

WOLF CREEK

NUCLEAR OPERATING CORPORATION

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Vice President Operations

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WO 02-0012

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

Subject: Docket No. 50-482: Changes to Wolf Creek Generating Station
(WCGS) Radiological Emergency Response Plan Implementing
Procedures and Forms

Gentlemen:

In accordance with 10 CFR 50, Appendix E, enclosed are revisions to Wolf Creek Generating Station (WCGS) Radiological Emergency Response Plan implementing procedures and forms. The following is a list of the specific enclosures.

PROCEDURES

Effective January 28, 2002

- EPP 06-013, Revision 2 (*Corrected*)

Effective February 19, 2002

- EPP 06-015, Revision 3

FORMS

Effective January 28, 2002

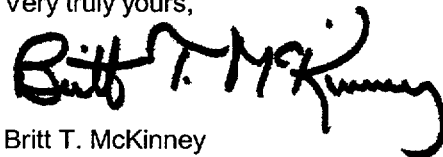
- EPF 06-013-02, Revision 0

Effective February 19, 2002

- EPF 06-018-01, Revision 4
- EPF 06-018-05, Revision 3
- EPF 06-018-08, Revision 1
- EPF 06-018-10, Revision 3
- EPF 06-018-11, Revision 2
- EPF 06-018-12, Revision 2

If you have any questions concerning this submittal, please contact me at (620) 364-4112, or Mr. Tony Harris at (620) 364-4038.

Very truly yours,



Britt T. McKinney

BTM/pb

Enclosures

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A045



EPP 06-013

EXPOSURE CONTROL AND PERSONNEL PROTECTION

Responsible Manager

Manager Resource Protection

| | |
|-----------------------------------|-----------|
| Revision Number | 2 |
| Use Category | Reference |
| Administrative Controls Procedure | No |
| Infrequently Performed Procedure | No |
| Program Number | 06 |

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1.0 PURPOSE

- 1.1 The purpose of this procedure is to describe the limits and methods to be used as guidelines to evaluate and control personnel exposure under emergency conditions.

2.0 SCOPE

- 2.1 This procedure applies to all emergency response personnel. This procedure is implemented upon declaration of a radiological emergency at Wolf Creek Generating Station.

3.0 REFERENCES AND COMMITMENTS

3.1 References

- 3.1.1 AP 06-002, RADIOLOGICAL EMERGENCY RESPONSE PLAN (RERP)
- 3.1.2 REGULATORY GUIDE 1.109, REVISION 1, CALCULATIONS OF ANNUAL DOSES TO MAN FROM ROUTINE RELEASES OF REACTOR EFFLUENTS FOR THE PURPOSE OF EVALUATING COMPLIANCE WITH 10CFR50, APPENDIX I
- 3.1.3 AP 28A-001, PERFORMANCE IMPROVEMENT REQUESTS
- 3.1.4 CODE OF FEDERAL REGULATIONS, 10 CFR 20
- 3.1.5 RADIOLOGICAL EMERGENCY TELEPHONE DIRECTORY (RETD)
- 3.1.6 RPP 03-210, INTERNAL EXPOSURE CALCULATIONS AND EVALUATIONS

3.2 Commitments

- 3.2.1 RCMS 1993-077, IR 9119-04, Poor Coordination and Control of Monitoring Teams

4.0 DEFINITIONS

4.1 Facility Dosimetry

- 4.1.1 Dosimetry which is placed at physical locations throughout a facility rather than issued to an individual.

5.0 RESPONSIBILITIES

5.1 Emergency Manager

- 5.1.1 Authorizes dose in excess of 10 CFR 20 annual limits.

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5.2 Radiological Coordinator

- 5.2.1 Recommends that personnel ingest KI if the actual or projected thyroid dose is 25 REM or greater.
- 5.2.2 Ensures that bioassay analysis is performed for any personnel directly exposed to inhaling material from within the radioactive plume.

5.3 Team Director

- 5.3.1 For planned entries in radioiodine concentrations, perform thyroid dose commitment estimates in accordance with EPF 06-013-03, THYROID DOSE EQUIVALENT WORKSHEET.

5.4 Emergency Workers

- 5.4.1 Report lost or damaged personnel dosimetry to the Radiological Coordinator as soon as possible.

6.0 PRECAUTIONS/LIMITATIONS

- 6.1 Plant administrative personnel exposure limits are not in effect during an emergency.
- 6.2 Except for life-saving or urgent plant emergency situations 10 CFR 20 exposure limits shall not be exceeded.
 - 6.2.1 Personnel volunteering to receive a dose in excess of the annual limits, for life-saving or urgent corrective actions, shall wear proper dosimetry.
- 6.3 Individuals shall not enter areas where dose rates may exceed the range of their instrumentation.
- 6.4 Potassium Iodide (KI) shall not be taken by persons with known allergies to iodine, as indicated by reactions to:
 - 6.4.1 X-ray contrast Media Studies (Kidney Studies, Intravenous Pyelogram, I.V.P.)
 - 6.4.2 Iodized Salt
 - 6.4.3 Expectorants containing Iodine
 - 6.4.4 Topical disinfectants containing Iodine (Tincture of Iodine)
- 6.5 Indications of an allergic reaction may include skin rash, swelling of the salivary glands, running nose, diarrhea, upset stomach and "Iodism" (a metallic taste, burning mouth and throat, sore teeth and gums), fever and joint pains, or severe shortness of breath.

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6.5.1 If severe side effects or allergic reactions occur, affected individuals should immediately stop taking KI and consult a physician for further instructions.

6.6 The dosage for emergency workers is one tablet of KI (130 mg) once a day for the duration of exposure and following the exposure for a maximum of 10 days total.

6.6.1 Persons should not take KI for more than 10 days without consulting a physician.

6.6.2 Larger doses will not increase effectiveness because the thyroid can only "hold" limited amounts of iodine.

6.7 The effectiveness of KI as a thyroid blocking agent is a function of time. The effectiveness of KI administration is as follows:

6.7.1 Before or concurrently with exposure - 90% effective.

6.7.2 3-4 hours after exposure - 50% effective.

6.7.3 12 hours after exposure - some limited effect.

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7.0 PROCEDURE

- 7.1 The Radiological Coordinator provides the Emergency Manager with an evaluation of conditions potentially requiring personnel exposure in excess of 10 CFR 20 limits. **[Commitment Step 3.2.1]**
- 7.1.1 The limits listed in Attachment A, PLANNED EMERGENCY EXPOSURE GUIDELINES, should not be exceeded.
- 7.1.2 When time permits, EPF 06-013-02, EMERGENCY EXPOSURE AUTHORIZATION, is initiated.
- 7.1.3 If practicable, activities which may result in doses received in excess of the annual limits should be discussed with the U.S. Nuclear Regulatory Commission (NRC) resident inspector prior to authorization.
- 7.1.4 TLDs used for doses received in excess of the annual limits are collected and evaluated as soon as possible when self reading dosimeters indicate a potential exposure of 2 REM or more.
- 7.1.5 Replacement TLDs may be issued after the evaluations have been completed, at the discretion of the Radiological Coordinator.
- 7.2 IF directed by the Radiological Coordinator, THEN TLD dosimetry devices will be moved to an alternate facility for use and collection.
- 7.3 IF an individual's TLD is not available, THEN a new TLD may be issued in accordance with RPP 03-105, ISSUE OF TLDS.
- 7.4 IF dosimetry is required in an emergency response facility, THEN place dosimeters at locations in the facility or issue to personnel in the facility.
- 7.4.1 The initial readings of the dosimeters are logged on EPF 06-013-01, EMERGENCY EXPOSURE TRACKING LOG.
- 7.4.2 When practicable, dosimetry devices should be returned to the issuing facility.

NOTE

Over exposures are investigated in accordance with RPP 03-120, EVALUATION OF SUSPECT EXPOSURES.

- 7.5 Self-reading dosimetry evaluations should be made upon returning to the emergency facility AND unexpected exposures reported to the Radiological Coordinator. TLD evaluations are completed on an as needed basis.

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- o Notify the Radiological Coordinator when an over-exposure has occurred or is suspected.
- o IF an individual has received an over-exposure greater than 25 REM, THEN consideration should be given to transport that individual for medical examination and observation at the nearest medical facility listed in Section II of the Radiological Emergency Telephone Directory (RETD).

7.6 For planned entries into an atmosphere containing radioiodine, the Team Director or Dose Assessment Coordinator should estimate thyroid dose in accordance with EPF 06-013-03, THYROID DOSE EQUIVALENT WORKSHEET.

NOTE

KI tablets are stored in the Control Room, TSC/OSC, EOF and Emergency Kits.

7.7 IF radioiodine is anticipated to be in the plume THEN the Radiological Coordinator should recommend the ingestion of KI.

NOTE

The ingestion of KI by an individual is entirely voluntary and shall be documented.

7.8 IF KI has been recommended, THEN each individual performs the following:

- 7.8.1 Complete EPF 06-013-04, POTASSIUM IODIDE ISSUE RECORD, to document acceptance or refusal of KI usage.
- 7.8.2 Accept one bottle of KI tablets.
- 7.8.3 For at least six additional consecutive days, but for no more than a total of ten consecutive days, continue to take one KI tablet each day and record the date and time on EPF 06-013-04, POTASSIUM IODIDE ISSUE RECORD, for each ingestion.
- 7.8.4 The individual will ensure completed EPF 06-013-04, POTASSIUM IODIDE ISSUE RECORD, is returned to the Radiological Coordinator when ingestion of KI is terminated.

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CAUTION

Individuals should be observed for 15 minutes to ensure there is not a serious allergic reaction.

7.9 Individuals who demonstrate an allergic reaction or side effect shall be reported to the Radiological Coordinator.

7.9.1 Immediately discontinue the use of KI and refer to a physician.

7.9.2 A physician will provide medical surveillance for all individuals experiencing KI side effects or symptoms.

- o A copy of the medical surveillance record or statement from the physician will be forwarded to the Manager Radiation Protection for retention.

7.10 The Radiological Coordinator shall:

7.10.1 Ensure that bioassay analysis is performed for each emergency worker exposed to airborne radioactive material.

7.10.2 Personnel exposed to radioiodine should receive a thyroid count no sooner than 24 hours after exposure.

7.10.3 Ensure a copy of EPP 06-013-04, POTASSIUM IODIDE ISSUE RECORD, is forwarded to the individual(s) Personnel Exposure History File.

8.0 INITIAL ACTIONS

8.1 None.

9.0 SUBSEQUENT ACTIONS

9.1 None.

10.0 RECORDS

10.1 Records generated by this procedure during an actual emergency are considered lifetime QA records and shall be forwarded to Emergency Planning at the termination of the emergency.

10.2 Records generated by this procedure during drills or exercises are considered non-QA records and shall be forwarded to Emergency Planning at the termination of the drill or exercise.

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11.0 FORMS

- 11.1 EPF 06-013-01, EMERGENCY EXPOSURE TRACKING LOG
- 11.2 EPF 06-013-02, EMERGENCY EXPOSURE AUTHORIZATION
- 11.3 EPF 06-013-03, THYROID DOSE EQUIVALENT WORKSHEET
- 11.4 EPF 06-013-04, POTASSIUM IODIDE ISSUE RECORD

- END -

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ATTACHMENT A
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PLANNED EMERGENCY EXPOSURE GUIDELINES

| | CORRECTIVE OR* PROTECTIVE ACTIONS (REM) | LIFE-SAVING** ACTIONS (REM) |
|-------------|---|-----------------------------------|
| TEDE | 10 | 25 |
| Thyroid | 125 | No limits |
| Extremities | 100 | 300 |

* The above guidelines apply to circumstances that are necessary to protect facilities and equipment during the mitigation of the accident. Persons performing the planned actions should be volunteers.

** These guidelines apply to the search and removal of injured persons, or entry to prevent conditions that would injure numbers of people. Rescue personnel should be volunteers and familiar with the consequences of exposure.

- END -



EPP 06-015

EMERGENCY RESPONSE ORGANIZATION CALLOUT

Responsible Manager

MANAGER RESOURCE PROTECTION

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| Revision Number | 3 |
| Use Category | Reference |
| Administrative Controls Procedure | No |
| Infrequently Performed Procedure | No |
| Program Number | 06 |

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1.0 PURPOSE

- 1.1 This procedure provides the guidance for Wolf Creek personnel in performing Emergency Response Organization (ERO) callout.

2.0 SCOPE

- 2.1 This procedure applies to those personnel assigned the responsibility for performing ERO callout.

3.0 REFERENCES AND COMMITMENTS

3.1 References

- 3.1.1 Radiological Emergency Telephone Directory (RETD)

3.2 Commitments

- 3.2.1 None

4.0 DEFINITIONS

4.1 Automatic Dialing System (ADS)

- 4.1.1 An automated telephone communication system which may be used to call out personnel.

4.2 Callout

- 4.2.1 The methodology which ensures proper staffing of the Emergency Response Facilities.

4.3 Completed Scenario

- 4.3.1 Circumstance where a callout is finished either by user intervention, all ERO positions are filled or the scenario run time has expired. A completed scenario can not be resumed at a later time.

4.4 Emergency Response Organization (ERO)

- 4.4.1 Personnel who are assigned to specific emergency organization positions described in the Radiological Emergency Response Plan (RERP).

4.5 Event Code

- 4.5.1 A number which is displayed when the E-Plan Pagers are activated which indicates the emergency classification and whether pagers were activated in emergency, test, or drill mode.

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4.6 Initial Classification

- 4.6.1 The first emergency classification declared in association with an emergency condition. This classification is NOT an upgrade from a less severe emergency classification.

4.7 Manual Callout

- 4.7.1 Method where individuals call out emergency personnel instead of the ADS.

4.8 Normal Working Hours

- 4.8.1 For the purpose of ADS activation, those hours between 0730 and 1530 (except as indicated in Steps 4.9.1 through 4.9.4) are considered normal working hours.

4.9 Non-Normal Working Hours

- 4.9.1 All time periods outside of normal working hours including weekends, holidays, the Company alternate Mondays off and other Company-observed time off.
- 4.9.2 The Monday before a Tuesday Christmas, New Year's, or Independence Day is considered as non-normal work hours.
- 4.9.3 The Friday after a Thursday Christmas, New Year's, or Independence Day is considered as non-normal work hours.
- 4.9.4 The Friday after Thanksgiving is considered as non-normal work hours.

4.10 Password

- 4.10.1 Code assigned to each user to gain access to the ADS.

4.11 Radiological Emergency Response Telephone Directory (RETD)

- 4.11.1 The directory which contains telephone numbers for Emergency Response Organization personnel.

4.12 Records

- 4.12.1 Documents such as calculation worksheets, computer printouts, forms, logs, memos, checklists, or any paper used to record data or information during an emergency, drill or exercise which may be used for event reconstruction.

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4.13 Scenario Resumption

4.13.1 Restarts a scenario that was suspended. The ADS begins making calls from the point it was suspended.

4.14 Scenario

4.14.1 The tool by which you start, stop or suspend the ADS.

4.15 Scenario Number

4.15.1 Identification code assigned to each scenario.

4.16 Suspended Scenario

4.16.1 Scenario in which all calls are stopped temporarily. The scenario remains active and must be resumed or completed at a later time.

4.17 Upgrade Classification

4.17.1 An emergency classification that represents an increase in the severity of a previously declared emergency.

5.0 RESPONSIBILITIES

5.1 Off-Site Communicator

5.1.1 Ensure the Emergency Response Organization (ERO) callout is initiated in a timely manner by activating the ADS and E-Plan Pagers as required.

5.2 Computer Operator

5.2.1 Perform ADS monitoring activities.

5.2.2 Initiate ERO manual callout.

5.2.3 Provide staffing information to the TSC and EOF.

5.3 Non-Responding Emergency Communicators (NRECs)

5.3.1 Perform a manual callout of ERO.

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6.0 PRECAUTIONS/LIMITATIONS

- 6.1 ADS passwords are considered confidential information.
- 6.2 E-Plan Pagers only are activated for emergencies declared during normal working hours and for emergency classification upgrades from an Alert or higher classification.
- 6.3 More than one scenario may be active at any time. The ADS will only process calls for one scenario at a time. The ADS automatically processes each active scenario by order of priority.
- 6.4 IF a higher priority scenario is activated, THEN the ADS automatically suspends the lower priority scenario. The lower priority is automatically resumed by the ADS unless the scenario run time expires.

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7.0 PROCEDURE

7.1 Off-Site Communicator

7.1.1 Normal Working Hours

1. IF an emergency is declared during normal working hours, THEN activate the E-Plan Pagers in accordance with ATTACHMENT A, E-PLAN PAGER ACTIVATION.

7.1.2 Non-Normal Working Hours

1. Initial Emergency Classification
 - a. IF an initial emergency classification is declared during non-normal working hours, THEN activate the ADS in accordance with ATTACHMENT B, ADS ACTIVATION.
2. Emergency Classification Upgrade
 - a. IF a Notification of Unusual Event is upgraded to an Alert, Site Area or General Emergency, THEN activate the ADS in accordance with ATTACHMENT B, ADS ACTIVATION.
 - b. IF an Alert is upgraded to a Site Area or General Emergency, THEN activate the E-Plan Pagers only in accordance with ATTACHMENT A, E-PLAN PAGER ACTIVATION.
 - c. IF a Site Area Emergency is upgraded to a General Emergency, THEN activate the E-Plan Pagers only in accordance with ATTACHMENT A, E-PLAN PAGER ACTIVATION.
3. ADS Suspension or Completion
 - a. IF at any time the ADS is performing a callout which should be stopped, THEN suspend or complete the scenario in accordance with ATTACHMENT C, ADS CALLOUT SUSPENSION AND COMPLETION.
 - 1) IF the scenario was suspended, THEN resume or complete the scenario in accordance with ATTACHMENT D, ADS RESUMPTION OR COMPLETION.

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7.2 Computer Operator

7.2.1 Normal Working Hours

1. IF an Alert, Site Area or General Emergency is declared during normal working hours, THEN report to the Administrative Coordinator in the TSC.

7.2.2 Non-Normal Working Hours

1. IF a Notification of Unusual Event is declared, THEN perform ADS monitoring responsibilities.
 - o IF the ADS fails to activate, THEN initiate a manual callout.
2. IF an Alert is declared, THEN perform ADS monitoring responsibilities.
 - o IF the ADS fails to activate, THEN initiate a manual callout.
3. IF a Site Area Emergency or General Emergency is declared and the TSC and EOF have not been previously staffed, THEN perform ADS monitoring responsibilities.
 - o IF the ADS fails to activate, THEN initiate a manual callout.

NOTE

The TSC Administrative Coordinator will determine the feasibility of personnel returning to the Computer Room. Prior to the Administrative Coordinator's arrival, this determination may be delegated to the TSC Facility Technician or TSC Radiological Coordinator.

7.2.3 ADS Monitoring/Reporting

1. At the ADS console, access the ADS Status Screen: Press Right-Control and 2 (on the number pad). The screen should show callout activity on the screen. Use the Page Up and Page Down keys to scroll up and down to view all lines.
2. IF the ADS Status Screen shows callout activity, THEN consider the ADS activated.

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- a. IF the ADS Status Screen does not indicate that calls are being made or received, THEN consider the ADS down and continue with Step 7.2.4, ADS FAILURE AND MANUAL CALLOUT.
3. Verify that the ADS printer is on-line. The ADS reports print out periodically until callout completion.
4. Verify the scenario number and scenario mode (emergency, test or drill) on the ADS Report are the same as the information provided by the Off-Site Communicator.
 - o IF a discrepancy exists, THEN contact the Off-Site Communicator at Ext. #4834.
5. IF an Notification of Unusual Event is declared, THEN there are no reporting responsibilities. Do not report to the TSC.

NOTE

At a General Emergency report to the TSC after monitoring the ADS for approximately 10 minutes.

6. IF an Alert or higher classification is declared, THEN report to the TSC with the ADS reports and perform the following:
 - o Fax the ADS reports to EOF
 - o Provide the TSC Administrative Coordinator with the ADS reports
 - o Return to the Computer Room as directed by the TSC Administrative Coordinator or designee

NOTE

At a General Emergency report to the TSC prior to initiating manual callout.

7.2.4 ADS Failure and Manual Callout

1. IF the ADS fails to activate or fails to complete a callout THEN notify the Shift Manager at Ext. #4800 that the ADS failed and that a manual callout is necessary.

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- a. Ensure the positions of NREC-1, NREC-2, NREC-3 and NREC-4 are staffed for manual callout by performing the following:
 - o IF the "Call Response Report" is available, THEN call the NRECs listed. The report will indicate which NREC position each person filled and a telephone number where they can be reached.
 - o IF the "Call Response Report" is not available, THEN page the on-call NRECs at the pager numbers listed in RETD Section III, EMERGENCY RESPONSE ORGANIZATION DUTY ROSTER or at any alternate number you have been provided.
 - o IF the NRECs do not respond after being paged, THEN call the telephone numbers listed for NRECs found in RETD Section III, EMERGENCY RESPONSE ORGANIZATION DUTY ROSTER.
- b. Obtain the name, telephone number and pager number (if applicable) of each individual filling an NREC position for future reference.
 - o All four NREC positions must be filled. IF four NRECs are not available, THEN instruct one of the responding NRECs to fill the open position.
- c. Provide the NRECs with the following information:
 - o This is a drill or actual emergency
 - o Perform a manual callout of the Emergency Response Organization (ERO)
 - o Reason for manual callout (e.g. ADS failed)
 - o NREC position they are accepting
 - o Emergency classification
 - o Time of classification (if available)
 - o Other applicable information which would enhance or clarify the callout process
- d. Ensure applicable information is logged.

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7.3 Non-Responding Emergency Communicators (NRECs)

7.3.1 Normal Working Hours

1. NRECs have no callout responsibilities during this time period.

NOTE

Follow all directions provided by the Computer Operator including responsibilities outside of the scope of the procedure.

7.3.2 Non-Normal Working Hours

1. IF an emergency is declared during non-normal working hours, THEN call into the ADS.
 - a. IF the ADS answers, THEN leave a telephone number where you can be reached for the next two hours. The ADS will assign you as NREC-1, NREC-2, NREC-3 or NREC-4.
 - b. IF the ADS fails to answer, THEN call the Computer Operator at (620) 364-8831, Ext. #4773 or Ext. #4774. Provide a telephone number where you can be reached for the next two hours.
 - 1) IF the Computer Operator does not answer, THEN page the Computer Operator at (785) 575-7507.

7.3.3 NREC Callout - Notification of Unusual Event

1. IF instructed by the Computer Operator to perform a manual callout, THEN obtain EPP 06-015-01, EMERGENCY RESPONSE ORGANIZATION MANUAL CALLOUT LOG.
2. Perform callout as follows referring to ATTACHMENT E, EMERGENCY CALLOUT MESSAGE and Radiological Emergency TELEPHONE DIRECTORY (RETD) Section IV, EMERGENCY RESPONSE ORGANIZATION CALLOUT:
 - o NREC-1: All NREC 1, NUE positions (N1, NUE)
 - o NREC-2 is on Standby
 - o NREC-3 is on Standby
 - o NREC-4 is on Standby

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3. Report current callout results to each person called out (e.g., the third person called should be told the names of the first two people filling their positions).

7.3.4 NREC Callout - Alert, Site Area or General Emergency

1. IF instructed by the Computer Operator to perform a manual callout, THEN obtain EPF 06-015-01, EMERGENCY RESPONSE ORGANIZATION MANUAL CALLOUT LOG.
2. Perform callout as follows referring to ATTACHMENT E, EMERGENCY CALLOUT MESSAGE and Radiological Emergency TELEPHONE DIRECTORY (RETD), Section IV, EMERGENCY RESPONSE ORGANIZATION CALLOUT:
 - o NREC 1: All NREC 1 positions, Lists 1, 2 and 3
 - o NREC 2: All NREC 2 positions, Lists 1, 2 and 3
 - o NREC 3: All NREC 3 positions, Lists 1, 2 and 3
 - o NREC 4: All NREC 4 positions, Lists 1, 2 and 3
3. Attempt to fill all ERO positions with the required number of people by calling through each list up to three times. Emphasize filling positions from List 1 before List 2; Lists 1 and 2 before List 3.
4. Contact the TSC Administrative Coordinator at (620) 364-8831, Ext. #5375 and indicate which NREC lists you have contacted and applicable information for responding personnel only.
 - a. Leave a number where you can be reached if additional assistance is required.

8.0 INITIAL ACTIONS

8.1 None

9.0 SUBSEQUENT ACTIONS

9.1 None

10.0 RECORDS

10.1 Records generated by this procedure during an actual emergency are considered lifetime QA records and shall be forwarded to Emergency Planning at the termination of the emergency.

10.2 Records generated by this procedure during drills or exercises are considered non-QA records and shall be forwarded to Emergency Planning at the termination of the drill or exercise.

| | | |
|---------------|--|---------------|
| Revision: 3 | EMERGENCY RESPONSE ORGANIZATION CALLOUT | EPP 06-015 |
| Reference Use | | Page 12 of 18 |

11.0 FORMS

11.1 EPF 06-015-01, EMERGENCY RESPONSE ORGANIZATION MANUAL CALLOUT
LOG

- END -

ATTACHMENT A
E-PLAN PAGER ACTIVATION
(PAGE 1 OF 1)

- A.1 Ensure E-PLAN Pager is turned "On" to verify activation.
- A.2 Proceed to Block A or Block B to activate Wolf Creek E-Plan Pagers.

| Block A (Topeka Tower) |
|--|
| a. Dial 9 (for outside line) b. Dial <u>1 (785) 575-5625</u> c. Upon hearing a tone, Dial <u>9911</u> |

OR

| Block B (Emporia Tower) |
|---|
| a. Dial 9 (for outside line) b. Dial <u>1 (620) 341-8106</u> c. Dial Pager ID # <u>9911</u> |

- A.3 When prompted, ENTER the event code followed by the pound (#) sign:

| ACTUAL EMERGENCY | TEST/DRILL |
|------------------|-------------|
| NUE 11111 | NUE 66666 |
| ALERT 22222 | ALERT 77777 |
| SAE 33333 | SAE 88888 |
| GE 44444 | GE 99999 |

- A.4 IF the incorrect event code is displayed or the pagers do not activate, THEN activate the E-Plan Pagers using Attachment A.
- A.5 Notify the Shift Manager of the pager activation status.
- A.6 Ensure callout information is logged.

- END -

| | | |
|---------------|--|---------------|
| Revision: 3 | EMERGENCY RESPONSE ORGANIZATION CALLOUT | EPP 06-015 |
| Reference Use | | Page 14 of 18 |

ATTACHMENT B
ADS ACTIVATION
(PAGE 1 OF 2)

NOTES

- o The ADS is activated during non-normal working hours only.
- o For Site Area and General Emergency classifications, activate the ADS for initial emergency classifications or upgrades directly from an Notification of Unusual Event only.

B.1 Ensure E-PLAN Pager is turned "On" to verify activation.

B.2 Using the telephone, call the ADS. Dial: 9-364-8031 or
9-364-8034

B.3 ADS Activation

B.3.1 IF the ADS answers, THEN enter your password during the "HELLO" segment AND proceed to Step B.4.

B.3.2 IF the ADS fails to answer, THEN perform the following:

1. Attempt to activate the ADS again.

2. IF the ADS continues to fail, THEN perform the following:

a. Contact the Computer Operator (Ext. #4773) or Pager # (785) 575-7507 to initiate a manual callout of the ERO.

o Provide the emergency classification and any other applicable information which would enhance the callout process.

b. Activate the E-Plan Pagers in accordance with ATTACHMENT A, E-PLAN PAGER ACTIVATION.

ATTACHMENT B
ADS ACTIVATION
(PAGE 2 OF 2)

CAUTION

An Event Code must be entered or the pagers will activate with a dash (-).

B.4 Activate the ADS by following the prompts given by the ADS.

B.4.1 Scenario Number Options

| EMERGENCY CLASSIFICATION | SCENARIO NUMBER |
|--|-----------------|
| Notification of Unusual Event (NUE) | 060 |
| Alert | 070 |
| Site Area Emergency | 080 |
| General Emergency | 090 |

B.4.2 Event Code Options

| ACTUAL EMERGENCY | TEST/DRILL |
|------------------|-------------|
| NUE 11111 | NUE 66666 |
| ALERT 22222 | ALERT 77777 |
| SAE 33333 | SAE 88888 |
| GE 44444 | GE 99999 |

B.5 Stay on the line until the ADS states: "Thank You, Goodbye"

B.6 IF the incorrect event code is displayed or the pagers do not activate, THEN activate the E-Plan Pagers using Attachment A.

B.7 Notify the Shift Manager of the ADS activation status.

B.8 Notify the Computer Operator (Ext. #4773) or Pager #(785) 575-7507) of the ADS status; include the scenario number and scenario mode.

B.9 Ensure callout information is logged.

- END -

| | | |
|---------------|--|---------------|
| Revision: 3 | EMERGENCY RESPONSE ORGANIZATION CALLOUT | EPP 06-015 |
| Reference Use | | Page 16 of 18 |

ATTACHMENT C
ADS CALLOUT SUSPENSION AND COMPLETION
(PAGE 1 OF 1)

- C.1 Using the telephone, call the ADS. Dial: **9-364-8031** or
9-364-8034
- C.2 WHEN the ADS answers, THEN enter your password during the
"HELLO" segment.
- C.3 Suspend or Complete a scenario by following the prompts given by
the ADS:
- C.3.1 Enter the scenario number you want to work with:

| EMERGENCY CLASSIFICATION | SCENARIO NUMBER |
|--|-----------------|
| Notification of Unusual Event (NUE) | 060 |
| Alert | 070 |
| Site Area Emergency | 080 |
| General Emergency | 090 |

- C.4 Stay on the line until the ADS states: "Thank You, Goodbye."
- C.5 Ensure callout information is logged.

- END -

| | | |
|---------------|--|---------------|
| Revision: 3 | EMERGENCY RESPONSE ORGANIZATION CALLOUT | EPP 06-015 |
| Reference Use | | Page 17 of 18 |

ATTACHMENT D
ADS RESUMPTION OR COMPLETION
(PAGE 1 OF 1)

- D.1 Using the telephone, call the ADS. Dial: **9-364-8031** or
9-364-8034
- D.2 WHEN the ADS answers, THEN enter your password during the
"HELLO" segment.
- D.3 Resume or Complete a scenario by following the prompts given by
the ADS:
- D.3.1 Enter the scenario number you want to work with:

| EMERGENCY CLASSIFICATION | SCENARIO NUMBER |
|--|-----------------|
| Notification of Unusual Event (NUE) | 060 |
| Alert | 070 |
| Site Area Emergency | 080 |
| General Emergency | 090 |

- D.4 Stay on the line until the ADS states: "Thank You, Goodbye."
- D.5 Ensure callout information is logged.

- END -

| | | |
|---------------|--|---------------|
| Revision: 3 | EMERGENCY RESPONSE ORGANIZATION CALLOUT | EPP 06-015 |
| Reference Use | | Page 18 of 18 |

ATTACHMENT E
EMERGENCY CALLOUT MESSAGE
(PAGE 1 OF 1)

E.1 This is a _____.
(drill/actual emergency)

E.2 This is _____
Name/ERO position title

E.3 A/AN Notification of Unusual Event (NUE)
Alert
Site Area Emergency
_____ General Emergency _____ has been declared.

E.4 You are being notified to assume your Emergency Response
Organization position of _____.
ERO position title

E.5 Are you able to staff this position, and if so how long will it
take you to reach the facility or begin your emergency response
function?

E.6 This is a _____.
(drill/actual emergency)

EMERGENCY EXPOSURE AUTHORIZATION

NAME: _____

SSN: _____

Projected Dose (Rem):

Whole Body: _____

Extremities: _____

Thyroid: _____

Exposure Authorized:☐

< 10 REM

☐

< 25 REM

Recommended By: _____

Date/Time: _____ / _____

Radiological Coordinator: _____

Authorized By: _____

Date/Time: _____ / _____

Emergency Manager

Date and Time of Emergency Entry: _____ / _____

Date and Time of Emergency Exit: _____ / _____

Emergency Exposure Received (Rem):

Whole Body: _____

Extremities: _____

Thyroid: _____

Reviewed By: _____

Radiological Coordinator

_____ / _____

Date/Time

Approved By: _____

Emergency Manager

_____ / _____

Date/Time

Comments:

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

REQUIREMENTS (REQ):

- | | |
|---|-------------------|
| 1 | Inventory |
| 2 | Operability Check |

| | | | | |
|---|------------------|-----------------|----------------|-----------------|
| Part I | INVENTORY | | | |
| Quarter: | Date: | | Other: | |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| INFORMATION CLEARINGHOUSE - WOLF CREEK | | | | |
| Stored in Information Clearinghouse - Room 122 | | | | |
| *Phone Book | 1 | 2 | | |
| *Dictionary | 1 | 1 | | |
| *Ruled Paper | 1 | 16 pads | | |
| *Desk Name Plates w/holder | | | | |
| Public Information Mgr. | 1 | 1 | | |
| Technical Support | 1 | 1 | | |
| News Writer | 1 | 1 | | |
| Information Messenger | 1 | 1 | | |
| Wolf Creek PIO | 1 | 1 | | |
| State PIO | 1 | 1 | | |
| County PIO | 1 | 1 | | |
| NRC PIO | 1 | 1 | | |
| FEMA PIO | 1 | 1 | | |
| Governor's Press Sec. | 1 | 1 | | |
| *Step Stool/Ladder | 1 | 1 | | |
| *Stapler | 1 | 1 | | |
| *Bell | 1 | 1 | | |
| *Emergency Classification Signs | 1 | 5 | | |
| *3 Hole Punch | 1 | 1 | | |
| Scotch Tape dispenser | 1 | 2 | | |
| Stored in Cabinet in EOF Foyer | | | | |
| *Staplers | 1 | 2 | | |
| *Staple Removers | 1 | 3 | | |
| *Staples | 1 | 4 boxes | | |
| *Paper Clips | 1 | 3 boxes | | |
| *Binder Clips | 1 | 2 boxes | | |
| *Metal Clips for Flip Chart | 1 | 2 | | |
| *Date Stamp | 1 | 1 | | |
| *"This Is A Drill" stamp | 1 | 2 | | |
| *Red Stamp Pad | 1 | 2 | | |
| *Pencil Sharpener | 1 | 1 | | |
| *Dry Erase Markers | 1 | 6 | | |
| *Status Board Erasers | 1 | 2 | | |
| *Status Board Cleaner | 1 | 1 | | |
| *Pens (black ink) | 1 | 24 | | |
| *Pencils | 1 | 12 | | |
| *Scissors | 1 | 2 | | |
| *Velcro Tape | 1 | 1 | | |
| *Duct Tape | 1 | 1 | | |
| *Masking Tape | 1 | 2 rolls | | |
| *Scotch Tape | 1 | 2 | | |
| *Extension Cord | 1 | 2 | | |
| *18" Ruler | 1 | 1 | | |
| Fax machine toner | 1 | 1 | | |
| * Administrative Supplies Suggested Quantities | | | | |

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

| Part I | | INVENTORY | | |
|---|------|-----------|---------|----------|
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| INFORMATION CLEARINGHOUSE - TOPEKA | | | | |
| LOCKER NO. 1 | | | | |
| Motorola Radios w/headsets & charging adapters | 1, 2 | 5 | | |
| Power Strip | 1 | 2 | | |
| Locker Keys | 1 | 2 | | |
| PC Computer cabinet keys | 2 | 2 | | |
| Sign-in board key | 1 | 1 | | |
| Room 21 Key | 1 | 1 | | |
| *Emergency Classification Signs | 1 | 5 | | |
| *Sign: Emergency Classification | 1 | 1 | | |
| *Sign: Information Clearinghouse | 1 | 1 | | |
| *Dictionary | 1 | 1 | | |
| *Ruled Paper | 1 | 16 pads | | |
| *Desk Name Plates w/holder | | | | |
| Public Information Manager | 1 | 1 | | |
| Technical Support | 1 | 1 | | |
| News Writer | 1 | 1 | | |
| Information Messenger | 1 | 1 | | |
| Wolf Creek PIO | 1 | 1 | | |
| State PIO | 1 | 1 | | |
| County PIO | 1 | 1 | | |
| NRC PIO | 1 | 1 | | |
| FEMA PIO | 1 | 1 | | |
| Governor's Press Sec | 1 | 1 | | |
| MC Manager Position Binder (EM 069) with Armory storage closet key | 1 | 1 | | |
| Public Information Manager Position Binder (EM 063) | 1 | 1 | | |
| Wolf Creek PIO Position Binder (EM 064) | 1 | 1 | | |
| Tech Support Position Binder (EM 065, EM 248) | 1 | 2 | | |
| News Writer Position Binder (EM 066) | 1 | 1 | | |
| Information Messenger (EM 211) | 1 | 1 | | |
| AV Support Position Binder (EM 071) | 1 | 1 | | |
| Media Liaison Position Binder (EM122) | 1 | 1 | | |
| Media Registrar Position Binder (EM 202) | 1 | 1 | | |
| Radiological Emergency Telephone Directory (RETD) (TD020, TD021, TD034) | 1 | 3 | | |
| EPPs and EP Forms (EM005) | 1 | 2 books | | |
| * Administrative Supplies Suggested Quantities | | | | |

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

| | | | | |
|--|------------------|-----------------|----------------|-----------------|
| Part I | INVENTORY | | | |
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| INFORMATION CLEARINGHOUSE - TOPEKA | | | | |
| LOCKER NO. 1 (Cont'd) | | | | |
| Updated Safety Analysis Rpt (USAR) (US062) | 1 | 1 CD | | |
| WCGS Emergency Plan (EP007) | 1 | 1 | | |
| Coffey County Emergency Plan (CP026) | 1 | 1 | | |
| State of Kansas Emergency Plan (SP005) | 1 | 1 | | |
| *PWR Information Course Book, Vol. 1 & 2 | 1 | 1 set | | |
| * Administrative Supplies Suggested Quantities | | | | |

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

| Part I | | INVENTORY | | |
|--|-----|-----------|---------|--|
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| INFORMATION CLEARINGHOUSE - TOPEKA | | | | |
| LOCKER NO. 2 | | | | |
| IC Phone Jack Box | 1 | 1 | | |
| IC Phones (WC PIO, Tech Support, News Writer, County PIO, KGE PIO, KCPL PIO, KEPCo PIO, NRC PIO, FEMA PIO, State PIO, Governor's Press Secretary) | 1 | 11 | | |
| IC Phone w/Speakerphone | 1 | 1 | | Change batteries quarterly. Date changed: _____ |
| *Phone Book | 1 | 2 | | |
| *Pens (black ink) | 1 | 24 | | |
| *Dry Erase Markers | 1 | 6 | | |
| *Pencils | 1 | 12 | | |
| *Pencil Sharpener | 1 | 1 | | |
| *Status Board Erasers | 1 | 2 | | |
| *Status Board Cleaner | 1 | 1 | | |
| *Paper Clips | 1 | 3 boxes | | |
| *Binder Clips | 1 | 2 boxes | | |
| *Staplers | 1 | 3 | | |
| *Staple Removers | 1 | 3 | | |
| *Staples | 1 | 4 boxes | | |
| *18" Ruler | 1 | 1 | | |
| *Extension Cord | 1 | 1 | | |
| *Bell | 1 | 1 | | |
| *Metal Clips for Flip Chart | 1 | 2 | | |
| *Glue Stick | 1 | 1 | | |
| *Velcro Tape | 1 | 1 | | |
| *Duct Tape | 1 | 1 | | |
| *Masking Tape | 1 | 3 | | |
| *Scotch Tape | 1 | 2 | | |
| *Scissors | 1 | 2 | | |
| *3 Hole Punch | 1 | 1 | | |
| *Date Stamp | 1 | 1 | | |
| *"This Is A Drill" stamp | 1 | 3 | | |
| *Red Stamp Pad | 1 | 2 | | |
| Phone to Jack Cords | 1 | 3 | | |
| Phone to Handset Cords | 1 | 3 | | |
| *Regular Copier/Printer Paper | 1 | 6 Ream | | |
| AA- Batteries | 1 | ~4 | | Exp. Date: _____ |
| **Fax Machine Brother Intelli-FAX-1270 | 1 | 1 | | |
| Fax machine toner | 1 | 1 | | |
| *M-02 (Mechanical) (K607) | 1 | 1 set | | Located on stick file if not in cabinet |
| *E-01 (Electrical) (K607) | 1 | 1 set | | Located on stick file if not in cabinet |
| *E-03 (Electrical) (K607) | 1 | 1 set | | Located on stick file if not in cabinet |
| * Administrative Supplies Suggested Quantities | | | | |
| **Comparable model may be substituted as necessary. | | | | |

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

| Part I | INVENTORY | | | | | |
|--|------------------|--------------|----------|----------|---------------|--|
| Quarter: | | Date: | | | Other: | |
| | | | Quantity | | | |
| Item | REQ | Required | Present | Comments | | |
| INFORMATION CLEARINGHOUSE - TOPEKA | | | | | | |
| IC Computer Cabinet No. 1 | | | | | | |
| Computer | 1 | 1 | | | | |
| Computer Cables | 1 | 1 | | | | |
| **HP Deskjet Printer Model 960C | 1 | 1 | | | | |
| **HP Inkjet Print Cartridges HP-78 & HP-45 | 2 | 1 each | | | | |
| Heavy Duty Extension Cord | 1 | 1 | | | | |
| *PC Program Diskette | 1 | 1 | | | | |
| *PC Diskettes - Blanks | 1 | ~1 box | | | | |
| *Power Strip | 1 | 1 | | | | |
| *News Statements Diskette | 1 | 1 | | | | |
| AP Stylebook | 1 | 1 | | | | |
| IC Computer Cabinet No. 2 | | | | | | |
| Computer | 1 | 1 | | | | |
| Computer Cables | 1 | 1 | | | | |
| **Printer HP Laserjet 4 | 1 | 1 | | | | |
| **HP Laserjet 4 Toner | 1 | 1 | | | | |
| Heavy Duty Extension Cord | 1 | 1 | | | | |
| *Power Strip | 1 | 1 | | | | |
| Status Board Cart or Mounted in Room 21 | | | | | | |
| 10-Mile Evacuation Area Map | 1 | 1 | | | | |
| 50-Mile Ingestion Pathway Wall Map | 1 | 1 | | | | |
| Staffing Status Board | 1 | 1 | | | | |
| 3'x4' News Statements Board | 1 | 1 | | | | |
| 3'x4' Sequence of Events Board | 1 | 2 | | | | |
| Easels for Status Boards | 1 | 2 | | | | |
| *Step Stool/Ladder | 1 | 1 | | | | |
| * Administrative Supplies Suggested Quantities | | | | | | |
| **Comparable model may be substituted as necessary. | | | | | | |
| SUBMITTED BY | | | | | | |
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above or as noted below. Comments: | | | | | | |
| Signature _____ | | | | | | |
| Print Name _____ | | | | | | |
| Ext. _____ | | | | | | |
| Date _____ | | | | | | |

INFORMATION CLEARINGHOUSE INVENTORY CHECKLIST

| | | | |
|--|---------------------|---------------------|--------|
| Part II | REVIEW AND APPROVAL | | |
| Quarter: | | Date: | Other: |
| EMERGENCY PLANNING REVIEW | | | |
| <input type="checkbox"/> All identified discrepancies have been restocked or other actions necessary performed as noted below: | | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _____ Reviewer Signature | | _____ Print Name | |
| _____ Ext. | | _____ Date | |
| EMERGENCY PLANNING APPROVAL | | | |
| <input type="checkbox"/> All reviews and appropriate actions are complete. | | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _____ Approval Signature | | _____ Date | |

CONTROL ROOM INVENTORY CHECKLIST

REQUIREMENTS (REQ):

- | | |
|---|---|
| 1 | Inventory |
| 2 | Check seal quarterly/ Inventory annually |
| 3 | Operability Check |
| 4 | Trade-out Annually |

| Part I | | INVENTORY | | |
|---|-------|-----------------|---------|--|
| Quarter: | Date: | Quantity | | Other: |
| Item | REQ | Required | Present | Comments |
| Frisker Cal Due Date _____ WC # _____ | 1, 3 | 1 | | Frisker may be located in Panel Room or other Control Room location. |
| B/G Survey Meter— Eberline RO-2 or RO-2A (Circle as appropriate) Cal Due Date _____ WC # _____ R O-2 / RO-2A Cal Due Date _____ WC # _____ RO-2 / RO-2A | 1, 3 | 2 | | |
| Air Sampler-Lo Vol (SAIC Model H 809 V-I) Cal Due Date _____ WC # _____ | 1, 3 | 1 | | |
| PIC (200R) Tape Color _____ | 1 | 5 | | |
| PIC (500mR) Tape Color _____ | 1 | 10 | | |
| PIC (5R) Tape Color _____ | 1 | 10 | | |
| TLD's | 1, 4 | 20 | | |
| Dosimeter Charger | 1, 3 | 1 | | |
| Check Source | 1 | 1 | | Source Number: _____ |
| Planchettes | 1 | ~50 | | |
| Sample Holder | 1 | 1 | | |
| Tweezers | 1 | 1 | | |
| Cotton PC Gloves | 1 | ~40 pair | | |
| Masslin Towels | 1 | 5 | | |
| Potassium Iodide Tablets | 1 | 50 pkgs | | Exp. Date: _____ |
| Air Sampler Zeolite Filters | 1 | 10 | | Must be sealed. |
| Air Sample Labels | 1 | ~25 | | |
| Air Sampler Particulate Filters | 1 | 1 Box (~100) | | |
| Surgeon's PC Gloves | 1 | ~24 pair | | |
| Smears | 1 | 1 Box (~500) | | |
| Telephone Headset | 1 | ~1 | | |
| Flashlight | 1, 3 | 5 | | |
| D Cell Batteries: | 1 | 12 | | Exp. Date: _____ |
| 9 Volt Batteries: | 1 | 6 | | Exp. Date: _____ |

CONTROL ROOM INVENTORY CHECKLIST

| Part I | | INVENTORY | | | |
|--------------------------------------|--|-----------|----------|---------|---|
| Quarter: | | Date: | | Other: | |
| Item | | REQ | Quantity | | Comments |
| | | | Required | Present | |
| First Aid Kit | | 1, 2 | 1 | | Seal Date: _____. If opened, take to Health Services for replacement. |
| 10 Mile EPZ Map | | 1 | 1 | | |
| 50 Mile EPZ Map | | 1 | 1 | | |
| EPZ Map Overlays A-G | | 1 | 1 set | | |
| Calculator | | 1, 3 | 1 | | |
| Wind Meter or Hand-Held Anemometer | | 1 | 1 | | |
| Plastic Bags 12" x 15" or comparable | | 1 | ~25 | | |
| Plastic Bags 6" x 8" or comparable | | 1 | ~25 | | |
| Respirators, Full-Face | | 1 | 6 | | |
| Jumpers | | 1 | 24 | | |

| | | | |
|---|---|---|---|
| SUBMITTED BY | | | |
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above. | | | |
| <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Signature</div> | <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Print Name</div> | <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Ext.</div> | <div style="border-top: 1px solid black; margin-top: 5px; text-align: center;">Date</div> |

| | | | |
|--|---------------------|-------|--------|
| Part II | REVIEW AND APPROVAL | | |
| Quarter: | | Date: | Other: |
| EMERGENCY PLANNING REVIEW | | | |
| <input type="checkbox"/> All identified discrepancies have been restocked or other actions necessary performed as noted below: | | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <div> <div>Reviewer Signature</div> <div>Print Name</div> <div>Ext.</div> <div>Date</div> </div> | | | |

| EMERGENCY PLANNING APPROVAL | | | | | |
|------------------------------------|--|--|--------------------------|--|--|
| <input type="checkbox"/> | All reviews and appropriate actions are complete | | | | |
| Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Approval Signature _____ | | |
| | | | Date _____ | | |

AMBULANCE RADIOLOGICAL EMERGENCY KIT INVENTORY CHECKLIST

REQUIREMENTS (REQ) :

- | | |
|---|---|
| 1 | Inventory |
| 2 | Check seal quarterly/ Inventory annually |
| 3 | Operability Check |
| 4 | Trade-out Annually |

| Part I | INVENTORY | | | | | |
|---|----------------------------|-----------------|----------------|------------------|---------------|--|
| Quarter: | | Date: | | | Other: | |
| | | Quantity | | | | |
| Item | REQ | Required | Present | Comments | | |
| Frisker-- Cal Due Date _____ WC # _____ | 1, 3 | 1 | | | | |
| TLD's | 1, 4 | 6 | | | | |
| PIC (500mR) Tape Color _____ | 1 | 3 | | | | |
| PIC (5R) Tape Color _____ | 1 | 3 | | | | |
| Check Source # _____ | 1 | 1 | | | | |
| Smears | 1 | 1 Box (~500) | | | | |
| Plastic Bags 6" x 8" or comparable | 1 | 3 | | | | |
| Plastic Bags 12" x 15" or comparable | 1 | 3 | | | | |
| Plastic Bags - Large | 1 | 3 | | | | |
| Dosimeter Charger | 1, 3 | 1 | | | | |
| D Cell Batteries | 1 | 6 | | Exp. Date: _____ | | |
| 9 Volt Batteries | 1 | 6 | | Exp. Date: _____ | | |
| Form Manual EM # _____ | 1 | 1 | | | | |
| SUBMITTED BY | | | | | | |
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section. | | | | | | |
| <div style="display: flex; justify-content: space-between;"> _____ Signature _____ Print Name _____ Ext. _____ Date </div> | | | | | | |
| Part II | REVIEW AND APPROVAL | | | | | |
| EMERGENCY PLANNING REVIEW | | | | | | |
| <input type="checkbox"/> All identified discrepancies have been restocked or other actions necessary performed as noted below: | | | | | | |
| Comments: | | | | | | |
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| <div style="display: flex; justify-content: space-between;"> _____ Reviewer Signature _____ Print Name _____ Ext. _____ Date </div> | | | | | | |
| EMERGENCY PLANNING APPROVAL | | | | | | |
| <input type="checkbox"/> All reviews and appropriate actions are complete. | | | | | | |
| Comments: | | | | | | |
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| <div style="display: flex; justify-content: space-between;"> _____ Approval Signature _____ Date </div> | | | | | | |

PHONE TEAM INVENTORY CHECKLIST

REQUIREMENTS (REQ):

- | | |
|---|-------------------|
| 1 | Inventory |
| 2 | Operability Check |

| | | | | |
|---|------------|------------------|----------------|------------------------------|
| Part I | | INVENTORY | | |
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| PHONE TEAM - WOLF CREEK | | | | |
| Motorola Radios w/headsets & charging adapters | 1,2 | 5 | | |
| Multiple Socket Plug | 1 | 1 | | |
| EPZ Map (10 mile) | 1 | 1 | | |
| EPZ Map (50 mile) | 1 | 1 | | |
| *Emergency Classification Signs | 1 | 5 | | |
| *Phone Manager Deskplate | 1 | 1 | | |
| Dry Erase Board | 1 | 2 | | |
| *Headsets | 1 | 5 | | (Hello Direct) or comparable |
| Info Bank Book | 1 | 1 | | |
| Subzone Table Size Maps | 1 | 4 | | |
| Communication Guide | 1 | 5 | | |
| PHONE TEAM - TOPEKA | | | | |
| LOCKER NO. 3 | | | | |
| Telephones (Single-Line) | 1 | 9 | | |
| EPZ Map (10 mile) | 1 | 1 | | |
| EPZ Map (50 mile) | 1 | 1 | | |
| *Emergency Classification Signs | 1 | 5 | | |
| *Sign: Emergency Classification | 1 | 1 | | |
| *Phone Manager Deskplate | 1 | 1 | | |
| Dry Erase Board | 1 | 2 | | |
| Info Bank Book | 1 | 2 | | |
| Communication Guide | 1 | 5 | | |
| Subzone table size maps | 1 | 4 | | |
| *Headsets | 1 | 4 | | (Hello Direct) or comparable |
| *Phone Book | 1 | 1 | | |
| Radiological Emergency Telephone Directory (RETD) (TD059) | 1 | 1 | | |
| Phone Team Binders (EM067, EM068, EM073, EM200) | 1 | 4 | | |
| Phone Team Manager Binder (EM022) | 1 | 1 | | |
| EPP Forms (EM257) | 1 | 1 | | |
| Television | 1 | 1 | | |
| VCR | 1 | 1 | | |
| *Administrative Supplies Suggested Quantities | | | | |

PHONE TEAM INVENTORY CHECKLIST

| SUBMITTED BY | | | |
|---|--|----------------------------|--|
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above. | | | |
| Comments: | | | |
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| | | | |
| | | | |
| _____ <i>Signature</i> | | _____ <i>Print Name</i> | |
| _____ <i>Ext.</i> | | _____ <i>Date</i> | |

| Part II | REVIEW AND APPROVAL | | |
|--|---------------------|----------------------------|--|
| Quarter: | | Date: | |
| Other: | | | |
| EMERGENCY PLANNING REVIEW | | | |
| <input type="checkbox"/> All identified discrepancies have been restocked or other actions necessary performed as noted below: | | | |
| Comments: | | | |
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| | | | |
| | | | |
| _____ <i>Reviewer Signature</i> | | _____ <i>Print Name</i> | |
| _____ <i>Ext.</i> | | _____ <i>Date</i> | |

| EMERGENCY PLANNING APPROVAL | |
|--|----------------------|
| <input type="checkbox"/> All reviews and appropriate actions are complete. | |
| Comments: | |
| | |
| | |
| | |
| _____ <i>Approval Signature</i> | _____ <i>Date</i> |

TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

REQUIREMENTS (REQ):

- | |
|---|
| 1 Inventory |
| 2 Check seal quarterly/Inventory Annually |
| 3 Operability Check |
| 4 Trade Out Annually |

| | | | | |
|--|------------------|-----------------|----------------|-----------------|
| Part I | INVENTORY | | | |
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| Friskers-- Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 9 | | |
| Dose Rate Meter-- Eberline RO-2, RO-2A or RO-20 Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 5 | | |
| Air Sampler-Lo Vol (SAIC Model HD-29A) Cal Due Date _____ WC # _____ | 1, 3 | 1 | | |
| PIC (5R) Tape Color _____ | 1 | 30 | | |
| PIC (200R) Tape Color _____ | 1 | 10 | | |
| PIC (500mR) Tape Color _____ | 1 | 30 | | |

TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

| Part I | | INVENTORY | | |
|--|------|-----------------|---------|----------------|
| Quarter: | | Date: | | Other: |
| Item | REQ | Quantity | | Comments |
| | | Required | Present | |
| Inst. Teletecthorts (6112B Survey Meter) WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ | 1, 3 | 2 | | |
| Air Sampler-Lo Vol (SAIC Model H 809 V-I) Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 5 | | |
| Check Source: # _____ # _____ # _____ # _____ # _____ | 1 | 5 | | |
| TLD's | 1, 4 | 80 | | |
| Dosimeter Charger | 1, 3 | 3 | | |
| Iodine Monitor Zeolite Cartridges | 1 | 5 | | |
| Planchettes | 1 | ~50 | | |
| Smears | 1 | 1 Box (~500) | | |
| Air Sampler Particulate Filters | 1 | 1 Box (~100) | | |
| Air Sampler Zeolite Filters | 1 | 10 | | Must Be Sealed |
| Air Sample Labels | 1 | ~100 | | |
| Plastic Bags 6" x 8" or comparable | 1 | ~50 | | |
| Plastic Bags 12" x 15" or comparable | 1 | ~10 | | |
| Large Bags (plastic) | 1 | ~10 | | |
| 1 Liter Poly Bottle | 1 | 10 | | |
| Sample Holder | 1 | 1 | | |
| Knife | 1 | 1 | | |
| Tweezers | 1 | 2 | | |

TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

| Part I | | INVENTORY | | | |
|---|------|-----------|---------|--|--|
| Quarter: | | Date: | | Other: | |
| | | Quantity | | | |
| Item | REQ | Required | Present | Comments | |
| Masslin Towels | 1 | ~40 | | | |
| Radiation Tape | 1 | ~2 rolls | | | |
| Radiation Rope | 1 | 1 roll | | | |
| Radiation Ribbon | 1 | ~4 rolls | | | |
| Radiation Signs | 1 | ~10 | | | |
| Red Duct Tape | 1 | ~5 rolls | | | |
| Step-off Pads | 1 | 6 | | | |
| Flashlights | 1, 3 | ~15 | | | |
| Stopwatch | 1, 3 | 3 | | | |
| Compass | 1, 3 | 1 | | | |
| Calculator | 1, 3 | 3 | | Located in kit room: 1 on kit room shelf, 2 eng calc. Located in lock box | |
| Binoculars | 1 | 2 | | Located in kit room lock box. | |
| Maintenance Tool Boxes | 1 | 1 | | Inventoried and sealed. | |
| Hand-Held Radios | 1, 3 | 6 | | | |
| Radio Headsets | 1, 3 | 2 | | | |
| Telephone Headsets | 1, 3 | 4 | | | |
| D Cell Batteries | 1 | ~60 | | Exp. Date: _____ | |
| C Cell Batteries | 1 | ~12 | | Exp. Date: _____ | |
| 9 Volt Batteries | 1 | ~12 | | Exp. Date: _____ | |
| AA Batteries | 1 | ~8 | | Exp. Date: _____ | |
| Stop Watch Batteries | 1 | ~3 | | Exp. Date: _____ | |
| Spare Telephones | 1 | 5 | | | |
| Extension Cords | 1 | 5 | | | |
| Trouble Light | 1 | 1 | | | |
| Onsite Survey Map: (outside of protected area) | 1 | 3 | | | |
| Onsite Survey Map: (power block) | 1 | 2 | | | |
| First Aid Kit | 1, 2 | 1 | | Seal Date: _____ Hanging on wall in Kit room. If opened, contact Health Services for replacement. | |
| Support Activation Task Board | 1 | 1 | | | |
| HP Tech Activation Task Board | 1 | 1 | | | |
| Respirator, Full Face | 1 | 55 | | | |
| Decon Kit: | 1, 2 | 1 | | Seal Date: _____ | |
| Medical Response Kit | 1, 2 | 1 | | Seal Date: _____ If opened, contact Health Services for replacement. | |
| Hard Hats | 1 | 20 | | | |
| Safety Glasses | 1 | 20 | | | |
| Ear Plugs | 1 | ~1 box | | | |

TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

| Part I | INVENTORY | | | |
|---|-----------|-----------|---------|--|
| Quarter: | | Date: | | Other: |
| | | Quantity | | |
| Item | REQ | Required | Present | Comments |
| Potassium Iodide Tablets: | 1 | 200 pkgs | | Exp. Date _____ |
| Modesty Garments (Pant & Top) | 1 | ~25 sets | | |
| PC Gloves-Rubber | 1 | ~40 pair | | |
| PC Gloves-Disposable Latex | 1 | ~100 pr | | |
| PC Shoe Covers-Rubber | 1 | ~25 pair | | |
| PC Wet Suits | 1 | 5 | | |
| PC Hoods-Cloth | 1 | ~24 | | |
| PC Coveralls-Cloth | 1 | ~25 | | |
| PC Shoe Covers-Cloth (Disposable) | 1 | ~100 | | |
| PC Gloves-Cloth (Disposable) | 1 | ~80 pair | | |
| PC Coveralls-Paper | 1 | ~50 | | |
| PC Hoods-Paper | 1 | ~50 | | |
| Charging Water Flanges | 1 | 3 | | In Metal Cabinet |
| Wool Blankets | 1 | 4 | | |
| 10-Mile EPZ Map (1/2 to a mile) | 1 | 2 | | |
| 10 Mile EPZ Map Overlays A-G (1 inch to a mile) | 1 | 1 set | | In Containers Next to the Maps on the Wall |
| Classification Signs | 1 | 5 | | Hanging On Wall In Holder |
| Copier/Fax toner | 1 | 1 | | In Document Room or copier/fax area |
| Printer toner | 1 | 2 | | In Document Room or copier area |
| Water (one-gallon containers) | 1 | ~140 | | In Metal Cabinets |
| Dehydrated food | 1 | ~18 cases | | In Closet |
| Lead Bricks | 1 | 10 | | In Closet |
| Rope Stanchions | 1 | 6 | | In HVAC Room |
| K206C Drawings | 1 | 6 | | Hanging on Wall and in Cabinet |

| SUBMITTED BY | | | |
|--|----------------------------|----------------------|----------------------|
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above or below. | | | |
| Comments: | | | |
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| | | | |
| _____ <i>Signature</i> | _____ <i>Print Name</i> | _____ <i>Ext.</i> | _____ <i>Date</i> |

TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

[illegible]

EMERGENCY OPERATIONS FACILITY INVENTORY CHECKLIST

REQUIREMENTS (REQ):

- | | |
|---|---|
| 1 | Inventory |
| 2 | Check seal quarterly/ Inventory annually |
| 3 | Operability Check |
| 4 | Trade-out Annually |

| Part I | | INVENTORY | | |
|---|-------|-----------|---------|----------|
| Quarter: | Date: | Quantity | | Other: |
| Item | REQ | Required | Present | Comments |
| Breathalyzer | 1 | 1 | | |
| Tubes For Breathalyzer | 1 | ~30 | | |
| Cards For Breathalyzer | 1 | ~30 | | |
| Respirator, Full Face | 1 | 25 | | |
| TLDs | 1, 4 | 100 | | |
| Planchettes | 1 | ~50 | | |
| Sample Holder | 1 | 1 | | |
| PIC (5R) Tape Color _____ | 1 | 20 | | |
| PIC (500mR) Tape Color _____ | 1 | 20 | | |
| Air Sampler-Lo Vol (SAIC Model H 809 V-I) Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 3 | | |
| Dose Rate Meter-- Eberline RO-2, RO-2A or RO-20 Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 3 | | |
| Air Sampler-Lo Vol (SAIC Model HD-29A) Cal Due Date _____ WC # _____ | 1, 3 | 1 | | |
| Friskers-- Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ | 1, 3 | 4 | | |
| Check Source: # _____ # _____ | 1 | 2 | | |

EMERGENCY OPERATIONS FACILITY INVENTORY CHECKLIST

| Part I | | INVENTORY | | |
|---|------|-----------------|----------|---|
| Quarter: | | Date: | | Other: |
| | | | Quantity | |
| Item | REQ | Required | Present | Comments |
| D Cell Batteries: | 1 | ~24 | | Exp. Date: _____ |
| C Cell Batteries: | 1 | ~6 | | Exp. Date: _____ |
| 9 Volt Batteries: | 1 | ~12 | | Exp. Date: _____ |
| AA Batteries: | 1 | ~8 | | Exp. Date: _____ In Kit Room Cabinet |
| Stop Watch Batteries: | 1 | 3 | | Exp. Date: _____ |
| Stopwatch | 1, 3 | 1 | | |
| Step-off Pads | 1 | 5 | | |
| Flashlights | 1, 3 | 10 | | |
| Potassium Iodide Tablets | 1 | 200 pkgs. | | Exp. Date: _____ |
| Calculator | 1, 3 | 3 | | In kit room or Document Room closet |
| Dosimeter Charger | 1, 3 | 3 | | |
| Smears | 1 | 1 Box (~500) | | |
| Air Sampler Particulate Filters | 1 | 1 Box (~100) | | |
| Air Sampler Zeolite Filters | 1 | 10 | | Must be sealed |
| Air Sample Labels | 1 | ~100 | | |
| Plastic Bags 6" x 8" or comparable | 1 | ~50 | | |
| Plastic Bags 12" x 15" or comparable | 1 | ~25 | | |
| Large Bags (plastic) | 1 | ~20 | | |
| Masslin Towels | 1 | ~25 | | |
| Radiation Tape | 1 | ~2 rolls | | |
| Radiation Ribbon | 1 | ~2 rolls | | |
| Radiation Rope | 1 | 1 roll | | |
| Radiation Signs | 1 | 5 | | |
| 1 Liter Poly Bottle | 1 | 10 | | |
| Wind Meter or Hand- Held Anemometer | 1 | 1 | | |
| Compass | 1 | 1 | | |
| Tweezers | 1 | 1 | | |
| Hand-Held Radios | 1, 3 | 6 | | |
| PC Hoods-Cloth | 1 | ~24 | | |
| Cotton Gloves | 1 | ~12 pr | | |
| Rubber Gloves | 1 | ~12 pr | | |
| PC Shoe Covers-Rubber | 1 | ~12 pr | | |
| PC Wet Suit | 1 | 5 sets | | |
| PC Coverall-Cloth | 1 | ~24 | | |
| PC Coveralls-Paper | 1 | ~12 | | |
| Off-site Survey Map | 1 | 1 | | |
| Frisking Status Signs | 1 | 3 | | |
| Frisking Techniques Posters | 1 | 2 | | |
| Frisking Equipment Posters | 1 | 2 | | |

EMERGENCY OPERATIONS FACILITY INVENTORY CHECKLIST

| | | | | |
|---|------------|--------------------|-----------------|--|
| Part I | | INVENTORY | | |
| Quarter: | | Date: | | Other: |
| | | | Quantity | |
| Item | REQ | Required | Present | Comments |
| First Aid Kit: | 1, 2 | 1 | | Seal Date: _____ If opened, contact Health Services for replacement. |
| Kits 1, 2, 3, 4, 5, 6, 7 (Circle as appropriate) | 1 | 4 | | Seal Secure. |
| Truck Box (black) | 1 | 1 | | Seal Secure. |
| Hand Carts | 1 | 4 | | |
| Decon Kit: | 1, 2 | 1 | | Seal Date: _____ If opened, inventory must be performed & kit replenished |
| Garden Hose | 1 | 1 | | |
| Bath Towels | 1 | ~8 | | |
| Classification Signs | 1 | 2 sets (5 each) | | Hanging on wall in holders. |
| Lead Bricks | 1 | 10 | | |
| Copier/fax toner | 1 | 1 | | Located in Document Room closet or EOF foyer area. |
| Printer toner | 1 | 1 | | Located in Document Room closet or EOF foyer area. |

| | | | |
|--|--|--|--|
| SUBMITTED BY | | | |
| <input type="checkbox"/> Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above or below. | | | |
| Comments: | | | |
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| | | | |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Signature _____ Print Name _____ Ext. _____ Date </div> | | | |

| | | | |
|---|--|----------------------------|--|
| Part II | | REVIEW AND APPROVAL | |
| EMERGENCY PLANNING REVIEW | | | |
| <input type="checkbox"/> All identified discrepancies have been restocked or other actions necessary performed as noted below: | | | |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Reviewer Signature _____ Print Name _____ Ext. _____ Date </div> | | | |

| | |
|---|--|
| EMERGENCY PLANNING APPROVAL | |
| <input type="checkbox"/> All reviews and appropriate actions are complete. | |
| Comments: | |
| | |
| | |
| | |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ Approval Signature _____ Date </div> | |