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	Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
*	0001	MP	PROC	HP	RPM 2.3.5 INSPECTION AND INVENTORY OF RESPIRATORY PROTECTIONEQUIPMENT		003 02			P	01
*	0002	MP	PROC	HP	RPM 2.3.5-003 SCBA AND AIR CYLINDER INSPECTIONS		000 01			P	01

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08/22/01
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08/23/01
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Document Action Request

SPG # 011120-084433

A

Initiated By: Jean Olsen Date: 12/11/2001 Department SPG Ext 4794

Document No: RPM 2.3.5 Rev. No: 003 Minor Rev No.: 02

Title: **Inspection and Inventory of Respiratory Protection Equipment**

B

Reason for Request (attach commitments,CR's,AR's,etc)

The review and approval of this procedure included RPM 2.3.5-003, "SCBA and Air Cylinder Inspections," rev. 000-01. RPM 2.3.5-003 and deleted information are now incorporated in SFP 24, "Inspection and Inventory of Self Contained Breathing Apparatus."

Continued ☒

Select One *See MP-05-DC-SAP01 sect 2.3 to determine type of change*

C

☒ Intent Change (SQR Independent, RCD, ENV Screen Required) (Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3) ☐ Edit Corr ☐ Non-Intent Change (Only SQR Independent Review and Env. screen Required)

D

Editorial Correction Approval

/
Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

/
(1) Plant Mngt Staff Member Print/Sign/Date

/
(2) SM/SRO/CFH on Unit Print/Sign/Date

E

Procedure Request/Feedback Disposition

Priority: ☒ Perform Now ☐ Perform Later - See Comments

Activity: ☐ Revision ☒ Minor Revision (See DC-GDL01 for guidance) ☐ Cleanup Rev ☐ Biennial Review ☐ Cancellation ☐ Supercedure

☐ TPC ☐ OTC ☐ Place in Void

F

Reviews continued ☐	Print	Sign	Date	SQR Qualified Yes	SQR Qualified No	Dept.	If Comments
☐				☐	☐		☐
☐				☐	☐		☐
☐				☐	☐		☐
RCD ☑	Jean B. Olsen	Jean B. Olsen	12/13/01	☐	☑	DA	☐
Env Screen ☑	Ira L. Haas	Ira L Haas	12/14/01	☑	☐	HP	☐
Licensing Basis ☑	Ira L. Haas	Ira L Haas	12/14/01	☑	☐	HP	☐
Independent ☑	Ira L. Haas	Ira L Haas	12/14/01	☑	☐	HP	☑

G

An NRRL update was required ? ☑ Yes

H

1. ☑ **SQR Program Final Review and Appproval**

Approval ☑ Disapproval ☐

Ira L. Haas Ira L Haas 12/14/01
SQR Qualified Independent Reviewer / Date

Ira L Haas
Department Head/Responsible Individual

12/14/01
Approval Date

2. ☐ SORC ☒ **RI/DH Final Review and Approval**

N/A
Department Head/Responsible Individual Sign

Meeting No. _____

SORC Approval Signature

Approval Date

I

Effective Date ~~12/20/01~~ 1/7/02

01/10/02
09

08/22/01
Approval Date

08/23/01
Effective Date

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Select One *See MP-05-DC-SAP01 sect 2.3 to determine type of change* Continued ☒

C

☑ Intent Change (SQR Independent, RCD, ENV Screen Required) ☐ Edit Corr ☐ Non-Intent Change
(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3) (Only SQR Independent Review and Env. screen Required)

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(1) Plant Mngt Staff Member Print/Sign/Date

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Reviews continued ☐	Print	Sign	Date	SQR Qualified Yes	SQR Qualified No	Dept.	If Comments
☐				☐	☐		☐
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Ira L. Haas Ira L Haas 12/14/01
SQR Qualified Independent Reviewer / Date
Department Head/Responsible Individual
12/14/01
Approval Date

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N/A
Department Head/Responsible Individual Sign
Meeting No.
SORC Approval Signature
Approval Date

I

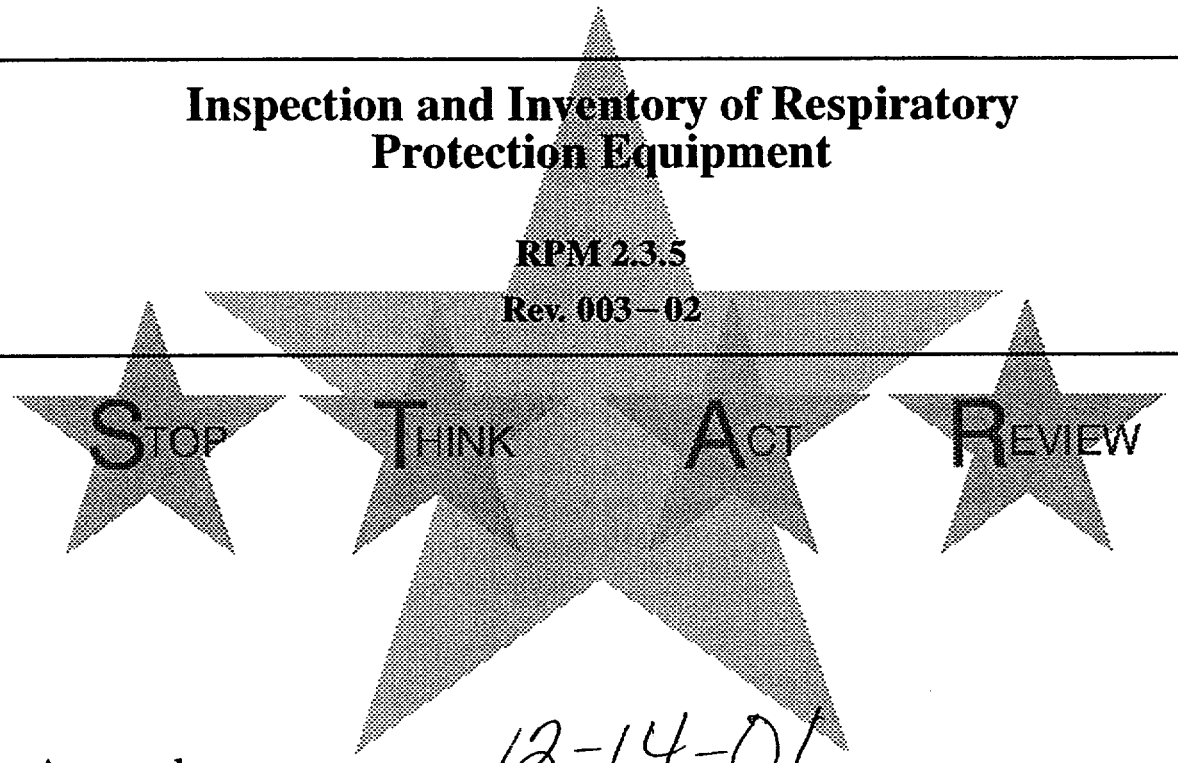
Effective Date 12/20/01

MILLSTONE NUCLEAR POWER STATION
HEALTH PHYSICS SUPPORT PROCEDURE

Inspection and Inventory of Respiratory Protection Equipment

RPM 2.3.5

Rev. 003–02



Approval: 12-14-01

Effective Date: 01-09-02

Level of Use
Information

-Millstone All Units
Health Physics Support Procedure

Inspection and Inventory of Respiratory Protection Equipment

TABLE OF CONTENTS

Level of Use
Information

1. PURPOSE

1.1 Objective

Provide instructions for inspection of the following types of respiratory protection equipment:

- Full Facepiece
- Half Mask
- MSA Powered Air Purifying
- Bullard Abrasive Blasting Assembly
- Regulators
- Flow Control Valves
- Filter Cartridges and Canisters
- Supplied Air Lines
- Disposable Dust Mask

For that equipment on a routine inspection frequency, the record of inspection on the equipment history file will provide proof of inventory.

1.2 Discussion

A well maintained inspection program for respiratory protection equipment at Millstone Station ensures initial and continued operability of this equipment and ensures personnel protection against airborne contaminates when using this equipment.

RPM 2.3.5−001 may be computer generated provided all information required by the procedure is on the form.

1.3 Applicability

This procedure cannot be used for other respiratory protection equipment not maintained by Health Physics but approved for use by Site Safety and Health and Health Physics in accordance with MP−19−RSP−PRG01, "Respiratory Protection Program Description." 1②

Breathing air supplies and associated equipment provided by vendors explicitly for use in diving operations is not considered respiratory protection equipment and therefore not covered by this procedure.

1.4 **Frequency**

1.4.1 An inspection of respiratory protection equipment shall be performed as follows:

- upon initial receipt for reusable items
- either upon initial receipt or prior to intended use for consumable items
- Monthly for in–service and active stored respiratory protection equipment.
- Annually or prior to placing in–service for stored respiratory protection equipment.
- Routinely before and after each use.

2. PREREQUISITES

2.1 General

N/A

2.2 Documents

2.2.1 NDM 1, "Turnover and Retrieval of Nuclear Plant Records" ①

2.2.2 RPM 2.3.7, "Cleaning and Sanitation of Respiratory Protection Equipment"

2.2.3 RPM 2.3.8, "PAPR Unit Field Testing and Battery Charging"

2.3 Tools and Consumables

2.3.1 Foam filters

2.3.2 Brass wire cloth

2.3.3 Plastic outer lenses

2.3.4 Respirator bags

2.3.5 Respirator filters

2.3.6 Disposable dust masks

2.4 Definitions

2.4.1 ABRA – Abrasive Blasting Respirator Assembly

2.4.2 Active Stored Respiratory Protection Equipment – Equipment that has been initial receipt inspected and tested and is readily available to be placed in–service. This equipment may have been previously been in–service but has been stored active to reduce amount of in–service equipment.

2.4.3 BREATHE – To draw air into and expel from the lungs.

2.4.4 EXHALE – To breathe out.

2.4.5 INHALE – To breathe in.

2.4.6 Initial Receipt – When respiratory protection equipment is received by Health Physics personnel either directly from the vendor or in case of direct stock items from the warehouse.

2.4.7 In–service Respiratory Protection Equipment – Equipment that has been initial receipt inspected and tested and is readily available for immediate use.

2.4.8 Monthly – every 31 days, ± 25% (7days)

2.4.9 Non–repairable Defect – A defect that renders the entire device unusable.

2.4.10 Repairable Defect – A defect in a component that can be easily repaired or replaced thus making device usable.

2.4.11 Stored New Respiratory Protection Equipment – New equipment, that has not been initial receipt inspected or tested and is not readily available to be placed in–service.

2.4.12 SANITIZE – To make sanitary by cleaning or sterilizing.

3. PRECAUTIONS

N/A

4. INSTRUCTIONS

Respirator Technician

4.1 **Equipment History**

NOTE

Consumable items such as dust masks, hoods, filter cartridges or canisters and respirator parts do not require equipment history records. These items are inspected once either upon initial receipt or prior to intended use and are discarded after use or if found defective.

4.1.1 IF preparing a new equipment history record, PERFORM the following:

a. IF equipment meets any of the following criteria, ASSIGN each device a unique serial number and Go To step 4.1.2.

- Tightfitting respirators ②
- PAPR blower units
- Supplied–air respirator kits
- Abrasive blasting respirator assemblies

4.1.2 OBTAIN RPM 2.3.5–001, "Equipment History Record."

4.1.3 For each device, DOCUMENT the following on RPM 2.3.5–001.

- Equipment Code, e.g.,
  - B = Bullard, helmet
  - C = MSA, Comfo II, half mask, radiologically clean
  - D = North, half mask, radiologically clean
  - E = Emergency MSA, full face negative pressure, radiologically clean
  - K = MSA, full face negative pressure, radiologically clean
  - M = MSA, full face negative pressure
  - P = Bullard, pump
  - X = MSA, Comfo II, half mask
  - ZP = MSA, PAPR – battery
- Serial number assigned
- Today's date
- Action performed on device, e.g., inspection, decon, storage

4.1.4 WHEN equipment history record has been prepared, EXIT this section of the procedure.

NOTE

Sections 4.2, 4.4, and 4.5 are for both receipt and routine inspections.

4.2 **Tight–Fitting Respirator Inspection**

4.2.1 VERIFY respirator has a serial number.

4.2.2 IF respirator does not have a serial number, Refer To step 4.1.1 and ASSIGN a serial number.

4.2.3 Refer To Table – 1 and visually INSPECT respirator rubber components for the following:

a. Mold

b. Defects such as cracking and tears

c. Structural integrity

d. Pliability

Table – 1 Respirator Rubber Mold Components

Facepiece	Filter Gaskets
Straps	Hose Gaskets
Inhalation Valve(s)	Nosecup (If supplied)
Exhalation Valve(s) (negative pressure or continuous flow only)	

4.2.4 IF any defects are found AND respirator is repairable, REPAIR respirator.

4.2.5 IF any defects are found AND respirator is not repairable, PERFORM the following:

a. CONTACT Health Physics supervision for instructions on equipment disposition.

b. IF any respirators remain to be inspected, Go To step 4.2.1.

c. IF all respirators have been inspected, Go To step 4.2.14.

4.2.6 Visually INSPECT the following for defects:

- Speaking diaphragm assembly
- Strap buckles
- Clamps
- IF a negative pressure or continuous flow respirator, exhalation valve cover
- IF a pressure demand respirator, pressure demand exhalation valve
- IF a continuous flow or pressure demand respirator, hose connections
- Full facepiece respirator, facepiece lens
- Full facepiece respirator, lens retainer ring(s)
- Half mask respirator, head harness cradle
- Negative pressure respirator, speaker diaphragm housing or cartridge receptacle(s)

4.2.7 IF any defects are found AND respirator is repairable, REPAIR respirator.

4.2.8 IF any defects are found AND respirator is not repairable, PERFORM the following:

a. CONTACT Health Physics supervision for instructions on equipment disposition.

b. IF any respirators remain to be inspected, Go To step 4.2.1.

c. IF all respirators have been inspected, Go To step 4.2.14.

4.2.9 IF inspection performed was receipt inspection, PERFORM the following:

a. Refer To RPM 2.3.7, "Cleaning and Sanitation of Respiratory Protection Equipment" and WASH respirators.

b. Refer To Section 4.3 and PERFORM a leak check.

4.2.10 Visually INSPECT respirator gaskets.

4.2.11 IF any defects are found, REPLACE gaskets.

4.2.12 IF respirator is not part of a kit, PERFORM the following:

a. PLACE respirator in a respirator bag.

b. PLACE respirator in–service OR active storage.

4.2.13 IF respirator is part of a kit, PLACE respirator in kit.

4.2.14 DOCUMENT actions taken on RPM 2.3.5–001.

4.3 Tight–Fitting Respirator Leak Check

NOTE

Strapping the respirator on is not necessary as long as respirator can be held snugly against the face while performing leak check.

4.3.1 PERFORM manual positive pressure leak checks as follows:

a. PLACE facepiece snugly against face OR don respirator and EXHALE.

b. INHALE and CLOSE off exhalation valve with palm of hand.

c. EXHALE gently so a slight positive pressure is felt inside respirator.

d. IF respirator remains pressurized AND no outward leakage of air is detected, Go To step 4.3.2.

e. IF leak check was not satisfactory, Go To step 4.3.4.

4.3.2 PERFORM manual negative pressure leak check as follows:

NOTE

Strapping the respirator on is not necessary as long as respirator can be held snugly against the face while performing the leak check

a. PLACE facepiece snugly against face OR don respirator.

b. EXHALE and CLOSE off filter housing or hose connection.

c. INHALE so respirator collapses slightly against face.

d. HOLD breath for at least 10 seconds.

e. IF respirator remains collapsed and no inward leakage of air is detected, Go To step 4.3.3.

f. IF leak check was not satisfactory, Go To step 4.3.4.

4.3.3 Refer To RPM 2.3.7, "Cleaning and Sanitation of Respiratory Protection Equipment" and SANITIZE respirators.

4.3.4 DOCUMENT actions taken on RPM 2.3.5–001.

4.4 MSA Powered Air Purifying Respirators Inspection

4.4.1 IF tight-fitting respirator is included as part of PAPR assembly AND it has not been inspected, Refer To Section 4.2 and INSPECT respirator.

4.4.2 Visually INSPECT the following for damage or defects:

a. Respirator blower unit

b. Breathing hose (2)

c. Filter gaskets

d. Respirator belt

e. IF filters are included as part of assembly, INSPECT filters for casing damage.

4.4.3 IF any defects are found AND PAPR is repairable, REPAIR PAPR.

4.4.4 IF any defects are found AND PAPR is not repairable, PERFORM the following:

a. CONTACT Health Physics supervision for instructions on equipment disposition.

b. IF any PAPRs remain to be inspected, Go To step 4.4.1.

c. IF all PAPRs have been inspected, Go To step 4.4.7.

4.4.5 Refer To RPM 2.3.8, "PAPR Unit Field Testing and Battery Charging" and TEST the following:

a. Battery module

b. Battery charger

c. Blower

4.4.6 ASSEMBLE PAPR as follows:

a. INSTALL charged battery module to blower assembly.

b. CONNECT breathing tube to blower assembly.

c. INSTALL PAPR protective cover.

d. INSTALL filters.

e. INSTALL belt.

4.4.7 DOCUMENT actions taken on RPM 2.3.5–001.

4.5 **Bullard Abrasive Blasting Respirator Assembly Inspection**

4.5.1 DISCONNECT air control system hose from respirator helmet.

4.5.2 OPEN window frame and REMOVE plastic outer lens from clamps.

4.5.3 IF installed, REMOVE clear mylar lens covers.

4.5.4 Visually INSPECT plastic outer lens for damage, defects and visibility.

4.5.5 REMOVE the following from helmet:

- Cape
- Foam head pad, if installed
- Headband suspension
- Chin strap (optional)
- Plastic inner lens
- Window frame gasket

4.5.6 Visually INSPECT items removed from helmet for damage or defects.

4.5.7 IF defects are found in any of the items removed from helmet, REPLACE defective component.

4.5.8 Visually INSPECT the helmet for damage and defects.

4.5.9 IF defects are found in any helmet component, REPLACE defective item.

4.5.10 Visually INSPECT the air control system components for damage and defects.

4.5.11 IF defects are found in any of air control system components, PERFORM one of the following:

- REPLACE defective component
- REPAIR defective component
- REPLACE entire air control system

4.5.12 IF respirator assembly is used (not a receipt inspection), CLEAN assembly in accordance with manufacturer's instructions.

4.5.13 REPLACE the following on helmet:

- Cape
- Foam head pad, if installed
- Headband suspension
- Chin strap (optional)
- Plastic inner lens
- Window frame gasket ②

4.5.14 PLACE respirator assembly in–service or active storage.

4.5.15 DOCUMENT actions taken on RPM 2.3.5–001.

4.6 Regulators and Flow Control Valve Inspection

4.6.1 Visually INSPECT regulator for external damage and defects.

4.6.2 Visually INSPECT flow control valve for external damage and defects.

4.6.3 IF any regulator or flow control valve defects are found, CONTACT Health Physics supervision for instructions on equipment disposition.

4.6.4 PERFORM operability check of regulators.

a. ATTACH regulator to a respirator and an air supply of proper pressure.

b. TURN on air supply.

c. PLACE respirator against face.

d. CHECK regulator operation by breathing normally.

e. REMOVE respirator from face.

f. TURN off air supply.

g. DETACH regulator from respirator and air supply.

4.6.5 PERFORM operability check of flow control valves as follows:

a. ATTACH flow control valve to an air supply of proper pressure.

b. TURN on air supply.

c. CHECK flow of air at valve outlet.

d. IF valve is an adjustable flow control valve, TURN valve knob from start to stop and VERIFY air flow increase and decrease.

e. TURN off air supply.

f. DETACH flow control valve from air supply.

4.6.6 IF regulator or flow control valve does not perform as expected during operability check, CONTACT Health Physics supervision for instructions on equipment disposition.

4.6.7 PLACE regulators or flow control valves that pass inspection in-service or active storage.

4.7 **Supplied Air Line or Hose Inspection**

4.7.1 Visually INSPECT the following supplied air line or hose components for damage and defects.

a. Hose

b. Hose quick–connect

c. Hose threaded fitting

4.7.2 IF any defects are found AND component is repairable, REPAIR component.

4.7.3 IF any defects are found AND component is not repairable, CONTACT Health Physics supervision for instructions on equipment disposition.

4.7.4 PLACE supplied air lines or hoses that pass inspection in–service or active storage.

4.8 **Filter Cartridges and Canisters Receipt Inspection**

4.8.1 Visually INSPECT for the following:

a. Filter cartridges and canisters for damage to casings.

b. Filter label corresponds to filter ordered.

c. IF filter normally has a paper seal, seal is present and not damaged.

d. IF item has an expiration date, expiration date is greater than one year from receipt inspection.

4.8.2 IF any defects are found, PERFORM the following:

a. CONTACT Health Physics supervision for instructions on equipment disposition.

b. IF any items remain to be inspected, Go To step 4.8.1.

c. IF all items have been inspected, EXIT this procedure.

4.8.3 IF filters will be placed in storage, STORE filters so filters with nearest expiration dates will be used first.

4.9 **Hood Inspection**

4.9.1 Visually INSPECT hood for the following:

- Installation of air fittings
- Tears and holes
- Integrity of heat sealed seams
- Uneven sewing of sewn seams
- Scratches in the lens

4.9.2 IF hood is plastic (i.e. bubblehood), visually INSPECT for the following:

- Nicks
- Cracks
- Structural imperfections

4.9.3 IF any defects are found, PERFORM the following:

a. CONTACT Health Physics supervision for instructions on hood disposition.

b. IF any hoods remain to be inspected, Go To step 4.9.1.

c. IF all hoods have been inspected, EXIT this procedure.

4.9.4 IF PAPR Tyvek hood has an exhalation valve, CHECK exhalation valve and cover are present.

4.9.5 IF PAPR Tyvek hood does not have an exhalation valve, INSTALL exhalation valve.

4.9.6 IF hood is a plastic bubblehood, CHECK muffler is attached.

4.9.7 IF hood is a plastic bubblehood AND a muffler is not attached, RETURN hood to manufacturer.

4.9.8 IF hood is a Tyvek hood, CHECK adjustable headband is attached.

4.9.9 IF hood is a Tyvek hood AND adjustable headband is not attached, ATTACH an adjustable headband.

4.10 **Disposable Dust Mask Inspection**

4.10.1 Visually INSPECT dust mask for the following defects:

- Holes
- Tears
- Broken or missing straps
- Broken or missing nosepiece metal strip
- Broken or missing exhalation valve assembly

4.10.2 IF any defects or abnormalities are observed in any single dust mask, DISPOSE of dust mask.

4.10.3 IF any defects or abnormalities are observed in several or all dust masks in a lot, RETURN dust masks to warehouse for return to manufacturer and OBTAIN a new lot of dust masks for inspection.

4.11 **Documentation**

4.11.1 FILE or STORE RPM 2.3.5–001.

4.11.2 On a yearly basis, Refer To NDM–1, "Turnover and Retrieval of Nuclear Plant Records," and SEND RPM 2.3.5–001 to NDS. ①

5. REVIEW AND SIGNOFF

5.1 N/A

6. REFERENCES

6.1 10CFR20, "Standards for Protection Against Radiation"

6.2 29CFR1910.134, "Respiratory Protection"

6.3 NUREG 0041, "Manual of Respiratory Protection Against Airborne Radioactive Materials"

6.4 Regulatory Guide 8.15, "Acceptable Programs for Respiratory Protection"

6.5 ANSI Z88.2–1992, "American National Standard for Respiratory Protection"

6.6 NOV VIO 50–245, 336, 423/97–81–02 and CR M3–97–4483

6.7 Memo EP–98–127, "Implementation of Millstone Emergency Plan Revision #24," from Mark White to Millstone HP Management Personnel

7. SUMMARY OF CHANGES

7.1 Added Basis information that changes or revisions to this procedure must be processed through the Emergency Planning Services Department to complete a decrease in effectiveness review in accordance with 10CFR50.54(q).

7.2 Added new Attachment 1, "Combined Millstone Fire Protection Required SCBAs" and steps in Sections 4.7 and 4.8 to verify Fire Protection respiratory protection equipment is present and operable. If inventory is missing or inoperable the Shift Manager is notified and the equipment replaced. This addresses A/R 99000357–02. ②

7.3 Deleted authorized acronyms.

Summary of Changes, Rev. 003–02

7.4 Electronically added minor revision 003–01.

7.5 Corrected spelling of Shift Manager in step 7.2

7.6 The following items were deleted. This subject matter is owned by Site Fire Protection and has been incorporated into SFP 24, "Inspection and Inventory of Self Contained Breathing Apparatus."

- MP–ENGPROG–99–0073, "Proposed change to RPM 2.3.5 for Fire Fighting SCBA equipment," from Jerry Derryberry to Ira Haas, dated 2/19/99 was also deleted.
- Basis information that changes or revisions to this procedure must be processed through the Emergency Planning Services Department to complete a decrease in effectiveness review in accordance with 10CFR50.54(q). (This was deleted with the concurrence of Mark White, Emergency Planning, December 13, 2001.)
- Missing Respiratory Protection Equipment
- RPM Form 2.3.5–3, "SCBA and Air Cylinder Inspections,"
- "SCBA Routine Inspection."
- MSA Hip–Aire Respirators Kit Inspection
- Attachment 1, "Combined Millstone Fire Protection Required SCBAs,"
- "Air Cylinder Inspection"
- SCBA Kit Receipt Inspection
- CGA C–4–1978, "Method of Marking Portable Compressed Gas Containers to Identify the Material Contained"
- CGA C–6.1–1984, "Standards for Visual Inspection of High Pressure Aluminum Compressed Gas Cylinders"
- CGA C–6.2–1988, "Guidelines for Visual Inspection and Requalification of Fiber High Pressure Cylinders"
- Unit 1 Technical Requirements Manual OPS Form 273–7.4, "Control Room Habitability Technical Requirements"

7.7 RPM 2.3.10, "Operation of PosiChek 2," no longer exists and was deleted.

7.8 Corrected title of Safety Department.

7.9 Changed "breathing tube" to "breathing hose."

7.10 Deleted steps for Bullard ABRA Model 77/46 as it has been replaced by Model 88.

7.11 Deleted excessive detail on how to store ABRA; the respirator assembly just needs to be ready for issue.

7.12 Deleted "broken or missing buckles" from disposable dust mask as this type is not used at Millstone.

08/22/01
Approval Date

08/23/01
Effective Date

020107-10685

Document Action Request

SPG # ~~011213-161202~~ 1/17/02

A

Initiated By: Jean Olsen Date: 12/11/2001 Department SPG Ext 4794

Document No: RPM 2.3.5-0013 Rev. No: 000 Minor Rev No.: 01

Title: ~~Equipment History Record~~ SCBA + Air Cylinder Inspections

B

Reason for Request (attach commitments,CR's,AR's,etc)

Select One *See MP-05-DC-SAP01 sect 2.3 to determine type of change* Continued ☐

C

☑ Intent Change (SQR Independent, RCD, ENV Screen Required) (Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3) ☐ Edit Corr ☐ Non-Intent Change (Only SQR Independent Review and Env. screen Required)

D

Editorial Correction Approval

/
Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

/
(1) Plant Mngt Staff Member Print/Sign/Date

/
(2) SM/SRO/CFH on Unit Print/Sign/Date

E

Procedure Request/Feedback Disposition

Priority: ☑ Perform Now ☐ Perform Later - See Comments

Activity: ☐ Revision ☑ Minor Revision (See DC-GDL01 for guidance) ☐ Cleanup Rev ☐ Biennial Review ☑ Cancellation ☐ Supercedure

☐ TPC ☐ OTC ☐ Place in Void

F

Reviews continued ☐		Print	Sign	Date	SQR Qualified Yes	SQR Qualified No	Dept.	If Comments
	☐				☐	☐		☐
	☐				☐	☐		☐
	☐				☐	☐		☐
RCD	☑	Jean B. Olsen	Jean B. Olsen	12/13/2001	☐	☑	DA	☐
Env Screen	☑	Ira L. Haas	Ira L Haas	1/4/02	☑	☐	HP	☐
Licensing Basis	☑	Ira L. Haas	Ira L Haas	1/4/02	☑	☐	HP	☐
Independent	☑	Ira L. Haas	Ira L Haas	1/4/02	☑	☐	HP	☐

G

An NRRL update was required ? ☑ Yes

H

1. ☑ **SQR Program Final Review and Appproval**

Approval ☑ Disapproval ☐

Ira L. Haas Ira L Haas 1/4/02
SQR Qualified Independent Reviewer / Date

J. Eric Laine
Department Head/Responsible Individual

1/4/02
Approval Date

2. ☐ SORC ☒ RI/DH Final Review and Approval

N/A
Department Head/Responsible Individual Sign

Meeting No. _____

SORC Approval Signature

Approval Date

I

Effective Date 1-09-02