

* - Denotes quarterly audit required and/or after every facility activation

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OPERATIONS SUPPORT CENTER (OSC) INVENTORY

REFERENCE MATERIAL (Con't)

- Equipment Master File Listing (U-1 - 1X4DR010, U-2 - 2X4DR010)
[On CD-ROM]
- Instrument Index (CX5DM208) [On CD-ROM]

COMMUNICATION EQUIPMENT

- | <u>YES</u> | <u>NO</u> | <u>ITEM(S)</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Head Set for telephone (Status Loop Communicator) |

DESK LABELS

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | OSC Document Control Team |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid |
| <input type="checkbox"/> | <input type="checkbox"/> | Communications Support |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical |
| <input type="checkbox"/> | <input type="checkbox"/> | Status Loop Communicator |
| <input type="checkbox"/> | <input type="checkbox"/> | Warehouse Support |
| <input type="checkbox"/> | <input type="checkbox"/> | OSC Manager |
| <input type="checkbox"/> | <input type="checkbox"/> | OSC Manager Clerk |
| <input type="checkbox"/> | <input type="checkbox"/> | Instrument & Controls |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical |

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OPERATIONS SUPPORT CENTER (OSC) INVENTORY

MAGNETIC SIGNS

- "Do not exit. This is a drill" (2)
- "Do not enter. Use south stairs. This is a drill"
- "Keep out drill in progress" (3)
- "No Eating, Drinking, Smoking or Chewing in this Area"

INDIVIDUAL PACKETS

- Offsite Relocation Center Team Handbook*
- Lab Foreman Handbook*
- Search & Rescue Team/First Aid Team Handbook*
- OSC Managers Handbook*

COMMENTS: _____

Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

* - Denotes quarterly audit required and/or after every facility activation

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EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

Check the correct block for each item appropriately:

- YES, denotes the item(s) is present and operating correctly.
- NO, denotes the item(s) is missing or "Out of Service".
- denotes the quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

- | <u>YES</u> | <u>NO</u> | <u>ITEM(S)</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Field Monitoring Team Map (10 mile EPZ on wall) (2) |
| <input type="checkbox"/> | <input type="checkbox"/> | VEGP 50 mile EPZ (on wall) |
| <input type="checkbox"/> | <input type="checkbox"/> | SRS Emergency Response Grid Map |
| <input type="checkbox"/> | <input type="checkbox"/> | VEGP Site Plan map, portable |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Status Board (wood frame, illuminated) |
| <input type="checkbox"/> | <input type="checkbox"/> | EOF Organization Board |
| <input type="checkbox"/> | <input type="checkbox"/> | "No Eating, Drinking, Smoking or Chewing in this Area", Magnetic sign |

REFERENCE MATERIALS

- FSAR
- VEGP, Technical Specifications*
- EPIP's - Series 91000, Support Coordinator*
- EPIP's - Series 91000, EOF *

* - Denotes quarterly audit required and/or after every facility activation

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EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

REFERENCE MATERIALS (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	VEGP, Emergency Plan
[]	[]	VEGP, Operations Procedures Manual - Series 19000
[]	[]	INPO Emergency Resources Manual
[]	[]	State of Georgia Radiological Emergency Plan, Base Plan
[]	[]	State of Georgia Radiological Emergency Plan, Annex D, Plant Vogtle
[]	[]	State of Georgia Radiological Emergency Plan, Annex F, Ingestion Pathway
[]	[]	South Carolina - Operational Radiological Emergency Response Plan
[]	[]	Radiological Emergency Response Plan for Aiken, Allendale, and Barnwell Counties in South Carolina
[]	[]	Savannah River Site Emergency Plan
[]	[]	Mark's Standard Handbook for Mechanical Engineers
[]	[]	CRC Standard Math Tables
[]	[]	Standard Handbook for Electrical Engineers
[]	[]	SAMG's
[]	[]	VEGP Technical Requirement Manual
[]	[]	Core Operating Limits Report & Pressure & Temperature Limits Report
[]	[]	State Technical Radiological Emergency Response Plan

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EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

REFERENCE MATERIALS (Cont'd)

- Burke County EOC Liaison Technical Handbook
- Aiken County Emergency Response Plan
- LDCR's
- Corporate Emergency Plan Implementing Procedures (Vogle Project)
- Plant Operating Procedures (Training Center Library or Simulator)
- Offsite Population Distribution Data (FSAR)
- Evacuation Plan (Emergency Plan)

OTHER MATERIALS/EQUIPMENT

- | <u>YES</u> | <u>NO</u> | <u>ITEM(S)</u> |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Facsimile Paper (1 Roll per each type) |
| <input type="checkbox"/> | <input type="checkbox"/> | Overhead Projectors (6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Dose Assessment Computer and printer |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriate Printer Paper |
| <input type="checkbox"/> | <input type="checkbox"/> | VEGP Emergency Response Telephone Directories (7)* |
| <input type="checkbox"/> | <input type="checkbox"/> | EOF - ENN Logbooks (2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy Machine (1) - Paper (4 Pkgs) |
| <input type="checkbox"/> | <input type="checkbox"/> | Telephone Headset |

* - Denotes quarterly audit required and/or after every facility activation

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EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

OTHER MATERIALS/EQUIPMENT (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	IPC Video copier paper (1 roll)
[]	[]	IPC Video copier donor film (1 roll)

INDIVIDUAL PACKETS

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Dose Assessment Manager*
[]	[]	EOF Support Coordinator*
[]	[]	EOF Manager*
[]	[]	ENN Communicator*
[]	[]	Field Survey Team Communicator*
[]	[]	Emergency Director*
[]	[]	Field Survey Team Books (3)*
[]	[]	Field Survey Team Book (PESB entrance)*
[]	[]	Dose Analyst*
[]	[]	Habitability Monitor*

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EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

DESK LABELS

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	GEMA
[]	[]	SRS
[]	[]	South Carolina
[]	[]	NRC Director Site Operations
[]	[]	EOF Manager
[]	[]	Support Coordinator
[]	[]	Dose Assessment Manager
[]	[]	DNR
[]	[]	FEMA
[]	[]	NRC (2)
[]	[]	Emergency Director

COMMENTS: _____

Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

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DATA SHEET 5

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BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

Check the correct block for each item appropriately:

- YES, denotes the item(s) is present and operating correctly.
- NO, denotes the item(s) is missing or "Out of Service".
- () denotes the quantity of items that should be present in excess of one (1).

LOCATION: - BEOF/Operating Headquarters Waynesboro

STATUS BOARDS

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
<input type="checkbox"/>	<input type="checkbox"/>	Plant Parameter - status board, portable
<input type="checkbox"/>	<input type="checkbox"/>	Meteorological & Source Term Data - status board, portable
<input type="checkbox"/>	<input type="checkbox"/>	Radiation Monitor Status - status board, portable
<input type="checkbox"/>	<input type="checkbox"/>	50 mile EPZ map
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of Events - status board, portable
<input type="checkbox"/>	<input type="checkbox"/>	Projected Dose And Dose Rate - status board, portable
<input type="checkbox"/>	<input type="checkbox"/>	10 mile EPZ map
<input type="checkbox"/>	<input type="checkbox"/>	Back-up EOF Facility Layout
<input type="checkbox"/>	<input type="checkbox"/>	Back-up EOF Phones Matrix

MATERIALS/EQUIPMENT

<input type="checkbox"/>	<input type="checkbox"/>	Tables (15)
<input type="checkbox"/>	<input type="checkbox"/>	Chairs (40)

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DATA SHEET 5

Sheet 2 of 3

BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

MATERIALS/EQUIPMENT (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Easels (3)
[]	[]	Facsimile Paper (1 roll for each type facsimile)
[]	[]	Grease pens
[]	[]	Transparency pens
[]	[]	Transparency Material (Blank Sheets) (1 Box)
[]	[]	Telephone User Guide
[]	[]	Notepads (10)
[]	[]	Pens (1 box)
[]	[]	Pencils (1 box)
[]	[]	Projector lamp bulb
[]	[]	Stapler
[]	[]	Clip Board
[]	[]	Telephone Extension Cords (5)
[]	[]	Electrical Extension Cords (2)
[]	[]	Georgia Power Telephone Directory
[]	[]	Duct Tape (2 Rolls)
[]	[]	Masking Tape (2 Rolls)

Approved By G.R. Frederick	Vogle Electric Generating Plant 	Procedure Number 91705-C	Rev 13
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DATA SHEET 5

Sheet 3 of 3

BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

MATERIALS/EQUIPMENT (Cont'd)

<u>YES</u>	<u>NO</u>	<u>ITEM(S)</u>
[]	[]	Extension Cord Covers (5)
[]	[]	Rubber Bands (1 Box)
[]	[]	Status Loop/Computer Operator Overhead Transparencies
[]	[]	Status Loop Telephone Headset

COMMENTS: _____

Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

DATA SHEET 6

TSC AND EOF INTEGRATED PLANT COMPUTER TESTING

I. TSC TESTING

a. Verify operation of (5) IPC work stations in the following manner:

- (1) Ensure that the monitor power switch is "ON".
- (2) Depress key labeled "CMPTR System Status" and verify that the TSC has (3) Unit 1 monitor icons and (2) Unit 2 monitor icons that indicate "green".
- (3) Depress any system overview key (i.e., steam generator) and ensure that there is a display with intermittent change of data.
- (4) Depress the Unit switch and change between Units and Simulator.
- (5) Results of Test

SAT	UNSAT
[]	[]

Performed By: _____ Date: _____

b. Verify operation of IPC video copy in the following manner:

- (1) Ensure that the copy power switch is "ON" and copier indicates "READY".
- (2) Ensure that (2) video multiplexers are "ON".
- (3) Depress the "VIDEO COPY" key and obtain copy.
- (4) Results of Test

SAT	UNSAT
[]	[]

Performed By: _____ Date: _____

(5) Comments: _____

Reviewed By: _____ Date: _____

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DATA SHEET 6

Sheet 2 of 2

TSC AND EOF INTEGRATED PLANT COMPUTER TESTING

II. EOF TESTING

a. Verify operation of (5) IPC work stations in the following manner:

- (1) Ensure that the monitor power switch is "ON".
- (2) Depress key labeled "CMPTR System Status" and verify that the EOF has (2) Unit 1 monitor icons and (3) Unit 2 monitor icons that indicate "green".
- (3) Depress any system overview key (i.e., steam generator) and ensure that there is a display with intermittent change of data.
- (4) Depress the Unit switch and change between Units and the Simulator.
- (5) Results of Test

SAT	UNSAT
[]	[]

Performed By: _____ Date: _____

b. Verify operation of IPC video copy in the following manner:

- (1) Ensure that the copy power switch is "ON" and copier indicates "READY".
- (2) Ensure that (2) video multiplexers are ON.
- (3) Depress the "VIDEO COPY" key and obtain copy.
- (4) Results of Test

SAT	UNSAT
[]	[]

Performed By: _____ Date: _____

(5) Comments: _____

Reviewed By: _____ Date: _____

DATA SHEET 7
QUARTERLY EOF VENTILATION OPERATIONAL TESTING for

_____ quarter _____ yr.

Perform ventilation test in the following manner:

1. Verify that ventilation system is in the normal operating mode and the three (3) outside doors to the EOF are shut.
2. Push the emergency recirculation button located in the EOF mechanical room.
3. Wait 30 seconds.

NOTE

The minimum operational value is .01"W.C." If value is less than .025"W.C." engineering should evaluate.

4. Verify that the pressure on EOF Pressurization gauge is equal to or greater than .025 inches of water column.

Record value _____ "W.C."	SAT []	UNSAT []
---------------------------	------------	--------------

5. Record HEPA filter d/p _____ "W.C."
- | | |
|-----|-------|
| SAT | UNSAT |
| [] | [] |

If value is greater than 1.75 "W.C.", notify Engineering.
 Engineering Notified: _____
 Date: _____

6. Record Prefilter d/p _____ "W.C."
- | | |
|-----|-------|
| SAT | UNSAT |
| [] | [] |

If value is greater than .6 "W.C. notify Maintenance.
 Maintenance Notified: _____
 Date: _____

7. Comments: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

8. Forward a completed test copy to the Manager Engineering Support.