
Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-17 WASHINGTON DC 20555-DC

DOCUMENT NO: OP-1903.060

TITLE: EMERGENCY SUPPLIES & EQUIPMENT

REVISION NO: 034-01-0

CHANGE NO: PC-01

SUBJECT: PERMANENT CHANGE (PC)



← If this box is checked, please sign, date, and return within 5 days.



ANO-1 Docket 50-313



ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

**ATTN: DOCUMENT CONTROL
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801**

AD45

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: Emergency Supplies & Equipment

DOCUMENT NO.
1903.060

CHANGE NO.
034-01-0

WORK PLAN EXP. DATE
n/a

TC EXP. DATE
n/a

SET # 103

SAFETY-RELATED
 YES NO

IPTE
 YES NO

TEMP ALT
 YES NO

- When you see these TRAPS**
- Time Pressure
 - Distraction/Interruption
 - Multiple Tasks
 - Overconfidence
 - Vague or Interpretive Guidance
 - First Shift/Last Shift
 - Peer Pressure
 - Change/Off Normal
 - Physical Environment
 - Mental Stress (Home or Work)

- Get these TOOLS**
- Effective Communication
 - Questioning Attitude
 - Placekeeping
 - Self Check
 - Peer Check
 - Knowledge
 - Procedures
 - Job Briefing
 - Coaching
 - Turnover

VERIFIED BY	DATE	TIME
_____	_____	_____
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FORM TITLE: VERIFICATION COVER SHEET

FORM NO.
1000.006A

CHANGE NO.
050-00-0

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE: EMERGENCY SUPPLIES & EQUIPMENT DOCUMENT NO. 1903.060 CHANGE NO. 034-01-0

AFFECTED UNIT: PROCEDURE ELECTRONIC DOCUMENT SAFETY-RELATED
 UNIT 1 UNIT 2 WORK PLAN, EXP. DATE n/a YES NO

TYPE OF CHANGE: NEW PC TC DELETION
 REVISION EZ EXP. DATE: _____

- DOES THIS DOCUMENT:
1. Supersede or replace another procedure? (If YES, complete 1000.006B for deleted procedure.) (OCAN058107) YES NO
 2. Alter or delete an existing regulatory commitment? (If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803) YES NO
 3. Require a 50.59 review per LI-101? (See also 1000.006, Attachment 15) (If 50.59 evaluation, OSRC review required.) YES NO
 4. Cause the MTCL to be untrue? (See Step 8.5 for details.) (If YES, complete 1000.009A) (1CAN108904, OCAN099001, OCNA128509, OCAN049803) YES NO
 5. Create an Intent Change? (If YES, Standard Approval Process required.) YES NO
 6. Implement or change IPTE requirements? (If YES, complete 1000.143A. OSRC review required.) YES NO
 7. Implement or change a Temporary Alteration? (If YES, then OSRC review required.) YES NO

Was the Master Electronic File used as the source document? YES NO

INTERIM APPROVAL PROCESS	STANDARD APPROVAL PROCESS
ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: <i>Duane White</i> 7-16-01	ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: <i>Duane White</i> 7-16-01
Print and Sign name: <i>n/a</i> PHONE #:	Print and Sign name: Duane White PHONE #: 4997
SUPERVISOR APPROVAL: * DATE:	INDEPENDENT REVIEWER: DATE: <i>[Signature]</i> 7/19/01
SRO UNIT ONE: ** DATE:	ENGINEERING: <i>n/a</i> DATE:
SRO UNIT TWO: ** DATE:	QUALITY: <i>n/a</i> DATE:
Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress. Standard Approval required for intent changes or changes requiring a 50.59 evaluation. *If change not required to support work in progress, Department Head must sign. **If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)	UNIT SURVEILLANCE COORDINATOR (OCNA049803): DATE: <i>n/a</i>
	SECTION LEADER: DATE: <i>R. Fuller</i> 8-8-01
	QUALITY ASSURANCE: DATE: <i>n/a</i>
	OTHER SECTION LEADERS: DATE: <i>Stanley</i> 7/25/01
	OTHER SECTION LEADERS: DATE: <i>n/a</i>
	OTHER SECTION LEADERS: DATE: <i>n/a</i>
	OTHER SECTION LEADERS: DATE: <i>n/a</i>
OSRC CHAIRMAN/TECHNICAL REVIEWER: (OCNA049312) DATE: <i>Robert J. Jordan</i> 7/31/01	OTHER SECTION LEADERS: DATE: <i>n/a</i>
FINAL APPROVAL: <i>[Signature]</i> 8/14/01 Date:	OTHER SECTION LEADERS: DATE: <i>n/a</i>
REQUIRED EFFECTIVE DATE:	OTHER SECTION LEADERS: DATE: <i>n/a</i>

FORM TITLE: PROCEDURE/WORK PLAN APPROVAL REQUEST FORM NO. 1000.006B CHANGE NO. 051-00-0

ENTERGY OPERATIONS INCORPORATED ARKANSAS NUCLEAR ONE

TITLE: Emergency Supplies & Equipment

DOCUMENT NO.
1903.060

CHANGE NO.
034-01-0

PAGE 1 OF 1

PROCEDURE

WORK PLAN, EXP. DATE n/a

ELECTRONIC DOCUMENT

TYPE OF CHANGE:

NEW

REVISION

PC

EZ

TC

EXP. DATE: _____

DELETION

AFFECTED SECTION:
(Include step # if applicable)

Form 1903.060A
Form 1903.060B
Form 1903.060C
Form 1903.060D
Form 1903.060E
Form 1903.060F
Form 1903.060J
Form 1903.060U

Form 1903.060A
Form 1903.060P

Form 1903.060Q

Form 1903.060S

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

Added "Expiration Date" to form for Silver Zeolite cartridges, charcoal cartridges, Iodine canisters and potassium iodide tablets.

Deleted TRS 80 pocket computer from kits. Delete note 1, "Pocket Computers (TRS 80) over the required inventory may be substituted for calculators".

Changed "ion chamber" to "Beta Gamma" as instrument in the UAMC Hospital Kit.

Deleted System Training Manuals from kit. Changed "Overhead (book)" to "Overhead (books - Unit 1 and Unit 2) and changed required quantity from "1" to "2".

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
050-00-0

E-DOC TITLE: 50.59 REVIEW FORM	E-DOC NO. LI-101 Att 9.1	CHANGE NO. 1
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Facility: ANO - Common

This Document Contains 4 Pages

Document Reviewed: Emergency Supplies & Equipment

System Designator(s): 1903.060

Check the applicable review(s):

<input checked="" type="checkbox"/>	SCREENING	Sections I, II, and III required
<input type="checkbox"/>	50.59 EVALUATION EXEMPTION	Sections I, II, III, and IV required
<input type="checkbox"/>	50.59 EVALUATION Evaluation #:	Sections I, II, III, and V required

NOTE: Only the sections required as indicated above must be included in the Review.

I. SIGNATURES / OVERVIEW

Preparer: Diane White / Diane White / Entergy / EPlan / 7-19-01
 Signature / Name (print) / Company / Department / Date

Reviewer: Robert L. Fowler / Robert L. Fowler / Entergy / EPlan / 7-31-01
 Signature / Name (print) / Company / Department / Date

(PSRC): N/A
 Chairman's Signature / Date (N/A for Screenings and 50.59 Evaluation Exemptions)

List of Assisting/Contributing Personnel:

Name:

Scope of Assistance:

Description of Proposed Change

Incorporated expiration dates in forms and delete reference to TRS-80 pocket computers.

E-DOC TITLE: 50.59 REVIEW FORM	E-DOC NO. LI-101 Att 9.1	CHANGE NO. 1
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II. SCREENING

A. Licensing Basis Document Review

Does the proposed activity impact the facility or a procedure as described in any of the following Licensing Basis Documents?

Operating License	YES	NO	N/A	CHANGE # and/or SECTIONS TO BE REVISED
Operating License	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
TS	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
NRC Orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If "YES", obtain NRC approval prior to implementing the change. (See Section 5.1.13 for exceptions.)

LBDs controlled under 50.59	YES	NO	N/A	CHANGE # and/or SECTIONS TO BE REVISED
UFSAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
TS Bases	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Technical Requirements Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Core Operating Limits Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Fire Hazard Analysis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Fire Protection Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Offsite Dose Calculations Manual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Process Control Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NRC Safety Evaluation Reports ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

If "YES", perform an Exemption Review per Section IV OR perform a 50.59 Evaluation per Section V.

LBDs controlled under 72.48	YES	NO	N/A	CHANGE # and/or SECTIONS TO BE REVISED
Cask UFSAR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If "YES", evaluate/process any changes in accordance with 72.48

LBDs controlled under other regulations	YES	NO	N/A	CHANGE # and/or SECTIONS TO BE REVISED
Quality Assurance Program Manual ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Emergency Plan ²	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Security Plan ^{2, 3}	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Inservice Inspection Program ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Inservice Testing Program ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If "YES", evaluate/process any changes in accordance with the appropriate regulation.

¹ If "YES," see Section 5.1.5.

² If "YES," notify the responsible department and ensure a 50.54 Evaluation is performed.

³ The Security Plan is classified as safeguards and can only be reviewed by personnel with the appropriate security clearance. The Preparer should notify the security department of potential changes to the Security Plan.

⁴ If "YES", process the change in accordance with the 10CFR50.55a control program.

E-DOC TITLE: 50.59 REVIEW FORM	E-DOC NO. LI-101 Att 9.1	CHANGE NO. 1
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B. Does the proposed activity involve a test or experiment not described in the FSAR? Yes No If "yes," perform an Exemption Review per Section IV OR perform a 50.59 Evaluation per Section V.

C. Basis

(Provide a basis for the "no" items checked in Sections II.A and II.B, above. Adequate basis must be provided within the Screening such that a third-party reviewer can reach the same conclusions. Simply stating that the change does not affect TS or the FSAR is not an acceptable basis. If a 50.59 Evaluation is required, this section may be N/A'd.)

SEE Attached

D. Is the validity of this Review dependent on any other change? (See Section 5.2.2.4 of the EOI 10CFR50.59 Program Review Guidelines) Yes No

If "Yes," list the required changes.

E. References

[Discuss the methodology for performing the LBD search. State the location of relevant licensing document information and explain the scope of the review such as electronic search criteria used (e.g., key words) or the general extent of manual searches per Section 5.2.2.4 of LI-101.]

Documents:

Common

FSAR Sections Reviewed:

Keywords:

stability w/5 dose, stability w/5 trs*, stability w/5 wind, manual cal* w/20 computer, pocket w/20 computer, emergency kit*, ion w/3 chamber, beta w/3 gamma, emergency news center, system training manual

FSAR Figures Reviewed:

E-DOC TITLE:

50.59 REVIEW FORM

E-DOC NO.

LI-101 Att 9.1

CHANGE NO.

1

III. ENVIRONMENTAL SCREENING

If any of the following questions is answered "yes," an Environmental Review must be performed in accordance with NMM Procedure EV-115, "Environmental Evaluations."

Will the proposed Change being evaluated:

Yes

No

- Involve a land disturbance of previously disturbed land areas in excess of one acre (i.e., grading activities, construction of buildings, excavations, reforestation, creation or removal of ponds)?
- Involve a land disturbance of undisturbed land areas (i.e., grading activities, construction, excavations, reforestation, creating, or removing ponds)?
- Involve dredging activities in a lake, river, pond, or stream?
- Increase the amount of thermal heat being discharged to the river or lake?
- Increase the concentration or quantity of chemicals being discharged to the river, lake, or air?
- Discharge any chemicals new or different from that previously discharged?
- Change the design or operation of the intake or discharge structures?
- Modify the design or operation of the cooling tower that will change water or air flow characteristics?
- Modify the design or operation of the plant that will change the path of an existing water discharge or that will result in a new water discharge?
- Modify existing stationary fuel burning equipment (i.e., diesel fuel oil, butane, gasoline, propane, and kerosene)?
- Involve the installation of stationary fuel burning equipment or use of portable fuel burning equipment (i.e., diesel fuel oil, butane, gasoline, propane, and kerosene)?
- Involve the installation or use of equipment that will result in an air emission discharge?
- Involve the installation or modification of a stationary or mobile tank?
- Involve the use or storage of oils or chemicals?
- Involve burial or placement of any solid wastes in the site area that may effect runoff, surface water, or groundwater?

50.59 Screening continuation page.

The proposed changes to this procedure consists of adding the expiration date to the inventory forms to allow the user to log this date, delete reference to TRS-80 pocket computer and remove the computer from the emergency kits. TRS-80's are no longer used. An Excel spreadsheet is now used. Changed "ion chamber" to "beta gamma" instrument in the UAMC emergency kit to allow a larger variety of instruments to be used in the kit. Deleted System Training Manuals from the Emergency News Center kit.

1. Addition of expiration data to inventory forms: Expiration date is currently required to be checked and if the item will expire prior to the next inventory the item will be replaced. This change just adds a place to log the expiration date on the form.
2. Removal of TRS-80 pocket computer: This instrument is kept in the kit in the event the RDACS system is inoperable. A basic program is listed in the procedure to allow the user to calculate the stability class in the event of an emergency. This basic program has been converted into a Excel spreadsheet and is addressed in the current procedures. There is no further need for the TRS-80 computer.
3. Replace "ion chamber" with "beta gamma" in UAMC kit: This will allow the user to use instruments other than ion chambers with no change in instrument limitations.
4. Delete System Training Manuals from ENC kits: Emergency Planning has determined that the ENC personnel have no need of the System Training Manual and desire to remove them to reduce document control burden.

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 1 of 42 CHANGE: 034-01-0
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1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits and the periodic inventory requirements for the indicated emergency supplies and equipment.

2.0 SCOPE

This procedure applies to the emergency supplies and equipment contained in a designated emergency kit or room unless otherwise indicated. This procedure contains monitoring requirements for assessing conformance with limiting conditions for operation of Unit 1 Technical Specifications.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

- 3.1.1 Emergency Plan
- 3.1.2 ANO-1 Technical Specifications

3.2 References Used in Conjunction with this Procedure:

- 3.2.1 1000.009, "Surveillance Test Program Control"
- 3.2.2 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"
- 3.2.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"
- 3.2.4 1904.002, "Offsite Dose Projections - RDACS Method"

3.3 RELATED ANO PROCEDURES:

- 3.3.1 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"
- 3.3.2 1003.005, Fire Prevention Inspection
- 3.3.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE: [BOLD] DENOTES COMMITMENTS

- 3.4.1 OCAN128305 (P-4110) Section 6.1.3 and 1903.060C
- 3.4.2 OCAN038313 (P-4141) Form 1903.060C
- 3.4.3 LIC-94-293 (P-14103) 1903.060A, Spare bottles
- 3.4.4 OCAN118202 (P-4067) Form 1903.060Q

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4.0 DEFINITIONS

4.1 Physical Inventory - The counting of individual items within the kits to ensure minimum supply.

5.0 RESPONSIBILITIES

5.1 **MANAGER, EMERGENCY PLANNING**

The Manager, Emergency Planning is responsible for ensuring the periodic inventory of emergency kits described in this procedure and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.

5.2 **MANAGER, RADIATION PROTECTION/CHEMISTRY**

The Manager, Radiation Protection/Chemistry is responsible for the monthly checklist and periodic inventory of the emergency kits described in this procedure.

5.3 **SURVEILLANCE TEST COORDINATOR**

The Surveillance Test Coordinator is responsible for scheduling the Radiation Instruments Monthly Battery Checks in accordance with Tech. Specifications.

5.4 **THE FIRE PREVENTION COORDINATOR**

The Fire Prevention Coordinator is responsible for ensuring the periodic inventory of fire lockers and carts described in Procedure 1003.005, "Fire Prevention Inspection" and for coordinating the maintenance and replacement of equipment and supplies contained in those lockers and carts.

6.0 DESCRIPTION

6.1 The following emergency kits are maintained at Arkansas Nuclear One for use in the event of an emergency:

6.1.1 Control Room Kit (Unit 1 Control Room Area; shared by both units)

6.1.2 Onsite Radiological Monitoring Kit (Operational Support Center)

6.1.3 [Technical Support Center Kit (Technical Support Center)]

6.1.4 Main Guard House Kit

6.1.5 Emergency Operations Facility Kit

6.1.6 Field Monitoring Kits A, B, C and D (Emergency Operations Facility)

6.1.7 Dose Assessment Kit (Emergency Operations Facility)

6.1.8 Emergency News Center Kit (Emergency Operations Facility)

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Step 6.1 (Cont.)

- 6.1.9 Hospital Kit - St. Mary's Hospital, Russellville and University of Arkansas Medical Science Center (UAMSC), Little Rock.
- 6.1.10 Fire Lockers (Unit 1 Turbine Bldg. 354' el., Unit 2 Turbine Bldg. 354' el., Turbine Bldg. 386' el., Unit 1 Auxiliary Bldg 386' el.)
- 6.1.11 First Aid Kits (Medical Lockers and Nurse's Station)
- 6.1.12 Initial Environmental Sampling Kit
- 6.2 A Nurse's Station is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.
- 6.3 Contents of the emergency kits are listed on the forms attached to this procedure.

7.0 LIMITS AND PRECAUTIONS

- 7.1 If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.009. "Surveillance Test Program Control" for instructions.
- 7.2 Emergency kits shall be checked at the intervals specified by the Manager of Emergency Planning and the Surveillance Test Schedule.
- 7.3 Checklists shall be completed monthly.
- 7.4 Inventory lists shall be completed quarterly or after each use. If the Emergency Kit has been kept intact per "Emergency Kit Seal Accountability", a physical inventory is not required.
- 7.5 If kit is found unsealed, the contents of the kit shall be inventoried except for the following: First Aid Supplies Kit and ENC Kit.
- 7.6 When performing an inventory, the applicable forms shall be completed. Discrepancies should be noted on applicable form.
- 7.7 Discrepancies shall be resolved or corrective actions shall be initiated. This should be indicated on the inventory form.
- 7.8 When completed, the forms should be forwarded to Emergency Planning for review. Emergency Planning will forward the forms to Records.
- 7.9 Monthly battery checks of portable survey instruments are required per Unit 1 Technical Specification 4.1.a; Table 4.1-1; Item 40.

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8.0 INSTRUCTIONS

8.1 Inventory

- 8.1.1 Emergency kit inventory is required if any of the following conditions exist:
- A. The kit has been used.
 - B. The kit is found unsealed.
 - C. The kit is due for a scheduled quarterly inventory.
- 8.1.2 Kits that have been maintained by seal accountability do not require a physical inventory (Refer to section 8.5). Performance checks must be performed.
- 8.1.3 IF kit meets the requirements for inventory, THEN perform a complete inventory.
- 8.1.4 IF first quarter of year, THEN replace all batteries contained within the kits that will expire prior to the first quarter of the following year and all batteries that do not have an expiration date. Batteries contained in radiological instruments are exempt.
- 8.1.5 Perform a physical inventory by ensuring that the minimum quantity for each item listed on the appropriate inventory form is contained within the kit. This step not required if the kit has been maintained by "Emergency Kit Seal Accountability", section 8.5.
- 8.1.6 Ensure expiration dates have not been exceeded nor will be exceeded within the next quarter on appropriate items except batteries. (Batteries are checked 1st quarter of year)
- 8.1.7 Inspect O-Rings on sample heads. Check for hardness or cracks that may cause the sample head to fail. Replace as necessary.
- 8.1.8 Perform a operability check and battery check of all battery powered equipment. Ensure instruments are left in the off position and batteries are removed when complete, if appropriate. (Radiation instruments are covered by monthly checks.)
- 8.1.9 Ensure that the emergency kits are maintained clean and orderly.
- 8.1.10 Marking items on the inventory form as "SAT" implies that all of the above conditions have been met.
- 8.1.11 Upon completion of inventory, ensure the kit is locked and contains a seal.
- 8.1.12 Complete appropriate forms and forward to Emergency Planning for review.

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8.2 Monthly Performance Checks

NOTE

Respirators are maintained in accordance with current HP procedures.

- 8.2.1 Check and record the calibration due dates for the radiological instruments in the kit. Replace or recalibrate any instrument whose calibration due date will expire prior to the next scheduled inspection.
- 8.2.2 Perform an operability check on each instrument listed on Form 1903.060Q as follows:
 - A. Perform a physical condition check on each instrument.
 - B. Perform a battery check on appropriate instruments.
 - C. Perform a qualitative source check on appropriate instruments.
 - D. Perform an operational test on appropriate equipment.
- 8.2.3 Ensure radiation instruments are powered by AC power at all times where appropriate to ensure batteries are charged.
- 8.2.4 Plug in and allow to charge for approximately one hour the following items (unless they are continuously plugged in):
 - A. Frisker
 - B. Self Contained Air Sampler
 - C. EOF Kit Battery (used to check 12 VDC air samplers)
- 8.2.5 Ensure all radiation instruments are turned off where appropriate.
- 8.2.6 Marking items on the checklist form as "SAT" implies that all of the above conditions have been met.
- 8.2.7 Document the monthly instrument check on Form 1903.060Q "Monthly Emergency Kit Surveillance Checklist".
- 8.2.8 Upon completion of monthly checks, ensure the kit is locked and contains a seal.
- 8.2.9 Forward all completed forms to Emergency Planning for review.
- 8.3 ANO Meteorological Tower Data Monthly Report
 - 8.3.1 Perform a monthly review of the Summary Report of "Energy Operations Inc., ANO Meteorological Tower Data Monthly Report." Document this review on 1903.060R, "Met Tower Data Monthly Review Form".

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- 8.4 Emergency Medical Locker Battery Check
 - 8.4.1 Perform a bi-monthly exchange of Emergency Medical Team Radio Batteries. Document this on Form 1903.060T, "Medical Team Radio Battery Surveillance".

- 8.5 Emergency Kit Seal Accountability
 - 8.5.1 Each emergency kit must have a seal attached such that the kit cannot be used unless the seal is broken. The First Aid Supplies and ENC kits do not require a seal.
 - 8.5.2 IF Emergency Kit is to be opened,
THEN log the current seal number on Form 1903.060V. If this kit is being opened for an actual emergency event, this step is not required.
 - 8.5.3 IF Emergency kit supplies are used,
THEN, upon completion of use, perform kit inventory.
 - 8.5.4 Upon closure of Emergency Kit, complete the remaining information on Form 1903.060V and install a new seal. Log seal number on form 1903.060V.
 - 8.5.5 Forward completed forms to Emergency Planning.

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9.0 ATTACHMENTS AND FORMS

- 9.1 Form 1903.060A, "Control Room Kit Inventory Form"
- 9.2 Form 1903.060B, "Onsite Radiological Monitoring Kit Inventory Form"
- 9.3 Form 1903.060C, "Technical Support Center Kit Inventory Form"
- 9.4 Form 1903.060D, "Main Guard House Kit Inventory Form"
- 9.5 Form 1903.060E, "Emergency Operations Facility Kit Inventory Form"
- 9.6 Form 1903.060F, "Field Monitoring Kit Inventory Form"
- 9.7 Form 1903.060J, "Hospital Kit Inventory Form"
- 9.8 Form 1903.060K, "First Aid Supplies Inventory Form"
- 9.9 Form 1903.060P, "Dose Assessment Kit Inventory Forms"
- 9.10 Form 1903.060Q, "Monthly Emergency Kit Surveillance Checklist"
- 9.11 Form 1903.060R, "Met Tower Data Monthly Review Form"
- 9.12 Form 1903.060S, "Emergency News Center Kit Inventory Form"
- 9.13 Form 1903.060U, "UAMC Hospital Kit Inventory Form"
- 9.14 Form 1903.060V, "Emergency Kit Seal Accountability Log"

LOCATION: Unit 1 Control Room

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required.

INVENTORY LIST

Equipment	Required Quantity	Sat	Corrective Actions
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SURVEY INSTRUMENTS

High Range Ion Chamber	2		
Frisker w/Probe	1		
Air Sampler (110 VAC)	1		
Air Sampler (Battery)	1		
Sample Head	2		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	2		
Cloth Smear	50		
Particulate Air Sample Filter	20		
Silver Zeolite Cartridge	20		Expiration Date:

PERSONNEL

MONITORING EQUIPMENT

Dosimeter (0 - 200R)	3		
Dosimeter (0 - 5R)	10		
Dosimeter (0 - 200mR)	30		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	6		

FORM TITLE: CONTROL ROOM KIT INVENTORY FORM	FORM NO. 1903.060A	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
RESPIRATORY PROTECTION EQUIPMENT			
SCBA Units (6 -Unit 1 CR, 6 -Unit 2 CR, all medium masks)	12		
Spare SCBA Bottle	12		
Extra SCBA Mask (4 Large, 4 Small)	8		
Canister Mask w/Iodine Canister	12		Expiration Date:
Iodine Canister (Spare)	12		Expiration Date:

PROTECTIVE CLOTHING

Anti-C Clothing	12 sets		
Surgeon Gloves	1 Box		
Maslin	1 bundle		
Masking Tape	2 rolls		
Duct Tape	2 rolls		
Safety Glasses (Beta Protection)	12 pairs		

POSTING MATERIALS

Radiological Posting Signs	12		
"Radiation Area" Insert	6		
"High Radiation Area" Insert	6		
"RWP Required for Entry" Insert	6		
"Airborne Radioactivity Area" Insert	6		
"Respiratory Protection Required" Insert	6		
"Notify HP Prior to Entry" Insert	6		
"Contamination Area" Insert	6		
"High Contamination Area" Insert	6		

FORM TITLE: CONTROL ROOM KIT INVENTORY FORM	FORM NO. 1903.060A	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
"Radioactive Material" Insert	12		
Blank Insert	6		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	4 rolls		
Control Room Survey Maps	5 copies		
Step-Off Pads	5		

MISCELLANEOUS

Pencil	12		
Magic Marker	2		
Clipboard	2		
Cutting Tool	1		
Calculator (P)	2		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	4		
Bulbs (Spare)	4		
10 Mile EPZ Map	2		
Meter Bags or equiv.	10		
Ziplock Baggies or equiv.	10		
² Printer Paper	1		
Extension Cord (50-ft)	1		
Emergency Telephone Directory	1		

FORM TITLE: CONTROL ROOM KIT INVENTORY FORM	FORM NO. 1903.060A	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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Batteries

"D" Cell	18		
"C" Cell	10		
9-Volt	5		
Watch/Calculator Battery	4		

1 - Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.

2 - Approximately 500 sheet bundle

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: CONTROL ROOM KIT INVENTORY FORM	FORM NO. 1903.060A	CHANGE 034-01-0
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LOCATION: **Maintenance Facility**

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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SURVEY INSTRUMENTS

High Range Ion Chamber	1		
Beta-Gamma Survey Meter	1		
Gamma Survey Meter w/Probe	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Air Sampler (Battery)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	2		
Cloth Smear	100		
Particulate Air Sample Filter	50		
Maslin	1 Bundle		
Silver Zeolite Cartridge	20		Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0-200mR)	80		
Dosimeter (0-5R)	80		
Dosimeter (0-200R)	20		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	10		

FORM TITLE: ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM	FORM NO. 1903.060B	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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**RESPIRATORY
PROTECTION EQUIP**

SCBA Units	4		
Spare SCBA Bottles	4		
Canister Mask w/Iodine Canister	4		Expiration Date:
Iodine Canister (Spare)	4		Expiration Date:

PROTECTIVE CLOTHING

Anti-c Clothing	50 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		

POSTING MATERIALS

Radiological Posting Signs	10		
"Radiation Area" Insert	5		
"High Radiation Area" Insert	5		
"RWP Required for Entry" Insert	5		
"Airborne Radioactivity Area" Insert	5		
"Respiratory Protection Required" Insert	5		
"Notify HP Prior To Entry" Insert	5		
"Contamination Area" Insert	5		
"High Contamination Area" Insert	5		
"Radioactive Material" Insert	10		
Blank Insert	5		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	10		

FORM TITLE:

ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM

FORM NO.

1903.060B

CHANGE

034-01-0

Equipment	Required Quantity	Sat	Corrective Actions
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MISCELLANEOUS

Equipment	Required Quantity	Sat	Corrective Actions
KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Magic Marker	2		
Clipboard	3		
Cutting Tool	1		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	2		
Meter Bags or equiv.	15		
Zip-Lock Baggies	30		
Security Badge Clips	15		
Outside Gas Pump Key	1		
Survey Maps (In OSC)	10 ea		

Batteries

Equipment	Required Quantity	Sat	Corrective Actions
"D" Cell	24		
"C" Cell	10		
9-Volt	24		

1 - Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.
(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM	FORM NO. 1903.060B	CHANGE 034-01-0
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LOCATION: **Technical Support Center** (3rd Floor Administration Building)

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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SURVEY INSTRUMENTS

Gamma Survey Meter w/Probe	1		
[Frisker w/Detection Chamber]	1		
Check Source	1		
Air Sampler	1		
Sample Head	2		
Sample Head O-Rings	N/A		

PERSONNEL

MONITORING EQUIPMENT

Dosimeter (0-500 mR)	20		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as background)	15		

RESPIRATORY

PROTECTION EQUIPMENT

[Canister Mask w/Iodine Canister]	25		Expiration Date:
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PROTECTIVE CLOTHING

[Disposable Suits]	25		
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SAMPLING SUPPLIES

Silver Zeolite Cartridge	10		Expiration Date:
Charcoal Cartridge	20		Expiration Date:

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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POSTING MATERIALS

Radiological Posting Signs	3		
"Radiation Area" Insert	3		
"High Radiation Area" Insert	3		
"RWP Required for Entry" Insert	3		
"Airborne Radioactivity Area" Insert	3		
"Respiratory Protection Required" Insert	3		
"Notify HP Prior to Entry" Insert	3		
"Contamination Area" Insert	3		
"High Contamination Area" Insert	3		
"Radioactive Material" Insert	3		
Blank Insert	3		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	1 rolls		
Admin Building Survey Maps	5 copies		
Step-Off Pads	3		

MISCELLANEOUS

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Note Pad	3		
Clipboards	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	1		

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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Batteries

"D" Cell	6		
"C" Cell	6		
Watch/Calculator Battery	4		

(P) - Requires performance check

Performed By _____ Date _____
 Reviewed By _____ Date _____
 Emergency Planning Manager _____ Date _____

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	CHANGE 034-01-0
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LOCATION: **Main Guard House**

- Has been used
- Found unsealed
- Due for inventory
- Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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EVACUATION EQUIPMENT

Vests	12		
Bull Horn (P)	1		

RESPIRATORY

PROTECTION EQUIPMENT

Canister Mask w/Iodine Canister	2		Expiration Date:
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MISCELLANEOUS

Flashlight (P)	3		
Bulbs (Spare)	3		

BATTERIES

"AA" Cell	10		
"D" Cell	6		

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: MAIN GUARD HOUSE KIT INVENTORY FORM	FORM NO. 1903.060D	CHANGE 034-01-0
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LOCATION: **Emergency Operations Facility** (First Floor Room 110)

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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SURVEY INSTRUMENTS

Gamma Survey Meter	3		
High Range Ion Chamber	1		
Frisker w/Probe	2 ea.		
Air Sampler (110 V)	2		
Air Sampler (12 V)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		
Extension Cords	2		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	250		
Particulate Air Sample Filter	100		
Maslin	1 Bundle		
Silver Zeolite Cartridge	70		Expiration Date:
² Sample Bottles (1 gal.)	100		
EOF Survey Map	5 ea.		

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO. 1903.060E	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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**PERSONNEL
MONITORING EQUIPMENT**

Dosimeter (0-5)	10		
Dosimeter (0-200mR)	50		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	20		

**RESPIRATORY
PROTECTION EQUIPMENT**

Canister Mask w/Iodine Canister	13		Expiration Date:
Iodine Canister (Spare)	5		Expiration Date:
SCBA Units	5		
1 Spare SCBA Bottles	10		

PROTECTIVE CLOTHING

Anti-C Clothing	30 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		

**INITIAL
ENVIRONMENTAL SAMPLING KIT**

Shovel	1		
Sample Bottles, 1 Gal.	3		
Shears	1		
Meter Bags or equiv.	10		
Duct Tape	1 roll		
Paper Towels	1 bundle		
Surgeon Gloves	25 pair		
Carrying Bag	1		

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO. 1903.060E	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions Initials*
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MISCELLANEOUS

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Magic Marker	3		
Clipboard	3		
Cutting Tool	2		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	3		
Bulbs (Spare)	3		
Meter Bag or equiv.	30		
Ziplock Baggies or equiv.	30		

PERSONNEL

DECONTAMINATION SUPPLIES

Scissors	2		
Razor	4		
Manicure Set	1		
Wash Cloths	100		
Towels	100		
Bristle Brush	30		
Cotton Balls	1 pkg.		
Cotton Swabs	1 pkg.		

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO. 1903.060E	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
Hand Soap (Regular)	3		
"Lava" Soap	3		
"Rad-Con"	4 cans		
Shaving Cream	2 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		
Eyewash Solution w/Applicator	2		
Paper Clothing	30		
Bioassay Sample Containers	50		

POSTING MATERIALS

Radiological Posting Signs	40		
"Radiation Area" Insert	20		
"High Radiation Area" Insert	20		
"RWP Required for Entry" Insert	20		
"Airborne Radioactivity Area" Insert	20		
"Respiratory Protection Required" Insert	20		
"Notify HP Prior to Entry" Insert	20		
"Contamination Area" Insert	20		
"High Contamination Area" Insert	20		
"Radioactive Material" Insert	40		
Blank Insert	20		
Radiation Warning Rope/Ribbon	2 rolls		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	20		

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO. 1903.060E	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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Batteries

"D" Cell	24		
"C" Cell	10		
9-Volt	24		
Watch/Calculator Battery	4		

- 1 - Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.
- 2 - Located outside sealed kit
- (P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO: 1903.060E	CHANGE 034-01-0
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LOCATION: **Emergency Operations Facility** (First Floor Room 110)

Field Monitoring Kit A B C D

- Has been used
- Found unsealed
- Due for inventory (All kits are required to be inventoried)
- Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	A Sat	B Sat	C Sat	D Sat	Corrective Actions
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SURVEY INSTRUMENTS

²²² Rn High Range Ion Chamber	1					
²²² Rn Gamma Survey Meter w/Probe	1					
³ H Frisker w/Probe	1					
³ H Air Sampler (12 VDC)	1					
Sample Head	2					
Sample Head O-Rings	N/A					
Check Source	1					

SAMPLING SUPPLIES

Watch (P)	1					
Cloth Smear	25					
Particulate Air Sample Filter	25					
Ziplock Baggies or equiv.	25					
Forceps or equiv.	1					
Surgeon Gloves	50 pr					
Charcoal Cartridge	25					Expiration Date:
Silver Zeolite Cartridge	20					Expiration Date:

PERSONNEL

MONITORING EQUIPMENT

Dosimeter (0-500mR)	3					
Dosimeter Charger (P)	1					

FORM TITLE: FIELD MONITORING KIT INVENTORY FORM	FORM NO. 1903.060F	CHANGE 034-01-0
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Equipment	Required Quantity	A Sat	B Sat	C Sat	D Sat	Corrective Actions
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PROTECTIVE CLOTHING

Masking Tape	1 roll					
Duct Tape	1 roll					

MISCELLANEOUS

KI Tablets, (Btl of 14 Tablets)	4 Bottles					Expiration Date:
Pencil	3					
Magic Marker	2					
Grease Pencil	2					
Clipboard	1					
Cutting Tool	1					
Flashlight (P)	3					
Bulbs (Spare)	3					
10 Mile EPZ Map	1					
Russellville City Map	1					
Dardanelle City Map	1					
Calculator (P)	1					
Meter Bags or equiv.	15					

Batteries

"D" Cell	8					
"C" Cell	8					
9-Volt	3					

- (P) - Requires performance check
 1 - May be stored outside of kit.
 2 - The Merlin Gerin WR-Telepole or equivalent can perform both low (0.05 mr/hr) range and high (1000 R/hr) range measurements and may be used in place of both of the listed instruments.

Performed By _____ Date _____
 Reviewed By _____ Date _____
 Emergency Planning Manager _____ Date _____

FORM TITLE: FIELD MONITORING KIT INVENTORY FORM	FORM NO. 1903.060F	CHANGE 034-01-0
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LOCATION: St. Mary's Hospital

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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Instruments

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0-200mR)	10		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	15		

PROTECTIVE CLOTHING

Anti-C Clothing	2 sets		
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FORM TITLE: HOSPITAL KIT INVENTORY FORM	FORM NO: 1903.060J	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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POSTING MATERIALS

Radiological Posting Signs	20		
"Radiation Area" Insert	10		
"High Radiation Area" Insert	10		
"RWP Required for Entry" Insert	10		
"Health Physics Escort Required" Insert	10		
"Airborne Radioactivity Area" Insert	10		
"Respiratory Protection Required" Insert	10		
"Notify HP Prior to Entry" Insert	10		
"Contamination Area" Insert	10		
"High Contamination Area" Insert	10		
"Radioactive Material" Insert	20		
Blank Insert	10		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	5		

MISCELLANEOUS

Pencil	6		
Magic Marker	2		
Clipboard	1		
Flashlight (P)	1		
Bulbs (Spare)	1		
Meter Bags or equiv.	15		

FORM TITLE: HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060J	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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**PERSONNEL
DECONTAMINATION SUPPLIES**

"Rad-Con"	4 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		

Batteries

"D" Cell	10		
"C" Cell	6		
9-Volt	4		

(P) - Requires performance check

Performed By _____ Date _____
 Reviewed By _____ Date _____
 Emergency Planning Manager _____ Date _____

FORM TITLE: HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060J	CHANGE 034-01-0
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LOCATION: **Nurse's Station, Medical Lockers**

- Has been used
- Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
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**FIRST AID
KITS/SUPPLIES**

Nurse's Station	1		
Medical Locker U1 354'	1		
Medical Locker U2 354'	1		
Medical Locker U1/U2 386'	1		
Medical Kit CA-1	1		
Outage Medical Kit	1		
Medical Kit Central Support Building (CSB)	1		

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: FIRST AID SUPPLIES INVENTORY FORM	FORM NO. 1903.060K	CHANGE 034-01-0
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LOCATION: **Emergency Operations Facility** (Second Floor Outside Room 260)

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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Supplies

Pocket Calculators (P)	4		
Printer Paper	1 pkg		
Cork Board	1		
EPZ Map (1 mile)	10		
EPZ Map (10 mile)	10		
Dry Erase Markers	10		
Scotch Tape	2 rolls		
Felt-Tip Pens	10		
Ball-Point Pens	10		
Pencils	10		
Binder Clips	25		
Push-Pins and Labels	2 boxes		
Rulers	4		
Clipboard	1		
Dardanelle city map	1		
Russellville city map	1		
Stapler	1		
Staples	1 box		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		

FORM TITLE: DOSE ASSESSMENT KIT INVENTORY FORM	FORM NO. 1903.060P	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
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Batteries

Watch/Calculator	10		
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(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: DOSE ASSESSMENT KIT INVENTORY FORM	FORM NO. 1903.060P	CHANGE 034-01-0
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TECHNICAL SUPPORT CENTER KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
² Frisker				
² Gamma Survey Meter				
Air Sampler	110V			
Detection Chamber	HP-210 or equiv			
Dosimeter	0-500 mRem	N/A		

Instrument	Location	Instrument Number	Calibration Due Date	Sat
NMC (See Note 1)	TSC			

Note 1: The monthly operational check is satisfied by performing the "Daily Operational Checks" in procedure 1601.463.

CONTROL ROOM KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
² Ion Chamber				
² Ion Chamber				
² Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	Battery			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

FORM TITLE: [MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]	FORM NO. 1903.060Q	CHANGE 034-01-0
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EMERGENCY OPERATIONS FACILITY KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Gamma Survey Meter	E-530 or equiv			
¹ Gamma Survey Meter	E-530 or equiv			
¹ Gamma Survey Meter	E-530 or equiv			
¹ Ion Chamber				
¹ Frisker				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	110 V			
Air Sampler	12 VDC			
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

ST MARY'S HOSPITAL KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Beta Gamma				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Dosimeter	0-200 mRem	N/A		

FORM TITLE: [MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]	FORM NO. 1903.060Q	CHANGE 034-01-0
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FIELD MONITORING KIT A

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
³ Frisker Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FIELD MONITORING KIT B

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
³ Frisker Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FIELD MONITORING KIT C

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
³ Frisker Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FORM TITLE:

[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]

FORM NO.

1903.060Q

CHANGE

034-01-0

FIELD MONITORING KIT D

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
³ Frisker Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

UAMC HOSPITAL KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Beta Gamma				
³ Frisker Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			

FORM TITLE: [MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]	FORM NO. 1903.060Q	CHANGE 034-01-0
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ONSITE RADIOLOGICAL MONITORING KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Ion Chamber				
¹ Beta-Gamma Survey Meter				
¹ Gamma Survey Meter				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	Battery			
Air Sampler	110 V			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

1 - Required by Tech Specs.

2 - The Merlin Gerin WR-Telepoles may be used in place of both of the listed instruments. This telepole has a range of 0.05 mRem/hr to 1000 Rem/hr.

Corrective Actions	Init./Date

Performed By _____ Date _____
 Reviewed By _____ Date _____
 Emergency Planning Manager _____ Date _____

FORM TITLE: [MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]	FORM NO. 1903.060Q	CHANGE 034-01-0
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LOCATION: Emergency Planning Department

Page 1 of 1

INSTRUCTIONS:

- 1. Perform a monthly review of the Summary Report of "Entergy Operations Inc., ANO Meteorological Tower Data Monthly Report".
 - A. The purpose of the review will be to assure that the 90% data recovery goal, specified in Reg. Guide 1.23, is satisfied and provide instructions for initiation of corrective action if necessary.
 - B. This review will be performed on a monthly basis.
 - C. Acceptance criteria \geq 90% Data Recovery.

2. Monthly percentage readings:

- A. Horizontal Wind Direction @10 M or @57 M _____ %
- B. Horizontal Wind Speed @10 M or @57 M _____ %
- C. Delta Temp/Stab Class 10 - 57 M _____ %
 OR
 Sig Theta/Stab Class 57 M _____ %

3. Results

- A. This review is for the month and year of: _____
 () Satisfactory - All group readings \geq 90%
 () Unsatisfactory - Any group reading $<$ 90%
- B. IF unsatisfactory,
THEN verify that meteorological data was unavailable (using RDACS or other means).
- C. IF data was unavailable,
THEN initiate a Condition Report in accordance with Procedure 1000.104, "Condition Reporting and Corrective Action".
 Condition Report Number: _____

Performed By: _____ Date: _____
 Reviewed By: _____ Date: _____

FORM TITLE: MET TOWER DATA MONTHLY REVIEW FORM	FORM NO. 1903.060R	CHANGE 034-01-0
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LOCATION: **Emergency Operations Facility** (Second Floor Room 240)

- Has been used
- Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
Media Packets	100		
Emergency Instruction Booklets	20		
Light Pointer	1		
Stick Pointer	1		
Clipboard	4		
Overhead (books - Unit 1 and Unit 2)	2		
Dry-Erase Markers	5		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		
Media ID Badges	100		
Note Pads	10		

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: EMERGENCY NEWS CENTER KIT INVENTORY FORM	FORM NO. 1903.060S	CHANGE 034-01-0
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LOCATION: **University of Arkansas Medical Center (UAMC)**

INSTRUCTIONS:

- Has been used
 Found unsealed
 Due for inventory
 Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
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SURVEY INSTRUMENTS

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		Expiration Date:
Cutting Tool	1		

PROTECTIVE CLOTHING

Anti-C Clothing	8		
Surgeon Gloves or equiv.	1 Box		

POSTING MATERIALS

Radiological Posting Signs	4		
"Radiation Area" Insert	2		
"High Radiation Area" Insert	2		

FORM TITLE: UAMC HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060U	CHANGE 034-01-0
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Equipment	Required Quantity	Sat	Corrective Actions
"RWP Required for Entry" Insert	2		
"Airborne Radioactivity Area" Insert	2		
"Notify HP Prior to Entry" Insert	2		
"Contamination Area" Insert	2		
"High Contamination Area" Insert	2		
"Radioactive Material" Insert	2		
Blank Insert	2		
Radiation Warning Rope/Ribbon	2 Rolls		
Yellow and Magenta Border Tape	1 Roll		
Step-Off Pads	2		

MISCELLANEOUS

Pens	2		
Magic Marker	2		
Clipboards	1		
Meter Bags or equiv.	6		
Maslin	1 Bundle		
Extension Cord	1		
SD-20	1		
Tie Wraps	12		
Ziplock Bags or equiv.	12		

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: UAMC HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060U	CHANGE 034-01-0
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