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U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555-0001

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2
DOCKET NOS. 50-325 AND 50-324/LICENSE NOS. DPR-71 AND DPR-62
REVISION TO PLANT EMERGENCY PROCEDURE

Ladies and Gentlemen:

In accordance with 10 CFR 50.54(q) and 10 CFR 50, Appendix E, Section V, Carolina Power & Light (CP&L) Company is submitting a revision to a Brunswick Steam Electric Plant (BSEP), Unit Nos. 1 and 2, plant emergency procedure (i.e., OPEP-04.6, "Radiological Emergency Kit Inventories", Revision 22). CP&L has evaluated the revision, in accordance with 10 CFR 50.54(q), and has determined that the changes do not decrease the effectiveness of the Radiological Emergency Response Plan; and the Plan, as changed, continues to meet the standards of 10 CFR 50.47(b) and the requirements of 10 CFR 50, Appendix E. A summary of the revision is provided in Enclosure 1. Enclosure 2 contains a copy of the revised procedure.

There are no regulatory commitments being made in this submittal. Please refer any questions regarding this submittal to Mr. Michael Alford, Supervisor – Emergency Preparedness, at (910) 457-2286.

Sincerely,

for
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TG-T/tg-t

Enclosures:

1. Summary of Revision
2. Copy of Revised Procedure

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ENCLOSURE 1

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2 DOCKET NOS. 50-325 AND 5-0324/LICENSE NOS. DPR-71 AND DPR-62 REVISION TO PLANT EMERGENCY PROCEDURE

Summary of Revision

A. OPEP-04.6, "Radiological Emergency Kit Inventories," Revision 22:

1. Changed reference from "OE&RC-0110, Personnel Monitoring and Decontamination" to "HPS-NGGC-0013, Personnel Contamination Monitoring, Decontamination, and Reporting" to reflect replacement of all company site procedures for personnel contamination with company-wide NGGC in Section 2.1, Attachment 4 (EOF emergency kit inventory), and Attachment 8 (Doshier Hospital emergency kit inventory).
2. Clarified location of TSC and EOF emergency kits in Section 4.1.1 by changing "Training Building" to "TSC/EOF Building".
3. Changed location of PASS sampling kit from "Unit 2 Turbine Bay" to "Service Building/Chemistry Area" in Section 4.1.1 and 4.3 to reflect relocation of kits to improved and more accessible storage location.
4. Reformatted inventory tables in Attachments 2, 3, 4, and 8 and consolidate equipment listing for user-friendliness.
5. Added due date as an enhancement to Attachment 4 (EOF emergency kit inventory) describing charcoal and silver zeolite cartridges.
6. Added SCBA speakerphones to Attachment 5 (PASS kit inventory).
7. Deleted particulate full-face respirators from Attachments 6 and 7 (environmental monitoring emergency kit inventories) due to elimination of the requirement for environmental monitoring team members to wear respiratory protection.
8. Added five (5) 20R dosimeters to Attachment 8 (Doshier Hospital emergency kit inventory) as enhancement.
9. Changed "Duster cloth decon towels" to "decon towels" in Attachment 9 (vehicle decon kit inventory) to be generic and allow flexibility.
10. Added "or Equivalent" to all references to RM-14 throughout procedure to reflect that equivalent equipment may be used.

ENCLOSURE 2

BRUNSWICK STEAM ELECTRIC PLANT, UNIT NOS. 1 AND 2
DOCKET NOS. 50-325 AND 50-324/LICENSE NOS. DPR-71 AND DPR-62
REVISION TO PLANT EMERGENCY PROCEDURE

Copy of Revised Procedure

PLANT OPERATING MANUAL

VOLUME XIII

PLANT EMERGENCY PROCEDURE

UNIT
0



0PEP-04.6

RADIOLOGICAL EMERGENCY KIT INVENTORIES

REVISION 22

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1.0 PURPOSE

The Radiation Control group is responsible for ensuring that the emergency kits are maintained properly to provide necessary supplies and equipment during an emergency. This procedure provides the mechanism for validating the emergency kit inventories.

2.0 REFERENCES

- 2.1 HPS-NGGC-0013, Personnel Contamination Monitoring, Decontamination and Reporting
- 2.2 OE&RC-0220, Respiratory Protection Program
- 2.3 OPEP-03.7.6, Emergency Exposure Controls
- 2.4 OPEP-03.7.7, Onsite Radiological Controls
- 2.5 OPEP-03.9.2, First Aid and Medical Care
- 2.6 OPEP-03.9.3, Transport of Contaminated Injured Personnel
- 2.7 DOS-NGGC-0002, Dosimetry Issuance
- 2.8 DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange
- 2.9 OFPP-039, SCBA Use and Maintenance

3.0 DEFINITIONS

3.1 Monthly

At least once per 31 days.

3.2 Quarterly

At least once per 92 days.

3.3 TSC

Technical Support Center

3.4 OSC

Operational Support Center

4.0 RESPONSIBILITIES

4.1 Manager - E&RC

4.1.1 The Manager of Environmental & Radiation Control is responsible for

<u>KIT</u>	<u>LOCATION</u>
Control Room Emergency Kit	Control Room
Operational Support Center Emergency Kit	O&M Bldg.
Technical Support Center Emergency Kit	TSC/EOF Building
Emergency Operations Facility Emergency Kit	TSC/EOF Building
PASS Sampling Emergency Kit	Service Building/ Chemistry Area
Environmental Monitoring Emergency Kit No. 1	EOF Rm 165
Environmental Monitoring Emergency Kit No. 2	EOF Rm 165
Dosher Hospital Emergency Kit	Dosher Hospital
Vehicle Decon Kit	LLRW Building

inventorying the emergency kits maintained at the following locations:

4.1.2 Each of these kits will be inventoried on a quarterly basis and following any emergency or drill in which the kit is utilized. The monitoring instruments, and dosimetry devices contained in the kits will be checked on a quarterly basis. The emergency breathing equipment (particulate respirators) contained in the kits will be checked on a monthly basis. Completion of this procedure's attachments provides the documentation of these inventories and checks.

4.2 Supervisor - Emergency Preparedness

The Supervisor - Emergency Preparedness should monitor this activity and shall ensure that it is performed at the prescribed frequency.

4.3 Superintendent - Operations Support

The Superintendent - Operations Support is responsible for inventory and maintaining SCBAs contained in the kits. The emergency breathing equipment (SCBAs) contained in the following kits will be checked on a monthly basis in accordance with 0FPP-039.

<u>EMERGENCY KIT</u>	<u>KIT LOCATION</u>	<u>MINIMUM # SCBA UNITS</u>
Control Room Kit	Control Room (2 in CAS)	15
TSC Kit	TSC/EOF Bldg Rm 141	10
EOF Kit	TSC/EOF Bldg Rm 135	15
OSC Kit	O&M Bldg 1 st Floor	24
PASS Sampling Kit	Service Bldg / Chemistry Area	8

5.0 PROCEDURE

- 5.1 Record all inventory and equipment check results on Attachments 1 through 9 as required.
- 5.2 Complete Attachment 10 to reorder Potassium Iodide if the expiration date is less than eight months in the future.
- 5.3 Use Attachment 11 for monthly Respiratory Protection Equipment inspections. Attachments 1 through 9 are not to be used for inspections of breathing equipment.
- 5.4 Complete Attachment 12, Emergency Kit Replacements, to document equipment and supplies replaced in the Emergency Kits between required inspections.
- 5.5 Submit completed attachments to the Responsible Supervisor for review.
- 5.6 Notify the Supervisor - Emergency Preparedness immediately of any deficiencies found that are not easily corrected.
- 5.7 After review, transfer the original completed attachments to be filed in accordance with applicable records management instructions.

5.0 PROCEDURE

- 5.8 Notify the Supervisor - Emergency Preparedness when inventories have been completed.
- 5.9 Each time an inventory or equipment check is made, place a copy of each completed attachment with the respective emergency kit. (Old copies from previous inventories should be discarded.)
- 5.10 Upon completion of the monthly checks of the Emergency Breathing Equipment and quarterly inventories and checks, submit data necessary for updating the current computer schedule.

ATTACHMENT 1
Page 1 of 5
Control Room Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Are all seals present on containers? Yes ___ No ___ *	
1	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
10	0-500 mR dosimeters (for special use)	Calib. Due Date _____ **	
8	Dosimetry packages containing: 1 0-5 R self-reading dosimeter 1 0-200 R self-reading dosimeter	Calib. Due Date _____ ** Calib. Due Date _____ **	
10	TLDs (for special use)	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange.	
1	Copy of DOS-NGGC-0002, Dosimetry Issuance	Current revision no.: _____	

*Inventory of containers must be checked.

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 1
Page 2 of 5
Control Room Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Case of potassium iodide (KI) tablets	Expiration date _____. (If expiration date is less than 8 months in the future, reorder KI tablets using Attachment 10.)	
10	Copies of OPEP-03.7.6, Emergency Exposure Controls, Attachments 3 and 4	Current Revision No. _____.	
1	Copy of OPEP-03.7.7, Onsite Radiological Controls.	Current Revision No. _____.	
10	Size X-large protective clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
15	Size large protective clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
5	Size medium protective clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
5	Size X-large disposable clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		

ATTACHMENT 1
Page 3 of 5
Control Room Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
15	Size large disposable clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
2	Rolls of duct tape		
*15	Scott air packs		
7	Full-face particulate respirators		
1	Dosimeter charger with batteries		
2	Boxes of charcoal cartridges		
5	Silver zeolite cartridges		
200	Planchets, 2"		
1	Smear holder slide tray		
500	Paper or cloth smears		
500	Coin envelopes		
2	Boxes of 47 mm particulate filters (sealed)		
10	Flashlights		
24	D-cell batteries		
12	9-volt transistor batteries		
12	C-cell batteries		
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
1	Roll of radiation rope		

*Two of the fifteen Scott air packs are stored in the Central Alarm Station (CAS).

ATTACHMENT 1
Page 4 of 5
Control Room Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
2	Rolls of radiation tape		
10	Insert style caution signs		
10	Inserts, "Radiation Area"		
10	Inserts, "High Radiation Area"		
10	Inserts, "Airborne Radioactivity"		
10	Inserts, "Contaminated Area"		
10	Adhesive labels, "Caution - Radioactive Materials"		
10	Adhesive labels, "Contaminated Waste"		
10	Step-off pads		
1	Roll of poly bags, small		
10	Poly bags, large		
5	Paper pads		
7	Pencils		
> 25	Ample supply of air survey forms		
> 25	Ample supply of radiological survey forms		
3	Clipboards		
1	Box of Ink pens		
N/A	All instruments were left in the Off Position		

ATTACHMENT 1
Page 5 of 5
Control Room Emergency Kit

MONTH/YEAR _____

NOTE: If deemed necessary to install a seal on the Control Room emergency kit cabinet, install a breakaway seal to ensure quick and easy access in the event of an emergency.

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____

E&RC Technician

Reviewed By: _____ Date: _____

E&RC Supervisor or Designee

ATTACHMENT 2
Page 1 of 4
Operational Support Center Emergency Kit

MONTH/YEAR _____

NOTE: The radiation control equipment routinely stored in the Service Building is available for use in the Operational Support Center.

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container seals	Are all seals present on containers? Yes ___ No ___ *	
1	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
3	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	

* Inventory of containers must be checked.

ATTACHMENT 2
Page 2 of 4
Operational Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
3	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
3	Teletector or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-7 or Equivalent with low and mid-range detectors	# _____ Response Check Reading _____ Calib. Due Date _____	

* Inventory of containers must be checked.

ATTACHMENT 2
Page 3 of 4
Operational Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
50	Protective clothing packages -- each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
24	Scott Air Packs		
20	Full-face particulate respirators		
> 25	Ample supply of air survey forms		
3	Rolls of duct tape		
2	Boxes of 47 mm particulate filters (sealed)		
1	Box of charcoal filters		
1	Case of potassium iodide (KI) tablets	Expiration Date _____ (If the expiration date is less than 8 months in the future, reorder KI tablets using Attachment 10.)	
1000	Paper or cloth smears		
1000	Coin envelopes		
36	C-cell batteries		
12	9-volt transistor batteries		
2	30-volt batteries		

ATTACHMENT 2
Page 4 of 4
Operational Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
N/A	All instruments were left in the off position		

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 3
Page 1 of 6
Technical Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Are all seals present on containers? Yes___ No ___*	
3	RM-14 with pancake type G-M probe or Equivalent	#_____	
		Response Check Reading _____ Calib. Due Date _____	
		#_____	
		Response Check Reading _____ Calib. Due Date _____	
		#_____	
		Response Check Reading _____ Calib. Due Date _____	
1	Bicron Micro R or Equivalent	#_____	
		Response Check Reading _____ Calib. Due Date _____	

* Inventory of containers must be checked.

ATTACHMENT 3
Page 2 of 6
Technical Support Center Emergency Kit

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
3	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-7 or Equivalent with low and mid-range detectors	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Air Sampler with combination filter holder	# _____ Calib. Due Date _____ Does it run? Yes ___ No ___	

*Inventory of containers must be checked.

ATTACHMENT 3
Page 3 of 6
Technical Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Continuous Air Monitor	# _____ Calib. Due Date _____ Does it run? Yes ___ No ___	
50	Check 0-500 mR self-reading dosimeters.	Calib. Due Date _____**	
10	Check 0-200 R self-reading dosimeters.	Calib. Due Date _____**	
50	TLDs	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange.	
1	Copy of DOS-NGGC-0002, Dosimetry Issuance,	Current revision no.: _____.	
10	Copies of OPEP-03.7.6, Emergency Exposure Controls, Attachments 3 and 4.	Current Revision No. _____	
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
4	Cases of potassium iodide (KI) tablets.	Expiration date _____. (If expiration date is less than 8 months in the future, reorder KI tablets using Attachment 10.)	
1	Copy of OPEP-03.7.7, Onsite Radiological Controls.	Current Revision No. _____	

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 3
Page 4 of 6
Technical Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
10	Protective clothing packages – each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
3	Rolls of duct tape		
10	Full-face particulate respirators		
10	Scott air packs		
> 25	Ample supply of air survey forms		
> 25	Ample supply of radiological survey forms		
1000	Paper or cloth smears		
1000	Coin envelopes		
1	Dosimeter charger with batteries		
10	Inserts, “High Radiation Area”		
10	Inserts, “Airborne Radioactivity Area”		
10	Inserts, “Contaminated Area”		
10	Adhesive labels, “Radioactive Material”		

ATTACHMENT 3
Page 5 of 6
Technical Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
10	Inserts, "Radiation Area"		
10	Step-off pads		
10	Insert style caution signs		
2	Boxes of surgeon's gloves		
1	Roll of radiation rope		
5	Rolls of radiation tape		
1	Roll of sheet polyethylene		
1	Roll of poly bags, small		
1	Roll of poly bags, large		
2	Grease pencils		
1	Package of Decon cloths		
5	Pair of rubber gloves		
5	Pair of glove liners		
10	Pair of disposable coveralls (size X-large)		
10	Pair of plastic shoe covers		
2	Bottles of liquid soap		
2	Soft-bristle brushes		
2	Bottles of hand lotion with Lanolin		
12	D-cell batteries		
36	9-volt transistor batteries		
24	C-cell batteries		
2	30-volt batteries		

ATTACHMENT 3
Page 6 of 6
Technical Support Center Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Package of cotton swabs		
2	Boxes of tissues		
10	Bath towels		
2	Packages of disposable shoe covers		
2	Boxes of Charcoal filters		
2	Boxes of 47 mm Particulate filters (sealed)		
N/A	All instruments were left in the Off Position.		

Initials

Seal all containers.

Submit data to update computer schedule.

Comments: _____

Inventory Performed By: _____ Date: _____

E&RC Technician

Reviewed By: _____ Date: _____

E&RC Supervisor or Designee

ATTACHMENT 4
Page 1 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Are all seals present on containers? Yes ___ No ___ *	
4	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
3	Bicron Micro R or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	

*Inventory of containers must be checked.

ATTACHMENT 4
Page 2 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
4	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
2	Teletector or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	

*Inventory of containers must be checked.

ATTACHMENT 4
Page 3 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
3	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
		# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
		# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
80	Check 0-500 mR self-reading dosimeters.	Calib. Due Date _____**	
40	Check 0-5 R self-reading dosimeters.	Calib. Due Date _____**	
40	Check 0-200 R self-reading dosimeters.	Calib. Due Date _____**	
80	TLDs	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange.	
1	Copy of DOS-NGGC-0002, Dosimetry Issuance	Current Revision No.: _____	
1	Continuous Air Monitor with combination holder	# _____ Calib. Due Date _____ Does it run? Yes ___ No ___	

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 4
Page 4 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
10	Copies of OPEP-03.7.6, Emergency Exposure Controls, Attachments 3 and 4.	Current Revision No. _____	
1	Copy of HPS-NGGC-0013, Personnel Contamination, Monitoring, Decontamination, and Reporting	Current Revision No. _____.	
1	Copy of OPEP-03.7.7, Onsite Radiological Controls	Current Revision No. _____.	
25	Protective clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
12	Rolls of duct tape		
16	Full-face particulate respirators		
> 25	Ample supply of air survey forms		
> 25	Ample supply of radiological survey forms		
1	Case of potassium iodide (KI) tablets	Expiration Date _____ (If the expiration date is less than 8 months in the future, reorder KI tablets using Attachment 10.)	

ATTACHMENT 4
Page 5 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
3000	Paper or cloth smears		
3000	Coin envelopes		
2	Dosimeter charger with batteries		
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
15	Scott air packs		
2	Boxes of particulate cartridges (respirator)		
10	Magic markers		
4	Rain suits		
20	Pads of paper		
36	9-volt transistor batteries		
10	Poly zip-lock bags		
2	Forceps		
2	Boxes of Charcoal cartridges (Air Sampler)	Due Date _____	
6	Boxes of surgeon's gloves		
6	Flashlights with batteries		
10	Silver zeolite cartridges	Due Date _____	
2	Boxes of 47 mm glass fiber filters		
1	Roll of radiation rope		
1	Roll of sheet polyethylene		

ATTACHMENT 4
Page 6 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Roll of poly bags, small		
1	Tool kit containing: a Phillips head screwdriver, a flat head screwdriver, and a 6" crescent wrench		
1	Roll of poly bags, large		
2	Boxes of Pens		
2	Rulers		
2	Extension cords, 50'		
1	Folding table		
1	Logbook		
1	Vacuum cleaner with absolute filter		
200	Planchets, 2"		
1	Smear holder slide tray		
10	Insert style caution signs		
10	Inserts, "Radiation Area"		
10	Inserts, "High Radiation Area"		
10	Inserts, "Airborne Radioactivity Area"		
10	Inserts, "Contaminated Area"		
10	Adhesive labels, "Caution Radiation Material"		

ATTACHMENT 4
Page 7 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
10	Step-off pads		
2	Grease pencils		
5	Clipboards		
2	Packs of Broom cloths		
36	C-cell batteries		
24	D-cell batteries		
1	55-gallon drum		
10	Pairs of rubber gloves		
10	Pairs of work gloves		
10	Pairs of glove liners		
5	Pairs of coveralls		
10	Pairs of plastic shoe covers		
1	Decon broom		
1	Box of laundry detergent		

ATTACHMENT 4
Page 8 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
2	Packages of potassium permanganate (KMnO ₄)		
2	Gallon bottles of demineralized water		
2	Bottles of liquid soap		
3	Fisher Eradastain (or equivalent)		
2	Bars of hand soap		
2	Soft-bristle brushes		
2	Bottles of hand lotion with lanolin		
2	Packages of cotton swabs		
4	Boxes of tissue		
10	Cotton bath towels		
12	Disposable coveralls (X-large)		
4	Packages of disposable shoe covers		
1	50' water hose		
1	Hose adapter for connecting to rest room sink faucet		
N/A	All instruments were left in the Off Position.		

ATTACHMENT 4
Page 9 of 9
Emergency Operations Facility Emergency Kit

MONTH/YEAR _____

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 5
Page 1 of 1
Pass Sampling Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
7	Check 0-200 R self-reading dosimeters.	Calib. Due Date _____**	
7	Multi-badge protective clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
2	Rolls of duct tape		
8	Scott air packs		
3	SCBA Speaker Phones	Check for satisfactory operation and battery corrosion.	
8	Extra air cylinders		

**All dosimeters of the same range should be due for recalibration in the same month.

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 6
Page 1 of 4
Environmental Monitoring Emergency Kit No. 1

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Is seal present on door? Yes ___ No ___ *	
1	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
1	Portable generator	Does it run? Yes ___ No ___ Is fuel available? Yes ___ No ___ Oil level - SAT ___ UNSAT ___	
2	Check 0-500 mR self-reading dosimeters.	Calib. Due Date _____ **	
10	Check 0-5 R self-reading dosimeters.	Calib. Due Date _____ **	
1	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Bicron Micro R Meter	# _____ Response Check Reading _____ Calib. Due Date _____	
1	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Teletector or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	

*Inventory of kit must be checked.

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 6
Page 2 of 4
Environmental Monitoring Emergency Kit No. 1

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
27	TLDs (2 for team members) (25 for environmental monitoring)	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange.	
2	Bottles of potassium iodide (KI) tablets.	Expiration Date _____. (If the expiration date is less than 8 months in the future, reorder KI using Attachment 10.)	
2	Copies of OPEP-03.7.6, Emergency Exposure Controls, Attachments 3 and 4.	Current Revision No. _____.	
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
20	Plastic petri dishes with covers		
20	Poly ziplock bags, small		
1	Box of surgeon's gloves		
1	Siren key		
10	Silver zeolite cartridges		
2	Magic markers		
1	Box of pens		
1	Box of 47 mm air sample filters		
5	Air sample charcoal cartridges		
1	Dosimeter charger with batteries		

ATTACHMENT 6
Page 3 of 4
Environmental Monitoring Emergency Kit No. 1

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Flashlight		
12	D-cell batteries		
12	9-volt transistor batteries		
12	C-cell batteries		
2	Rolls of duct tape		
2	Protective clothing packages		
1	Log book		
10	One-gallon collapsible sample bottles		
10	Shipping boxes for gallon sample bottles		
1	Funnel		
1	Hand shovel or trowel		
1	Large Tri-pour beaker (800 ml)		
1	Clipboard		
2	Pads paper		
50	Poly zip-lock bags, medium		
1	Portable 2 channel radio w/charger		
1	Pair of tweezers		
1	Map of local area		
1	Book - Brunswick County Maps		

ATTACHMENT 6
Page 4 of 4
Environmental Monitoring Emergency Kit No. 1

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
6	Bottles of drinking water		
N/A	All instruments were left in the Off Position.		

Initials

Seal kit. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 7
Page 1 of 4
Environmental Monitoring Emergency Kit No. 2

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Is seal present on door? Yes ___ No ___ *	
1	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
1	Portable generator	Does it run? Yes ___ No ___ Is fuel available? Yes ___ No ___ Oil level - SAT ___ UNSAT ___	
2	Check 0-500 mR self-reading dosimeters.	Calib. Due Date _____ **	
10	Check 0-5 R self-reading dosimeters.	Calib. Due Date _____ **	
1	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Bicron Micro R Meter	# _____ Response Check Reading _____ Calib. Due Date _____	
1	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Teletector or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	

*Inventory of kit must be checked.

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 7
Page 2 of 4
Environmental Monitoring Emergency Kit No. 2

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
27	TLDs (2 for team members) (25 for environmental monitoring)	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009, Thermoluminescent Dosimeter (TLD) Badge Exchange.	
2	Bottles of potassium iodide (KI) tablets.	Expiration Date _____. (If the expiration date is less than 8 months in the future, reorder KI using Attachment 10.)	
2	Copies of OPEP-03.7.6, Emergency Exposure Controls, Attachments 3 and 4.	Current Revision No. _____.	
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
20	Plastic petri dishes with covers		
20	Poly ziplock bags, small		
1	Box of surgeon's gloves		
1	Siren key		
10	Silver zeolite cartridges		
2	Magic markers		
1	Box of pens		
1	Box of 47 mm air sample filters		
5	Air sample charcoal cartridges		
1	Dosimeter charger with batteries		

ATTACHMENT 7
Page 3 of 4
Environmental Monitoring Emergency Kit No. 2

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Flashlight		
12	D-cell batteries		
12	9-volt transistor batteries		
12	C-cell batteries		
2	Rolls of duct tape		
2	Protective clothing packages		
1	Log book		
10	One-gallon collapsible sample bottles		
10	Shipping boxes for gallon sample bottles		
1	Funnel		
1	Hand shovel or trowel		
1	Large Tri-pour beaker (800 ml)		
1	Clipboard		
2	Pads paper		
50	Poly zip-lock bags, medium		
1	Portable 2 channel radio w/charger		
1	Pair of tweezers		
1	Map of local area		
1	Book - Brunswick County Maps		

ATTACHMENT 7
Page 4 of 4
Environmental Monitoring Emergency Kit No. 2

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
6	Bottles of drinking water		
N/A	All instruments were left in the Off Position.		

Initials

Seal kit. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 8
Page 1 of 5
Doshier Hospital Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Are all seals present on containers? Yes ___ No ___ *	
3	RM-14 with pancake type G-M probe or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-2 or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Air Sampler with combination filter holder	# _____ Does it run? Yes ___ No ___ Calib. Due Date _____	
20	Check 0-500 mR dosimeters	Calib. Due Date _____ **	
5	Check Five (5) 0-5 R Dosimeters.	Calib. Due Date _____ **	
5	Check Five (5) 20 R Dosimeters.	Calib. Due Date _____ **	

*Inventory of containers must be checked.

**All dosimeters of the same range should be due for recalibration in the same month.

ATTACHMENT 8
Page 2 of 5
Doshier Hospital Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
20	TLDs	Inventory and/or change out all TLDs in accordance with DOS-NGGC-0009.	
1	Copy of DOS-NGGC-0002	Current Revision No. _____.	
1	Copy of OPEP-03.9.2, First Aid and Medical Care	Current Revision No. _____.	
1	Copy of HPS-NGGC-0013, Personnel Contamination Monitoring, Decontamination, and Reporting	Current Revision No. _____.	
1	Copy of OPEP-03.9.3, Transport of Contaminated Injured Personnel.	Current Revision No. _____.	
10	Disposable clothing packages--each containing coveralls, shoe covers, gloves, waterproof shoe covers, and head cover		
1	Utility knife		
5	Rolls of duct tape		
1	HEPA filtration unit \geq 250 scfm		
1	Dosimeter charger with batteries		
1	Check source (approximately 8 μ Ci Cs-137)	# _____	

ATTACHMENT 8
Page 3 of 5
Doshier Hospital Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Storage receptacle		
1	Decon broom		
1	Smear holder slide tray		
1	Roll of sheet polyethylene		
1	Roll of yellow poly bags		
2	Five-gallon poly buckets		
1	Pair of tweezers		
2	Magic markers		
1	Box of Pens		
1	Clipboard		
> 25	Ample supply of radiological survey forms		
> 25	Ample supply of air survey forms		
500	Paper or cloth smears		
500	Coin envelopes		
50	Planchets, 2"		
2	Boxes of surgeon's gloves		
10	Step-off pads		
4	Packages of Broom cloths		
1	Box of tissues		
1	Pair of scissors		
2	Rolls of radiation tape		
1	Roll of radiation rope		
10	Insert style caution signs		
5	Large yellow poly bags		

ATTACHMENT 8
Page 4 of 5
Dosher Hospital Emergency Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
10	Inserts, "Keep Out"		
10	Inserts, "Radiation Area"		
10	Inserts, "High Radiation Area"		
10	Inserts, "Radioactive Material Area"		
50	Adhesive labels, "Caution Radioactive Material"		
12	9-volt transistor batteries		
12	D-cell batteries		
12	C-cell batteries		
8	Stanchions		
10	Charcoal filter cartridges		
2	Boxes of 47 mm Particulate Filters (sealed)		
N/A	All instruments were left in the Off Position		

ATTACHMENT 8
Page 5 of 5
Dosher Hospital Emergency Kit

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

Comments: _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 9
Page 1 of 3
Vehicle Decon Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
N/A	Container Seals	Are all seals present on containers? Yes ___ No ___ *	
2	RM-14 with pancake type G-M probe or E+equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
		# _____ Response Check Reading _____ Calib. Due Date _____	
1	Bicron Micro R or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	RO-2A or Equivalent	# _____ Response Check Reading _____ Calib. Due Date _____	
1	Check source (approximately 8 μ Ci Cs-137)	# _____	
1	Copy of OPEP-03.7.7, Onsite Radiological Controls	Current Revision No. _____	
300	Feet water hose		
2	Water hose nozzle		
1	Decon towels		
1	Case soap, liquid		
4	5 gallon plastic buckets		
6	Scrub brush		
1	Case maslin cloth		

*Inventory of containers must be checked.

ATTACHMENT 9
Page 2 of 3
Vehicle Decon Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Roll radiation rope		
25	Plastic step-off pad		
20	Insert style caution signs (3 pocket)		
20	"Contaminated Area" inserts		
20	"Radioactive Material" inserts		
15	"Enter @ SOP" inserts		
12	Stanchions		
1	Roll green Herculite (or equivalent)		
1	Roll yellow Herculite (or equivalent)		
10	PC sets (coveralls, plastic booties, rubber boots, cotton liners, rubber gloves, head cover (hood), rainsuit, face shield, tape		
2	RM-14 smear counter holder		
2	Spare HP 210 probes		
2000	Paper or cloth smears		
2000	Coin envelopes		
150	Feet 110 V elec. extension cord		
> 25	Ample supply of Radiological Survey Forms		
20	Mop heads		
2	Mop handles		

ATTACHMENT 9
Page 3 of 3
Vehicle Decon Kit

MONTH/YEAR _____

Minimum Quantity	Equipment/Supplies	Remarks	Verified (Initial)
1	Mop bucket w/wringer		
1	110 V elec. water pump w/10' suction and 20' discharge hoses		
5	55 gallon drums w/lids, rings, bolts (or equivalent)		
1	15/16" socket wrench		
20	Large plastic bags - yellow		
10	Black ink pens		
5	Black marker pens		
12	9-volt transistor batteries		
12	D-cell batteries		
12	C-cell batteries		
2	Flashlight w/spare batteries		
N/A	All instruments were left in the Off Position.		

Initials

Seal all containers. _____

Submit data to update computer schedule. _____

COMMENTS _____

Inventory Performed By: _____ Date: _____
E&RC Technician

Reviewed By: _____ Date: _____
E&RC Supervisor or Designee

ATTACHMENT 10
Page 1 of 1
Notification to Reorder Potassium Iodide

Brunswick Nuclear Plant

Date: _____

MEMORANDUM TO: Supervisor - Emergency Preparedness
FROM: E&RC Supervisor
SUBJECT: Expiration of Potassium Iodide (KI)

This letter is notifying you that the Potassium Iodide in Emergency Kit(s) is going to expire as follows:

KIT	DATE	QUANTITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This is your official notification to reorder an appropriate quantity of Potassium Iodide.

E&RC Technician

E&RC Supervisor

ATTACHMENT 11
Page 1 of 3
Checklist for Respiratory Protection Equipment

MONTH/YEAR _____

Initials

1. Control Room Kit

- a. Check seven (7) particulate respirators (1 small, 5 medium, 1 large) and update the inspection tags.

Resp. (S) # _____

Resp. (M) # _____

Resp. (M) # _____

Resp. (M) # _____

Resp. (M) # _____

Resp. (L) # _____

Resp. (M) # _____

2. Technical Support Center Kit

- a. Check ten (10) particulate respirators (1 small, 8 medium, 1 large) and update the inspection tags.

Resp. (S) # _____

Resp. (M) # _____

Resp. (L) # _____

ATTACHMENT 11
Page 2 of 3
Checklist for Respiratory Protection Equipment

MONTH/YEAR _____

Initials

3. Emergency Operations Facility Kit

- a. Check sixteen (16) particulate respirators (1 small, 14 medium, 1 large) and update the inspection tags.

Resp. (S) # _____

Resp. (M) # _____

Resp. (L) # _____

ATTACHMENT 11
Page 3 of 3
Checklist for Respiratory Protection Equipment

MONTH/YEAR _____

Initials

4. Operational Support Center Kit

- a. Check twenty (20) particulate respirators (1 small, 17 medium, 2 large) and update the inspection tags.

Resp. (S) # _____	Resp. (M) # _____	Resp. (M) # _____
Resp. (M) # _____	Resp. (M) # _____	Resp. (M) # _____
Resp. (M) # _____	Resp. (M) # _____	Resp. (M) # _____
Resp. (M) # _____	Resp. (M) # _____	Resp. (M) # _____
Resp. (M) # _____	Resp. (M) # _____	Resp. (L) # _____
Resp. (M) # _____	Resp. (M) # _____	Resp. (L) # _____
Resp. (M) # _____	Resp. (M) # _____	_____

5. Environmental Monitoring Kit No.1

- a. Check two (2) particulate respirators (medium size) and update the inspection tags.

Resp. # _____	Resp. # _____	_____
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6. Environmental Monitoring Kit No. 2

- a. Check two (2) particulate respirators (medium size) and update the inspection tags.

Resp. # _____	Resp. # _____	_____
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Performed By: _____ Date _____
E&RC Technician

Reviewed By: _____ Date _____
E&RC Supervisor or Designee

REVISION SUMMARY

Revision 22 Of OPEP-04.6 consists of the following:

- Changed reference from "OE&RC-0110, Personnel Monitoring and Decontamination" to HPS-NGGC-0013, Personnel Contamination Monitoring, Decontamination, and Reporting" to reflect replacement of all company site procedures for personnel contamination with company-wide NGGC in Section 2.1, Attachment 4 (EOF emergency kit inventory) and Attachment 8 (Doshier Hospital emergency kit inventory).
- Clarified location of TSC and EOF emergency kits in Section 4.1.1 by changing "Training Building" to "TSC/EOF Building".
- Changed location of PASS sampling kit from "Unit 2 Turbine Bay" to Service Building/Chemistry Area" in Section 4.1.1 and 4.3 to reflect relocation of kits to improved and more accessible storage locations.
- Reformatted inventory tables in Attachments 2, 3, 4, and 8 and consolidated equipment listing for user-friendliness.
- Added due date to Attachment 4 (EOF emergency kit inventory) describing charcoal and silver zeolite cartridges as an enhancement.
- Added SCBA speakerphones to Attachment 5 (PASS kit inventory).
- Deleted particulate full-face respirators from Attachments 6 and 7 (environmental monitoring emergency kit inventories) due to elimination of requirement for environmental monitoring team members to wear respiratory protection.
- Added five (5) 20R dosimeters to Attachment 8 (Doshier Hospital Emergency Kit inventory) as enhancement.
- Changed "Duster cloth decon towels" to decon towels" in Attachment 9 (vehicle decon kit inventory) to be generic and allow flexibility.
- Added "or Equivalent" after all references to RM-14 to reflect that equivalent instrument may be used.