

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE


EPIP-EPP-27

REVISION 08

EMERGENCY PUBLIC INFORMATION PROCEDURE

TECHNICAL SPECIFICATION REQUIRED

Approved by:
L. E. Pisano



Manager – Nuclear Training

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Date

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1.0 **PURPOSE**

To provide guidance to personnel on the development and dissemination of public information during declared emergencies at the Nine Mile Point Nuclear Station.

2.0 **RESPONSIBILITIES**

2.1 **Joint News Center (JNC) Director**

2.1.1 Maintains overall command and control of Joint News Center operations, including media response and rumor control functions.

2.1.2 Designates qualified assistant JNC Director.

2.1.3 Performs actions in accordance with EPIP-EPP-23.

2.2 **Director of Emergency Preparedness**

Ensures the JNC facilities, procedures and staff are maintained in accordance with the Site Emergency Plan.

2.3 **Nuclear Communications and Public Affairs (NUCAPA) Staff**

Maintains responsibility for all notifications to the news media in the event of a declared emergency.

2.4 **Public Affairs and Corporate Communications (PACC)**

Assists NUCAPA in the public information function during a declared emergency, drill or exercise.

2.5 **JNC Administrative Manager**

Directs all clerical/administrative/security support activities and functions at the Joint News Center (JNC) to include:

2.5.1 Opening/activating the JNC building when notified

2.5.2 Verifying and reporting JNC operational readiness to the JNC Director

2.5.3 Supervising all support activities and functions at the JNC

2.6 JNC Technical Briefer

Supports the JNC Director by providing detailed technical information at pre-briefings to include:

- 2.6.1 Providing technically accurate information on the incident and plant operations for use by NUCAPA personnel during media briefings.
- 2.6.2 Participating in preparations for news briefings
- 2.6.3 Review of news release information for technical accuracy.

2.7 JNC Radiological Briefer

Supports the JNC Director by providing detailed information at pre-briefings to include:

- 2.7.1 Providing technically accurate information associated with the radiological aspects on the incident and plant operations for use by NUCAPA personnel during media briefings.
- 2.7.2 Participating in preparations for news briefings
- 2.7.3 Review of news release information for accuracy associated with the radiological aspects of the incident.

2.8 JNC Writer

Prepares written material including news releases, briefing summaries and other materials as directed by the JNC Director.

2.9 JNC Rumor Control Coordinator

Coordinates the efforts of rumor control, media inquiry and media monitoring to ensure rumors are addressed and questions from both the media and general public are accurately answered.

3.0 PROCEDURE

3.1 Initial Actions (prior to JNC activation)

- 3.1.1 The Director NUCAPA, or designee will be notified of a declared emergency by normal ERO notification methods (pager, telephone call).
- 3.1.2 The Director NUCAPA, or designee should perform the following:
 - a. Develop a press release appropriate to the event. See Attachment 2 Figures 1 through 4 for sample of a press release.

3.1.2 (Cont)

- b. Obtain approval (verbal OR written) of the press release contents from the SSS/ED.
- c. Relay the press release to the PACC on-call representative for transmission to the media.
- d. If appropriate, inform PACC on-call representative that they will be responsible for all news media inquiries until the JNC is declared operational.
- e. Inform NMPC Customer Service representatives of the emergency and instruct them to direct all media inquiries to PACC.
- f. Periodically obtain updated information from the SSS/ED and make press releases in accordance with Steps 3.1.2.a-d.
- g. If the event is terminated, then perform appropriate notifications in accordance with Steps 3.1.2.a-d.
- h. If appropriate, provide information to local and state officials.
- i. When the EOF is activated, then obtain approval of all press releases from the Emergency Director/Recovery Manager (ED/RM) in the EOF.

3.2 JNC Activation

- 3.2.1 The JNC shall be activated upon declaration of an Alert emergency classification or higher, or any event expected to attract significant media attention.
- 3.2.2 If the JNC is being activated for causes other than a declared emergency, the JNC Director should ensure each unit SSS is notified.
- 3.2.3 The JNC Director should travel to and ensure that the JNC commences activation in accordance with Attachment 1.

3.2.4 The JNC Director should verify the JNC is staffed with the following positions:

- *JNC Director
- *Rumor Control/Media Inquiry Staff (2)
- *Media Monitoring Staff (2)
- *Clerical staff (2)(assigned by EOF Administrative Logistics Manager)
- Rad Briefer
- Technical Briefer
- Rumor Control Coordinator (assigned from the rumor control or media monitoring staff)
- JNC Administrative Manager
- JNC Writer
- Security (2)
- (* positions are required in order to declare the JNC operational)

3.3 JNC Operation

- 3.3.1 JNC Director should ensure press releases are developed in accordance with Attachment 2, "Press Release Checklist". See Attachment 2, Figures 1 through 4 for sample press release.
- 3.3.2 The JNC Technical Briefer should perform actions in accordance with Attachment 4, JNC Technical Briefer Checklist.
- 3.3.3 The JNC Radiological Briefer should perform actions in accordance with Attachment 5, JNC Radiological Briefer Checklist.
- 3.3.4 The JNC Director shall:
 - a. Assign a rumor control/media response person to perform the duties of the Rumor Control Coordinator
 - b. Direct that person to perform actions in accordance with Attachment 6, Rumor Control Coordinator Checklist.
- 3.3.5 Rumor Control Staff shall complete actions in Attachment 8.
- 3.3.6 Media Response Staff shall complete actions in Attachment 7.
- 3.3.7 JNC Administrative Manager shall complete actions in Attachment 3.
- 3.3.8 JNC Media Monitoring shall complete actions in Attachment 9.

4.0 DEFINITIONS

None

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

Nine Mile Point Site Emergency Plan

5.3 Standards, Regulations, and Codes

NUREG-0654, Rev 1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

5.4 Policies, Programs, and Procedures

None

5.5 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
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None

6.0 RECORD REVIEW AND DISPOSITION

- 6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

NOTE: This section only applies if records are generated during an actual emergency.

Attachment 1, JNC Activation Checklist
Attachment 2, Press Release Checklist
Attachment 3, JNC Administrative Manager Checklist
Attachment 3, Figure 1, JNC Registration Checklist
Attachment 4, JNC Technical Briefer Checklist
Attachment 5, JNC Radiological Briefer Checklist
Attachment 6, JNC Rumor Control Coordinator Checklist
Attachment 7, Media Response Checklist
Attachment 8, Rumor Control Checklist
Attachment 9, Media Monitoring Checklist
Attachment 10, Rumor Control Media Response Inquiry and Off Air Monitor Form
Attachment 11, JNC Audio Visual Checklist
Attachment 12, JNC Staff Sign-In
Attachment 13, JNC Shutdown Checklist
Attachment 15, JNC Security Officer Checklist

- 6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

NOTE: This section only applies if records are generated for any reason other than an actual emergency.

Attachment 1, JNC Activation Checklist
Attachment 2, Press Release Checklist
Attachment 3, JNC Administrative Manager Checklist
Attachment 3, Figure 1, JNC Registration Checklist
Attachment 4, JNC Technical Briefer Checklist
Attachment 5, JNC Radiological Briefer Checklist
Attachment 6, JNC Rumor Control Coordinator Checklist
Attachment 6, Figure 1, Rumor Control Log
Attachment 7, Media Response Checklist
Attachment 8, Rumor Control Checklist
Attachment 9, Media Monitoring Checklist
Attachment 10, Rumor Control Media Response Inquiry and Off Air Monitor Form
Attachment 11, JNC Audio Visual Checklist
Attachment 12, JNC Staff Sign-In
Attachment 13, JNC Shutdown Checklist
Attachment 15, JNC Security Officer Checklist

ATTACHMENT 1: JNC ACTIVATION CHECKLIST

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NAME:	DATE:
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- NOTE:**
1. The first qualified JNC Director, JNC Administrative Manager or their designee to arrive at the JNC should initiate the actions required by this checklist.
 2. If there is a power failure at the JNC, report it to the Central Regional Control Center (CRCC) in accordance with step 10 of this check list.

Complete NA

1. Verify the following staff are available and have signed in on the JNC Staffing sign-in sheet:
(* indicates position required for JNC to be declared operational)

a. *JNC Director	<input type="checkbox"/>	<input type="checkbox"/>
b. *Rumor Control/Media Inquiry Staff (2)	<input type="checkbox"/>	<input type="checkbox"/>
c. *Media Monitoring Staff (2)	<input type="checkbox"/>	<input type="checkbox"/>
d. *Clerical Staff (2)	<input type="checkbox"/>	<input type="checkbox"/>
e. Rad Briefer	<input type="checkbox"/>	<input type="checkbox"/>
f. Technical Briefer	<input type="checkbox"/>	<input type="checkbox"/>
g. Rumor Control/Media Response Coordinator	<input type="checkbox"/>	<input type="checkbox"/>
h. JNC Administrative Manager	<input type="checkbox"/>	<input type="checkbox"/>
i. JNC Writer	<input type="checkbox"/>	<input type="checkbox"/>
j. Security (2)	<input type="checkbox"/>	<input type="checkbox"/>
2. Perform or direct the performance of steps 1 through 7 in Attachment 11,
JNC Audio Visual Checklist ☐ ☐
3. In media monitoring room:

a. Turn on all TVs and VCRs	<input type="checkbox"/>	<input type="checkbox"/>
b. Verify the VCRs are monitoring TV stations as labeled	<input type="checkbox"/>	<input type="checkbox"/>
c. Start up the computer used to monitor the internet	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT 1 (Cont)

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NAME:	DATE:
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Complete NA

4. In the copier room, turn on or verify power on to all fax machines and copiers ☐ ☐
5. When the JNC Technical Briefer arrives direct them to synchronize clocks throughout the JNC with the control room via the Tech Info line ☐ ☐
6. In the electrical/mechanical rooms verify water supplies are available and full. If not call for service per instructions on tanks ☐ ☐

NOTE: DO NOT UNLOCK THE JNC DOORS UNTIL JNC SECURITY IS ASSURED.

7. Verify main door is unlocked and other doors are locked and remain locked ☐ ☐
- a. Ensure pre-briefing areas are provided with security personnel to ensure privacy of pre-briefing sessions. ☐ ☐
8. In all rooms, power up or verify all computers, printers and other equipment is powered up as required ☐ ☐

NAME:	DATE:
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Complete NA

9. In the Main Briefing room:

- a. Turn on rear projection screen video projector by pushing the PJ button and then the "power on" push-button on the remote control for the video projector (verify by ensuring a picture is displayed on the rear projection screen, this may take several seconds for the projector to warm up and light). ☐ ☐
- b. Turn on the computer located on the stage and log in using your own ID and password ☐ ☐
- c. Select the computer display by pressing the "S" (source) button on the video projector remote control until the computer display is presented ☐ ☐
- e. Using the computer mouse, double click on:
- My Computer
 - common on nmcom2'(S:)
 - Emergency Prep
 - JNC Presentations
 - JNC Power Point Presentations
 - The appropriate icon for the unit (Unit 1 or Unit 2) having the emergency
 - Verify the program cycles through the power point presentation ☐ ☐

10. IF the JNC experiences a loss of power,

THEN call the CRCC Shift Supervisor at 460-2421 ☐ ☐

- a. Identify who you are, why you are calling, and provide the following information:
1. State the facility status, i.e. unoccupied, drill, exercise actual event, etc.
 2. State the location of the facility as:

"This is the 9 Mile Point Emergency Media Center located on Route 176 (Whitaker Road) Fulton. We are supplied by the Whitaker Rd. feeder number 29652. Our service pole is 55-1 and we are located adjacent to the Airport and the Nuclear Emergency Center."

ATTACHMENT 2: PRESS RELEASE CHECKLIST

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NAME:	DATE:
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- NOTES:**
1. Complete a new checklist for each press release.
 2. Templates for press releases, (Figures 1 through 4) can be found at the following computer address: S:/Emergency Prep/JNC Presentations/Press Release templates
 3. Make a copy of the template for your own use

- | | <u>Complete</u> | <u>NA</u> |
|--|--------------------------|--------------------------|
| 1. Ensure that all press releases contain the following information (if appropriate) See figures 1 through 4 for format: | | |
| a. Basic information about the plant | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Concisely describes the event and states whether the event is: | | |
| i. Nuclear related | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Safety related | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. Of radiological significance | <input type="checkbox"/> | <input type="checkbox"/> |
| c. When the incident took place and, if possible, how long the situation is expected to last | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Identifies information contacts at NMPNS and, if necessary, emergency response agencies | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Inquiry Response telephone numbers, if appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The location of the Joint News Center, with travel instructions | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The current status of the plant | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Prior to transmitting the press release, ensure the press release is: | | |
| a. Reviewed by the JNC Director | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reviewed by the Technical Briefer (if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reviewed by the Radiological Briefer (if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Reviewed and approved by the SSS/ED (prior to EOF activation), or the ED/RM (after EOF activation) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Dated and initialed by the ED | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. As necessary and if available, a representative of the Legal Department should review the press release | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Correct any inaccurate information in a subsequent press release and in a press conference | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Forward to all affected agencies (State, County, and Utilities) in a timely manner | <input type="checkbox"/> | <input type="checkbox"/> |

Figure 1: Unusual Event (Sample Press Release)

Joint News Center
Phone: 315-592-3740
Fax: 315-592-3850

News Release

For release _____ EDT, Date: _____

"UNUSUAL EVENT" DECLARED AT NINE MILE POINT UNIT _____

SCRIBA An "Unusual Event" was declared at _____ am/pm today by officials at Nine Mile Point Unit _____ when a _____. The plant is being shutdown officials said.

The "Unusual Event" is the least serious of four emergency classifications defined by the federal Nuclear Regulatory Commission. In order of increasing seriousness, the classifications are: Unusual Event, Alert, Site Area Emergency, General Emergency.

There is no release of radiation into the atmosphere, and there are no injuries.

All appropriate local, state and federal agencies have been notified of the plant's status.

Nine Mile Point Unit _____ is an _____ megawatt boiling water reactor, owned and operated by Nine Mile Point Nuclear Station, LLC.

Figure 2: Alert (Sample Press Release)

Joint News Center
Phone: 315-592-3740
Fax: 315-592-3850

News Release

For release _____ EDT, Date: _____

"ALERT" DECLARED AT NINE MILE POINT UNIT _____

SCRIBA An "Alert" was declared at _____ am/pm today by officials at Nine Mile Point Unit _____ when a _____. The plant is being shutdown officials said.

The "Alert" is second most significant of four emergency classifications defined by the federal Nuclear Regulatory Commission. In order of increasing seriousness, the classifications are: Unusual Event, Alert, Site Area Emergency, General Emergency.

There is no release of radiation into the atmosphere, and there are no injuries.

All appropriate local, state and federal agencies have been notified of the plant's status.

Nine Mile Point Unit _____ is an _____ megawatt boiling water reactor, owned and operated by **Nine Mile Point Nuclear Station, LLC**.

Figure 3: Site Area Emergency (Sample Press Release)

Joint News Center
Phone: 315-592-3740
Fax: 315-592-3850

News Release

For release _____ EDT, Date: _____

"SITE AREA EMERGENCY" DECLARED AT NINE MILE POINT UNIT _____

SCRIBA A "Site Area Emergency" was declared at _____ am/pm today by officials at Nine Mile Point Unit _____ when a _____. The plant is being shutdown officials said.

The "Site Area Emergency" is the third most serious of four emergency classifications defined by the federal Nuclear Regulatory Commission. In order of increasing seriousness, the classifications are: Unusual Event, Alert, Site Area Emergency, General Emergency.

There is no release of radiation into the atmosphere, and there are no injuries.

All appropriate local, state and federal agencies have been notified of the plant's status.

Nine Mile Point Unit _____ is an _____ megawatt boiling water reactor, owned and operated by Nine Mile Point Nuclear Station, LLC.

Figure 4: General Emergency (Sample Press Release)

Joint News Center
Phone: 315-592-3740
Fax: 315-592-3850

News Release

For release _____ EDT, Date: _____

"GENERAL EMERGENCY" DECLARED AT NINE MILE POINT UNIT _____

SCRIBA A "General Emergency" was declared at _____ am/pm today by officials at Nine Mile Point Unit _____ when a _____. The plant is being shutdown officials said.

The "General Emergency" is the most serious of four emergency classifications defined by the federal Nuclear Regulatory Commission. In order of increasing seriousness, the classifications are: Unusual Event, Alert, Site Area Emergency, General Emergency.

There is no release of radiation into the atmosphere, and there are no injuries.

All appropriate local, state and federal agencies have been notified of the plant's status.

Nine Mile Point Unit _____ is an _____ megawatt boiling water reactor, owned and operated by Nine Mile Point Nuclear Station, LLC.

ATTACHMENT 3: JNC ADMINISTRATIVE MANAGER CHECKLIST

Page 1 of 2

NAME:	DATE:
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- | | <u>Complete</u> | <u>NA</u> |
|---|--------------------------|--------------------------|
| 1. Upon notification of JNC activation, proceed to JNC and activate the JNC in accordance with Attachment 1, JNC Activation Checklist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pickup cordless telephone (ext. 3715) in the NMP/JAFNPP room and keep it with you at all times to allow for personnel to contact you as needed while in the JNC..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Assign first available JNC clerical staff to registration and direct them to perform actions in accordance with Attachment 3 Figure 1, JNC Registration Checklist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Verify the staffing chart (located on north wall of conference area) is filled out as staff members arrive and assume their positions in the JNC | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Using the JNC staffing sign in log (Attachment 12) as verification, inform and update the JNC Director (ext. 3712) as staffing of the JNC continues..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. When time permits, insure that all ERO members qualification status is current using the following actions: | | |
| a. Utilize the instructions on the first page of the ERO qualification list. | | |
| b. If an ERO members qualification status is lapsed OR cannot be determined: | | |
| 1. Immediately replace the ERO member with a qualified individual OR | | |
| 2. Provide direct oversight of the unqualified individual until such time that a qualified replacement can be obtained: | | |
| NOTE: Personnel who are not ERO qualified may perform required actions ONLY with direct oversight from an ERO member | | |
| qualified in the action(s) being performed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Supervise and manage the following activities/functions: | | |
| a. Registration (Attachment 3, Fig 1)..... | CONTINUOUS | |
| b. Clerical services including fax, telephone, copy and poster enlargement functions | CONTINUOUS | |
| c. Security needs (Attachment 15) | CONTINUOUS | |

ATTACHMENT 3 (Cont)

Page 2 of 2

NAME:	DATE:
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Complete NA

7. (Cont)

d. Maintenance of JNC including:

- Equipment setup. CONTINUOUS
- Distribution and posting of news releases and briefing summaries in all areas of the JNC. CONTINUOUS
- Post sufficient copies of all press releases and briefing summaries in the bins located in the main briefing area for number of personnel present. ... CONTINUOUS

e. Videotape and photo services, including off-air monitoring..... ☐ ☐

f. Coordinate needed auxiliary services (as necessary) with the Admin. Logistics Manager (593-5876) in the EOF to include: ☐ ☐

- Catering
- Messenger services
- Additional stenographic/typing
- Transportation
- Lodging
- Laundry services
- Additional equipment

8. In conjunction with JNC Director develop 1st and 2nd shift staff assignment schedules, using duty rosters and qualification lists and report these to the TSC Tech

Data Coordinator (Phone # 349-1355)..... ☐ ☐

9. Upon termination of the event and termination of required activities at the JNC, perform the following:

- a. Collect registration logs and ensure all badges are returned and accounted for ☐ ☐
- b. Turn over any documentary logs and related materials to JNC Director ☐ ☐
- c. Identify any adverse conditions or supply needs ☐ ☐
- d. Perform an inventory of the JNC using JNC Inventory Form from EPMP-EPP-02, and correct discrepancies in accordance with EPMP-EPP-02 ☐ ☐
- e. Perform JNC shutdown checklist(Attachment 13)..... ☐ ☐
- f. Report completion of termination activities to JNC Director..... ☐ ☐

ATTACHMENT 3 (Cont)

Figure 1: JNC Registration Checklist

Page 1 of 2

NAME:	DATE:
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Complete NA

1. Start-up

a. Set out individual registration sheets and badges with holders for:

- observers and visitors - blue ☐ ☐
- media representatives - pink ☐ ☐
- JNC staff (including state/county/federal officials) - yellow ☐ ☐

b. Ensure NMPNS media kit and JNC information sheet are available for use by media ☐ ☐

c. Report readiness to JNC Administrative Manager (Ext. 3715) ☐ ☐

2. Operation

NOTE: Prior to permitting any visitors or media personnel to enter the JNC, ensure that security personnel are in the JNC.

a. Request identification from every individual entering the JNC **CONTINUOUS**

b. Determine and provide badge color for each individual entering the JNC **CONTINUOUS**

c. Ensure Utility, County, State and Federal employees have picture identification either issued by a county or state disaster preparedness office, or from a federal agency (yellow badge) **CONTINUOUS**

d. If a question arises regarding authorization of an individual, contact the JNC Director (ext. 3712) **CONTINUOUS**

ATTACHMENT 3 (Cont)

Figure 1 (Cont)

Page 2 of 2

NAME:	DATE:
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Complete NA

2. (Cont)

- f. Issue each person a color-coded badge and holder filled in with his or her name, and affiliation:
- Blue - observers and visitors **CONTINUOUS**
 - Pink - media: a separate log (pink) should be kept for print, radio and television media **CONTINUOUS**
 - Yellow - all JNC staff **CONTINUOUS**
- g. Record badge number on appropriate color-coded log sheet **CONTINUOUS**
- h. Offer each media representative and visitor a press kit. Point out the media press telephones room and briefing area **CONTINUOUS**
- i. Ensure people leaving the JNC return their badges and check the returned column on the respective log **CONTINUOUS**

3. Close down

- a. Return unused registration materials to the proper place on the shelves or file cabinets behind registration desk ☐ ☐
- b. Separate returned badges and then return holders to inventory ☐ ☐
- c. File pre-made badges, and destroy and dispose of used badges ☐ ☐
- d. Perform an inventory of registration supplies and report needs to the JNC Administrative Manager ☐ ☐
- e. Turn over registration logs to the JNC Administrative Manager and report registration closure complete ☐ ☐

ATTACHMENT 4: JNC TECHNICAL BRIEFER CHECKLIST

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NAME:	DATE:
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Complete NA

1. Obtain information on plant status and events via the Tech Information Line Headset CONTINUOUS
2. Obtain and review plant information with JNC Director and JNC staff ensuring all are kept up to date (use tech info line or travel to EOF as necessary)..... CONTINUOUS
3. Maintain a log of events CONTINUOUS
4. Complete Attachment 4, Figure 1 initially and update the Emergency Status Report (about every 30 minutes or as necessary) CONTINUOUS
5. Assist in the identification and organization of topics for the next media briefing..... CONTINUOUS
6. Review all press releases for technical accuracy CONTINUOUS
7. Attend all pre-briefing conferences to share information and coordinate with state and county representatives at the JNC CONTINUOUS
 - a. Present information at pre-briefing sessions on the plant status and events, response of the station staff, and background on plant systems and design, as requested CONTINUOUS
 - b. Participate in a pre-briefing session question and answer session, coordinated by the JNC Director CONTINUOUS
10. Update the JNC Director and JNC staff on events and changes in plant status that occurred during each briefing CONTINUOUS
11. Obtain responses to reporters' questions that remained unanswered during briefing CONTINUOUS
12. Begin gathering and organizing information for the next news briefing CONTINUOUS
13. Upon termination of the event, ensure the JNC Director is notified ☐ ☐
14. Upon termination of JNC activities, ensure all logs, status boards and all paperwork is forwarded to the JNC Director for inclusion in the permanent plant file ☐ ☐

ATTACHMENT 4 (Cont)

Page 2 of 2

Figure 1: Emergency Status Report (Sample)

Nine Mile Point Unit No. ____
Nuclear Power Station
Emergency Status Report

No. _____
Date: _____
Time: _____
Posted by: _____

1. This ____ is / ____ is not a drill	6. Off-site radiological monitoring teams: <input type="checkbox"/> have not been sent out. <input type="checkbox"/> will be sent out. <input type="checkbox"/> have been sent out.
2. Classification <input type="checkbox"/> Unusual Event <input type="checkbox"/> Alert <input type="checkbox"/> Site area emergency <input type="checkbox"/> General emergency <input type="checkbox"/> Recovery phase	
3. Changes since last status report: _____ _____ _____	7. Primary containment integrity is: <input type="checkbox"/> secure <input type="checkbox"/> not secure 8. Secondary containment integrity is: <input type="checkbox"/> secure <input type="checkbox"/> not secure
4. The plant status is: <input type="checkbox"/> stable <input type="checkbox"/> improving <input type="checkbox"/> degrading	Wind is blowing from _____ degrees at _____ miles per hour
5. Radiation levels at the plant site boundary are: <input type="checkbox"/> normal <input type="checkbox"/> above normal comments: _____ _____	

ATTACHMENT 5: JNC RADIOLOGICAL BRIEFER CHECKLIST

Page 1 of 1

NAME:	DATE:
-------	-------

Complete NA

1. Obtain information on radiological status and release status from the EOF Dose Assessment Staff as necessary (travel to EOF as necessary)..... **CONTINUOUS**
2. Review radiological information with JNC Director and JNC staff ensuring all are kept up to date **CONTINUOUS**
3. Maintain a log of events **CONTINUOUS**
4. Assist in the identification and organization of topics for the next media briefing..... **CONTINUOUS**
5. Review all press releases for accuracy **CONTINUOUS**
6. Attend all pre-briefing conferences to share information and coordinate with state and county representatives at the JNC **CONTINUOUS**
7. Participate in pre-briefing question and answer sessions, coordinated by the JNC Director to include:
 - information on the radiological status,
 - events at the plant
 - response of the station HP staff, **CONTINUOUS**
8. Begin gathering and organizing information for the next news briefing **CONTINUOUS**
9. Upon termination of JNC activities, ensure all logs, status boards and all paperwork is forwarded to the JNC Director for inclusion in the permanent plant file ☐ ☐

ATTACHMENT 6: JNC RUMOR CONTROL COORDINATOR CHECKLIST

Page 1 of 2

NAME:	DATE:
-------	-------

Complete NA

- Pick up cordless telephone (ext. 3767) and keep it with you while
in the JNC ☐ ☐
- Verify all monitors (video and audio) are set to the appropriate electronic
media outlet as below: (VCRs provide the channel number for the monitors)
TV Stations

Channel 3	<input type="checkbox"/>	<input type="checkbox"/>
Channel 5	<input type="checkbox"/>	<input type="checkbox"/>
Channel 9	<input type="checkbox"/>	<input type="checkbox"/>
Primestar on CNN	<input type="checkbox"/>	<input type="checkbox"/>

Radio Stations

WSGO (1410 AM)	<input type="checkbox"/>	<input type="checkbox"/>
WZZZ (1300 AM)	<input type="checkbox"/>	<input type="checkbox"/>
WSCP (1070 AM)	<input type="checkbox"/>	<input type="checkbox"/>
WSYR (570 AM)	<input type="checkbox"/>	<input type="checkbox"/>
WNDR (1260 AM)	<input type="checkbox"/>	<input type="checkbox"/>
WKFM (104.7 FM)	<input type="checkbox"/>	<input type="checkbox"/>
WSGO (105.5 FM)	<input type="checkbox"/>	<input type="checkbox"/>
- Ensure that video tapes are inserted in VCRs as necessary to
monitor and record broadcasts involving information concerning the
event at Nine Mile Point ☐ ☐
- Ensure audio tapes are inserted in tape players as necessary to monitor and record
broadcasts involving information concerning the event at Nine Mile Point. ☐ ☐
- Maintain a log of all actions taken associated with rumor control **CONTINUOUS**
- Ensure that rumor control staff record all reports by the Media
on the Rumor Control Form, Attachment 10 **CONTINUOUS**

ATTACHMENT 6 (Cont)

Page 2 of 2

NAME:	DATE:
-------	-------

Complete NA

7. Ensure that the Media Monitoring Staff use the PC in the media monitoring room to monitor the Internet and log all reports concerning the event on the Attachment 10 **CONTINUOUS**
8. Provide immediate feedback to the JNC Director (ext. 3712) of any inaccurate or incorrect reports. **CONTINUOUS**
9. Secure video/audio tapes/print internet page with inaccurate coverage for further review **CONTINUOUS**
10. Ensure the media response team is adequately staffed by the Media Response Team composed of personnel from NMPNS, State and County ☐ ☐
11. Ensure each member of the media inquiry team is supplied with the information and materials to handle inquiries ☐ ☐
12. Ensure the Rumor Control Center is staffed by the Rumor Control Team composed of personnel from NMPNS, State and County ☐ ☐
13. Ensure corrections to inaccurate reports are part of the briefings by the appropriate spokesperson, or by contacts directly with the responsible station or publication..... **CONTINUOUS**
14. Ensure that the "Public Rumor Control" telephone number is announced at the all news briefing **CONTINUOUS**
15. Ensure that the "Public Rumor Control" number is distributed to the state, county, and utility telephone operators for public inquiry referral ☐ ☐

ATTACHMENT 7: MEDIA RESPONSE CHECKLIST

Page 1 of 1

NAME:	DATE:
-------	-------

Complete NA

1. Each member of the media inquiry team should:
 - a. Log all contacts using Attachment 10, including time of inquiry, identity, affiliation and telephone number of the caller and nature of the inquiry and response CONTINUOUS
 - b. Provide authorized statements and answer questions based on approved information available at the time CONTINUOUS
 - c. Provide authorized facts about Nine Mile Point which are in their data and fact sheets, news releases and annual reports, if they are requested CONTINUOUS
 - d. Provide times and locations of press conferences and briefings, as well as names and telephone numbers of appropriate contacts in other agencies CONTINUOUS
2. Refer inquiries requiring further elaboration or special response to the appropriate source CONTINUOUS
3. If the appropriate sources are unavailable, a return call should be offered, "as soon as feasible". Do not make guarantees to meet deadlines, but every effort should be made to do so. CONTINUOUS
4. Review papers to identify articles pertaining to the events at the plant CONTINUOUS
5. Clip and post appropriate articles on bulletin boards, retain for permanent plant file CONTINUOUS
6. Upon termination of JNC activities, ensure all logs, status boards and all paperwork is forwarded to the JNC Director for inclusion in the permanent plant file ☐ ☐
 - a. Provide one copy of all response logs to the NY State PIO ☐ ☐

ATTACHMENT 8: JNC RUMOR CONTROL CHECKLIST

Page 1 of 1

NAME:	DATE:
-------	-------

Complete NA

NOTE: Ensure that information provided comes from written informational materials, EAS messages, and press releases. Any message agreed upon by the state, county, or utility may be used, thus providing for the ability to address specific incorrect or inaccurate information.

1. Ensure the monitoring of the broadcast and print media for news report accuracy **CONTINUOUS**
2. Ensure appropriate response to misinformation or rumors circulating through the public using Attachment 10 as appropriate **CONTINUOUS**
3. Work under the guidance and direction of the Rumor Control Coordinator. **CONTINUOUS**
4. Answer the phone, saying "Joint News Center (if appropriate add, **THIS IS A DRILL**), may I help you" **CONTINUOUS**
5. Respond to inquiries using only the materials and information provided by the Rumor Control Coordinator. **CONTINUOUS**
6. Provide only factual information relative to the caller's questions or concerns. **CONTINUOUS**
7. If you are unsure how best to answer the caller's question, ask the Rumor Control Coordinator (Ext. 3767) **CONTINUOUS**
8. Document all appropriate information on Attachment 10 **CONTINUOUS**
9. Turn in log sheets as they are completed to the Rumor Control Coordinator. **CONTINUOUS**

ATTACHMENT 9: JNC MEDIA MONITORING CHECKLIST

Page 1 of 1

NAME:	DATE:
-------	-------

Complete NA

1. Ensure audio/video equipment at the Joint News Center is used to monitor and record news broadcasts and bulletins carried by radio, television stations and the internet CONTINUOUS
2. Log all reports concerning the event at Nine Mile Point on Attachment 10 CONTINUOUS
3. Ensure all broadcasts, as well as news reports in the print media, are reviewed for accuracy. CONTINUOUS
4. Review and monitor off-air monitoring and recording capability to ensure every opportunity for prompt identification of inaccurate or incorrect information is utilized CONTINUOUS
5. Use the PC in the media monitoring room to monitor the Internet and log all reports concerning the event on Attachment 10 CONTINUOUS
Typical web sites include:
 - www.cnn.com • www.cbs.com • www.bbs.com
 - www.abc.com • www.msnbc.com
 - www.nbc.com • www.fox.com
6. Ensure any reports requiring correction are brought to the attention of the Rumor Control Coordinator CONTINUOUS
7. Upon termination of JNC activities, ensure all logs, status boards and all paperwork is forwarded to the JNC Director for inclusion in the permanent plant file ☐ ☐

ATTACHMENT 10: RUMOR CONTROL-MEDIA RESPONSE INQUIRY AND OFF AIR MONITOR FORM

FIGURE 1: OFF-AIR MONITORING LOG

Report prepared by: _____

Station or Newspaper monitored: _____

Time / Date of Broadcast: _____

Name of Reporter: _____

Nature of Inaccuracy: _____

Correct information and source: _____

Reported to Rumor Control Coordinator at: _____

Rumor Control Coordinator notes: _____

Further action required: Yes No

Referred to: _____

Action completed by: _____

Copy of form returned to Rumor Control Coordinator: Yes No

ATTACHMENT 10 (Cont)

FIGURE 2: PUBLIC INQUIRY SHEET

Date of call: _____

Time of call: _____

Name of responder: _____

Source of call:

Public: _____ (Name) _____

Professional: _____ (Name) _____

Media: _____ (Name) _____

Question(s) asked: _____

Response given: _____

Source of response: _____

Is call back required: Yes No

If Yes, call back completed at: _____ by _____

Was the call referred? Yes No

If yes, to whom? _____

Was the action completed? Yes No By _____

ATTACHMENT 10 (Cont)

FIGURE 3: MEDIA RESPONSE SHEET

Date of call: _____

Time of call: _____

Name of responder: _____

Caller's name: _____

Affiliation: _____

Question(s) asked: _____

Response given: _____

Source of response: _____

Is call back required: Yes No

If yes, call back completed at: _____ By _____

Was the call referred: Yes No

If yes, to whom? _____

Was this action completed? Yes No By _____

ATTACHMENT 11: JNC AUDIO VISUAL (CONTROL BOOTH) CHECKLIST

Page 1 of 2

NAME:	DATE:
-------	-------

Complete NA

- NOTE:**
- Should any AV equipment fail, notify the EP Department at 349-4444 and leave a message, then call for assistance from Univisions at 437-0301.
 - An equipment setup manual for the entire audio visual system may be found in the Equipment Manuals drawer in the file cabinet located in the NMP/JAFNPP room.

START-UP

- Obtain key (labeled JNC Master)for control booth from key cabinet located in the NMP/JAFNPP room and unlock door to booth..... ☐ ☐
- Turn on the audio system (green button, labeled main power switch, top section of the audio rack) ☐ ☐
- If wireless microphones are to be used:
 - Turn on wireless mic. power switch (black button on power supply located just below top section of audio rack) ☐ ☐
 - Obtain wireless mic's from bottom drawer of audio rack ☐ ☐
 - Replace batteries (new batteries located on back shelf) in wireless mic units ☐ ☐
- Turn on video recording and Internal Cable TV (ICTV) by placing power switches labeled power 2 and power 3 on video rack bottom to ON) ☐ ☐
- Verify that the video camera powers up. If not, turn the DC power switch to RCU located at the top rear panel of the camera ☐ ☐
- Verify on or turn on the VCRs (3) used to record press briefings ☐ ☐
- Turn on overhead lighting as needed during briefings using the three switches located on the wall opposite to the camera ☐ ☐

NAME:	DATE:
-------	-------

Complete NA

OPERATION

- | | | |
|--|--------------------------|--------------------------|
| 1. Coordinate setup of media cameras/equipment as necessary to ensure adequate coverage of briefings | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Record all press briefings including all question and answer sessions | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ensure that media is provided with access to both video and audio outputs | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ensure that media cabling is routed through cable tray located on back stage and not run through doors | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ensure that safety is considered during the setup of cameras and recording equipment used by the media including tripping and shock hazards | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Provide assistance to media personnel as requested | <input type="checkbox"/> | <input type="checkbox"/> |

SHUTDOWN

- | | | |
|---|--------------------------|--------------------------|
| 1. Turn off power supplies | | |
| • Turn off green switch labeled main power switch | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turn off red switches labeled power 2 and power 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Verify camera, VCRs and sound equipment, power down | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Turn off lights, lock door, return key to key cabinet | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Report any equipment problems, issues or needs to JNC Director | <input type="checkbox"/> | <input type="checkbox"/> |

ATTACHMENT 12: JOINT NEWS CENTER STAFF SIGN IN (SAMPLE)

JOINT NEWS CENTER STAFF SIGN IN			
POSITION		1ST SHIFT	2ND SHIFT
NMPNS JNC Director			
Spokesperson	NMPNS (Asst JNC Director)		
	JAFNPP		
	Oswego County		
	New York State		
	FEMA		
	NRC		
	Others		
NMPNS Technical Briefer			
NMPNS Radiological Briefer			
NMPNS JNC Writer			
NMPNS Rumor Control Coordinator			
Rumor Control Phones			
NMPNS Audio Visual (as required)			
NMPNS Security Staff			
NMPNS JNC Administrative Manager			
Clerical Support	Registration		
	Typist		
	Posters		
	Copy Room		
	Fax Machines		
	Other		
Oswego County Staff			
New York State Staff			
FEMA Liaison			
NRC Liaison			

ATTACHMENT 13: JNC SHUTDOWN CHECKLIST

Page 1 of 2

NAME:	DATE:
-------	-------

NOTE: The JNC Administrative Manager or designee shall ensure the completion of this checklist prior to leaving the JNC.

	<u>Complete</u>	<u>NA</u>
1. Using Lotus Notes, place ISR request to buildings and grounds for general cleanup/trash removal in the JNC. Record ISR # _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Using Lotus Notes, place ISR request to buildings and grounds and request they have the dumpster emptied. Record ISR # _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Turn off lights throughout the JNC	<input type="checkbox"/>	<input type="checkbox"/>
4. Adjust heating/cooling systems temperatures to 68 F	<input type="checkbox"/>	<input type="checkbox"/>
5. Turn off all TVS and VCRs in media monitoring room	<input type="checkbox"/>	<input type="checkbox"/>
6. Turn off video projector by pushing the PJ push-button (it should light) and then holding the power off push-button on the remote control for the video projector until a message appears on the screen stating, "wait a few moments"	<input type="checkbox"/>	<input type="checkbox"/>
7. Verify water supply is available and full. If not call for service per instructions on tanks	<input type="checkbox"/>	<input type="checkbox"/>
8. Verify main door is locked and other doors are locked and remain locked	<input type="checkbox"/>	<input type="checkbox"/>
9. Shutdown or verify all computers, printers and other equipment are shutdown	<input type="checkbox"/>	<input type="checkbox"/>
10. Call for septic tank to be pumped using number provided in utility room	<input type="checkbox"/>	<input type="checkbox"/>
11. Verify that all coffee pots/urns are turned off, emptied and cleaned	<input type="checkbox"/>	<input type="checkbox"/>

NAME:	DATE:
-------	-------

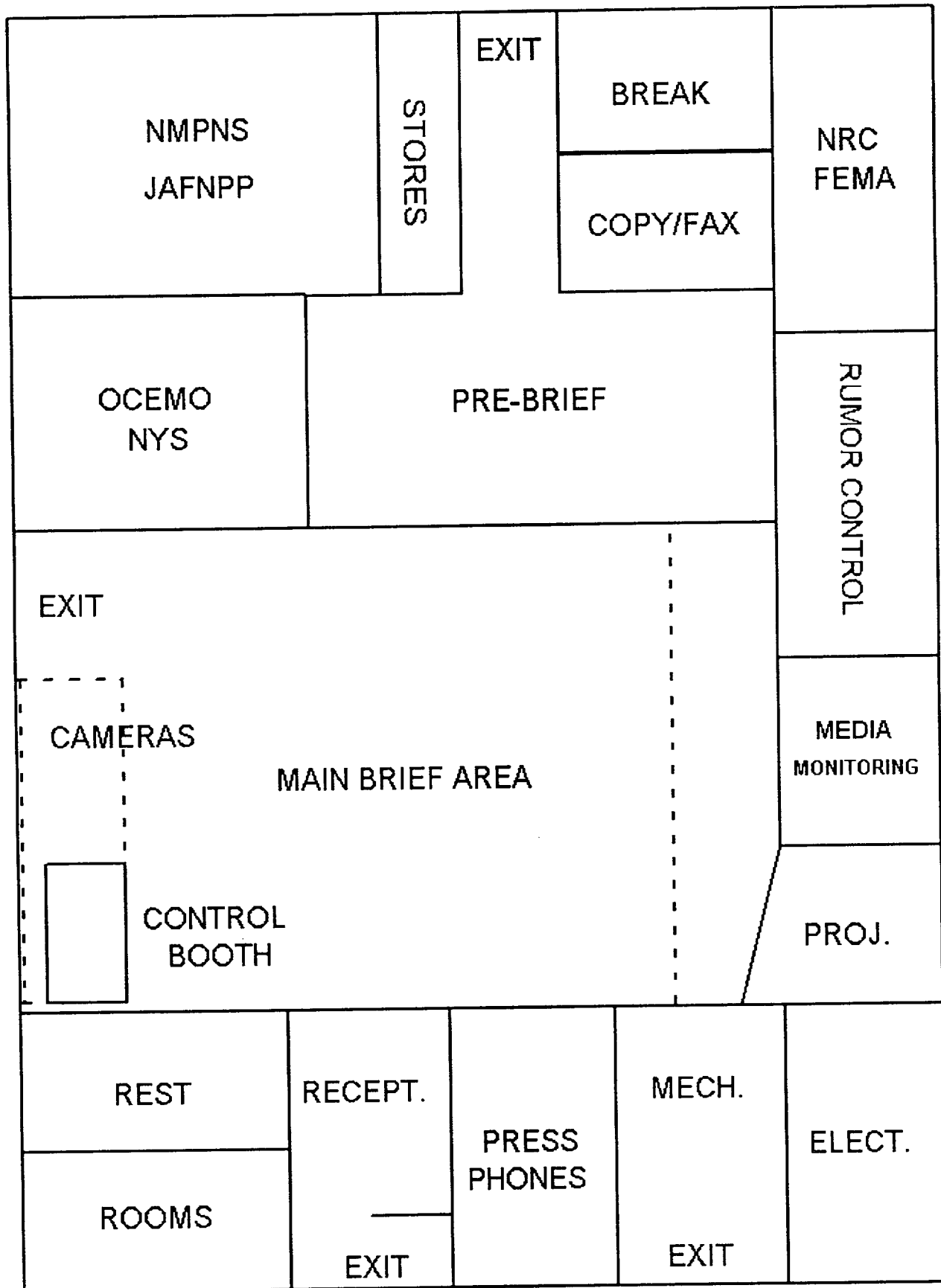
Complete NA

12. Review supply needs, specifically:

- a. Copier paper needed_____ adequate_____
- b. Bottled water needed_____ adequate_____
- c. Condiments needed_____ adequate_____
- d. Other specific needs _____

- 13. Verify water in the bathroom facilities is not running..... ☐ ☐
- 14. Forward this checklist to Emergency Preparedness..... ☐ ☐

ATTACHMENT 14: JNC WORK AREAS



ATTACHMENT 15: JNC SECURITY OFFICER CHECKLIST

Page 1 of 1

NAME:	DATE:
-------	-------

Complete NA

1. Inform the Security Director (593-5890) in the EOF when you have arrived in the JNC ☐ ☐
2. Inform the JNC Director that you have arrived ☐ ☐
3. Establish security for the pre-brief area, allowing only utility, federal, state and county personnel to enter this areas (yellow badges) ☐ ☐
4. Check all personnel and ensure they have registered at the registration desk (evidence is they are badged) ☐ ☐
5. Ask all personnel if they have consumed alcohol within the last 5 hours, if so, contact the JNC Director for instructions on handling ☐ ☐
6. Verify all building entrances are locked except the main entrance ☐ ☐
7. Ensure media personnel are permitted access through the side entrance as required for equipment setup ☐ ☐
8. Should anyone become unruly, or disruptive, politely ask them to leave the premises. If they refuse, call 911 and request assistance ☐ ☐
9. Provide any comments/logs to JNC Director upon termination of JNC activities ☐ ☐

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE

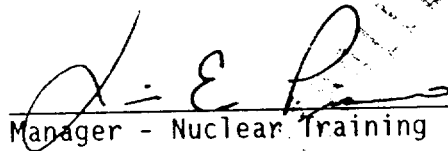
EPMP-EPP-02

REVISION 24

EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS

TECHNICAL SPECIFICATION REQUIRED

Approved by:
L. E. Pisano


Manager - Nuclear Training

11/28/01
Date

Effective Date: 12/11/2001

PERIODIC REVIEW DUE DATE: NOVEMBER, 2002

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1.0 PURPOSE

To provide a mechanism for ensuring that emergency equipment necessary to implement the Site Emergency Plan is maintained by all responsible departments.

2.0 PRIMARY RESPONSIBILITIES

ATTACHMENT #	INVENTORY/SURVEILLANCE	RESPONSIBLE BRANCH MANAGER	FREQUENCY M=Monthly Q=Quarterly AR=As Required NR=Not Required
1	Fire Cabinet Inventory	Operations U-1	Q
2	Medical/Rescue Equipment	Operations U-1	Q
3	Stokes Basket/Backboards - Unit 1	Operations U-1	Q
4	Stokes Basket/Backboards - Unit 2	Operations U-1	Q
5-5A	Rescue/Confined Space Rescue Equipment Inventory	Operations U-1	Q
6	Security Bldg Inventory: Ambulance/Fire Kit - Unit 2	Rad Protection	Q
7	Radiation Protection Supplies and Equipment OSC/TSC/Onsite/Downwind	Rad Protection	Q
8	Radiological Monitoring Equipment OSC/TSC/Onsite/Downwind	Rad Protection	Q
8a	Misc Rad Protection Equipment	Rad Protection	Q
9	Rad Protection Supplies and Equipment EOF	Licensing	Q
10	Radiological Monitoring Equipment EOF	Licensing	Q
11	Rad Protection Supplies and Equipment OAA	Licensing	Q
12	Deleted		
13	Oswego Hospital Nuclear Emergency Cabinet Inventory	Licensing	Q
14	Personnel Decontamination Room Supplies Inventory	Rad Protection	Q
15	Deleted		
16	TSC Inventory	Training	Q
17	EOF Inventory	Training	Q
18	Emergency Ventilation Filter Log	Training	Q
19	OSC Inventory	Training	Q
20	JNC Inventory	Training	Q
21	Damage Control Tool Box Inventory	Maintenance/I&C	Q
22	Electric Damage Repair Equipment Inventory	Maintenance	Q
23	Temporary Restoration of Power for PASS Inventory	Maintenance	Q
24	Deleted		
25-25G	Emergency Response Facility Communications Surveillance Sheets	Training	AR
26A, B, C	Respiratory Protection Monthly Inspections	Licensing/ Operations/ Rad Protection	M
27	Hazardous Waste and Emergency Spill Response Kit Inventory	Operations U-1	Q
28	Alternate Power Supplies for Portable Air Samplers	Maintenance	Q
29	N2-EOP-6 Tool Box for Bypass at Standby Gas	Operations U-2	Q
30	Emergency Facilities TLD Listing	N/A	NR
31	Emergency TLD Issue Sheet	N/A	AR
32-40	Emergency Facility Status Boards	N/A	NR
41	Quarterly Phone Checks	Training	Q
42	Emergency Key Inventory	Training	Q
43	Personnel Accountability Cardreaders	Training	Q
44	Emergency Facility Status Board	N/A	NR
45	Automated External Defibrillator Surveillance	Training	Q
46	Inspection of Turnout Gear	Operations U-1	A

2.1 Department Supervisor

Signs the inventory or surveillance for final approval to indicate satisfactory completion and resolution of any identified abnormalities.

2.2 Director Emergency Preparedness

Responsible for ensuring completion and documentation of required inventories and checklists.

3.0 PROCEDURE

3.1 Performing Inventory

NOTE: Inventories or checklists performed by the JAFNPP that are determined to be equivalent to NMPNS requirements by the Director Emergency Preparedness, shall provide acceptable proof of completion for those equivalent forms found in this procedure. Duplication of effort by NMPNS is not required in these cases.

3.1.1 The Emergency Preparedness Department shall ensure emergency equipment inventory checklists are completed by assigned persons and, where required, retained for documentation of the surveillance.

NOTE: Post use inventories may be used to satisfy routine inventory requirements and should clearly indicate this on the form as applicable.

3.1.2 Quarterly inventories shall be performed at least once each calendar quarter and after each use.

3.1.3 Monthly inventories should be performed in the month for which they are intended.

3.1.4 "UNSAT" Discrepancies should be corrected, or action initiated by the responsible party to correct them within 3 working days. Resolution of the "UNSAT" discrepancies shall be noted on the checklist.

NOTE: A discrepancy or "UNSAT" condition should not preclude the completion of the checklist.

- a. In the case of a discrepancy or an unsatisfactory condition, a note shall be made on the checklist indicating the corrective action taken and date completed.
- b. In the case of discrepancies that cannot be corrected on the spot (i.e. equipment not in stock and must be ordered) a copy of the completed inventory checklist identifying the discrepancy (where practical) should be included with that emergency equipment until such time as the deficiency is resolved or corrected.

3.1.4 (Cont)

NOTE: Department Supervisor or designee should not sign for approval until discrepancy is satisfactorily resolved.

- c. A second copy of the as-completed inventory checklist (with discrepancies identified) should be sent to the Emergency Preparedness Department.
- d. Upon resolution/correction of the discrepancies, the original completed inventory/surveillance form, with Department Supervisor or designee approval, should be sent to Emergency Preparedness in accordance with Step 3.1.9.
- e. If N/A (Not Applicable) or N/R (Not Required) is used in this procedure, provide an explanatory note to document the reason.

3.1.5 A complete inventory and inspection shall be performed on sealed supplies at least once per calendar year.

3.1.6 Sealed inventories which list expiration dates, due dates, or other recordable information, must be opened to verify and record the information on a quarterly basis. (e.g. KI tablets due date)

3.1.7 The entire contents of supplies need not be inventoried if:

- a. Seal is not broken.
- b. Opened only to remove equipment for testing, source check, one for one changeouts, etc.
- c. Opened to verify specific equipment availability, or verify and record expiration dates, due dates, etc.
- d. Used for training and has been restored to pre-class condition.

3.1.8 The entire Emergency Communications System is subject to periodic testing. This shall be accomplished using the instructions in Attachments 25 through 25G.

3.1.9 Department Supervisor or designee shall:

- a. Ensure corrective actions are initiated promptly and appropriately (See 3.1.4).
- b. Ensure discrepancies are resolved satisfactorily.
- c. Ensure that any items that may be expiring are ordered or available from stores as needed.

3.1.9 (Cont)

- d. Sign the completed surveillance or inventory indicating satisfactory completion and resolution of discrepancies.
- e. Forward signed, completed form to the Emergency Preparedness Department within ten working days from the date of Supervisor approval.

3.1.10 The Director Emergency Preparedness or designee shall:

- a. Make a determination of the effect discrepancies have on the Site Emergency Plan and ensure appropriate priorities have been assigned to resolution.
- b. Initial each "corrective action" for an "Unsat" and add notes as appropriate, prior to signing the form for final approval.

4.0 DEFINITIONS

"Sat" - Satisfactory means an item is available in at least the minimum quantity specified and capable of performing its intended function.

"Unsat" - Unsatisfactory means an item is not available in at least its minimum quantity, or it is not capable of performing its intended function.

"Working Days" - That time frame encompassing a Monday through Friday work period, not including Saturday and Sunday.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

- Nine Mile Point Site Emergency Plan
- U1 UFSAR, Appendix 10A Section 2.4.4.8; Section III, A.3.0
- U2 USAR, Section 6.4.2.6

5.3 Standards, Regulations, and Codes

- 5.3.1 NUREG 0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

- 5.3.2 10CFR50 Appendix E - Emergency Planning and Preparedness for Production and Utilization Facilities
- 5.3.3 NRC-IE Information Notice 86-97 Emergency Communication System
- 5.3.4 NRC-IE Information Notice 85-44, Emergency Communication System Monthly Test
- 5.3.5 NRC Memorandum dated Sept. 18, 1984, RE: Emergency Communication Systems at Licensee Sites

5.4 Policies, Programs, and Procedures

- 5.4.1 NDD-EPP, Emergency Preparedness
- 5.4.2 NIP-RMG-01, Records Management
- 5.4.3 EPMP-EPP-01, Maintenance of Emergency Preparedness
- 5.4.4 N2-COMP-GEN-W001, Weekly Preventive Maintenance Checklist
- 5.4.5 NIP-CHE-01, Chemical Control Program

5.5 Commitments

<u>Sequence Number</u>	<u>NCTS Number</u>	<u>Description</u>
1	DER C-2000-3532	NRC IN 2000-12

6.0 RECORD REVIEW AND DISPOSITION

- 6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

- All Inventories, Surveillances, or lists containing signatures indicating completion
 - ATTACHMENT 1: FIRE CABINET INVENTORY
 - ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT
 - ATTACHMENT 3: STOKES BASKET/BACKBOARDS - UNIT 1
 - ATTACHMENT 4: STOKES BASKET/BACKBOARDS - UNIT 2
 - ATTACHMENT 5: RESCUE CABINET INVENTORY
 - ATTACHMENT 5A: CONFINED SPACE RESCUE EQUIPMENT CABINET INVENTORY
 - ATTACHMENT 6: SECURITY BUILDING INVENTORY: AMBULANCE AND FIRE KIT UNIT-2
 - ATTACHMENT 7: RADIATION PROTECTION SUPPLIES AND EQUIPMENT OSC/TSC/ONSITE/DOWNWIND
 - ATTACHMENT 8: RADIOLOGICAL MONITORING EQUIPMENT OSC/TSC/ON SITE/DOWNWIND
 - ATTACHMENT 8a: MISC. R.P. EQUIPMENT
 - ATTACHMENT 9: RADIATION PROTECTION SUPPLIES AND EQUIPMENT EOF

6.1 (Cont)

ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT EOF
ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT OAA
ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY
ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY
ATTACHMENT 16: TECHNICAL SUPPORT CENTER
ATTACHMENT 17: EMERGENCY OPERATIONS FACILITY (EOF)
ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)
ATTACHMENT 20: JOINT NEWS CENTER (JNC)
ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (MECHANICAL)
ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C)
ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY
ATTACHMENT 23: TEMPORARY RESTORATION OF POWER FOR POST ACCIDENT SAMPLING INVENTORY
ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS) TESTING (MONTHLY)
ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE COMMERCIAL TELEPHONE TESTING (MONTHLY)
ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING (MONTHLY)
ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE DEDICATED TELEPHONE TESTING (ANNUALLY)
ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE RADIO CONSOLE TESTING (ANNUALLY)
ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE RADIO TESTING (ANNUALLY)
ATTACHMENT 25G: PORTABLE RADIO BATTERY EXCHANGE
ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 26B: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 26C: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 27: HAZARDOUS WASTE AND EMERGENCY SPILL RESPONSE KIT INVENTORY
ATTACHMENT 28: ALTERNATE POWER SUPPLIES FOR PORTABLE AIR SAMPLERS
ATTACHMENT 29: N2-EOP-6 TOOL BOX FOR BY-PASS OF STAND-BY GAS (N2-PM-Q008)
ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET
ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION PROCESS RAD MONITORING BOARD - UNIT 1
ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION PROCESS RAD MONITORING BOARD - UNIT 2
ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION INPLANT SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION DOWNWIND SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION EMERGENCY EVENTS STATUS BOARD
ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION EQUIPMENT SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 38: PLANT STATUS TRENDING BOARD
ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS - UNIT 1

6.1 (Cont)

ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 2
ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS QUARTERLY
PHONE CHECKS
ATTACHMENT 42: EMERGENCY KEY INVENTORY
ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY
CHECKS
ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS

ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE

ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

- The following status boards when generated for any other reason than an actual emergency event (i.e., drill, training):

ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET
ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 1
ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 2
ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION INPLANT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION DOWNWIND
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION EMERGENCY EVENTS
STATUS BOARD
ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION EQUIPMENT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 38: PLANT STATUS TRENDING BOARD
ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 1
ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 2
ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS

LAST PAGE

ATTACHMENT 1: FIRE CABINET INVENTORY

Location: <input type="checkbox"/> U1 TB, 261', 1 st & Bridge		<input type="checkbox"/> U1 Screenhouse, 261 SW	<input type="checkbox"/> U1 Admin., 261 Vestibule
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)		<input type="checkbox"/> Other _____

Item/Equipment Inventory Sealed	Min. Qty	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Corrective Action	Date Resolved
1. Fire Axe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Wrecking Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Portable Hand Light	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Bolt Cutters	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Rescue Belts	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Life Lines	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. White Turn-out Coat	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Yellow Turn-out Coat	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Fire Fighters Gloves	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Boots	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Fire Helmet	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Spare SCBA Bottles	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Scott Air Packs	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Misc. Equipment</u>					
1. Exhaust Fan	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Duct Tubing	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

*Change Batteries Every 24 Months Last Battery Change Date _____

NOTES: 1. If batteries will expire before the next inventory then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

_____/_____
Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 1: FIRE CABINET INVENTORY (Cont)

Location: <input type="checkbox"/> U2 AP Hall, 261' East		<input type="checkbox"/> U2 TB, 250' SE	<input type="checkbox"/> U2 Screenwell Bldg., 261'
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)		<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Action	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Fire Axe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Wrecking Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Portable Hand Light	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Bolt Cutters	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Rescue Belts	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Life Lines	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. White Turn-out Coat	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Yellow Turn-out Coat	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Fire Fighters Gloves	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Boots	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Fire Helmet	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Spare SCBA Bottles	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Scott Air Packs	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Misc. Equipment

- | | | | |
|----------------|-----|--------------------------|--------------------------|
| 1. Exhaust Fan | (1) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct Tubing | (1) | <input type="checkbox"/> | <input type="checkbox"/> |
- *Change Batteries Every 24 Months Last Battery Change Date _____

NOTES: 1. If batteries will expire before the next inventory then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____	Date _____	Supervisor Approval _____	Date _____	E.P. Review _____	Date _____
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ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT

Location <input type="checkbox"/> U1 TB 261', 1st&Bridge	<input type="checkbox"/> U1 Screenhouse 261' SW	<input type="checkbox"/> U1 1st Aide Rm Admin 261'	<input type="checkbox"/> Fire Dept. Office Admin 277' ***
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____	

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Cabinet		<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Sealed					
1. Disposable Blankets	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Disposable Booties/Gloves	(1 Bag)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Padded Board Splint Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Hare Traction Splint	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Frac-Pack	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.* Mast Pants	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.* Triage Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Head Immobilizer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Med. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Sm. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Lg. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Straps	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
13. K.E.D. Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Oxygen Kit, _____ psi	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
O ₂ Bottle & Regulator					
Non-Rebreather Mask					
Bag Valve Mask					
15. Infection Control Kit	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
16.* Stair Chair	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Trauma Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Pressure Cuff	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Stethoscope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Kling 6" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Kling 4" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Kling 2" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Pen Light	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
EMT Scissors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Anti-Bacterial Ointment	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
(exp.date: _____)**					
Instant Glucose	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
(exp. date: _____)**					
Ammonia Inhalants	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
(exp. date: _____)**					
Cotton Tipped Applicators	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
Oval Eye Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
Telfa Sterile Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
2x2 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
3x3 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4x4 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
Triangular Bandage	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
Tape 1"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Tape 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Tape 3" (Cloth)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Vaseline Gauze	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Ace Bandage	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Surgi Pad	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
Trauma Dressing	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Sterile Burn Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Ice Packs	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
PCR's	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Safety Pins	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
Pen	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Stop Watch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Extra Latex Gloves	(6 pairs)	<input type="checkbox"/>	<input type="checkbox"/>		
Butterflys	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
Band-Aids	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
Band-Aids extra large	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
Alcohol Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
Betadine Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review _____ Date _____

* Items not required at U1 Screenhouse, U2 Screenwell, and U2, Turb. Bldg. 250'

** Replace if items will expire prior to next inventory

*** Items 1 through 16 are not required in the Fire Dept. Office

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT (Cont)

Location: <input type="checkbox"/> U2 AP Hall, 261' East	Location: <input type="checkbox"/> U2 TB,2 250' Southeast	Location: <input type="checkbox"/> U2 Screenwell Bldg., 261'
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one)	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
Cabinet						
1.	Disposable Blankets	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Disposable	(1 Bag)	<input type="checkbox"/>	<input type="checkbox"/>		
	Boots/Gloves					
3.	Padded Board Splint Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Hare Traction Splint	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Frac-Pack	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.*	Mast Pants	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.*	Triage Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Head Immobilizer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Med. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Sm. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Lg. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Straps	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	K.E.D. Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Oxygen Kit _____ psi	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	O ₂ Bottle & Regulator					
	Non-Rebreather Mask					
	Bag Valve Mask					
15.	Infection Control Kit	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
16.*	Stair Chair	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Trauma Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Blood Pressure Cuff	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stethoscope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 6" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 4" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 2" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen Light	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	EMT Scissors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Anti-Bacterial Ointment	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Instant Glucose	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Ammonia Inhalants	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Cotton Tipped Applicators	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oval Eye Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Telfa Sterile Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	2x2 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	3x3 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	4x4 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Triangular Bandage	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 1"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 3" (Cloth)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Vaseline Gauze	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ace Bandage	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Surgi Pad	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Trauma Dressing	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Sterile Burn Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ice Packs	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	PCR's	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Safety Pins	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stop Watch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra Latex Gloves	(6 pairs)	<input type="checkbox"/>	<input type="checkbox"/>		
	Butterflys	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids extra large	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Alcohol Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Betadine Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review Date _____

*Items not required at U1 Screenhouse, U2 Screenwell, and U2, Turb. Bldg. 250'

** Replace if items will expire prior to next inventory

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

ATTACHMENT 3: STOKES BASKET/BACKBOARDS - UNIT 1

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1. Turbine 261' by 1 st and Bridge					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Screenhouse 261'					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Admin 261' First Aid Room					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: A satisfactory verification of equipment shall include:

Stokes Basket - Good Condition, Bridle
 Backboard - Good Condition, Straps and Immobilizer

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 4: STOKES BASKET/BACKBOARDS - UNIT 2

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) ar	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	AP 261'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Screenwell 261'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Turbine 250'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Emergency Response Vehicle					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Turbine 306' NW					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Basket Rigged for Crane	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 5: RESCUE CABINET INVENTORY

Location: Unit 1 G Bldg. El. 261' Vestibule		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Crow Bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Boltcutter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Hacksaw	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Come-Along	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Cable Sling, 3'	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Cable Sling, 6'	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Hydraulic Jack, 1 Ton	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Hydraulic Jack, 5 Ton	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Sledgehammer, 6#	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Sledgehammer, 12#	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Rope 1/2" x 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Life Lines 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Wrecking Bar (5')	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Box Small Clevis Pins	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar quarter.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 5A: CONFINED SPACE RESCUE EQUIPMENT CABINET INVENTORY

Location: Unit 2 Service Bldg. El. 261 Foam Room		
Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Tripod	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Winch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. 4 Point Harness	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Shock Absorbing Lanyard	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rope, ½" x 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Life Lines, 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 6: SECURITY BUILDING INVENTORY: AMBULANCE AND FIRE KIT UNIT 2

Location: Security Unit 2		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Location: Security Unit 2

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
*1. TLDs (with 2 controls) and issue sheets	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
*2. Finger Rings (with 1 pair controls)	(6 pair)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Masking Tape 2"	(2 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Sealed Sets of PCs	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Disposable Gloves	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Full Face Respirator with Canister	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Spare Canisters	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Bandage Scissors	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Herculite Green	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Herculite Yellow or White	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Clip Board, Pencils	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Paper Pads	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Plastic Bags (assorted)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

* Separate sealed box

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

OSC / TSC / ONSITE / DOWNWIND

Location: OSC Storeroom - Unit 1 - El. 261'

Quarter: 1 2 3 4 (circle one)
Year

☐ Post Drill/Exercise/Event: _____ (date)
(circle appropriate)

☐ Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
PROTECTIVE EQUIPMENT					
1. Protective Clothing (<i>complete sealed package</i>)	(40 sets)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Full Face Respirator with Canister	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Spare Canisters (<i>40 pr. Iodine/40 pr. HEPA</i>)	(80)	<input type="checkbox"/>	<input type="checkbox"/>		
^B 4. Flashlights	(30)	<input type="checkbox"/>	<input type="checkbox"/>		
^B 5. Extra D-Cell Batteries	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
* 6. KI Tablets (<i>bottles</i>)	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
Due Date _____					
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
SUPPLIES					
1. PA-235 keys for Post Accident Sampling	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. "P-5" keys to Environmental Stations	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Key to Softball Field	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. New York State Road Map	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rolls of Tape	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Misc. Plastic Bags		<input type="checkbox"/>	<input type="checkbox"/>		
7. Disc Smears	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Maslin Cloth	(10 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Extension Cord	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Latex Gloves	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Rubber Boots	(6 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Rain Suits	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Rad Rope (<i>at least 100'</i>)		<input type="checkbox"/>	<input type="checkbox"/>		
14. Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Radiation Material Tags (<i>paper</i>)	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Radiation Signs and Inserts	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Plastic Booties	(40 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 1/2 Amp Fuse for VAMP	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

(B) Change batteries every 24 months, last battery change date: _____

NOTES: 1. If batteries or KI tablets will expire before next inventory then order or obtain replacements.

2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 8: RADIOLOGICAL MONITORING EQUIPMENT
OSC / TSC / ONSITE / DOWNWIND

Location: OSC Storeroom - Unit 1- El. 261"		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
<u>EQUIPMENT</u>					
1. Count Rate Meter	(7)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Dose Rate Meter (0-5R/hr)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dose Rate Meter (0-50R/hr)	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
4. High Range Dose Rate Meter (0-1000R/hr)	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Sealed Silver Zeolite Air Sample Packs	(15)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
6. Sealed Charcoal Air Sample Packs	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
7. a. Radeco AC Air Sampler	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
b. Spare Fuse for Radeco	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Radeco DC Air Sampler	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Head for Air Sampler	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
10. GasTech Meter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Gym Bags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>DOSIMETRY</u> - Located in Box in Unit 1 RP Office					
Box Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. TLDs (with 2 Controls)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Finger Rings (with 1 pair Controls)	(40 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dosimeters (0-5R)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Dosimeters (0-50R)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Dosimeters (0-200R)	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Dosimetry Issue Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Dosimeter Charger	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

	/		/		/	
Performed by		Date		Supervisor Approval		E.P. Review
				Date		Date

ATTACHMENT 8A: MISC. R.P. EQUIPMENT

Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
---------------------------------------	--	--------------------------------------

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Hand and Foot Monitor (TSC) Serial #: _____ Cal. Due: _____ Serial #: _____ Cal. Due: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	PING (TSC) Serial #: _____ Cal. Performed: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	VAMP (TSC Rad Assessment Room) Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	VAMP (OSC Core) Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 9: RADIATION PROTECTION SUPPLIES AND EQUIPMENT
EOF

Location: EOF Dock and Storage Area		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
PROTECTIVE EQUIPMENT					
1. Protective Clothing (<i>complete sealed package</i>)	10 sets	<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Sealed (1-6)					
^B 1. Flashlights	4	<input type="checkbox"/>	<input type="checkbox"/>		
^B 2. Extra D-Cell Batteries	8	<input type="checkbox"/>	<input type="checkbox"/>		
3. KI Tablets (<i>bottles</i>)	12	<input type="checkbox"/>	<input type="checkbox"/>		
Due Date: _____					
4. Sealed Silver Zeolite Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
5. Sealed Charcoal Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
6. Boots	(3 Pair)	<input type="checkbox"/>	<input type="checkbox"/>		
SUPPLIES:					
Inventory Sealed (1-17)					
1. Key to Softball Field	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. New York State Road Map	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Rolls of Tape (2")	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Adhesive Labels	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Tie Labels	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Plastic Bag Ties	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Tape Measure (100 ft.)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Water Sample Container (1 gal.)	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Grass Clippers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Pruning Shears	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Mallet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Magnetic Pocket Compass	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Twine	(3 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Garden Trowel	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Red Florescent Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Stakes	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
17. "P-5" keys to Environmental Stations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
*18. Shovels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
*19. Rainsuits	(4)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B) Change batteries every 24 months, Last battery change date: _____

* Located outside of sealed kits

NOTES: 1. If batteries or KI tablets will expire before the next inventory, then order or obtain replacements.

2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT
EOF

Location: EOF Dock and Storage Area

☐ Quarter: 1 2 3 4 (circle one)
Year

☐ Post Drill/Exercise/Event: _____ (date)
(circle appropriate)

☐ Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>EQUIPMENT</u>					
1. Count Rate Meter	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal Due Date _____ SN: _____					
_____ SN: _____					
_____ SN: _____					
_____ SN: _____					
2. Dose Rate Meter	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal Due Date _____ SN: _____					
_____ SN: _____					
_____ SN: _____					
3. Sealed Silver Zeolite					
Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
4. Sealed Charcoal					
Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
5. Radeco AC Air Sampler with Spare Fuse					
Cal Due Date _____ SN: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
_____ SN: _____					
6. Radeco DC Air Sampler	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal Due Date _____ SN: _____					
7. Head for Air Sampler	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Check Source (for meters)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. High Range Dose Rate Meter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
(0-1000R/hr)					
Cal Due Date _____ SN: _____					
^B 10. Dosimeter Charger	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>DOSIMETRY</u> - Located in one box:					
	Box Sealed	<input type="checkbox"/>	<input type="checkbox"/>		
1. TLDs (with 2 Controls)	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Dosimeters (0-5R)	(8)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dosimeters (0-50R)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Dosimetry Issue Sheets		<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

- NOTES:**
1. If batteries will expire before the next inventory then order or obtain replacements.
 2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT
OFFSITE ASSEMBLY AREA

Location: Offsite Assembly Area -Volney Service Center		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

SUPPLIES and PROTECTIVE EQUIPMENT: Located in sealed drums and footlockers in line crew warehouse

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>SUPPLIES:</u> in footlocker					
Inventory Sealed					
		<input type="checkbox"/>	<input type="checkbox"/>		
1. Misc. Plastic Bags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Disc Smears	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Muslin Cloth	(3 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Surgical Gloves	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Cotton Liners	(12 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Gym Bags	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Rad Rope (<i>at least 50'</i>)	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
9. Rad Material Tags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Cotton Tip Swabs	(1 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Surgical Scrub Brushes	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Bandage Scissors	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Soap bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Shampoo	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Pocket Watch	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Masking Tape	(5 Rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
18. Material ID Tags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
* Empty Yellow Rad Drums	(3)	<input type="checkbox"/>	<input type="checkbox"/>		

PROTECTIVE EQUIP.: in 55 gal drum

Inventory Sealed					
		<input type="checkbox"/>	<input type="checkbox"/>		
1. Disposable Coveralls	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Paper Bath Towels	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Paper Hand Towels	(2 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Plastic Shoe Covers	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Shovels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
* Outside footlocker					

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

/	/	/	/
Performed by	Date	Supervisor Approval Date	E.P. Review Date

ATTACHMENT 12

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ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY

Location: Hallway Adjacent to X-Ray Dept or closet next to Conferenced/Rad. Treatment Rm		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Pre-Cut Green Herculite	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Step-Off Pads	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Masking Tape	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Radiation Signs	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Yellow & Magenta Rope	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Magnets	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Yellow Trash Bags	(15)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Dosimeter Charger (1 battery & 1 AC)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	RMC Sample Taking Kit (inventory contents IAW Att. G in Hospital Plan)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	RMC Decontamination Kit (inventory contents IAW Att. G in Hospital Plan)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	RMC Accident Proc. Poster	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Sealed Protective Clothing Kits	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
a.	TLD badge Due Date: _____		<input type="checkbox"/>	<input type="checkbox"/>		
b.	(0-5R) Dosimeter Due Date: _____		<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
c.	(0-50R) Dosimeter Due Date: _____					
13.	RMC Decontamination Table Top	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Hose and Nozzle for Decontamination Table Top	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Yellow Water Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Yellow Trash Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Movable Base for Trash Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Lead Pig	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19.	White Herculite Matting	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Portable Stanchion	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Radiation Tags (tie) - misc.	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Radiation Tags (adhesive) - misc.	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Disc Smears	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
24.	Atomic Wipes	(50)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

NOTE: If batteries will expire before the next inventory then order or obtain replacements.

ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
25.	Count Rate Meter (JAF) Due Date: _____ SN: _____ Dose Rate Meter (JAF) Due Date: _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
27.	MS-2 w/HP 210 Probe (JAF) and spare fuses Due Date: _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
28.	Extension Cord (for count rate meter)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
29.	Count Rate Meter (NMP) Due Date: _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
30.	Dose Rate Meter (NMP) Due Date: _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
31.	NMP Check Source Number: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
32.	Dosimeters (O-5R)(NMP)	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
33.	EAP-2, "Personnel Injury (JAF) Rev.: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
34.	RP-OPS-03.04, "Personnel Decontamination and Assessment, Rev. 1" (JAF) Rev.: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
35.	RP-OPS-03.04, Att. 1 "Personnel/Contamination Incident Report" (JAF) Rev.: _____	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
36.	RP-INST-02.09 (JAF) Rev.: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
37.	Inventory Checklists					
	• SAP-2 (JAF) Rev.: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• EPMP-EPP-02 (NMP) Rev.: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
38.	Control TLD (NMP) Due Date: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
39.	Dosimetry Issue Log and (NMP) Cross Reference to Kit #		<input type="checkbox"/>	<input type="checkbox"/>		
40.	The Oswego Hospital Plan for the Decontamination and Treatment of the Radioactively Contaminated Patient (located at nurses' station)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review _____ Date _____

ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY

Location: <input type="checkbox"/> U1 OSC Storeroom <input type="checkbox"/> U2, 261' ACB		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1.	Coveralls	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Paper Bath Towels	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Paper Hand Towels	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Disposable Gloves	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Assorted Plastic Bags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	4 x 4 Steri Pads	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Scissors (<i>Bandage Type</i>)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Shampoo	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Shaving Cream	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Disposable Razors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Cotton Swabs	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Surgical Scrub Brushes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Masking Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Sample Envelopes	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Assorted Radiation/ Contamination Tags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Soap	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year

_____/_____ Performed by Date	_____/_____ Supervisor Approval Date	_____/_____ E.P. Review Date	
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ATTACHMENT 15

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ATTACHMENT 16: TECHNICAL SUPPORT CENTER

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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NOTE: These are suggested locations for these items; however, the material may be found in other areas within the facility.

- * All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, COMMUNICATIONS ROOM					
1. Communicator Headset	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Telecopier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, RADIOLOGICAL ASSESSMENT ROOM					
1. Maps (20 mile radius or larger)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Printers:					
GE TermiNet 200	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Genicom 200	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Digital DecWriter III	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, CONFERENCE ROOM					
1. Diagrams/Drawings:					
Electrical Diagrams, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Diagrams, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Isometrics, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical Diagrams, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
P&IDs, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
P&IDs, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, LIBRARY (OUTSIDE CORE)					
1. Aperture Cards					
Units 1 & 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, TECHNICAL ASSESSMENT ROOM					
1. Closed Circuit TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Computer Printer Paper	(1 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Genicom 200 Printer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Honeywell Monitors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Pump Curve Book, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Telecopier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Telecopier Paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. GE Terminet 200 Printer (under Honeywell Monitors)	(3)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, CORE						
1.	Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Compass Rose (2' x 2')	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Diagrams/Drawings:					
	Control and Instrument Power	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Figure IX-2					
	Electrical Feeds, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Area Rad Monitors					
	Electrical Feeds, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Rad Monitors					
	Electrical Power Distribution Diagram	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP)					
	Flow Charts, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP)					
	Flow Charts, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generalized Station Drawing, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generalized Station Drawing, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawing, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawing, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Station Power Distribution					
	Figure IX-1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Eating/Drinking/Smoking Is/Is Not					
	Authorized Sign	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Emergency Classifications Signs:	(1 each)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Class					
	Unusual Event					
	Alert					
	Site Area Emergency					
	General Emergency					
6.	Forms Cabinet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Procedure/Documents:					
	Chemistry Surveillance Procedures (CSP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Core Operating Limits Report (COLR)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Damage Repair Procedures, (DRP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Chemistry Procedures (ECP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report Appendices & Supplements, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Fuel Handling Procedures (FHP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Fuel Handling Procedures (FHP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generation Administrative Procedures (GAP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	INPO Emergency/Resources Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	New York State Radiological Emergency Plan	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	NMPC Users Guide Equipment History & Status Systems	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Nuclear Interfacing Procedures (NIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oswego County Radiation Emergency/Response Plan	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Occupational Safety & Health Manual (SFT)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Administrative Procedures (S-RAP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Technical & Analytical Procedures (RTP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Technical & Analytical Procedures (RTP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Implementing Procedures (RPIP), 2 books	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Level Reference Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operating Procedures Bases (EOP), U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operating Procedures Bases (EOP), U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 1	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 2	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, CORE						
7.	Procedure/Documents (Cont)					
	Reactor Engineering Procedures (REP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Engineering Surveillance Procedures (RESP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Chemical Surveillance Procedure (CSP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Radiation Protection Technical & Analytical Procedures (RTP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Special Operating Procedure (SOP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Administrative Procedures (TDP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Updated Safety Analysis Report (USAR), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Waste Handling Procedures (WHP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Steam Tables	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Release Is/Is Not in Progress Sign	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Status Boards:					
	Area Rad Monitor Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Area Rad Monitor Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Events Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Equipment Survey/Sample Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Inplant Survey Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Trending Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Monitor Status Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Monitor Status Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	10 Mile Radius Maps:					
	10 Mile Emergency Planning Zone	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Primary Evacuation Routes	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Offsite Survey Locations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Siren Locations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	1991 Population Estimates	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Drafting Table	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

TSC, PROTECTIVE EQUIPMENT ROOM/SUPPLY CABINETS INVENTORY

1.	Calculators	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Cassette Tapes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Flashlight	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Liquid Cleaner for Status Boards	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Portable Cassette Recorder	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Sleeping Cots (Collapsible)	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Batteries	(6 each)	<input type="checkbox"/>	<input type="checkbox"/>		
	AA Cell					
	C Cell					
	D Cell					
8.	KI Tablets (bottles)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	Due Date: _____					

^aChange batteries every 24 months, Last battery change date: _____

NOTE: If batteries or KI tablets will expire before the next inventory then order or obtain replacements.

_____/_____/_____ Performed by	_____/_____/_____ Date	_____/_____/_____ Supervisor Approval	_____/_____/_____ Date	_____/_____/_____ E.P. Review	_____/_____/_____ Date
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ATTACHMENT 17: EOF (EMERGENCY OPERATION FACILITY)

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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N These are suggested locations for these items; however, the material may be found in other areas within the facility.
 All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
CORE AREA						
1.	Diagrams/Drawings:					
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Status Boards					
	Downwind Survey/Sample Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Event Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Trending Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Procedures/Documents: (CART)					
	Emergency Preparedness Implementing Procedures (EPIP)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

PLANT ASSESSMENT ROOM

1.	Diagrams/Drawings:					
	Emergency Operation Procedure (EOP) Flow Charts, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP) Flow Charts, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawings, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawings, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Procedures/Documents: (BOOKSHELF)					
	Core Operating Limits Report (COLR), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedures, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedures, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR) Supplements with Technical Supplements and Amendments	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	INPO Resources Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Special Operating Procedures (SOP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Microfiche reader (EOF Room 6)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Microfilm reader (EOF Room 6)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____	Date _____	Supervisor Approval _____	Date _____	E.P. Review _____	Date _____
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ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

1.0 PROCEDURE

- 1.1 Determine the time that the emergency ventilation ran during the past quarter.
- 1.2 Record the time (in hours this quarter) below. Send the sheet to:
TSC Ventilation System Engineer
Unit 1 Technical Support

2.0 TSC

Complete the following:

Quarter (*Circle*) 1 2 3 4 Date Checked (*DD/MM/YY*) _____

Checked by: _____ Total Run Time Hours _____

ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Clocks	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Drawings/Diagrams: Mechanical P&ID Diagrams	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Forms Cabinet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Procedures/Documents:					
	Damage Repair Procedures (DRP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Emergency Events Status Board U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Telephones:					
	Outside Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-Damage Control & Repairs	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-Chem & Rad Mgt.	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-OSC PA Speaker	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Microfiche reader	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Microfilm reader	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

_____ / _____ Performed by Date	_____ / _____ Supervisor Approval Date	_____ / _____ E.P. Review Date
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ATTACHMENT 20: JOINT NEWS CENTER JNC

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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NOTE: These are suggested locations for these items; however, the material may be found in other areas within the facility.

- All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>PRE-BRIEFING AREA</u>					
1. Poster printers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Poster printer paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>COUNTY/STATE ROOM</u>					
1. 60-second clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Video Monitor/TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>UTILITY ROOM</u>					
1. Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Computer(s)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Emergency Classification Signs:					
• Unusual Event	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Alert	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Site Area Emergency	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• General Emergency	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Printers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Procedures/Documents:					
• Emergency Plan Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Emergency Plan Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Emergency Action Level Reference Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Video Monitor/TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Desk-top copier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Diskettes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Sign-off rubber stamp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>STORAGE AREA</u>					
1. Batteries					
• AA	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
• C	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
• D	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
• 9V	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Forms:					
• Plant Status poster (8 1/2 x 11)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Misc. Office supplies:					
• Bulbs (ENX)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
• Diskettes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 20: JOINT NEWS CENTER JNC

(Cont)

Item/Equipment	Min. Qty.	Sat	Unsat	Corrective Actions	Date Resolved
STORAGE AREA (Continued)					
• Printer cartridges	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Typewriter ribbons	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Rubber stamps:					
• Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Exercise Only	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Reviewed by	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Telephone headsets					
• Tech Info Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Drill Controller Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Spare	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>COPY ROOM</u> (Supplies may be in storage area)					
1. Copy Machines	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Toner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Copier paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fax rubber stamp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Fax machines	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>NRC/FEMA ROOM</u>					
1. Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Typewriter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Computer Printer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>RUMOR CONTROL</u>					
1. Forms					
• Rumor Control - Media Response Inquiry and Off Air Monitor Form	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
• Rumor Control Log	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Video cassette recorder/monitor					
<u>MEDIA MONITORING</u>					
1. Forms					
• Rumor Control - Media Response Inquiry and Off Air Monitor Form	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Video Cassette recorders	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Video monitors	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Head phones	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Radios	(8)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Computer/Monitor	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Scanner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Tone Alert Radio	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. VCR Tapes	(10)				
<u>AUDIO VISUAL AREA</u>					
1. Video Projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Audio cassettes	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Video cassettes	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Overhead projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Slide projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 20: JOINT NEWS CENTER JNC

(Cont)

Item/Equipment		Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>TV BOOTH AREA</u>						
1.	Audio distribution amp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Audio mixer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Belt pack transmitter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Camera remote control	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Diversity receiver	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Microphones	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Multi-box	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Power amplifier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Tripod	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	VHS video recorder	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Video/audio distribution amp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Video camera	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Video cassette recorders	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Video date/time generator	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Video monitor	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Video switcher	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>REGISTRATION AREA</u>						
1.	Registration Logs:					
	• Blue	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Pink	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Yellow	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Badge Holders	(200)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Badges					
	• Blue	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Pink	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Yellow	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Press Kits:					
	• Nine Mile 1	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Nine Mile 2	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	• JAF	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review / Date

ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (MECHANICAL)

Location: U1 Screenhouse		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
<u>MECHANICAL TOOL LISTING</u>					
1. Hack Saws	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. 2' Level	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Wrecking Bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Crow Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. 1/2" Black & Decker Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. 1/4" Black & Decker Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. 6" C-Clamps	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. 6' Wooden Rules	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. 2 lb. Slugging Hammer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Large Rubber Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
11. 12 oz. Machinist Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
12. 16 oz. Machinist Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 50' Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 25' Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Low Voltage Lead Light	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Fluorescent Lights	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
17. 3/4" Socket Set 3/4" to 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 1/16" to 1/2" by 1/64" Drill Indexes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
19. 18" Adjustable Wrench	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
20. 12" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
21. 10" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
22. 7" Vise Grip Pliers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
23. 10" Vise Grip Pliers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
24. 1/2 Ton to 3/4 Ton Chain Fall	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
25. 50' Length 1/2" Rope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
26. 6" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
27. Duckbill Snips	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
28. Straight Snips	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
29. Regular Standard Pliers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
30. Large Channel Lock Pliers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
31. Torpedo Levels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
32. 100' Steel Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
33. 10 lb. Slugging Hammer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
34. Screwdriver Set (<i>Flat and Phillips</i>)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
35. 1/2" Socket Set 3/8" to 1 1/4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
36. 1/4" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
37. 3/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
38. 1/2" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
39. Allen Wrench Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
40. 10" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
41. 14" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
42. 18" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
43. Inspection Mirror	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
44. Grey Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
45. Masking Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
*46. Nuclear Grade Pipe Sealant	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
47. Pairs Work Gloves	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
48. Baling Wire	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (Cont)

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
49. Large Wire Brushes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
50. Small Wire Brushes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
51. Pair Ear Plugs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
52. G.F.I.	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
53. 1" Putty Knife	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
54. 2" Putty Knife	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
55. 24" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
56. Porta Band Saw	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
57. 5/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
58. 3/4" Shackles	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
59. 36" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
60. Nose Bag	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
61. Flashlight	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
62. Never-Seez	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
63. RTV #106 or equivalent	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

NOTES: 1. IF batteries or pipe sealant will expire before the next inventory, then order or obtain replacements.

2. Sealed inventories shall be opened and inspected at least once per calendar year.

_____/_____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C)

Location: Unit 1 Screenhouse		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed/Locked		<input type="checkbox"/>	<input type="checkbox"/>		
INSTRUMENTATION AND CONTROL LISTING					
1. Hand Tool Box	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
* 2. Digital DMM: Cal. due _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
* 3. Test Gauge 0-30 PSI 0.1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Subd: Cal. due _____					
* 4. Test Gauge 0-100 PSI 0.5	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Subd: Cal. due _____					
* 5. Digital Pressure Calibrator or	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
equivalents: Cal. due _____					
* 6. Fluke Temperature Probe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
7. Current Source/Test Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
8. Air Regulators (0-30 psig, 0-100 psig, 0-300 psig)	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
9. Meter Test Lead Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Soldering Gun	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Tubing Cutter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Tubing Cutter-Spare Wheel	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 1/4" Tubing Bender	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Pipe Wrench 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Pipe Wrench 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Open/Box End Wrench Set #K-25	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Nut/Screw Driver Roll Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. Adjustable Wrench 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19. Adjustable Wrench 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
20. Adjustable Wrench 8"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
21. Adjustable Wrench 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
22. Vise Grip Plier 7"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
23. Channel Loc Plier 7"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
24. Channel Loc Plier 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
25. Wire Stripper/Crimper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
26. Needle Nose-Stgt. 5 1/2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
27. Needle Nose-Stgt. 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
28. Needle Nose-Offset 5 1/2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
29. Needle Nose-Offset 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
30. Diag. Cutter - 4"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
31. Diag. Cutter - 5"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
32. Plier/Cutter Combination	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
33. Holding Tweezers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
34. Allen Key Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
35. Hex Socket Driver Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
36. Socket Set - 1/4" Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
37. Screwdriver-Standard 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
38. Screwdriver-Standard 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
39. Screwdriver-Phillips 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
40. Screwdriver-Phillips 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
41. Screwdriver-Phillips 3"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
42. Screwdriver-Pocket 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
43. Screwdriver-Holding 3"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
44. Screwdriver-Holding 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
45. Screwdriver-Holding 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
46. Screwdriver-Holding Combo	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
47. Pocket Rule 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
48. Examination Mirror	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C) (Cont)

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
INSTRUMENTATION AND CONTROL LISTING (Cont)					
49. Gauge Pointer Puller	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
50. Alignment Tool (non-conductive screw driver)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
**51. Electronic Grade Sil. Rubber, 1 Tube Expiration Date: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
52. "Snoop" Leak Detector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
53. Black Electrical Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
54. 8" Ty-Wraps with Label	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
55. 1/4" Copper Tubing	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
56. 1/4" Tygon Tubing	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
57. Disposable Surgeons Gloves	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
58. White Masslin Wipes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
59. Surface Prep Cleaner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
60. 1/4" Whitey Valve SS-IVS4	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
61. 1/4" Whitey Valve B-IVS4	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
62. Pens, Pencil & Paper Pad		<input type="checkbox"/>	<input type="checkbox"/>		
63. Miscellaneous Fittings:					
Nuts (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
Inner Ferrules (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
Outer Ferrules (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
1/4" NPT Male x					
1/4" Swagelok Union	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
1/4" NPT Male x					
3/8" Swagelok Union	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
1/4" NPT Male x					
1/2" Swagelok Union	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
1/4" Swagelok Tee's	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
1/8" NPT Female x					
1/4" Swagelok Elbow	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
1/8" NPT Female x					
1/4" Swagelok Union	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
¹ 64. Nitrogen Tank with Cart	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Hydro Test Date: _____					
65. Nitrogen Tank Accessories (<i>in tool box</i>)					
** a. Thread Sealant	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Expiration Date: _____					
b. Regulator: Victor #43781	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
c. Tubing	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
d. Adapter Fittings	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Instructions	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
66. Thermometer 50°F - 250°F	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
67. Safety Glasses	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
68. Test Equipment Power Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
69. GFI	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

¹Hydrostatic Testing required at least every 5 years.

***NOTES:** 1. These instruments are not maintained in this kit but are available from the Unit 1 Meter and Test issue room.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

**If this item will expire before the next inventory, then order or obtain replacements.

Performed by _____	Date _____	Supervisor Approval _____	Date _____	E.P. Review _____	Date _____
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ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY

Location: Unit 1 Storeroom		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment Inventory Sealed	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Corrective Actions	Date Resolved
*1.	500 Ft Triplex 4/0 Cu 5 KV Insulated Cable with 1/0 Cu. 5KV Insulated Ground	<input type="checkbox"/>	<input type="checkbox"/>		
*2.	1000 Ft Triplex #2 AWG Cu, 600V Insulated Cable	<input type="checkbox"/>	<input type="checkbox"/>		
3.	20 Ft 1 Conductor #10 SIS Wire	<input type="checkbox"/>	<input type="checkbox"/>		
4.	20 Ft 1 Conductor #12 SIS Wire	<input type="checkbox"/>	<input type="checkbox"/>		
*5.	600 Ft 1 Conductor #4/0	<input type="checkbox"/>	<input type="checkbox"/>		
*6.	600 Ft 1 Conductor #2 AWG	<input type="checkbox"/>	<input type="checkbox"/>		
7.	35 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	T35 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	T95 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	3M 88 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	2 Kellems Cable Support Grips Model No. RR250-HE or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
12.	2 Kellems Cable Support Grips Model No. RR150-HE or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
13.	8 Burndy Hyline No. YS28, #4/0 Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
14.	2 Burndy Hyline No. YS2C, #2 Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
15.	1 Burndy Hylink No. YSM27, Parallel Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
16.	1 Burndy Hylink No. YSM25, Parallel Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
17.	3 Burndy Hylug No. YA28-2N 4/0 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
18.	1 Burndy Hylug No. YA25-2N 1/0 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
19.	8 Burndy Hylug No. YA2C-2N #2 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
20.	2 Burndy Reducing Adaptor No. Y2825R or equivalent (4/0 to 1/0)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	2 Burndy Reducing Adaptor No. Y2826R or equivalent (4/0 to 2/0)	<input type="checkbox"/>	<input type="checkbox"/>		
22.	4 Burndy Hylug Ring - Tongue Terminals - No. YAV10-T3 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
23.	(2) Fuse 6 Amp (for Powerboard 171 Control Circuit)	<input type="checkbox"/>	<input type="checkbox"/>		
24.	(2) Fuse 10 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
25.	Spare Fuses				
	• (2) 6 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
	• (2) 10 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
26.	1 Burndy Hytool Crimping tool MY28 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
27.	1 Burndy Crimping Tool MY29-3 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
*28.	Breaker Elevator Hand Crank (GE for Magnet Blast Circuit Breaker)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY (Cont)

	Item/Equipment	Sat	Unsat	Corrective Actions	Date Resolved
29.	Hacksaw and 20 extra blades	<input type="checkbox"/>	<input type="checkbox"/>		
30.	5/8" Ratchet Wrench <i>(for Breaker Closing Spring Charging)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
31.	2 sets - Wrenches and Screwdrivers to Cable and Wire Disconnection	<input type="checkbox"/>	<input type="checkbox"/>		
32.	2 sets - Cable Cutting and Splicing Tools	<input type="checkbox"/>	<input type="checkbox"/>		
33.	2 Insulated Fuse Pullers	<input type="checkbox"/>	<input type="checkbox"/>		
34.	3 Sets - Bus Grounding Cables <i>(Material for 3 sets)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
35.	Fire Retardant Putty	<input type="checkbox"/>	<input type="checkbox"/>		
36.	4 #12 AWG Ring-Tongue Terminals	<input type="checkbox"/>	<input type="checkbox"/>		
*37.	4 Portable Compressed Air Cylinders	<input type="checkbox"/>	<input type="checkbox"/>		
38.	1/2 x 3/4 NPT Bushing	<input type="checkbox"/>	<input type="checkbox"/>		
39.	3/4 NPT Street E11	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Air Regulator Assembly	<input type="checkbox"/>	<input type="checkbox"/>		
41.	10 Ft High Pressure Air Hose with Swivel Fitting	<input type="checkbox"/>	<input type="checkbox"/>		
*42.	Cable Quad #4 and #6	<input type="checkbox"/>	<input type="checkbox"/>		
	Cable Lugs #4 and #6	<input type="checkbox"/>	<input type="checkbox"/>		
*44.	Safety Switch, 600 Volt/200 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
*45.	Portable 60 KW Generator <i>(located at Building 008 in Level B Storage)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
*46.	High Pressure Hose <i>(Jumper R915 and R925 Air Samples)</i>	<input type="checkbox"/>	<input type="checkbox"/>		

NOTES: 1. * = unsealed inventory. All other equipment is in sealed tool box.

2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / _____ Date
 Supervisor Approval Date _____
 E.P. Review _____ / _____ Date

ATTACHMENT 23: TEMPORARY RESTORATION OF POWER FOR POST ACCIDENT SAMPLING INVENTORY

Location: Unit 2 Control Building		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed	<input type="checkbox"/>	<input type="checkbox"/>		
NOTE:	Jumpers are 1/C, No. 12 AWG (NJN-59) (SR) Nominal 4 feet length with lugs (#10 stud)				
1.	6 Jumpers, stored inside Panel 2CES*PNL554, East Wall, Div. I, Cable Spreading Area, El. 237'	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Test Box Jumper, per E061A in accordance with DWG. EE-003X Rev. 03, located in North East Corner of Control Room	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Located in SSS Office				
a.	Key #CAT60 - for 2VBS*PNL102A, 302A, AND 2LAC-PNLU03	<input type="checkbox"/>	<input type="checkbox"/>		
b.	Key #11-CH751 - for 2CES*PNL554	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 24:

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ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE

1.0 GENERAL GUIDELINES

- 1.1 Determine the required testing using the matrix in Section 2.0.
- 1.2 Perform the testing of each communications system in accordance with the associated attachment.
- 1.3 The surveillance is considered successful if all "Sat" boxes are checked.
- 1.4 Initiate corrective actions on all "Unsat" entries in accordance with Step 3.0.
 - a. Record details of failure and initiated corrective actions in appropriate "Remarks" section.
 - b. After repair/correction, perform surveillance (only with agency that was "Unsat") and record on new attachment.

2.0 REQUIRED TESTING FREQUENCY

	RECS	Commercial Telephone	ENS Telephone	Dedicated Line	Radio (Console)	Radio (Portable)
Unit 1 Control Room	M	M	M	A	A	
Unit 2 Control Room	M	M	M	A	A	
EOF	M	*M	*M	A	A	A
OSC					A	A
TSC		M	M	A	A	
JNC		M		A		

M = Monthly A = Annually
* PERFORMED BY JAF

3.0 REPORTING PROBLEMS

3.1 Radiological Emergency Communication System (RECS) Failure

Report all failures to 518-457-2200 during the hours of 9 am to 4 pm.

3.2 Radio Failures

Contact the NMPC Central Region Communications Group at 460-2378 or 460-2379.

ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

3.3 Commercial Telephone and Dedicated Lines

Complete a "Telephone Request Form" and fax to Facilities in accordance with the instructions on the form.

NOTE: With a Dedicated Line, use the "Circuit Number" in place at the "Extension" number on the "Telephone Request Form".

3.4 ENS Telephones

- a. Immediately report any "Unsat" results as follows:

Failure Location	Report to:
Control Room, Unit 1	Unit 1 SSS
Control Room, Unit 2	Unit 2 SSS
Both TSC ENS Phones	Unit 1 SSS

- b. Report failure to NRC Operations Center at one of the following numbers.

- (301) 816-5100
- (301) 951-0550

- c. IF requested by the NRC Operations Center, call Verizon, (315) 890-8806, for assistance.

ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE

RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS) TESTING (MONTHLY)

1.0 PROCEDURE

- NOTES:**
- 1) RECS calls are only initiated from the Unit 1/Unit 2 Control Rooms for the purpose of performing this attachment testing.
 - 2) Unless the RECS line at the EOF is currently staffed, it may be necessary to call the EOF to request assistance in the testing. Numbers that may be called to obtain assistance are:
 - 593-5759
 - 593-5765
 - 593-5735
 - 593-5740

1.1 Pick up the handset and dial A*.

NOTE: Depress push to talk switch in the handset to talk.

1.2 After about 10 seconds state the following:

"This is a test. This is the Nine Mile Point (*location*) calling all stations for a RECS test. Stand by for roll call."

1.3 State each agencies name as they appear on the RECS Testing Sheet. As each agency responds, check "Sat" or "Unsat".

NOTE: "Sat" = agency responded without comment
"Unsat" = anything beside "Sat" response

1.4 Repeat Step 1.3 for any agency not answering roll call.

1.5 When roll call is completed, state:

"This concludes the test. Thank you."

1.6 Should an agency fail to answer, contact them by telephone, and if necessary, repeat Steps 1.1 through 1.3 for the problem agency only

ATTACHMENT 25A: EMERGENCY RESPONSE FACIL COMMUNICATIONS SURVEILLANCE (Cont)

RECS TESTING SHEET

Month _____ Year _____

Agency	Telephone #	Tested From		Remarks
		Unit 1 CR	Unit 2 CR	
Nine Mile Point Unit 1 CR	349-2480	N/A	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Nine Mile Point Unit 2 CR	349-2170	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	N/A	
Fitzpatrick CR	349-6666	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Oswego County 911 Center	911	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Oswego County EOC	591-9150	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
NYS Warning Point	(518) 457-2200	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
EOF	593-5735	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Tested by: Initials/Date				

Supervisor Approval Date

E.P Review Date

ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
COMMERCIAL TELEPHONE TESTING (MONTHLY)

1.0 PROCEDURE

- 1.1 For each "Location" listed, test the telephone by placing and receiving a call to any other telephone.
- 1.2 Check to "Sat" or "Unsat" box on the "Commercial Telephone Testing Sheet".

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything but "Sat" response

ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

COMMERCIAL TELEPHONE TESTING SHEET

Month _____ Year _____

Location	Telephone #	Results	Remarks	Tested by Initials/Date
EOF Comm Area	593-5875	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		
TSC Comm Rm	349-2487	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		
Offsite Assembly Area	592-0125 no test required ¹	-----	-----	-----
Unit 1 Control Room	no test required ¹	-----	-----	-----
Unit 2 Control Room	no test required ¹	-----	-----	-----
Joint News Center	592-3720 in Rumor Control)	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		

¹No test is required from the Control Rooms or Offsite Assembly Area since their telephones are used regularly.

Supervisor Approval Date

E.P Review Date

ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING (MONTHLY)

1.0 PROCEDURE

1.1 For Control Rooms

- a. Solicit the time of the daily plant operations status call from the NRC Operations Center to the Control Room from the SSS.
- b. Record "Sat" or "Unsat" on the ENS Testing Sheet.

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything beside "Sat" response

1.2 For TSC

NOTE: For testing purposes, all "700" phone numbers listed are considered Emergency Notification System (ENS) lines.

- a. Verify the operability at each ENS phone listed on the ENS Testing Sheet by placing and receiving a call from any other ENS phone.
- b. Record "Sat" or "Unsat" on the ENS Testing Sheet.

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything besides "Sat" response

ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

ENS TELEPHONE TESTING SHEET

Month _____ Year _____

CONTROL ROOM UNIT 1

Daily Operations Status Call: Date _____ Time (24 Hour) _____ ☐ Sat ☐ Unsat

CONTROL ROOM UNIT 2

Daily Operations Status Call: Date _____ Time (24 Hour) _____ ☐ Sat ☐ Unsat

TSC

Phone	Phone No.	Location	Sat	Unsat	Remarks
ENS	700-371-5324	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	
ENS	700-371-5324	Tech Assessment Room	<input type="checkbox"/>	<input type="checkbox"/>	
HPN	700-371-5329	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	
HPN	700-371-5329	RAM Desk	<input type="checkbox"/>	<input type="checkbox"/>	
PMCL	700-371-5326	NRC Core	<input type="checkbox"/>	<input type="checkbox"/>	
RSCL	700-371-5327	NRC Core	<input type="checkbox"/>	<input type="checkbox"/>	
MCL	700-371-5323	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	
TESTED BY: Initials/Date _____ / _____					

NOTE: EOF testing completed by JAF.

Supervisor Approval _____ / _____
Date

E. P. Review _____ / _____
Date

ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

DEDICATED TELEPHONE TESTING (ANNUALLY)

1.0 PROCEDURE

- 1.1 The dedicated line will automatically ring or flash the other end when the handset is lifted.
- 1.2 Verify that someone is available at the other end to test.
- 1.3 Verify proper operation by initiating, receiving, and transmitting from each end of each line listed on the "Dedicated Telephone Testing Sheet".
- 1.4 As each line is tested, mark "Sat" or "Unsat" on the Testing Sheet.

NOTE: "Sat" = proper initiating, receiving, and transmitting from
each end
"Unsat" = anything other than "Sat"

ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

DEDICATED TELEPHONE TESTING SHEET

Year _____

UNIT 1 CONTROL ROOM

E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#1-TSC #63PLNT22750	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#1-JAF C.R. #63PLNA28109	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

UNIT 2 CONTROL ROOM

CR#2-TSC SED	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#2-JAF C.R. #63PLNA34299	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

EOF

Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
ED/TSCM Hotline 63 PLNA 37200	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

TSC

Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 CGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-EOF Security #63 PL-16919	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-OSC I&C Coord. #63 PL-16969	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-OSC SSST Coord. #63 PL-16918	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
ED/TSCM Hotline 63 PLNA 37200	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-CR# 1 S.E.D. #63 PLNT 22750	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-CR# 2 S.E.D.	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-JAF/CR (U1) #63PLNA28109	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-JAF/CR (U2) #63LADA34299	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

JNCTech Info Line 63 PLNA 37227 ☐ Sat ☐ Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

OSC

OSC Chem/RP - TSC #63 PL-16918	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
OSC Damage Ctrl - TSC Maint Coord. #63 PL-16969	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

Supervisor Approval_____
Date_____
E. P. Review_____
Date

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

RADIO CONSOLE TESTING (ANNUALLY)

1.0 PROCEDURE

1.1 Testing from the TSC, Unit 1 or Unit 2 Control Room

- a. Turn the volume knob on the Select Audio speaker to the twelve o'clock position.
- b. Depress the "Volume" button on the "Rad/Teams" module until the light next to "full" is lit.
- c. Utilizing a person equipped with an EP portable radio, verify the selected channel, and depress the "Transmit" button and give a short test message to the portable radio.
- d. Repeat Steps a through c for all required channels as per the Radio Console Testing Sheet.
- e. Record "Sat" or "Unsat" on the Testing Sheet.

NOTE: "Sat" = satisfactory transmit and receive
"Unsat" = anything beside "Sat" response

1.2 Testing from the EOF

- a. Turn the volume knob to the twelve o'clock position.
- b. Select channel to be tested using the up-arrow or down-arrow buttons until the desired channel number is displayed.
- c. Utilizing a person equipped with an E.P. Portable Radio, on the same channel, depress the "transmit" bar on the microphone and give a short test message to the portable radio.
- d. Repeat steps a through c for all required channels, as per the Radio Console Testing Sheet.
- e. Record "SAT" or "UNSAT" on the Testing Sheet using the criteria in 1.1.e.

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

RADIO CONSOLE TESTING SHEET

Year _____

TESTED FROM	CHANNEL							TESTED BY: INIT/DATE
Unit 1 Control Room <i>(one console only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
Unit 2 Control Room <i>(one console only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
EOF <i>(Rad Assmt Rm only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
TSC <i>(Rad Assmt Rm only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Maint <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat			
OSC		U1 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 Maint/I&C <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Maint/I&C <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	

Remarks: _____

_____/_____
Supervisor Approval Date

_____/_____
E. P. Review Date

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

PORTABLE RADIO TESTING (ANNUALLY)

1.0 PROCEDURE

- 1.1 Portable radios are tested by calling another radio and having another radio call back.
- 1.2 Turn on the radios to be tested and select any available onsite channel.
- 1.3 Transmit a short test message. Verify transmission on another radio.
- 1.4 On the other radio, transmit a short test message. Verify reception on the other radio.
- 1.5 Check "Sat" or "Unsat" on the Portable Radio Testing Sheet.

NOTE: "Sat" = proper receive and transmit
"Unsat" = anything beside "Sat" response

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

PORTABLE RADIO TESTING SHEET

Year	ITEM		SAT	UNSAT
	1. OSC Core			
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. OSC Storeroom			
	Habitability	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	PAS Sample	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	PAS Analysis	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Downwind B	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Downwind C	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Implant 1	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Implant 2	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Implant 3	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Implant 4	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Implant 5	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	OSC Spares	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
		HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. RP Fire Response			
	Unit 1 (TB 248')	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Unit 2 (RB ACB)	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. Offsite Assembly Area Facility (OAA)			
	Offsite	HT-# _____		
	Offsite	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Offsite	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
	5. Emergency Operation Facility (EOF)			
	Offsite	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Offsite	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	Offsite	HT-# _____		
	6. Joint News Center (JNC)	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
	7. Vehicles			
	EP #2-1883 or _____		<input type="checkbox"/>	<input type="checkbox"/>
	Env. Prot. #3-1113 or _____		<input type="checkbox"/>	<input type="checkbox"/>
	EP #5-484 or _____		<input type="checkbox"/>	<input type="checkbox"/>
	Env. Prot. #5-487 or _____		<input type="checkbox"/>	<input type="checkbox"/>

TESTED BY: Initials/Date _____ / _____

Supervisor Approval Date E. P. Review Date

ATTACHMENT 25G: PORTABLE RADIO BATTERY EXCHANGE (QUARTERLY)

NOTE: One week prior to this test, request replacement batteries from the Radio Shop in sufficient quantities to accommodate all HTs listed in Attachment 25F.

1.0 PROCEDURE

- 1.1 Remove the battery attached to the portable radio.
- 1.2 Obtain a replacement battery and verify the date to be less than 3 months old.
- 1.3 Attach the replacement battery to the portable radio.
- 1.4 Replace portable radio in charger.
- 1.5 When all batteries are replaced:
 - a. Complete "Portable Radio Battery Exchange Sheet"
 - b. Send old batteries to Radio Shop.

Portable radio battery exchange completed for the _____
quarter of _____ (year)

Remarks: _____

Exchange Performed By: Initials/Date ____/____

Supervisor Approval / Date

E.P. Review / Date

ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION

<input type="checkbox"/> Month _____ <input type="checkbox"/> Post Drill/Exercise/Event <input type="checkbox"/> Event Date: _____ <input type="checkbox"/> Other <div style="text-align: center;">UNIT 1</div>							
Use	On-site Location	No. Resp./ No. Canister	Canister Manufacture Date*	Voice Amp Bat Due Date*	Battery Operable	Sat	Unsat
Security Bldg Emergency	U1 Sec Gun Locker	9/17		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
^B RP Supplies/ Equip.	U1 Storeroom	40/80 + 3 XL + 3 SM				<input type="checkbox"/>	<input type="checkbox"/>
^B PASS	U1 Storeroom	MSA Duo-flow Respirator - 4 systems		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
PASS Compressed Air Cylinders	U1 Storeroom	<u>Minimum Qty</u> 4	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Performed By: _____				Date: _____			
Details/Items Resolved: _____							

***NOTE (1):** Combination cartridges good for 3 years from date of manufacture when in original bag.

NOTE (2): If batteries will expire prior to next inventory, then order or obtain replacements

^B Change batteries every 24 months. Last battery change date: _____

_____/_____
Supervisor Approval Date

_____/_____
EP Review Date

ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION (Cont)

<input type="checkbox"/> Month _____ Year _____		<input type="checkbox"/> Post Drill/Exercise/Event		<input type="checkbox"/> Event Date: _____		<input type="checkbox"/> Other	
UNIT 2							
Use	On-site Location	No. Resp./ No. Canister	Canister Manufacture Date*	Voice Amp Bat Due Date*	Battery Operable	Sat	Unsat
Ambulance & Fire	U2 Security	3/6		N/A		<input type="checkbox"/>	<input type="checkbox"/>
Security Bldg Emer. Equipment	U2 Security under stairwell	9/17		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Control Room	U2 Control Bldg, 306'	10/20		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Performed By: _____				Date: _____			
Details/Items Resolved: _____							

***NOTE (1):** Combination cartridges good for 3 years from date of manufacture when in original bag.

NOTE (2): If batteries will expire prior to next inventory, then order or obtain replacements

^B Change batteries every 24 months. Last battery change date: _____

_____/_____
Supervisor Approval Date

_____/_____
EP Review Date

ATTACHMENT 26B: RESPIRATORY EQUIPMENT MONTHLY INSPECTION

<input type="checkbox"/> Month _____ Year _____	<input type="checkbox"/> Post Drill/Exercise/Event	<input type="checkbox"/> Date _____	<input type="checkbox"/> Other
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	Use	Offsite Location	No. Resp./No Canister	Canister Due Date	Sat	Unsat
1.	R.P. Supplies & Equipment	EOF	10/20		<input type="checkbox"/>	<input type="checkbox"/>

Performed By	Date
Details/Items Resolved	

_____ Supervisor Approval Date	_____ E. P. Review Date
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ATTACHMENT 26C: RESPIRATORY EQUIPMENT MONTHLY INSPECTION SCOTT PAK

<input type="checkbox"/> Month _____ Year _____	<input type="checkbox"/> Post Drill/Exercise/Event _____ Date _____	<input type="checkbox"/> Other: _____
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Inspection completed per S-RPIP-4.4

	Locations	Inspection Completed by	Date
1.	Unit 1 Control Room 277' <i>Scott Pak's (8)</i> <i>Spare Tanks (16)</i>	Name: _____ Signature: _____	
2.	Unit 1 Turbine Building 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
3.	Unit 1 Screen House 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
4.	Unit 1 Admin Building 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
5.	Unit 1 Store Room 261' <i>(Spares) Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
6.	Unit 1 SCBA Air Compressor Room <i>Spare Tanks</i>	Name: _____ Signature: _____	
7.	Unit 2 Control Room 306' <i>Scott Pak's (10)</i> <i>Spare tanks (10)</i>	Name: _____ Signature: _____	
8.	Unit 2 Turbine Building 250' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
9.	Unit 2 Screenwell 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
10.	Unit 2 Access Passage 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
11.	Unit 2 Aux Service Building <i>(by airlock) Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____ Signature: _____	
12.	Emergency Response Vehicle <i>32-7-1 Scott Pak's (5)</i> <i>Spare Tanks (5)</i>	Name: _____ Signature: _____	

Details/Items Resolved

Supervisor Approval _____	Date _____	E. P. Review _____	Date _____
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ATTACHMENT 27: HAZARDOUS WASTE AND EMERGENCY SPILL RESPONSE KIT INVENTORY

Location: <input type="checkbox"/> Unit 1, TB, el. 261		<input type="checkbox"/> Unit 1/2, Passageway
Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
Garment Storage Locker					
1. Chemical Splash Goggles	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Chemical Splash Shields	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chemical Resistant Gloves	(3 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
All Purpose Safety Equip. Storage Locker					
1. Chemical Splash Suits (<i>packaged</i>)	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
(2) SM, (2) MED, & (1) LG	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Chemical Splash Goggles	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chemical Face Shields	(5 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Chemical Resistant Gloves	(2 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Duct Tape	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Blank "Danger" Signs	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Floor Stand Signs	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
"Danger Chemical Spill - Keep Away"	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Reeled Barrier Tape	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
"Caution Chemical Spill"	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
"Caution - Do not Enter"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Acid Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Caustic Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Solvent Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Absorbants (<i>contains:</i>	(1 Drum)	<input type="checkbox"/>	<input type="checkbox"/>		
<i>pillows/blankets/absorbants</i>)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Plug Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 2 Wheel Hand Cart	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval Date _____ E.P. Review _____ / Date _____

ATTACHMENT 28: ALTERNATE POWER SUPPLIES FOR PORTABLE AIR SAMPLERS

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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EMERGENCY VEHICLE A. C. INVERTERS

Vehicle Number	Operation:	Sat	Unsat
A. #2-1883 (<i>Emergency Preparedness</i>)		<input type="checkbox"/>	<input type="checkbox"/>
B. #5-484 (<i>Emergency Preparedness</i>)		<input type="checkbox"/>	<input type="checkbox"/>
C. #3-1113 (<i>Environmental Protection</i>)		<input type="checkbox"/>	<input type="checkbox"/>
D. #5-487 (<i>Environmental Protection</i>)		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Perform test with vehicle operating, using an AC-High Volume Air Sampler and run for 5 minutes.

DETAILS/ITEMS RESOLVED

	By	Date
Performed By		

_____/_____
Supervisor Approval Date

_____/_____
E. P. Review Date

ATTACHMENT 29: N2-EOP-6 TOOL BOX FOR BY-PASS OF STAND-BY GAS (N2-PM-Q008)

Location: EOP Box, 261' under stairway off the Rx Track Bay		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. 1" Nylon Sling 6 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. 2" Nylon Sling 8 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. 2" Nylon Sling 10 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Two Ton - Ten foot Chain Falls	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
5. 5/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
6. 3/8" Shackles	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. 3/4" Shackle	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. 3/8" Nut Drivers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. 5/16" Nut Drivers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. 1/4" Nut Drivers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. 1/4" Ratchet, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. 1/4" Breaker Bar, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 1/4" Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 7/16 Socket, 1/4 Drive	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15. 7/16 Deep Well Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. 3/8 Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17. 5/16 Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 12" Extension, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19. Pry Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
20. 1-13/16 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
21. 1-1/2 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
22. 1-1/4 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
23. 7/8 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
24. Flanges	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
25. Flexitallic Gaskets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by	/	Date	Supervisor Approval	/	Date	E.P. Review	/	Date
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ATTACHMENT 30: EMERGENCY FACILITIES TLD LISTING

	<u>Quantity</u>	<u>Control</u>
Rad Monitoring Equipment (OSC/TSC/Onsite/Downwind)		
In Box for U-1 RP Office:		
1. Whole Body (TLD)	(50)	(2)
2. Extremity (Rings)	(40 pr)	(1 pr)
3. Dosimeters (O-5R)	(20)	
4. Dosimeters (O-50R)	(20)	
5. Dosimeters (O-200R)	(5)	
6. Dosimetry Issue Sheets	(2)	
Rad Monitoring Equipment Emergency Operations Facility In Box for EOF (contact environmental)		
1. Whole Body (TLD)	(100)	(2)
2. Dosimeters (O-5R)	(8)	
3. Dosimeters (O-50R)	(4)	
4. Dosimetry Issue Sheets	(2)	
Ambulance & Fire Kit In Box for U-2 Security		
1. Whole Body (TLD)	(50)	(2)
2. Extremity (Rings)	(6 pr)	(1 pr)
3. Dosimetry Issue Sheets	(2)	
Oswego Hospital In Box for Oswego Hospital: (contact environmental)		
* 1. Whole Body (TLD)	(10)	(2)
* 2. Dosimeters (O-5R)	(10)	
* 3. Dosimeters (O-50R)	(10)	
4. Dosimeters (O-5R)	(5)	
5. Dosimetry Issue Sheets	(2)	
* Should be placed in plastic bags as 10 sets. Each set contains one of each item.		

ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET

Facility/Kit Location _____

TLD NUMBER	DATE ON TLD	NAME	EXTREMITY	WHOLE BODY	SS#	SRPD#	ISSUED DATE/TIME	RETURNED DATE/TIME	RESULT Mrem	REMARKS
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		

*DO NOT ISSUE - CONTROL TLD

TLD NUMBER _____

TLD NUMBER _____

**ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION
PROCESS RAD MONITORING BOARD - UNIT 1 (Sample)**

Date (MM/DD/YY) _____

Time	Monitors	Trend*
	Steam Line Rad Monitor	
	111 _____ mR/hr	
	121 _____ mR/hr	
	112 _____ mR/hr	
	122 _____ mR/hr	
	E CND SR Vent Rad Monitor	
	111 _____ mR/hr	
	121 _____ mR/hr	
	112 _____ mR/hr	
	122 _____ mR/hr	
	Drywell CAM	
	_____ cpm	
	Rx Bldg. Vent Exh Rad Monitor	
	11 _____ mR/hr	
	12 _____ mR/hr	
	Service Water Discharge Monitor	
	_____ cpm	
	Radwaste Discharge Monitor	
	A _____ cps	
	D _____ cps	
	Stack Gas Monitor	
	112-07A _____ cpm _____ μ Ci/sec	
	112-08A _____ cpm _____ μ Ci/sec	
	RN 10A _____ cps _____ μ Ci/sec	
	RN 10B _____ cps _____ μ Ci/sec	
	Ejector Offgas Rad Monitor	
	Ch 1 _____ mR/hr	
	Ch 2 _____ mR/hr	

Time	Monitors	Trend*
	CR Vent Monitor	
	Sys 11 _____ cpm	
	Sys 12 _____ cpm	
	Drywell Rad Monitor	
	263' Ch 11 _____ R/hr	
	301' Ch 12 _____ R/hr	
	Reactor Building PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	Turbine Building PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	Radwaste 261' PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	RAGEMS Rad Monitor	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG (112-25) _____ cps _____ μ ci/cc	
	Total Stack Flow	
	_____ SCFM	
	High Range Stack Effluent (teletector)	
	_____ mR/hr	

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

**ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION
PROCESS RAD MONITORING BOARD - UNIT 2 (Sample)**

Date (MM/DD/YY) _____

Time	Monitor (#/Name)/Reading	Trend*
	GEMS-TB/SGTS-Stack RE 170 Station (Manual)	
	1. Particulate _____ $\mu\text{Ci/sec}$	
	2. Iodine _____ $\mu\text{Ci/sec}$	
	3. Noble Gas _____ $\mu\text{Ci/sec}$	
	Stack Flow _____ SCFM	
	GEMS-Rx/RW Bldg-Vent RE 180 Station (Manual)	
	1. Particulate _____ $\mu\text{Ci/sec}$	
	2. Iodine _____ $\mu\text{Ci/sec}$	
	3. Noble Gas _____ $\mu\text{Ci/sec}$	
	Stack Flow _____ SCFM	
	Service Water Monitors	
	82-SW146A _____ $\mu\text{Ci/ml}$	
	91-SW146B _____ $\mu\text{Ci/ml}$	
	Rad Waste Liquid Effluent Monitor	
	8-LWS206 _____ $\mu\text{Ci/ml}$	
	Cooling Tower Blowdown	
	70-CWS157 _____ $\mu\text{Ci/ml}$	
	Service Water Monitors	
	81-SWP23A _____ $\mu\text{Ci/ml}$	
	90-SWP23B _____ $\mu\text{Ci/ml}$	
	Reactor Building Ventilation (SGTS off) Above	
	77-HVR14A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	86-HVR14B _____ $\mu\text{Ci/cc}$	
	Below	
	78-HVR32A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	87-HVR32B _____ $\mu\text{Ci/cc}$	
	Standby Gas Treatment (Post Treatm't)	
	68-GTS105 _____ $\mu\text{Ci/cc}$	
	Offgas Monitors (Before Charcoal)	
	63-OFG13A _____ $\mu\text{Ci/cc}$	
	64-OFG13B _____ $\mu\text{Ci/cc}$	

* Trend Symbols:

↑ = Increasing ↓ = Decreasing → = No Change

Time	Monitor (#/Name)/Reading	Trend*
	Containm't High Rg Drywell Area EI 261	
	79-RMS1A _____ R/hr	
	88-RMS1B _____ R/hr	
	80-RMS1C _____ R/hr	
	89-RMS1D _____ R/hr	
	Above Suppression Pool	
	27-RMS139 _____ R/hr	
	Main Steam Rad Monitor (Manual)	
	MSS 46A _____ mR/hr	
	MSS 46B _____ mR/hr	
	MSS 46C _____ mR/hr	
	MSS 46D _____ mR/hr	
	Continuous Air Mon. (Drywell Atmos.)	
	74-CMS10A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	83-CMS10B-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rx Bldg Vent/Recirc Mode (SGTS On)	
	39-HVR229-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Auxiliary Bay Vent N.	
	34-HVR237-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Auxiliary Bay Vent S.	
	35-HVR238-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Turbine Building Vent	
	65-HVT206-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Equipment Exhaust	
	16-HVW195-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Tank Exhaust	
	17-HVW196-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Building Ventilation	
	18-HVW197-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	

ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION
INPLANT SURVEY/SAMPLE STATUS BOARD (Sample)

[illegible][illegible]

ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION
DOWNWIND SURVEY/SAMPLE STATUS BOARD (Sample)

[illegible][illegible]

ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION
EMERGENCY EVENTS STATUS BOARD (Sample)

Date _____

[illegible]

EQUIPMENT SURVEY/SAMPLE STATUS BOARD (Sample)

NOTE: "*" INDICATES SAME AS BEFORE

ATTACHMENT 38: PLANT STATUS TRENDING BOARD (Sample)

Date (MM/DD/YY) _____

PLANT TRENDING BOARD															
TIME PARAMETERS															
Reactor Pressure (psig)															
Reactor Temperature (F°)															
Reactor Level (IN)															
Drywell Pressure (psig)															
Drywell Temperature (F°)															
Release Rate (μCi/Sec)															
Wind Direction from (°)															
Wind Speed (MPH)															
Stability Class															

ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION
AREA RAD MONITORS - UNIT 1 (Sample)

Date (MM/DD/YY) _____

Time (24 Hour) _____

(Process Computer Displayed Time)

No.	Location	Results (Mr/hr)	Trend*
1	SE Plant Entrance TB 261'		
2	New Fuel Storage Area Room RB 318'		
3	Control Room AB 277'		
4	I&C Shop TB 277'		
5	Generator Area TB 300' W		
6	Shaft Pump Area TB 300' E		
7	Cond Pump Valve Cond Bay 261' NE		
8	Outside MSIV Room TB 261'		
9	N of Battery Board Rm TB 261'		
10	Cond Demin Valve Room TB 257'		
11	Regen. Room TB 261'		
12	Truck Bay TB 261'		
13	Old Radwaste Bldg 225' (Retired in Place)		
14	Old Radwaste Bldg S of Stairs 229'		
15	Old Radwaste Bldg Control Room 261'		
16	Old Radwaste Bldg Door to Pusher Room 261'		
17	Inner TIP Room RB 249'		
18	West End of Shield Wall RB 340'		
19	RX Bldg NE Corner 198'		
20	Closed Loop Cooling Area RB 298'		
21	Clean Up Pump Area RB 261'		
22	Rx Bldg NE 281'		
23	CRD Accumulator Area RB 237'		
24	Lg Equipment Decon Rm TB 261'		
25	Rx Bldg E Wall 340'		
26	High Level Chem Lab TB 261'		
27	Rx Bldg NW 318'		
28	North Instr Room RB 237'		
29	Refuel Bridge (Low Range) RB 340'		
RFB	Refuel Bridge (High Range) Process Monitor		
30	New RW Bldg N of Decon Panl 261'		
31	New RW Bldg West Wall 247'		
32	New RW Bldg South Wall		
33	Off Gas Bldg West of Stairs 229'		
34			
35			

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION
AREA RAD MONITORS - UNIT 2 (Sample)

Date (MM/DD/YY) _____

Time (24 Hour) _____
 (DRMS Computer Displayed Time)

#-ARM Monitor	Location	Results (Mr/hr)	Trend*
19-RMS108	RB 289' Southeast CRD Maintenance Area		
21-RMS144	RB 261' CRD Module Area South		
22-RMS106	RB 261' Entrance Area		
23-RMS143	RB 261' CRD Module Area North		
24-RMS145	RB 240' Sample Sink		
25-RMS105	RB 240' TIP Drive Mechanical Equipment Area		
27-RMS139	RB 215' Suppression Pool		
26-RMS2B	RB 215' Recirc Pump Instrument Panel B		
28-RMS2A	RB 215' Recirc Pump Instrument Panel A		
29-RMS101	Auxiliary Bay North 175' RHS Heat Exchange Equipment Room		
31-RMS104	RB 175' Equipment Drains Sumps & Pumps West		
32-RMS103	Auxiliary Bay South 175' RHS Heat Exchange Equipment Room		
33-RMS102	RB 175' Equipment Drains Sumps & Pumps East		
42-RMS112	RB 354' Fuel Handling Platform		
43-RMS111	RB 354' Fuel Handling Platform		
48-RMS119	TB 250'NE Condenser Area		
49-RMS138	TB 250'N Feedwater Pumps		
56-RMS135	TB 250'W Air Removal Pumps		
57-RMS116	TB 250'SW Cond. Pumps/TBCLC Hx Pumps		
58-RMS154	TB 250'SE Hot Water Hx Room		
59-RMS192	TB 306' Gas Effluent Monitor Area (Vital Area Monitor)		
60-RMS191	TB 306' Low-Level Count Room (Vital Area Monitor)		
69-RMS193	Main Stack 261' Gas Effluent Monitor Area (Vital Area Monitor)		
71-RMS130	CB 261' Remote Shutdown Panel Area		

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS

1.0 PROCEDURE

- 1.1 For each person/organization listed, verify that the number(s) listed in this Attachment are correct by contacting that person/organization.

NOTE: For multiple numbers a verbal verification from the person/organization that other numbers are correct is "SAT".

- 1.2 Check "SAT" if the number is verified correct.
- 1.3 If the number is incorrect or no longer working, then perform the following:
- a. If it is a number change, draw one line through the old number and write the new number next to it.
 - b. Verify the new number and check "SAT".
 - c. Generate an Immediate PCE to any affected EIPs or EPMPs listed under Procedure Reference.
 - d. Attach a copy of all PCE's generated.
- 1.4 For all other discrepancies which cannot be resolved, record the discrepancy in the Remarks section and notify the Emergency Preparedness Organization.

ATTACHMENT 41 (Cont)

**ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)**

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-01	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-02	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-03	343-1313	E-911 Center			
EPIP-EPP-04	343-1313	E-911 Center	NA	NA	SEE EPIP-EPP-03
	349-5522	Oswego Hospital Emergency Room			
EPIP-EPP-05A	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-05B	EXT. 2622	Personnel Accountability Coordinator (PAC)			
	EXT. 2847	TSC Manager			
	EXT. 1353	Radiological Assessment Manager (RAM)			
	EXT. 2404	Security Site Supervisor			
EPIP-EPP-05C	591-9150	Oswego County Emergency Management Office (OCEMO)			
EPIP-EPP-05D	EXT. 2662	Personnel Accountability Coordinator	NA	NA	SEE EPIP-EPP-05B
	EXT. 2480	Unit 1 Control Room			
	EXT. 2170	Unit 2 Control Room			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PH CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-06	EXT. 1272	RP Team Coordinator (RPTC)			
	EXT. 1353	RAM	NA	NA	SEE EPIP-EPP-05B
EPIP-EPP-07	593-5988	Environmental Survey Sample Team Coordinator (ESSTC)			
	349-1272	RPTC	NA	NA	SEE EPIP-EPP-06
	349-1353	RAM	NA	NA	SEE EPIP-EPP-05B
	343-6408	RAM			
	593-5987	ESSTC			
	593-4646	Vehicle 5-484			
	593-4645	Vehicle 5-487			
	593-4651	Vehicle 3-1113			
	593-9606	Vehicle 2-1883			
EPIP-EPP-08	1-800-462-7751	National Weather Service (NWS)			
	1-716-565-9001	NWS			
EPIP-EPP-09	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-10	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-11	343-1313	E-911 Center	NA	NA	SEE EPIP-EPP-03
	1-518-457-7362	NYS DEC Hotline			
	1-800-424-8802	National Response Center			
EPIP-EPP-12	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-13	EXT. 2478	Unit 1 Control Room			
	EXT. 2479	Unit 1 Control Room			
	EXT. 2168	Unit 2 Control Room			
	EXT. 2169	Unit 2 Control Room			
	EXT. 2657	Respiratory Protection			
EPIP-EPP-14	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-15	343-2484	Dr. O'Brien			
	1-215-824-1300	Radiation Medical Consultants (RMC)			
	1-215-243-2990	RMC			
EPIP-EPP-16	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PH CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-17	1-877-472-7874	Pager Activation			
	1-315-890-8806	Verizon Telephone			
	1-315-479-2161	Verizon Telephone			
	1-301-816-5100	USNRC			
	1-301-951-0550	USNRC			
	1-518-457-2200	NYS Warning Point			
	1-888-875-2724	Arch Paging			
	460-2378	NMPC Radio Shop			
	460-2379	NMPC Radio Shop			
	1-700-371-5324	TSC ENS Phone Line			
	1-700-371-5329	TSC HPN Line			
	1-700-371-5326	TSC PMCL Line			
	1-700-371-5327	TSC RSCL Line			
	1-700-371-5323	TSC MCL Line			
	1-700-371-5328	TSC LAN Line			
	1-700-371-0064	EOF ENS Line	NA	NA	Tested by JAF
	1-700-371-6299	EOF HPN Line	NA	NA	Tested by JAF
	1-700-371-0062	EOF PMCL Line	NA	NA	Tested by JAF
	1-700-371-0063	EOF RSCL Line	NA	NA	Tested by JAF
	1-700-371-0060	EOF MCL Line	NA	NA	Tested by JAF

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-17 (continued)	1-700-371-0061	EOF LAN Line	NA	NA	Tested by JAF
	1-301-415-0550	NRC Emergency Notification			
	1-301-816-5151 (fax)	NRC Emergency Notification Fax			
EPIP-EPP-18	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-20	593-5951 (fax)	EOF Fax Machine			
	349-2111 (fax)	TSC Fax Machine			
	592-3850 (fax)	JNC Fax Machine			
	591-9176 (fax)	OCEMO Fax Machine			
	1-518-457-9930 (fax)	NYS EMO Fax Machine			
	349-2841	Unit 1 Control Room			
	349-2842	Unit 1 Control Room			
	349-2843	Unit 1 Control Room			
	349-2173	Unit 2 Control Room			
	1-518-457-2200	NYS Warning Point	NA	NA	SEE EPIP-EPP-17
	1-518-457-6811	NYS Warning Point Backup			
	1-518-457-9997	NYS Warning Point			
	911	911 E Center			
	343-1313	911 E Center	NA	NA	SEE EPIP-EPP-03
	591-9189	OCEMO			
	349-8500	OCEMO			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PH CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-20 (Cont.)	Dedicated CR line	JAFNPP			Call from U1/U2 Control Rooms
	349-6665	JAFNPP Control Room			
	349-6666	JAFNPP Control Room			
	342-3840	JAFNPP Switchboard			
	349-6323 (fax)	JAFNPP Control Room (fax)			
	349-2480	Unit 1 Control Room	NA	NA	SEE EPIP-EPP-05D
	342-3462	Unit 1 Control Room			
	349-2478	Unit 1 Control Room			
	349-2170	Unit 2 Control Room			
	342-1929	Unit 2 Control Room			
	342-3059	Unit 2 Control Room			
	349-2168	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-13
	1-800-552-4226	Community Alert Network (CAN)			
	1-877-786-8478	CAN			
	1-800-992-2331	CAN			
	1-877-472-7874	Pager Activation	NA	NA	SEE EPIP-EPP-17
	1-301-816-5100	USNRC ENS LINE	NA	NA	SEE EPIP-EPP-17
	1-301-951-0550	USNRC ENS BACKUP	NA	NA	SEE EPIP-EPP-17
	1-301-415-0550	USNRC ENS BACKUP	NA	NA	SEE EPIP-EPP-17
	1-301-816-5151 (fax)	USNRC (fax)	NA	NA	SEE EPIP-EPP-17

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-20 (Cont.)	349-2637	NMP Energy Center			
	342-4117	NMP Energy Center			
	1-408-971-1038	GE BWR Emergency Support			
	1-800-321-0614	INPO Emergency Response			
	1-770-644-8000	INPO Switchboard			
	1-770-644-8549 (fax)	INPO (fax)			
	1-770-644-8732	INPO Fax Confirmation			
	911	911 E Center	NA	NA	SEE EPIP-EPP-03
	343-5490	911 E Center			
	349-3409	911 E Center			
	1-631-344-2200	DOE Fed. Rad. Monitor. & Assist. (FRMAP)			
	1-860-561-3433 ext. 304	American Nuclear Insurers			
	1-315-413-2832	Orion Hydro Stations			
	1-315-413-2839	Orion Hydro Stations			
	1-315-413-2841	Orion Hydro Stations			
	1-315-461-8671 (fax)	Orion Hydro Stations (fax)			
EPIP-EPP-21	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-22	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PH. CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-23	1-800-626-4329 (pin #1209)	Aviation Service Unlimited			
	1-315-455-6617	Syracuse Executive Air Service			
	593-5920 (fax)	EOF Fax Machine			
	EXT.2841	Unit 1 Control Room	NA	NA	SEE EPIP-EPP-20
	EXT 2173	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
EPIP-EPP-24	1-800-321-0614	INPO Duty Officer	NA	NA	SEE EPIP-EPP-20
	349-2404	NMP Security Department	NA	NA	SEE EPIP-EPP-05B
	591-9150	OCEMO	NA	NA	SEE EPIP-EPP-05C
	591-9176 (fax)	OCEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	911	911 E Center	NA	NA	SEE EPIP-EPP-20
	349-8501	911 E Center			
	1-518-457-2200	NYS Emergency Management Office (NYSEMO)	NA	NA	SEE EPIP-EPP-17
	1-518-457-6811	NYSEMO	NA	NA	SEE EPIP-EPP-20
	1-518-457-9930 (fax)	NYSEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	1-518-457-9997	NYSEMO Fax Machine confirmation	NA	NA	SEE EPIP-EPP-20
	349-2170	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-05D
	342-1929	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
	342-3059	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-24 (Cont.)	349-2168	Unit 2 CSO	NA	NA	SEE EPIP-EPP-13
	1-301-816-5100	USNRC ENS Main	NA	NA	SEE EPIP-EPP-17
	1-301-951-0550	USNRC ENS Backup	NA	NA	SEE EPIP-EPP-17
	1-301-415-0550	USNRC ENS Backup	NA	NA	SEE EPIP-EPP-17
	1-301-916-5151 (fax)	USNRC Fax Machine	NA	NA	SEE EPIP-EPP-17
	349-2529	USNRC Resident Inspector			
	342-4041	USNRC Resident Inspector			
	876-1197 (Pager)	USNRC Resident Pager			
	876-1031 (Pager)	USNRC Resident Pager			
	876-1240 (Pager)	USNRC Resident Pager			
	1-770-644-8000	INPO	NA	NA	SEE EPIP-EPP-20
	1-800-321-0614	INPO Emergency Phone #	NA	NA	SEE EPIP-EPP-20
EPIP-EPP-25	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-26	591-9150	OCEMO	NA	NA	SEE EPIP-EPP-05C
EPIP-EPP-27	539-5876	EOF Admin. Logistics Manager			
EPIP-EPP-28	343-1313	911 E Center	NA	NA	SEE EPIP-EPP-03
	EXT 2404	Security Site Supervisor	NA	NA	SEE EPIP-EPP-05B

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PT. CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-30	349-8501	Oswego County Warning Pt	NA	NA	SEE EPIP-EPP-24
	652-6461	B. Connelly (home)			
	460-2390	B. Connelly (work)			
	876-3437 (pager)	B. Connelly (pager)			
	492-9656	D. DeOrdio (home)			
	460-2369	D. DeOrdio (work)			
	876-4088 (pager)	D. DeOrdio (pager)			
	655-4476	K. Christennsen (home)			
	349-2253	K. Christennsen (work)			
	876-3914	K. Christennsen (pager)			
	676-4092	T. Sitnik (home)			
	460-2378	T. Sitnik (work)			
	876-1067	T. Sitnik (pager)			
	342-3690	E. Schladebeck (home)			
	460-2538	E. Schladebeck (work)			
	876-4129	E. Schladebeck (pager)			
	298-6816	J. Wall (home)			
	460-2391	J. Wall (work)			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-30 (Cont.)	876-3612	J. Wall (pager)			
	695-5713	W. Edwards (home)			
	460-2253	W. Edwards (work)			
	876-5626	W. Edwards (pager)			
	737-0607	R. Hudson(home)			
	798-5151	R. Hudson (work)			
	876-5285	R. Hudson (pager)			
	349-2480	Unit 1 Control Room			
EPIP-EPP-31	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-01	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-03	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-04	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-05	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-06	4874 (fax)	Emergency Preparedness (EP)			
	1-518-862-0312 (fax)	CAN (fax)			
	EXT. 4444	EP Hotline			
EPMP-EPP-08	460-2421	Central Regional Control Center			
	460-2379	NMPC Radio Shop	NA	NA	SEE EPIP-EPP-17
	349-4874 (fax)	EP Fax Machine			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PH CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPMP-EPP-0101	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-0102	NA	NA	NA	NA	NO PHONE NUMBERS

NOTE: It is acceptable to fax or ask verbally the * individuals to verify the phone numbers of the people in their respective group as listed in Attachment 3 of EPIP-EPP-30.

Remarks: _____

Performed by _____ / Date _____ Supervisor Approval Date _____ E.P. Review _____ / Date _____

ATTACHMENT 42: EMERGENCY KEY INVENTORY

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

	GM-5	19-256	S-8	2D25	Site Vehicles	JNC (Master)
TSC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT	X ¹		X			
OSC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT	X ¹		X		X	
JNC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT			X			X ²
OAA <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT			X	X		

¹ Contained in "break away" box outside facility.

² Contained in key box inside Utility Room.

Remarks: _____

_____/_____
 Performed by Date

_____/_____
 Supervisor Approval Date

_____/_____
 E.P. Review Date

ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY CHECKS

1.0 PROCEDURE

NOTE: If, while performing Step 1.1, a red light is received, re-insert your card and verify that a green light is received.

- 1.1 At each Accountability Cardreader listed, insert your personal accountability card.
- 1.2 Check the 'SAT' column for the appropriate Cardreader if a green light is received.
- 1.3 If, after 2 attempts, a red light is received, perform the following:
 - a. Check the 'UNSAT' column for the appropriate Cardreader
 - b. Inform the Maintenance Supervisor (x 7695)
 - c. Inform the respective Station Shift Supervisor (x2480 - Unit 1)
(x2170 - Unit 2)
 - d. Inform the Security Site Supervisor (x 2404)

ATTACHMENT 43 (Cont)

Quarter: 1 2 3 4 YEAR:				
MNEMONIC	DESCRIPTION	LOCATION	SAT	UNSAT
AC106E77	U1/U2 Passageway	U1, el. 277'		
AC186E61	Admin. Bldg Hallway (by FIN Team Room)	U1, el. 261'		
AC187E61	Women's Locker Room	U1, el. 261'		
AC189E61	Men's Locker Room	U1, el. 261'		
AC188E61	Men's Locker Room	U1, el. 261'		
AC199E50	TSC	U1, el. 250'		
SH102D61	Screenhouse, West Entrance	U1, el. 261'		
ST102D61	Security Annex, North Door	U1, el. 261'		
AA207D61	Security East (277')	U2, el. 261'		
AC203E61	Screenwell - East (277')	U2, el. 261'		
AC201E61	Screenwell - West	U2, el. 261'		
AC209E61	Access Control Bldg. - by OCC	U2, el. 261'		
AC201E61	L Building - West	U2, el. 261'		
AC214E77	L Building - South	U2, el. 277'		
AC223E61	K Building - West	U2, el. 261'		
AC219E61	K Building - Center South	U2, el. 261'		
AC220E61	K Building - South Locker Area	U2, el. 261'		
AC221E61	K Building - Center North	U2, el. 261'		
AC225E61	Operations Building - Center North	U2, el. 261'		
AC226E77	Operations Building - Center North	U2, el. 277'		
AC227E61	Maintenance Bldg. - North	U2, el. 261'		
AC228E61	Maintenance Bldg. - South	U2, el. 261'		
AC229E77	Maintenance Bldg. - North	U2, el. 277'		
AC230E77	Maintenance Bldg. - South	U2, el. 277'		

_____/_____
 Performed by Date

_____/_____
 Supervisor Approval Date

_____/_____
 E.P. Review Date

ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS (SAMPLE)

DATE: _____

UNIT 1 ☐ UNIT 2 ☐

TEAM #	MISSION	MISSION STATUS		
		DISPATCHED	COMPLETED	PROGRESS
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____

ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE

Quarter: 1 2 3 4 Year: _____

☐ Post Use Surveillance

Instructions	Locations										
Examine:	NLC	Energy Center	Fire School	U1 Admin 2nd Floor	Security East	Security West	U2 Ops Bldg 1st Floor	ACB	TB 250 Unit 2	Warehouse	ESB-1
<ul style="list-style-type: none"> AED Case: unit is clean Battery Well: no damage/cracks, no bent/discolored pins Battery: expiration date > last day of next quarter Electrodes: expiration date > last day of next quarter Equipment Pouch contents include: 1 pr gloves, mouth mask, disposable razor After replacing battery turn on. After voice says "connect electrodes" turn off. Verify handle display says "OK" 	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat
	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat

Comments/Corrective Actions: _____

Performed by _____ Date _____ / _____ Supervisor Approval _____ Date _____ / _____ Emergency Preparedness Review _____ Date _____ / _____

(C1)

ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

Year: _____

Instructions	Locations								
	Unit 1 TB 261', 1st & Bridge			Unit 2 AP Hall 261'			Unit 2 TB 250'		
Examine: Fire Helmet • No cracks in shell • No discolorations in shell • Ear flaps attached • Chin strap attached	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
Coat • No tears, rips, cuts • No discolorations • No degradations in thermal barrier • No degradation in moisture areas	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
Pants, suspenders • No tears, rips, cuts • No discolorations • No degradations in thermal barrier • No degradation in moisture areas	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
Boots • No tears, rips, cuts • Good tread on soles right and left	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
Gloves • No tears, rips, cracks, cuts	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>

 Comments/Corrective Actions: _____

 _____ / _____
 Performed by Date

 _____ / _____
 Supervisor Approval Date

 _____ / _____
 EP Review Date

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE

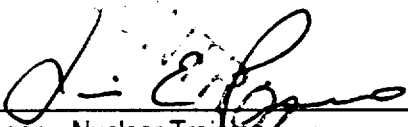
EPMP-EPP-04

REVISION 07

EMERGENCY EXERCISE/DRILL PROCEDURE

TECHNICAL SPECIFICATION REQUIRED

Approved by:
L. E. Pisano



Manager - Nuclear Training

11/28/01
Date

Effective Date: 12/11/2001

PERIODIC REVIEW DUE DATE: AUGUST, 2002

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1.0 PURPOSE

The purpose of this procedure is to ensure that periodic exercises and drills are conducted to train and evaluate the emergency response capabilities of the Nine Mile Point Nuclear Station.

2.0 PRIMARY RESPONSIBILITIES

2.1 Director Emergency Preparedness

- 2.1.1 Ensures that drills and exercises are scheduled in accordance with this procedure.
- 2.1.2 Ensures that scenarios are prepared in a timely manner to support the Emergency Preparedness Branch Drill/Exercise Schedule.
- 2.1.3 Ensures that all significant deficiencies and comments noted during the drill/exercise are being addressed.
- 2.1.4 Ensures that Drill/Exercise Training Records for players and controllers are completed.
- 2.1.5 Approves the use of training sessions to substitute for drills.

2.2 Emergency Preparedness Specialist

- 2.2.1 Schedules drills and exercises to meet the requirements of Attachment 1 and Attachment 2 .
- 2.2.2 Schedules, develops, reviews, coordinates and conducts drills and exercises in accordance with this procedure.
- 2.2.3 Prepares the Post Drill/Exercise Report.
- 2.2.4 Coordinates post-drill critiques per this procedure.
- 2.2.5 Verifies the readiness of emergency facilities for drill/exercises.
- 2.2.6 Coordinates the preparation and use of mockups in drills/exercises.
- 2.2.7 Maintain Emergency Preparedness Task Tracking System (EPTTS) in accordance with Attachment 8.

3.0 PROCEDURE

3.1 Emergency Preparedness Specialists

- a. Develop drill/exercise scenarios that incorporate elements in accordance with Attachment 1 that are demonstrated at least annually, and Attachment 2 that are demonstrated at least every 6 years as required.
- b. Should develop drill/exercise scenario packages using Attachment 3 as a guide.

- NOTES:**
1. Drill/exercise scenario packages are not required for tabletop drills, facility sessions or drills of limited scope (such as dose assessment or communications drills).
 2. Approved Operator Re-qualification Training Simulator Scenarios may be used as drill/exercise scenario packages.

- c. Should utilize Attachment 4 as an aid in the scenario development process.
- d. Shall maintain confidentiality of the scenario contents in accordance with existing guidelines.
- e. Should utilize Attachment 5 in the development of FEMA observed exercise scenarios.
- f. Shall ensure that drills/exercises utilize qualified observers and controllers.
- g. Should validate drill and exercise scenarios as follows:
 - Utilize staff or shift operations crew to execute the scenario and develop likely crew actions and success paths.
 - Utilize qualified persons to review the scenario package. (This review may be documented using Attachment 6.)
 - Verify proper simulator operation and response by executing the final copy of the simulator instructions in as close as reasonably achievable time frame as the scenario is required to run for the actual drill/exercise.
 - Obtain scenario validation completion signature on scenario signature page.
 - Verify response of displays is the same as projected. Specifically:
 - (i) (Unit 2 only) DRMS displays and paper data match as close as possible
 - (ii) (Unit 2 only) Stack effluent monitors on SPDS and paper data (GEMS) match as close as possible.
 - (iii) In plant radiological monitors provided by the simulator match paper data as close as possible.
 - (iv) Paper data is on same timeline as the scenario.
 - (v) Identify differences and ensure these are covered during the briefing.

3.1 (Cont)

- h. Shall ensure that last minute changes to the scenario are written in ink, dated and initialed by the Lead Controller, and communicated to other applicable controllers.
- i. Shall ensure that scenarios are approved as indicated by coversheet signatures.
- j. Should conduct quarterly notification drills in accordance with the steps for Telephone Notification System Surveillance and Testing in EPMP-EPP-06.

3.2 Drill/Exercise Observers and Controllers

3.2.1 Controllers should:

- a. Provide data, messages and contingency messages when acting as a controller, as needed.
- b. Be briefed prior to the drill on all pertinent aspects of the drill and what is expected of them.
- c. Ensure ERO players understand that drill data provided in a paper format should not be expected to cause alarms and or system actuations, as this data is empirically derived and not driven by the simulator. Alarms and or system actuations should be verified or effected as required.
- d. Be assigned as appropriate to monitor, evaluate, and for drills only, immediately correct any mis-cues of:
 - Site Personnel
 - Survey Teams
 - Search and Rescue Teams
 - Damage Repair Teams
 - EOF operations
 - TSC operations
 - OSC operations
 - Security Personnel
 - Control Room Operations (Simulator)
 - Procedure compliance
- e. Be knowledgeable in the areas they are to observe.
- f. Be visibly identified as controllers (use of arm bands and/or name-tags is acceptable).

3.2.2 Observers should

- a. Be knowledgeable in the areas they are to observe.
- b. Observe actions of drill players and controllers but not interact with same until after drill termination.
- c. Be briefed prior to the drill on areas they are expected to observe.
- d. Be visibly identified as observers (use of arm bands and/or name-tags is acceptable).

3.3 Post Drill Actions

3.3.1 Emergency Preparedness Specialist should conduct and document critiques:

- a. Immediately or as soon as practicable following the drill/exercise for observer/controllers and station personnel from the participating groups in each facility involved.
- b. For the purpose of identifying Strengths, Improvement items and other comments/conditions noted during the Drill/Exercise, and also determine if the drill/exercise requires remediation.
- c. For the purpose of identifying strengths, improvement items and other comments/conditions noted during a real event, such that credit toward completion of drill/exercise requirements may be accomplished.

3.3.2 The Director Of Emergency Preparedness or designee should develop drill/exercise reports within 30 days of the completion of the drill/exercise, that:

- a. Identify observations, deficiencies, opportunities for improvement and strengths as noted by the various observer/controllers.
- b. Determine drill/exercise performance either satisfactory or unsatisfactory based upon performance of drill/exercise objectives.
- c. Determine if the drill/exercise should be rescheduled following an unsatisfactory performance.
- d. Identify all comments made by the NRC, INPO or other participating outside agencies, and the actions proposed by NMPNS to resolve those comments.

e. Identify instances of procedure non-compliance determined via a review of paperwork generated

f. Contain documentation of any Deviation Event Report (DERs) generated as a result of comments received.

3.3.2 (Cont)

- f. Should contain the following sections:
 - Executive Summary
 - Drill Description
 - Strengths and Opportunities for Improvement by Facility (including DER numbers where appropriate)
 - General Opportunities for Improvement including EPTTS number and proposed actions for each. (Use Attachment 8 for development of EPTTS items.)
 - Performance Indicators accomplished for each drill.

- g. Shall be provided to the appropriate station managers for their review.

NOTE: Review by station managers is a key mechanism for informing station personnel of drill/exercise performance.

- h. Shall be retained on file in accordance with Section 6.0.

3.3.3 Emergency Preparedness Specialists should develop and maintain a drill element matrix based upon Attachment 1 and 2 of this procedure that:

- a. Details when each required annual and cyclic (6 year) element was last completed.
- b. Is updated at least yearly based upon successful completion of drills/exercise elements:
 - conducted for each drill/exercise completed during the year, or
 - as a result of actual plant events following which a critique was conducted and documented, or
 - during documented training sessions.

3.3.4 Emergency Preparedness Specialists should, within two days following the conduct of a drill, exercise or event in which "credit" for completion of the training requirement for drill participation will be given:

- a. Develop a list of those personnel receiving credit to include:
 - Date of the event
 - Scenario/Event Identification
 - Names of participants, with their initials signifying their participation
 - Titles/position to receive credit for
 - Social Security Number
- b. This list of personnel should be validated by the EP Director or designee (typically lead facility controller for drills/exercises)

3.3.4 (Cont)

- c. Provide this list of personnel to EP Training for inclusion in the appropriate training records.

4.0 **DEFINITIONS**

4.1 **Comments**

Items identified during the conduct of the drill/exercise by controllers observers, participants, or other parties as appropriate.

- a. **Deficiency**

An event or sequence of events (taken or omitted) that result in an identified objective of the drill or exercise being rated unsatisfactory (will be tracked via DER process).

- b. **Observation**

A comment made by drill/exercise observers, controllers or participants, either as a strength or opportunity for improvement, which has been made for the purpose of improving the program.

- c. **Opportunities for Improvement**

An identified action or sequence of actions which while not unsatisfactory, warrants improvement.

- d. **Strength**

A perceived positive individual or group response to a drill/exercise scenario, above and beyond the expected or procedurally required actions.

4.2 **Controller**

Individuals assigned to various "Key" locations in order to actively direct/observe the progress of the drill/exercise by inputting drill messages and data at appropriate times and provide necessary interpretation to participants.

4.3 **Drill**

An instructional scenario aimed at training, testing, developing and maintaining emergency preparedness skills in a given situation.

4.4 Drill Message

A communication (usually written but may be verbal) which provides the necessary control for the drill/exercise to follow the scenario.

a. Control Message

Provide information to the participants or cause the participants to take actions to allow for the smooth progression of the scenario.

b. Contingency Message

Provide information to participants as necessary when participants either take action or fail to take actions which would change the outcome of the scenario, or provides information to participants when unavoidable events occur during the course of the scenario. (examples may include; simulator failures, inter-tie failures etc.)

4.5 Exercise

An event that is NRC observed and evaluated that tests the integrated capability of major portions of the basic elements contained within the Site Emergency Plan and respective implementing procedures.

4.6 Observer

Individual(s) assigned to monitor the activities of various emergency response groups and provide appropriate comments on personnel performance and/or facilities/hardware deficiencies. Observers should not directly interact with players during the drill.

4.7 Participation

Describes which organizations shall assist in the emergency drill/exercise and to what extent.

a. Full

Appropriate offsite local and state authorities and licensee personnel physically and actively take part in testing their integrated capability to adequately assess and respond to an accident. Participation by the Federal Emergency Management Agency (FEMA) is indicative of a full participation exercise.

b. Partial

Appropriate offsite authorities shall actively take part in the exercise sufficient to test direction and control functions; (i.e., protective action decision making related to emergency action levels and communication capabilities among affected state and local authorities and the licensee. May not include participation by FEMA, but may include participation by the Nuclear Regulatory Commission (NRC).

4.8 Scenario

A set of events, organized in a logical progression, presented complete with all necessary objectives, data, messages and instructions used to provide a realistic drill/exercise.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

Nine Mile Point Site Emergency Plan

5.3 Standards, Regulations, and Codes

5.3.1 10CFR50 Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities

5.3.2 10CFR50, Appendix R, Fire Protection Program for Nuclear Power Facilities Operating prior to January 1, 1979

5.3.3 44CFR350, U.S. Federal Emergency Management Agency, Review and Approval of State and Local Radiological Emergency Plans and Preparedness

5.3.4 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

5.3.5 NRC Inspection Module IM 82302

5.4 Policies, Programs, and Procedures

EPMP-EPP-01, Maintenance of Emergency Preparedness

5.5 Technical Information

FEMA-REP-15: Radiological Emergency Preparedness Exercise Evaluation Methodology

5.6 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
None	C1	DER C-2000-0141: Adverse trend in secondary responders reporting for drills
None	C2	DER C-2000-0658: Questionable Drill due dates for continuing training/qualification of the ERO

6.0 RECORDS

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management.

- Drill/Exercise Scenarios
- Drill/Exercise Reports
- Drill/Exercise Evaluation/Comment Sheets
- Drill/Exercise Logs/Records used in each Emergency Facility
- Attachment 3, Table 1, Drill Controller Lists
- Attachment 3, Table 2, Drill Player Lists
- Attachment 7, Exercise/Drill Observation Sheets

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File.

- Attachment 4, Scenario Development Checklist
- Attachment 6, Scenario Review Checklist

LAST PAGE

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS				
ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	<u>NUREG 0654</u> <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A1	Command and control is established and maintained in each emergency facility in accordance with EPIP-EPP-18, 23.	Identify who is in charge by title	A1d	a7
A2	Each ERF develops of a 24 hour ERF staffing schedule in accordance with EPIP-EPP-23.	Provide for 24 hour emergency response and 24 hour staffing of communication links	A1e	a7
A3	TLAM ensures governmental organizations are available to provide assistance as described in Appendix A of the Site Emergency Plan in accordance with EPIP-EPP-23.	Plan shall include Federal, State and Local written agreements, including emergency measures, exchange of information	A3	a7
A4	The TDC coordinates the development of a complete 24 hour ERF staffing schedule in accordance with EPIP-EPP-23.	Each principle organization shall provide for 24 hour staffing, and identify who is in charge of assuring continuity of resources	A4	a7
A5	Control room personnel perform their ERO duties from the control room in accordance with appropriate EPIP-EPPs	Specify onsite emergency organization for all shifts, and its relation to the responsibilities and roles of the normal staff people	B1	a8
A6	The SSS assumes ED duties, and performs actions in accordance with EPIP-EPP-18.	Designate an Emergency Plan Coordinator, on shift at all times, able to do all required actions	B2	a8
A7	The SSS completes turnover of ED duties in accordance with EPIP-EPP-18 and EPIP-EPP-23.	Identify the line of succession for the Emergency Coordinator, and conditions for assuming the job.	B3	a8
A8	The staffing of all initial responder ERO positions in each ERF is in accordance with NIP-EPP-01.	Specify the positions, titles, tasks of all major players. Use Table B-1 as a guide	B5	a8
A9	The staffing of all secondary responder ERO positions in each ERF is in accordance with NIP-EPP-01.	Specify corporate admin and tech people who will augment plant staff. See Table B-1	B7	a7

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	NMPNS DESCRIPTION Annually, during a drill, exercise or actual event verify:	NUREG 0654 DESCRIPTION	NUREG 0654 Reference	NRC IM 82302 Reference
A10	The ALM performs duties associated with logistical support in accordance with EPIP-EPP-23.	Provide for logistics support (transportation, communications, temp quarters, food, water, sanitary facilities and special equip. and supplies	B7a	a7
A11	The duties associated with technical support for re-entry / recovery are accomplished in accordance with EPIP-EPP-23 & 25.	Provide for technical support for planning and reentry/recovery	B7b	a7
A12	The ED provides appropriate interface with federal, state, and local government personnel in accordance with EPIP-EPP-18, 23.	Provide for management level interface with governmental authorities	B7c	a7
A13	The JNC Director and/or ED coordinates news releases with federal, state and local personnel prior to release to the media in accordance with EPIP-EPP-18 & 23.	Provide for the release of information to the news media coordinated with governmental authorities	B7d	a7
A14	The TLAM ensures contractors are available to provide assistance as described in Appendix A of the Site Emergency Plan in accordance with EPIP-EPP-23.	Specify contractor and private organizations who may be called in to help	B8	a7
A15	(During a drill, exercise or event involving security related activities) Police (County Sheriffs) provide assistance as needed during an emergency in accordance with EPIP-EPP-10.	Identify the services to be provided by local agencies (police , medical, ambulance, fire fighting, hospital). Provide for transport and treatment of contaminated victims	B9	a7
A16	(During a drill, exercise or event involving a medical event) Medical assistance is provided as needed during an emergency in accordance with EPIP-EPP-04.	Identify the services to be provided by local agencies (police, medical , ambulance, fire fighting, hospital). Provide for transport and treatment of contaminated victims	B9	a7

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS				
ID #	NMPNS DESCRIPTION Annually, during a drill, exercise or actual event verify:	NUREG 0654 DESCRIPTION	NUREG 0654 Reference	NRC IM 82302 Reference
A17	(During a drill, exercise or event involving a medical event) Ambulance services provide assistance as needed during an emergency in accordance with EPIP-EPP-04.	Identify the services to be provided by local agencies (police, medical, ambulance , fire fighting, hospital). Provide for transport and treatment of contaminated victims	B9	a7
A18	(During a drill, exercise or event involving a fire) Volunteer fire fighters provide assistance as needed during an emergency in accordance with EPIP-EPP-28.	Identify the services to be provided by local agencies (police, medical, ambulance, fire fighting , hospital). Provide for transport and treatment of contaminated victims	B9	a7
A19	(During a drill, exercise or event involving a medical event) Hospitals provide assistance as needed during an emergency in accordance with EPIP-EPP-04.	Identify the services to be provided by local agencies (police, medical, ambulance, fire fighting, hospital). Provide for transport and treatment of contaminated victims	B9	a7
A20	(During a drill, exercise or event involving a medical event) Provide for transport and treatment of contaminated victims in accordance with EPIP-EPP-04.	Identify the services to be provided by local agencies (police, medical, ambulance, fire fighting, hospital). Provide for transport and treatment of contaminated victims.	B9	a7
A21	Control room and (when activated) TSC / EOF personnel identify and assess plant parameters, equipment status or other conditions as required to accurately classify the emergency in accordance with EPIP-EPP-01/02 and EPMP-EPP-0101/0102.	Establish an EAL scheme with instruments parameters and equipment used to determine if we meet them specified	D1	a2
A22	The appropriate Emergency Action Levels are used to classify and declare the emergency in accordance with EPIP-EPP-01/02.	EAL initiating conditions specified for all postulated accidents	D2	a2

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NUC IM 82302 Reference
A23	The Communications Aide notifies the state, county and federal governments of the declaration of an emergency in accordance with EPIP-EPP-20.	Establish mutually agreed upon procedures for notification of response organizations consistent with EALs. Include means of verification of messages.	E1	a3
A24	Communications Aide notifies the ERO of the declaration of an emergency in accordance with EPIP-EPP-20.	Establish procedures for alerting notifying and mobilizing the ERO	E2	a3
A25	The SSS/ED completes the initial Part 1 Notification fact sheets in accordance with EPIP-EPP-20.	Establish in conjunction with state and county, the content of initial emergency messages. Must include: class of emergency, release information, potentially affected population, and PARs	E3	a3
A26	The updated Part 1 Notification fact sheets are completed in accordance with EPIP-EPP-20, and transmitted in accordance with EPIP-EPP-20 to the state and county.	Provide for follow up messages to include: 1. location of incident, with name and phone number of caller. 2. date/time of incident. 3. class of emergency. 4. licensee emergency actions underway. 5. recommended emergency actions including PARs. 6. request for any needed assistance. 7. prognosis for worsening of conditions or termination based upon plant information.	1. E4a 2. E4b 3. E4c 4. E4k 5. E4l 6. E4m 7. E4n	a4

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS				
ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A27	The Dose Assessment staff in the EOF completes and ensures transmittal of the Part 2 Notification Fact Sheet in accordance with EPIP-EPP-20 & 23 to the state and county.	Provide for follow up messages to include: 1. type of actual or projected release and estimated duration or impact times. 2. estimate of quantity of rad materials released and point of release. 3. chemical and physical form of released materials, including quantities, concentrations of noble gases, iodides, and particulate. 4. meteorological conditions at appropriate levels (wind speed, direction to and from, stability, precipitation). 5. actual, or projected dose rates at site boundary, and projected integrated dose rates at site boundary. 6. projected dose rates and integrated dose rates at the projected peak and at 2, 5 and 10 miles including sectors affected. 7. estimate of surface contamination, in plant onsite and offsite.	1. E4d 2. E4e 3. E4f 4. E4g 5. E4h 6. E4i 7. E4j	a4
A28	The Communications Aide and or Communications Coordinator use normal and backup communications to the state and county in accordance with EPIP-EPP-20.	Establish reliable primary and backup means of communications to include provisions for 24 hr notification to and activation of State and Local ERO, and an alternate comm link.	F1a	a4
A29	The Communications Aide and or Communications Coordinator uses the RECS line in accordance with EPIP-EPP-20.	Make provisions for communications with state and local governments within the EPZs.	F1b	a4

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A30	The Communications Aide and or Technical Staff (TSC) uses the ENS line to communicate with the NRC in accordance with EPIP-EPP-20.	Make provisions for communicating with the federal government	F1c	a4
A31	Communications are established between all ERFs, state and local governments and rad monitoring teams in accordance with EPIP-EPP-17.	Provide for communications between the control room and EOF, state and local EOCs and rad monitoring teams	F1d	a4
A32	The Communications Aide contacts / activates the CAN system, and activates pagers in accordance with EPIP-EPP-20.	Provide for alerting and activating the ERO in each organization	F1e	a4
A33	The Rad/Dose Assessment personnel in the TSC / EOF communicate with the NRC on the HPN line and downwind teams in accordance with EPIP-EPP-23.	Provide for communications by the licensee with NRC HQ and regional EOC and the EOF and rad teams.	F1f	a4
A34	(During a drill, exercise or event involving a medical event) The CSO ensures communications are established with hospital from control room in accordance with EPIP-EPP-04, and between ambulance and hospital via radios	Provide for a coordinated communications link for fixed and mobile medical support	F2	a4
A35	Downwind Teams have access to, understand need for, and are capable of retrieving data from offsite monitors, and laboratory facilities in accordance with EPIP-EPP-12.	Provide for data from offsite monitoring and analysis equipment and lab facilities fixed and mobile for emergency access use.	H6c	a4
A36	Reactor Analyst uses EPIP-EPP-09 to determine extent of core damage.	Identify plant system and effluent parameters characteristic of off normal conditions (graphs of core damage)	I1	a1

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS				
ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	<u>NUREG 0654</u> <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A37	Technical Assessment staff in the TSC determine extent of core damage using PASS samples, rad and effluent monitors, in plant iodine and containment rad monitors in accordance with EPIP-EPP-09.	Provide for initial and continuing assessment using PASS samples, rad and effluent monitors, in plant iodine and containment rad monitors	I2	a1
A38	Announcements associated with the emergency are made over the GAltronic in accordance with EPIP-EPP-18 and relayed to the NLC and Energy Information Center in accordance with EPIP-EPP-23.	Establish the means and times for notifying onsite people and people in the exclusion area including: 1. Employees not having emergency assignments. 2. Visitors. 3. Contractors and construction personnel. 4. Other people who may be in the public access areas or passing through.	1. J1a 2. J1b 3. J1c 4. J1d	a3
A39	Security ensures that personnel exit the protected area through the portal monitors, and if the portal monitors alarm, personnel are monitored by RP.	Provide for rad monitoring of evacuees	J3	a5
A40	The RPTC ensures that DCTs are qualified to use respirators, have access to them, and are provided with a briefing when they are required to be worn in accordance EPIP-EPP-22 & EPIP-EPP-15.	Make provisions for ERO to have respiratory protection	J6a	a5
A41	The RPTC ensure DCTs and DSTs are qualified to use PCS, have access to them, and are provided with a briefing when they are required to be worn in accordance with EPIP-EPP-22.	Make provisions for ERO to have protective clothing	J6b	a5

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A42	The RAM and RPTC ensure DCTs and DSTs have access to KI, are provided with a briefing when it is required to be taken, and make appropriate decision to use KI when needed, in accordance with EPIP-EPP-22 & EPIP-EPP-15.	Make provisions for the ERO to use KI	J6c	a5
A43	The development, review, approval and distribution of PARs to state and county is in accordance with EPIP-EPP-08 & 23.	Establish the mechanism for making PARs	J7	a6
A44	(During a drill, exercise or event involving a medical event) The RP Technicians ensure dose rates are controlled in accordance with EPIP-EPP-04, for removal of injured personnel.	Establish onsite exposure guidelines consistent with EPA PAGs for removal of injured people	K1a	a5
A45	The RAM and RPTC ensure dose rates are controlled in accordance with EPIP-EPP-15, for undertaking corrective actions.	Establish onsite exposure guidelines consistent with EPA PAGs for undertaking corrective actions	K1b	a5
A46	The RPTC advises DCTs and DSTs of dose deltas, track and control exposures in accordance with EPIP-EPP-15 & 22, for performing assessment actions.	Establish onsite exposure guidelines consistent with EPA PAGs for performing assessment actions	K1c	a5
A47	(During a drill, exercise or event involving a medical event) The RP Technician ensures dose rates are controlled in accordance with EPIP-EPP-04, for performing first aid.	Establish onsite exposure guidelines consistent with EPA PAGs for providing first aid	K1d	a5
A48	(During a drill, exercise or event involving a medical event) The RP Technician ensures dose rates are controlled in accordance with EPIP-EPP-04, for performing personnel decontamination.	Establish onsite exposure guidelines consistent with EPA PAGs for performing personnel decon	K1e	a5

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS				
ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A49	(During a drill, exercise or event involving a medical event) The RP Technician ensures dose rates are controlled in accordance with EPIP-EPP-04, for providing ambulance services.	Establish onsite exposure guidelines consistent with EPA PAGs for providing ambulance service	K1f	a5
A50	(During a drill, exercise or event involving a medical event) The RP Technician ensures dose rates are controlled in accordance with EPIP-EPP-04, for providing medical treatment.	Establish onsite exposure guidelines consistent with EPA PAGs for providing medical treatment	K1g	a5
A51	The RAM ensures that radiological work practices are in accordance with approved RP procedures and EPIP-EPP-15 as appropriate.	Provide for an onsite rad protection program	K2	a5
A52	The RAM and RPTC ensure that dosimetry is distributed and used, in accordance with approved RP procedures and EPIP-EPP-15.	Provide for 24 hr capability to determine dose of ERO, including distribution of dosimetry both self reading and permanent record devices	K3a	a5
A53	The RAM, the RPTC, and the ODAM ensure that dosimetry is monitored and recorded in accordance with approved RP procedures.	Ensure dosimeters are read at appropriate frequencies, and maintain records	K3b	a5
A54	The RAM and RPTC ensure that decontamination practices are in accordance with approved RP procedures.	Procedures shall specify action levels for determining the need to decon.	K5a	a5
A55	(During a drill, exercise or event involving a medical event) The RP Technician ensures decontamination and disposal of waste during a medical emergency is in accordance with EPIP-EPP-04.	Procedures shall establish the means for decon of wounds, provide for supplies, instruments, and equipment and for waste disposal	K5b	a5

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	<u>NUREG 0654</u> <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A56	The RAM and RPTC provide for onsite contamination control including area access control in accordance with approved RP procedures and EPIP-EPP-23.	Provide for onsite contamination control including area access control	K6a	a5
A57	Announcements include the words "no eating drinking smoking until habitability is confirmed" in accordance with EPIP-EPP-18.	Provide for onsite contamination control including drinking water and food supplies	K6b	a5
A58	The RAM and RPTC ensure that onsite contamination control including criteria for return of work areas to normal use are in accordance with approved RP procedures.	Provide for onsite contamination control including criteria for return of work areas to normal use.	K6c	a5
A59	(During a drill, exercise or event involving a medical event) Fire brigade members provide first aid in accordance with EPIP-EPP-04.	Provide onsite first aid capability	L2	a5
A60	Personnel collect water samples and provide for its analysis in accordance with EPIP-EPP-16.	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of water	N2d	b13
A61	Personnel collect vegetation samples and provide for its analysis in accordance with EPIP-EPP-16.	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of vegetation .	N2d	b13
A62	Personnel collect soil samples and provide for its analysis in accordance with EPIP-EPP-16.	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of soil .	N2d	b13

ATTACHMENT 1

ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS

ID #	<u>NMPNS DESCRIPTION</u> Annually, during a drill, exercise or actual event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
A63	Personnel collect air samples and provide for its analysis in accordance with EPIP-EPP-07.	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of air.	N2d	b13
A64	Airborne and liquid samples and data from direct measurements in the environment are obtained and used in accordance with EPIP-EPP-06 & 07.	Response to and analysis of elevated airborne and liquid samples and direct measurements in the environment.	N2e1	NA
A65	Reactor Analyst uses PASS sample data to analyze and make core damage assessments in accordance with EPIP-EPP-09.	Analysis of in-plant liquid samples with actual elevated radiation levels including use of the PASS system.	N2e2	NA

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE				
ID #	<u>NMPNS DESCRIPTION</u> At least once every 6 years during a drill, exercise or event verify:	<u>NUREG 0654 DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
C1	The JNC is fully activated and performing all functions specified in accordance with EPIP-EPP-27	Designate points of contact and physical location for use by the media	G3a	b2
C2	NA (JNC is located next to the EOF, No additional space is required for media in the EOF)	Provide space at the EOF for the media	G3b	b2
C3	The JNC Director performs actions in accordance with EPIP-EPP-27.	Designate a spokesperson at the JNC	G4a	b2
C4	The JNC new briefings are coordinated amongst all required participants, and media briefings involve all requisite parties in accordance with EPIP-EPP-27.	Arrange for timely exchange of info between all spokespersons.	G4b	b2
C5	Rumor control is active and participating within the JNC and are being called by designated "rumor control message providers" providing rumor messages.	Establish coordinated arrangements for dealing with rumors	G4c	b2
C6	Offsite Dose Assessment Staff performs offsite dose assessment based upon containment radiation monitors using EDAMS in accordance with EPIP-EPP-08.	Establish procedures and techniques for the determination of source terms, using containment rad monitors	I3a	b14

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE

ID #	NMPNS DESCRIPTION At least once every 6 years during a drill, exercise or event verify:	NUREG 0654 DESCRIPTION	NUREG 0654 Reference	NRC IM 82302 Reference
C7	Offsite Dose Assessment Staff performs offsite dose assessment based upon plant parameters and effluent monitors using EDAMS in accordance with EPIP-EPP-08.	Establish procedures and techniques for determination of magnitude of release based upon plant parameters and effluent monitors.	I3b	b143
C8	Offsite Dose Assessment Staff performs offsite dose assessment with varying meteorological conditions using EDAMS in accordance with EPIP-EPP-08.	Establish the relationship between the effluent monitors and onsite and offsite exposures for various meteorological conditions.	I4	b14
C9	Offsite Dose Assessment Staff performs offsite dose assessment with default values using EDAMS in accordance with EPIP-EPP-08.	Establish methodology for determination of release rate/projected doses if instrumentation used for assessment if inop/unavailable.	I6	b14
C10	Downwind survey teams are dispatched to collect and transmit data in accordance with EPIP-EPP-07.	Describe the capability and resources for field monitoring within the plume exposure pathway.	I7	b13
C11	The downwind survey teams are qualified, briefed, have appropriate monitoring and communications equipment, vehicles and procedures to provide data to the Offsite Dose Assessment Manager in order to determine location and magnitude of release in accordance with EPIP-EPP-08.	Provide the methods, equipment and expertise to make rapid assessments of the actual or projected magnitude and locations of any releases. Including field team composition, transportation, communication, monitoring equipment and estimated deployment times.	I8	b13
C12	The downwind survey teams have the equipment to detect and measure radioiodine as low as 10x-7uci/cc.	Have the capability to detect and measure radioiodine as low as 10x-7uci/cc	I9	b14

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE

ID #	<u>NMPNS DESCRIPTION</u> At least once every 6 years during a drill, exercise or event verify:	<u>NUREG 0654</u> <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
C13	The Offsite Dose Assessment staff uses EDAMS to determine integrated dose from projected or actual dose and compares them to the PAGs in accordance with EPIP-EPP-08.	Establish means for relating various measured parameters to dose rates for key isotopes and gross rad measurements. Provisions shall be made for estimating integrated dose from the projected/actual dose and comparing them with PAGs. Details shall be provided in separate procedures.	I10	b14
C14	The Offsite Dose Assessment Manager coordinates the collection of field data with state and federal resources.	Arrange for tracking of the plume using state and federal resources	I11	b13
C15	Accountability of personnel remaining within the protected area completed within 30 minutes in accordance with EPIP-EPP-05D	Provide for accountability for all people on site and ascertain who is missing within 30 minutes	J5	b17
C16	NA State and Local requirement only	State and locals must make provisions for implementing protective measures based upon PARs consistent with EPA PAGs for food and animal feeds	J9	b12
C17	NA State and Local requirement only	Plans shall provide for means of relocation	J10g	b11
C18	NA State and Local requirement only	State shall specify protective measures to be taken for the ingestion pathway	J11	b12
C19	NA State and Local requirement only	State and locals establish decision chain for authorizing emergency exposures	K4	b4

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE

ID #	<u>NMPNS DESCRIPTION</u> At least once every 6 years during a drill, exercise or event verify:	<u>NUREG 0654 DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
C20	(During a drill, exercise, or event involving a medical event) Oswego Hospital and or University Hospital participates in providing appropriate medical services to injured personnel having radiation exposure or uptake in accordance with appropriate Hospital Plan.	Arrange for local and backup hospital and medical services	L1	b4
C21	(During a drill, exercise or event involving a medical event) Ambulance services from Oswego County provide appropriate medical transport of contaminated injured personnel to medical facilities.	Shall arrange for transport of victims of rad accidents to medical support facilities	L4	b5
C22	ED directs event termination and entry into the recovery phase actions in accordance with EPIP-EPP-25.	Develop general plans and procedures for reentry, and recovery	M1	b18
C23	Full activation of NY State Emergency Management and Oswego County Emergency Management Offices occur.	Exercise shall include mobilization of state and local personnel and verify resources are adequate.	N1b	b1
C24	New York State and Oswego County fully participate, and the critique is conducted by New York State and Federal evaluators.	Drills/exercise must be critiqued by state and federal evaluators	N1b	b1
C25	That once per 3 years, a drill or exercise commences between the hours of 6:00pm and 4:00am that involves full staffing and activation of the ERFs in accordance with EPIP-EPP-13.	Drills/exercise must provide for off-hours staffing (6:00pm to 4am) once per 6 year cycle.	N1b	b1

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE

ID #	<u>NMPNS DESCRIPTION</u> At least once every 6 years during a drill, exercise or event verify:	<u>NUREG 0654 DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
C26	The drill or exercise is conducted in various types of weather.	Drills/exercises must be done in various weather per 6 year cycle	N1b	b1
C27	The drill or exercise is conducted in which the exact time and date has been disclosed to only a limited number of personnel, none of which is an initial responder with a role as a drill participant in the drill.	Some drills/exercise should be unannounced in a 6 year cycle	N1b	b1
C28	The drill or exercise includes participation by the fire brigade members.	Shall include fire drills in accordance with Tech Specs in a 6 year cycle	N2b	b3
C29	(During a drill, exercise or event involving a medical event) Participation by Oswego or University Hospital and local ambulance corps.	Shall include annual medical drills with provisions for participation by local support services and hospitals.	N2c	b5
C30	Done annually, see A60-63	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of all sample media	N2d	b13
C31	The drill or exercise includes participation by Security to provide prompt access for emergency vehicles.	Establish a training program for police, security, fire	O4d	b7
C32	The drill or exercise includes participation by an Oswego County Fire Department(s).	Establish a training program for police, security, fire	O4d	b3
C33	The drill or exercise includes participation by first aid and rescue teams.	Establish a training program for first aid and rescue teams	O4f	b4

ATTACHMENT 2

NINE MILE POINT DRILL/EXERCISE ELEMENTS DEMONSTRATED DURING A SIX YEAR CYCLE

ID #	<u>NMPNS DESCRIPTION</u> At least once every 6 years during a drill, exercise or event verify:	NUREG 0654 <u>DESCRIPTION</u>	NUREG 0654 Reference	NRC IM 82302 Reference
C34	The drill or exercise includes participation by medical support services.	Establish a training program for medical support services	O4h	b5
C35	The drill or exercise includes participation by CEG personnel, as appropriate.	Establish a training program for licensee HQ people	O4i	b6

ATTACHMENT 3: GENERAL OUTLINE FOR NMPNS DRILL/EXERCISE SCENARIOS

Example of a Cover/Sign-off Page

Nine Mile Point Nuclear Station Unit _____
Emergency Preparedness Drill Scenario No. _____
for the
Emergency Preparedness Drill/Exercise
to be conducted on _____

Submitted by: _____ Date _____

Approvals: _____ Date _____
Director Emergency Preparedness

*Plant Manager, Unit 1 Date _____

*Plant Manager, Unit 2 Date _____

* These Signatures denote approval to commit appropriate resources to perform this Emergency Preparedness Drill. Since these individuals may be drill players they have not been allowed to view the material contained in this scenario.

Scenario Validation Complete Date _____

ATTACHMENT 3 (Cont)

Drill/Exercise Scope Page

This example of a Drill/Exercise Scope page is contained in the scenario after the cover/sign off page. All scenario reviewers may review this drill/exercise scope page.

Nine Mile Point Nuclear Station Unit ____

Scope of the Emergency Preparedness Exercise
to be conducted on _____

1. Personnel Accountability
2. Evacuation
3. Classification and Notification
4. In plant Radiological Monitoring
5. On-site and Off-site Radiological Monitoring
6. Off-site Dose Assessment
7. Unit 1/2 Control Room Staffing
8. TSC, OSC, EOF, and JNC Staffing
9. Damage Control Response
10. Support
11. Oswego County Participation (partial)
12. New York State Participation (partial)

ATTACHMENT 3 (Cont)

Scenario Table of Contents Page

This example of a Scenario Table of Contents page may be contained in scenarios to allow for easy access of scenario sections and information. Each scenario page should have a unique page number.

Nine Mile Point Nuclear Station Unit ____
Emergency Preparedness Drill Scenario No. ____
Table of Contents

SECTION	TITLE
1.0	OBJECTIVES
2.0	DRILL SCHEDULE AND PARTICIPANTS
3.0	DRILL INSTRUCTIONS
4.0	SCENARIO ASSUMPTIONS
5.0	SCENARIO SUMMARY AND TIME LINE
6.0	DRILL MESSAGE SUMMARY AND MESSAGES
7.0	SYSTEM/PROCESS DATA TABLES
8.0	RADIOLOGICAL DATA
9.0	METEOROLOGICAL DATA

ATTACHMENTS (As necessary)

ATTACHMENT 3 (Cont)

1.0 OBJECTIVES

State basic objectives of the proposed exercise/drill and which portions of the Emergency Plan will be tested.

2.0 DRILL SCHEDULE AND PARTICIPANTS

- State appropriate date(s), time(s), location(s) and participants of exercise/drill briefing(s), exercise and critique(s).
- State work interruption (if any) to result from the exercise/drill.

3.0 DRILL INSTRUCTIONS

- Discuss observer and controller conduct and responsibilities
- Discuss drill player conduct and instructions
- Identify observers by location
- Describe the method to be used in controlling flow of exercise/drill events
- Describe reports required/written for this scenario.
- Provide a list of controllers for all drills. This list should include location, name, communication method, place to initial, and Social Security #. This list may be used by the training organization as proof of drill participation as required to maintain ERO qualification status. All controllers listed in Table 1 should be used for those drills involving full activation of all Emergency Response Facilities (ERFs).

4.0 SCENARIO ASSUMPTIONS

Provide a list of all appropriate assumptions considered in developing scenario.

5.0 SCENARIO SUMMARY AND TIME LINE

Prepare a summary of the drill/exercise details such as:

- Condensed time schedule of real and simulated events
- Simulated casualties (if any)
- Whether or not the presence of radioactive contamination is to be assumed
- Whether evacuations will be necessary
- Deployment of radiological monitoring teams (In plant and downwind)
- Supplemental Scenarios (should contain one for each malfunction)

ATTACHMENT 3 (Cont)

6.0 DRILL MESSAGE SUMMARY AND MESSAGES

- Messages should include all contingency messages and may contain controller notes to aid in the conduct of the scenario.
- Actual Messages should be identical to summary.
- Actual Messages shall not contain any anticipated actions or expected actions which could act as a prompt.
- Public information activities to be initiated

7.0 SYSTEM/PROCESS DATA TABLES

Attachments (as necessary)

- Provide observers and participants with the necessary information, data, pre-selected situations, etc. that they will need to perform their assigned responsibilities.
- Control Room/TSC/EOF paper data should only be used if the simulator fails. The Lead Controller will prompt facility lead controllers when paper data is to be used.
- Ensure this note is included with all paper data (except chemistry data, and meteorological data) that will be provided to ERO drill/exercise players stating:
- **This data was developed using methods other than the simulator. Any expected actions such as alarms or system actuation's that would be expected to occur should be verified and or effected when the associated setpoint is reached according to the data table provided.**

8.0 RADIOLOGICAL DATA

9.0 METEOROLOGICAL DATA

ATTACHMENTS:

- Provide a list of players for the drill/exercise. This list should include location, ERO position, name, place to initial, and Social Security #. This list may be used by the training organization as proof of drill participation as required to maintain ERO qualification status. Table 2 may be used as a guide.

ATTACHMENT 3 (Cont)
(EXAMPLE)

TABLE 1				List Verified to be Accurate _____ / _____			
DRILL CONTROLLER LIST (DRILL DATE _____)				EP Specialist	Date		
LOCATION	POSITION	COMMUNICATION METHOD	CONTROLLER NAME (Typically on deck ERO Team)	INITIALS	SOCIAL SECURITY #		
Simulator	Lead Drill Controller	Pager # or other	EP Specialist				
Simulator	Command/Control	Pager # or other	Simulator Instructor				
Simulator	Operations	Pager # or other	Operations Management				
Simulator	Operator	Pager # or other	Simulator Instructor				
TSC	Facility lead	Pager # or other	EP Specialist				
TSC	Command/Control	Pager # or other	ED or TSCM				
TSC	Tech Data Coordinator	Pager # or other	Tech Data Coordinator				
TSC	Tech Staff	Pager # or other	Unaffected Unit Tech Data Coord.				
TSC	Rad Assessment	Pager # or other	RAM				
TSC	Rx Analyst	Pager # or other	Rx Analyst				
TSC	Maint. Coordinator	Pager # or other	Maint. Coordinator				
TSC	NED	Pager # or other	NED Coord.				
TSC	Engineering Staff	Pager # or other	ERO qualified engineer				
OSC	Facility Lead	Pager # or other	EP Specialist				
OSC	Command/Control	Pager # or other	OSC Coordinator				
OSC	Communicator	Pager # or other	OSC Communicator				
OSC	DCT Coordinator	Pager # or other	DCT Coordinator				
OSC	DCT Controller	Pager # or other	Unaffected Unit DCT Coord.				
OSC	DCT Controller	Pager # or other	Maintenance Supervisor				
OSC	DCT Controller	Pager # or other	Operations Instructor				

ATTACHMENT 3 (Cont)

(EXAMPLE)

TABLE 1				List Verified to be Accurate			
DRILL CONTROLLER LIST (DRILL DATE _____)				EP Specialist		Date	
LOCATION	POSITION	COMMUNICATION METHOD	CONTROLLER NAME (Typically on deck ERO Team)	INITIALS	SOCIAL SECURITY #		
OSC	DCT Controller	Pager # or other	Operations Instructor				
OSC	DCT Controller	Pager # or other	Operations Instructor				
OSC	RP Team Coordinator	Pager # or other	RP Team Coordinator				
EOF	Facility lead	Pager # or other	EP Specialist				
EOF	Command/Control	Pager # or other	ED				
EOF	Rad Assessment	Pager # or other	ODAM				
EOF	Downwind Team A	Pager # or other	RP Instructor or Chief RP Tech				
EOF	Downwind Team B	Pager # or other	RP Instructor or Chief RP Tech				
EOF	Downwind Team C	Pager # or other	RP Instructor or Chief RP Tech				
EOF	Communications	Pager # or other	Communications Coordinator				
EOF	Technical Assessment	Pager # or other	EOF Administrator				
EOF	Security	Pager # or other	Security Director				
EOF	TLAM	Pager # or other	TLAM				
EOF	ALM	Pager # or other	ALM				
EOF	EOF/JNC Liaison	Pager # or other	EOF/JNC Liaison				
JNC	Facility Lead	Pager # or other	JNC Director				
JNC	Technical	Pager # or other	JNC Tech Briefer				
Security	STOC/PAC	Pager # or other	Security Management				

(EXAMPLE)

SOCIAL SECURITY #

ATTACHMENT 4

SCENARIO DEVELOPMENT CHECKLIST		
<i>Item</i>	<i>Description</i> <i>Drill Date:</i> _____	<i>Date</i> <i>(Week)</i>
1	Review last 2 years of scenarios to determine EALs used & ID EALs not used <ul style="list-style-type: none"> • Vary EALs encountered during drills to ensure a wide variety of EALs are used over a 6 year period 	
2	Review industry events file for ideas	
3	Develop scope & review with EP Director	
4	Develop thumbnail timeline of scenario <ul style="list-style-type: none"> • Consider initial conditions and how these can help to get the scenario to where you want it to go • Ensure the scenario is as realistic as possible. • Consider not going to a General Emergency during off-year drills • Consider letting the players "win" 	
5	Arrange for simulator development time (time in simulator): <ul style="list-style-type: none"> • On simulator schedule and in ops training schedule 	
6	Arrange for initial simulator scenario validation time: <ul style="list-style-type: none"> • On simulator and Ops schedule • Simulator support to assist if U2 (final data download) 	
7	Arrange for Ops training or Training staff to assist in simulator	
8	Arrange for final simulator validation <ul style="list-style-type: none"> • On Ops and Simulator schedule • Arrange for Ops training or training staff to assist 	
9	Review objectives and compare with timeline to determine what inject messages may be needed to ensure objective completion	

ATTACHMENT 4

(Cont)

SCENARIO DEVELOPMENT CHECKLIST		
Item	Description Drill Date: _____	Date (Week)
10	<p>Review thumbnail timeline to determine if simulator malfunctions are available (can the simulator do what you want?). Develop:</p> <ul style="list-style-type: none">• Scenario initial conditions• Simulator initial conditions for scenario. List:<ol style="list-style-type: none">1. Initial malfunction presets2. Initial I/O presets3. Initial Annunciator Overrides• Malfunctions (based upon thumbnail timeline) needed to cause the desired series of events. Include the following:<ol style="list-style-type: none">1. Malfunction #2. Approximate time or condition when to go active3. Initial ramp rates or values and final rates or values4. Include statement, "Do not enter this malfunction until told to do so by Lead Controller".5. Expected plant response6. Expected operator response or actions7. Expected Emergency plan response8. Any DCT items (develop supplemental scenarios for each malfunction as required)9. When any fuel damage occurs, amount (in %), and general methodology• If release is desired, list start and end times in scenario. Include:<ol style="list-style-type: none">1. Release origin2. Data needed3. IOs needed to ensure crew can determine a release is in progress• Scenario termination point based upon desired objectives	
11	<p>Write definitive scenario timeline that will be used for validation. (Two ways -- one for simulator operator to use and one for notes during validation) Include:</p> <ol style="list-style-type: none">1. All items as appropriate2. Inject messages3. Announcements (if different than free played by the SSS. Example: accountability termination)	

ATTACHMENT 4 (Cont)

SCENARIO DEVELOPMENT CHECKLIST		
Item	Description Drill Date: _____	Date (Week)
12	<p>Start running release cases on WINDOSE. Want to determine:</p> <ol style="list-style-type: none"> 1. Release magnitude (Ci/sec) 2. Release direction 3. Downwind release rates (mR/hr) 4. Iodine effects (typically iodine raises downwind doses too much) 5. Effects on in-plant rad monitors (U1 will have to IO some monitors. Use data downloaded for U2.) 	
13	<p>Run 1st validation with crew. Get ideas from the crew.</p> <ul style="list-style-type: none"> • Will the crew see what you want them to see? • Ensure no gray areas. Each EAL condition should be clearly identifiable. • Are there any more malfunctions that could be added to ensure DCTs have enough to do? • What happened to make each malfunction/equipment fail? Use this input for supplemental scenarios. Include why it was important to fail the equipment at this time in the scenario. 	
14	<p>Using info gathered during 1st run, edit scenario as necessary. Include data obtained from WINDOSE (in plant maps, downwind maps, data tables, met data, including handouts).</p>	
15	<p>Develop Controller list using on-deck team.</p> <ul style="list-style-type: none"> • Obtain extra help from Ops Training for DCT Controllers. • Obtain extra DCT Controller support as needed. • Obtain 3 downwind controllers, starting w/ NLC staff first. 	
16	<p>Have scenario copies made for EP staff and a member of RP Staff to review at this point with a 1 week turnaround.</p> <ul style="list-style-type: none"> • Include data obtained from WINDOSE 	
17	<p>Arrange for briefing location preferably onsite.</p> <ul style="list-style-type: none"> • Reserve room location • E-mail all controllers, including extras 	
18	<p>Rewrite scenario based upon comments from EP staff.</p> <ul style="list-style-type: none"> • Recopy for EP staff use during final validation. • Redo WINDOSE as needed 	

ATTACHMENT 4

(Cont)

SCENARIO DEVELOPMENT CHECKLIST		
Item	Description Drill Date: _____	Date (Week)
19	Run final validation. Scenario should be run with no major goofs on the timeline. <ul style="list-style-type: none">• Shrink time between major EAL changes to shorten validation time• If U2, ensure times/data are captured & filed for downloading• If U2, denote time shrinkage (problem time) to ensure accurate "stretching" of downloaded data for preparation of paper data.	
20	Rewrite final scenario	
21	Develop This Week In Nuclear memo. Ensure memo is in issue 1 week prior to drill briefing.	
22	Ensure drill support is obtained for simulator by the following: <ul style="list-style-type: none">• Comm Aide• Extra CSO or designee for announcements• RP Tech• Chem Tech	
23	Send final version to copy for briefing (35-40 copies). <ul style="list-style-type: none">• Ensure maps, handouts, etc. are included.	
24	Revise drill evaluation checklists <ul style="list-style-type: none">• Include revised drill critique summary sheets	
25	Email and voice mail to ERO Teams	
26	Conduct briefing. Include: <ul style="list-style-type: none">• Scenarios• Checklists• Ensure handouts and checklists are distributed• Ensure attendance sheet is signed	
27	Send drill cover page, scope & objectives to Plant Managers for review/signature	

ATTACHMENT 4 (Cont)

SCENARIO DEVELOPMENT CHECKLIST		
Item	Description Drill Date: _____	Date (Week)
28	Validate proper operation of the following 1 week prior to and the week of the drill: <ul style="list-style-type: none"> • Simulator inter-tie • Phones (ED Hotline, RECS, Tech Info Line, Drill Controller Line) • Headsets 	
29	Ensure lunches are ordered for the facilities <ul style="list-style-type: none"> • TSC/OSC/EOF and if playing JNC 	
30	Conduct Briefing, Include: <ul style="list-style-type: none"> • Controller/Observer Instructions • Review of in-plant maps, and offsite maps • Review of expected DCT actions 	
31	Run drill <ul style="list-style-type: none"> • Conduct critiques • Gather comments 	
32	Ensure post-drill facility cleanup is performed: <ul style="list-style-type: none"> • Clerical staff assigned • All drill materials gathered and saved • Forms drawers checked for replacements • Procedures re-placed • Boards cleaned as necessary • Post-drill inventories performed IAW EPMP-EPP-02 • B&G contacted for facility cleaning 	
33	Review drill comments with EP staff and develop drill report	
34	Finalize drill report	
33	Enter drill items in EPTTS	

ATTACHMENT 5: MILESTONES FOR EXERCISE OBSERVATION AND CRITIQUES

<u>Days</u>		
<u>Full Participation</u>	<u>Partial Participation</u>	
-90	-90	State and licensee jointly develop and submit the description, scope and objectives to be fulfilled to FEMA and NRC Regional Office respectively.
-75	-75	FEMA and NRC Regional Office complete reviews of objectives and extent of play and provide written comments after meeting with licensee/State, if necessary.
-60	-60	Complete exercise scenario package with modified objectives, schedules, exercise rules, all controller, contingency and simulation information, all data, including plant data, radiation level and release rate data, and samples of the data sheets to be presented to exercise players should be received in the Region I office and by FEMA.
-45	-45	FEMA and NRC Regions contact or meet with State and licensee to discuss modifications and complete the scenario. Agreed upon changes or modifications should be documented and distributed.
-35	-35	Federal controller's meeting to develop coordination of exercise.
-30	-30	FEMA and NRC Regions develop specific post-exercise activity schedule for debriefing and meetings with the State. Also, NRC will provide comments in writing of any additional items, if necessary.
-15	-15	The RAC Chair (and NRC team leader as available) develops evaluator action plan (where stationed, how many from each organization, what to look for).
-1	-1	All Federal observers, both on-site and off-site, meet in the exercise area to receive orientation and receive instructions.
E Day	E Day	Exercise. Evaluators hold Exit interviews with participants (at assigned locations).

ATTACHMENT 5

(Cont)

<u>Days</u>	
<u>Full Participation</u>	<u>Partial Participation</u>
E + 1	E + 1
E + 1 or 2	E + 1 or 2
Same	E to +2 Days

Evaluator debriefing conducted by RAC chair.

NRC holds onsite Exit Meeting.

Joint RAC/NRC critique, participating meeting.

General Agenda

- a. Review of on-site action by NRC.
- b. Licensee presents their views.
- c. Review of off-site actions by RAC Chairman.
- d. State and locals present their views.
- e. Review of Federal response (if applicable) by RAC Chairman.
- f. Opportunity for clarification questions or comments by licensee, State and County. (Press and public questions will not be entertained during the critique.)
- g. Meeting involving exercise participants, representatives from NRC and other appropriate federal agencies.

Same

+30 Days

Written critiques by FEMA Region to State, with copies to FEMA Headquarters and NRC, and by NRC Region to licensee, with copies to NRC Headquarters and FEMA.

ATTACHMENT 6: SCENARIO REVIEW CHECKLIST

This checklist provides guidance on those items which should be considered when reviewing an emergency preparedness drill scenario.

Instructions: When reviewing a scenario ask yourself the following questions. If your answer is no to any question then what changes can you recommend to the scenario to make the answer become a yes? Please provide recommendations on Scenario Review Checklist Comments.

Checklist for scenario No. _____ Rev. _____	YES	NO/NA
1. Is the data/information correct (technically, procedurally)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Does the data/information reflect the scenario events?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the data/information sufficient to assist the players in an accurate assessment of drill events?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the data/information support the anticipated actions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the data realistic for the situation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the expected actions really those of a worker at Nine Mile?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is all the information a player may request available?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does message information consider human factors?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do the messages/data give enough information to players (without prompting)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do the messages/data provide information to players without compromising the scenario chain of events?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are the Mockups (if used):		
a. Realistic	<input type="checkbox"/>	<input type="checkbox"/>
b. Un-compromised	<input type="checkbox"/>	<input type="checkbox"/>
c. Located close to actual in-plant locale	<input type="checkbox"/>	<input type="checkbox"/>
d. Prepared	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT 6

(Cont)

		YES	NO/NA
9.	Have all success paths been identified/addressed?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has the simulator run been completed using the final copy of the scenario package?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does all data compare with what the simulator will present?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are there any data points that should not be used being displayed by the simulator (DRMS, SPDS etc..) if so, note and review during the drill briefing.	<input type="checkbox"/>	<input type="checkbox"/>

Name (print and initial)

Phone Ext.

Date

ATTACHMENT 6

(Cont)

Name: _____ Phone Ext. _____

Comments for Scenario No. _____ Rev. _____

Recommendations: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ATTACHMENT 7: EXERCISE/DRILL OBSERVATION SHEET
(EXAMPLE)

Observers Name: _____

Exercise/Drill Date: _____

Observers Location: _____

Exercise/Drill Title: _____

Time Drill Commenced: _____ Time Drill Terminated: _____

OBSERVATIONS, COMMENTS, AND RECOMMENDATIONS

Page ____ of ____

NOTE: Observations should include the proper and effective use of procedures, equipment and personnel.

Signature: _____ Title: _____

ATTACHMENT 8: EMERGENCY PREPAREDNESS TASK TRACKING SYSTEM (EPTTS)

1.0 Purpose

To provide additional guidance for the recording, disposition and tracking of items identified or comments made during a drill and or exercise.

2.0 Actions

2.1 Following the conduct of a drill/exercise critique, gather comments, suggestions, problem reports made by players, controllers and observers from checklists and notes and comments made at the critique.

2.2 For each comment, suggestion and/or problem report, determine if the issue requires action to resolve using the following guidance:

- a) **IF** the issue is a
- one time only problem
 - has no "lessons learned" information
 - has been adequately addressed during drill/exercise or critique,

THEN

- do not record item in drill/exercise report, issue is closed
- do not record in EPTTS

- b) **IF** the issue is a
- one time only problem
 - has "lessons learned" information
 - has been adequately addressed during drill/exercise or critique,

THEN

- record item in drill/exercise report
- list as "closed, for information only"
- do not record in EPTTS

ATTACHMENT 8 (Cont)

2.2 (Cont)

- c) **IF** the issue was not closed during the drill/exercise or critique

THEN

- Meet with EP Staff and determine appropriate corrective action and priority. (See Attachment 8, Table 1 for priority codes)
- Record issue in EPTTS with defined priority, due date as appropriate, and responsible EP Lead.
- Record issue in drill/exercise report, with defined corrective action in italics and EPTTS number listed.

- d) **IF** the issue involves corrective maintenance, repair, purchase/re-stock

THEN

- Ensure appropriate paperwork (ISR,WO,PID) has been completed
- Record in EPTTS, with EP staff member who will track, priority code appropriate for change requested/needed, and appropriate due date
- Note the issue in the drill/exercise report, with paperwork issued for correction in italics and EPTTS number listed

- e) **IF** the issue involves procedure changes/enhancements/corrections

THEN

- Ensure paperwork (PCE immediate or future) has been completed and sent to procedures
- Record in EPTTS, with procedure owner as responsible lead, priority code appropriate for change requested/needed, and appropriate due date.
- Note issue in drill report, with a statement that a PCE has been written for the issue in italics and EPTTS number listed.

2.3 For each comment, suggestion and/or problem report, that was the result of or resulted in the failure to meet an objective of the drill/exercise or meets the DER initiation threshold in accordance with NIP-ECA-01:

- a) Meet with EP staff and determine wording to be used for a DER
- b) Write a DER for each item in accordance with procedure.
- c) Obtain appropriate approvals
- d) Assign the DER to the appropriate department/individual responsible
- e) Assign an EP Lead to ensure tracking of corrective actions
- f) Note issue in drill/exercise report, with DER # in italics

TABLE 1

EPTTS PRIORITY CODES			
PRIORITY CODE	DEFINITION	GUIDELINE STEP	TYPICALLY INITIATED OR DUE
A	Issue resulted in a failed objective, DER or which could prevent, significantly delay or hamper actions required by the Site Emergency Plan	#2.3	DER initiated within 14 days from date identified
B	Issue resulted in comments being generated in drill/exercise report and is considered in need of corrective action	#2.2c	Corrected >14 days, but no more than 120 days
C	Issue resulted in comments being generated in drill report, corrective actions are being tracked via other process (ISR, PCE, WO, etc.)	#2.2d, e	As appropriate based upon work schedules