

Melvin N. Browne
Manager, Nuclear Licensing & Operating Experience
345-4141



March 21, 2002
RC-02-0046

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

Gentlemen:

Subject: VIRGIL C. SUMMER NUCLEAR STATION (VCSNS)
DOCKET NO. 50/395
OPERATING LICENSE NO. NPF-12
TRANSMITTAL OF EMERGENCY PLAN PROCEDURE

In compliance with 10CFR50 Appendix E(V), South Carolina Electric & Gas Company, acting for itself and as agent for South Carolina Public Service Authority, transmits one controlled copy of EPP-103, Revision 6, Change C, "Emergency Equipment Checklist".

The effectiveness of the Virgil C. Summer Nuclear Station Radiation Emergency Plan is not decreased by the change to this procedure.

Should you have any questions, please contact Mrs. Donna Railey at (803) 345-4107.

Very truly yours,

Melvin N. Browne

DWR/MNB/dr
Attachment

c: (Without Attachment unless noted)
L. A. Reyes (With 2 Attachments)
NRC Resident Inspector
RTS (0-L-99-0354)
File (810.10-2, RR 6000)
DMS (RC-02-0046)

A045

SOUTH CAROLINA ELECTRIC & GAS COMPANY

VIRGIL C. SUMMER NUCLEAR STATION

NUCLEAR OPERATIONS

NUCLEAR OPERATIONS

COPY NO. 157

EMERGENCY PLAN PROCEDURE

EPP-103

EMERGENCY EQUIPMENT CHECKLIST

REVISION 6

L. C. Hiss
DISCIPLINE SUPERVISOR

6/22/98
DATE

S. H. A. Bue
APPROVAL AUTHORITY

6/29/98
DATE

RECORD OF CHANGES

CHANGE LETTER	TYPE CHANGE	APPROVAL DATE	CANCELLATION DATE	CHANGE LETTER	TYPE CHANGE	APPROVAL DATE	CANCELLATION DATE
A	P	7-13-99					
B	P	11-16-99					
C	P	3-18-02					

INFORMATION USE

Procedure may Be Performed From Memory.
User Retains Accountability For Proper Performance.

NUCLEAR OPERATIONS

COPY NO. _____

SAP-139
ATTACHMENT II
PAGE 1 OF 3
REVISION 20

PROCEDURE DEVELOPMENT FORM - A

i. DATE: 1-21-02 PROC.# EPP-103 REV.# 6 CHG. C COMM.# _____
 TITLE: EMERGENCY EQUIPMENT CHECKLIST

NEW PROCEDURE _____ REVISION X SAFETY RELATED _____
 CHANGE: _____ PERMANENT X QUALITY RELATED _____
 RESTRICTED _____ FROM _____ TO _____ NON-SAFETY RELATED X

ii. DESCRIPTION:
SEE ATTACHED

REASON FOR CHANGE:
SEE ATTACHED

CM Counts CM Counts
 Originator - Sign and PRINT Name

iii. REQUIRED REVIEWS: Check ALL selections in first 3 columns for SAPs (except for minor changes)

<input type="checkbox"/> MCHS	<input type="checkbox"/> MNPS	<input type="checkbox"/> MPLE	<input type="checkbox"/> GMES	<input type="checkbox"/> CWPS	<input type="checkbox"/> ISEG	<input type="checkbox"/> NOET	<input type="checkbox"/> QC	<input checked="" type="checkbox"/> GMNSS
<input type="checkbox"/> MDE	<input type="checkbox"/> MNT	<input type="checkbox"/> MPSE	<input type="checkbox"/> GMNPO	<input type="checkbox"/> DE	<input type="checkbox"/> MNTS	<input checked="" type="checkbox"/> NPS	<input type="checkbox"/> QR	<input checked="" type="checkbox"/> T. SWIET
<input type="checkbox"/> MHPS	<input type="checkbox"/> MOD&P	<input type="checkbox"/> MSPD	<input type="checkbox"/> GMNSS -	<input type="checkbox"/> FFD	<input type="checkbox"/> MQS	<input type="checkbox"/> NTET	<input type="checkbox"/> RC	
<input type="checkbox"/> MMPP	<input type="checkbox"/> MPO	<input type="checkbox"/> SAS	<input type="checkbox"/> GMSPD	<input checked="" type="checkbox"/> HPS	<input type="checkbox"/> MPR	<input checked="" type="checkbox"/> OPS	<input type="checkbox"/> RE	
<input type="checkbox"/> MMS	<input type="checkbox"/> MOPS	<input type="checkbox"/> QA	<input type="checkbox"/> CHS	<input type="checkbox"/> ISD	<input type="checkbox"/> NL&OE	<input type="checkbox"/> PSE	<input type="checkbox"/> TU	
<input type="checkbox"/> MNL&OE								50.59

Other Reviews:

iv. DISCIPLINE SUPERVISOR AUTHORIZATION TO PROCESS PROPOSED CHANGES:

[Signature] 1-29-02
 Discipline Supervisor Date

v. TEMPORARY APPROVAL:

QUALIFIED REVIEWER _____ DATE _____ QA REVIEW _____ DATE _____
 TELECON BY _____ TELECON BY _____
 SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____

vi. DISCIPLINE SUPERVISOR FINAL REVIEW:

PSRC REVIEW REQUIRED? YES ___ NO ✓
 IF YES, PRIOR TO IMPLEMENTATION? YES ___ NO ___
 TRAINING REQUIRED? YES ___ NO ✓
 IF YES, PRIOR TO IMPLEMENTATION? YES ___ NO ___
 P/CAP AFFECTED? YES ___ NO ✓
 COMMENTS RESOLVED: [Signature] 2/7/02
 Discipline Supervisor Date

vii. P/CAP ACCEPTABLE?

C. YES ___ NO NA Date _____
 N. YES ___ NO NA Date _____
 RESP. MGR. Date _____

viii. FINAL QA REVIEW (if Applicable)

QA Concurrence NA Date _____

ix. APPROVAL AUTHORITY:

Training Completed _____ Date _____
 Procedure Approval/Concurrence [Signature] 13/18/02 Date _____

x. PSRC REVIEW:

A. REVIEWED BY:
 PSRC Chairman _____ Date _____
 COMMENTS: YES ___ NO ___

B. PSRC COMMENTS RESOLVED:
 Responsible Manager _____ Date _____
 PSRC Chairman _____ Date _____

EPP-103 Revision 6, Change C
Attachment to PDF-A, Section ii, Description and Reason for Changes
Page 1 of 4

Description: Table of Contents and Section 1.0; Changed the title of 1.0 to PURPOSE AND SCOPE and added scope statement 1.2.

Reason for Change: To comply with SAP-139.

Description: Page ii, Attachments. Add Attachment X - Off-Site Holding Area Supervisor Equipment Checklist.

Reason for Change: Require surveillance of equipment stored in that area.

Description: Table of Contents and Section 1.0: Changed the title of Section 1.0 from PURPOSE to PURPOSE AND SCOPE and added scope statement 1.2.

Reason for Change: To comply with SAP-139.

Description: Deleted Reference 2.9 NUREG/BR-0230 Response Coordination Manual

Reason for Change: This reference has been deleted by the NRC.

Description: Added Step 3.1.6

Reason for Change: Add definition for Working Day for clarification in body of procedure.

Description: Step 5.12 Added the word "Working".

Reason for Change: Provide clarification.

Description: Attachment II Steps A and B Deleted the number 3 in front of pocket radiation signs.

Reason for Change: Allow the use of radiation signs that have more or less than 3 pockets.

Description: Attachment II Step F. Delete step.

Reason for Change: Not used in body of attachments. Individual requirements are added to the applicable items.

Description: Attachment IV, Items 1.E.1.b., 1.E.2.b., 1.E.3.b., 1.E.4.b., and 3.B. Added the words: EPP-002, Attachment I, Page 1 of 3.

Reason for Change: Provided the procedure attachment number and page number to clarify where form is located.

EPP-103 Revision 6, Change C

Attachment to PDF-A, Section ii, Description and Reason for Changes

Page 2 of 4

Description: Attachment IV Item 2 A. 4, Item 2 B. 4, Item 2 C. 4, and Item 2 G. 4 Delete Emergency Planning Telephone Directory. Renumbered succeeding items, as necessary.

Reason for Change: Moved these copies of the Emergency Planning Telephone Directory to the TSC Storage Cabinet for better control of the copies.

Description: Attachment IV Item 2 H. 4. Increased the number of Emergency Planning Telephone Directory to 2.

Reason for Change: Have an extra copy for other personnel's use when requested.

Description: Attachment IV Item 2 H.5 Delete NRC Response Coordination Manual. Renumbered succeeding item.

Reason for Change: This manual is out of date and is no longer produced by the NRC.

Description: Attachment IV Item 4 F. Delete Title 10, Code of Federal Regulations. Renumbered succeeding items.

Reason for Change: Infrequent use does not warrant maintaining hardcopy in the inventory. Document is available in the Emergency Preparedness Folder and on the NRC Website.

Description: Attachment IV Item 5 I. Added four copies of the Emergency Planning Telephone Directory.

Reason for Change: Copies taken out of the individual drawers are to be located here for general use.

Description: Attachment V Item 2.R.1. and 3.C.5. Added the words: EPP-002, Attachment I, Page 1 of 3.

Reason for Change: Provided the procedure attachment number and page number to clarify where form is located.

Description: Attachment V Item 3 H.2 and Item 3.I.3. Delete the Emergency Planning Telephone Directory from the inventory.

Reason for Change: These storage locations are the only sealed locations that require breaking the seal when the Directory must be updated. Copies of the Directory are available in the EOF Storage Cabinet if needed.

Description: Attachment VI Item 2 H. Reduced the number of blank labels from 50 to 20.

Reason for Change: Larger number not needed.

EPP-103 Revision 6, Change C
Attachment to PDF-A, Section ii, Description and Reason for Changes
Page 3 of 4

Description: Attachment VI Item 9 H. I. And J, Added Hard Hats, Safety Glasses, and Flashlights with batteries installed.

Reason for Change: Provide safety equipment for small number of OSC Staff that could not bring their own.

Description: Attachment VIII Item 7.A. Added the words: EPP-002, Attachment I, Page 1 of 3.

Reason for Change: Provided the procedure attachment number and page number to clarify where form is located.

Description: Attachment IX-A Items 1 and 2 Added "Stored external to kit".

Reason for Change: To reflect actual conditions.

Description: Attachment IX-A Item 9. Added the word "Each".

Reason for Change: To clarify number of batteries.

Description: Attachment IX-A Item 18 Added the word "Pack".

Reason for Change: To clarify the minimum quantity.

Description: Attachment IX-B Item 5. Added the words "Stored external to kit".

Reason for Change: To reflect actual conditions.

Description: Attachment IX-B Item 16. Added the words "Stored external to kit".

Reason for Change: To reflect actual conditions.

Description: Attachment IX-C Item 9. Added the word "Ribbon".

Reason for Change: To allow either ribbon or tape to be placed in kit.

Description: Attachment IX-D Item 7. Delete the words "Shelf Life".

Reason for Change: Items that have a shelf life are no longer used in these kits.

Description: Attachment IX-E Item 3. Delete the words "Due Date" and the blank.

Reason for Change: There is not a specific due date for batteries. Change out of shelf life items is tied to the Biennial Exercise date as specified in the body of the procedure.

Description: Attachment IX-E Item 7. Reduced the number of rolls of tape to 5.

Reason for Change: This is a sufficient number for use during medical emergencies.

EPP-103 Revision 6, Change C
Attachment to PDF-A, Section ii, Description and Reason for Changes
Page 4 of 4

Description: Attachment IX-E Item 16. Added the words "Stored External to the kit".

Reason for Change: To reflect current conditions.

Description: Attachment IX-F Item I. Delete the Inventory Requirement F.

Reason for Change: Inventory Requirement F has been deleted.

Description: Attachment IX-F Item P. Delete Inventory Requirement D and add the words "Stored External to Kit."

Reason for Change: Inventory Requirement D does not apply to this item. It was there in error. Added words to reflect current conditions.

Description: Attachment IX-F Item Y. Insert new item, "Fuses for Air Sampler and RM-14 (or equivalent). Renumber succeeding items.

Reason for Change: These items were included in Inventory Requirement F which was deleted.

Description: Attachment IX-K Item 1. Changed "Cal. Date" to "Cal. Due".

Reason for Change: To clarify that the calibration is actually due on the date indicated.

Description: Added Attachment X.

Reason for Change: To require inventory of the emergency equipment stored in this area.

**NUCLEAR OPERATIONS
COPY NO. _____**

SAP-139
ATTACHMENT IV
PAGE 1 OF 3
REVISION 18

PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>10-19-99</u> PROC.#: <u>EPP-103</u> REV.#: <u>6</u> CHG.: <u>B</u> COMM.#: <u>—</u>	
TITLE: <u>EMERGENCY EQUIPMENT CHECKLIST</u>	
NEW PROC <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> REVISION <input type="checkbox"/> RESTRICTED <input type="checkbox"/> FROM _____ TO _____	SAFETY RELATED <input type="checkbox"/> QUALITY RELATED <input type="checkbox"/> NON-SAFETY RELATED <input checked="" type="checkbox"/>
II. DESCRIPTION: <p style="text-align: center; font-size: 1.2em;"><u>SEE ATTACHED</u></p>	
REASON FOR CHANGE: <p style="text-align: center; font-size: 1.2em;"><u>SEE ATTACHED</u></p>	
Originator: <u>CM Counts</u> Sign/Print: <u>CM Counts</u>	
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:	
1. Result in significant increased personnel radiation exposure? (ALARA review) _____ YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NA 2. Result in a release of effluents to the Environment? _____ YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NA 3. Degrade the effectiveness of the Radiation Emergency Plan? _____ YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NA 4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans? _____ YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> NA	* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.
REQUIRED REVIEW AND COMMENT: <input type="checkbox"/> MOPS <input type="checkbox"/> MHPS <input type="checkbox"/> GMNPO <input type="checkbox"/> QA <input type="checkbox"/> TU <input type="checkbox"/> ISD <input type="checkbox"/> MMS <input type="checkbox"/> MDE <input type="checkbox"/> GMES <input type="checkbox"/> QC <input type="checkbox"/> CHS <input type="checkbox"/> RC <input type="checkbox"/> MQS <input type="checkbox"/> MNT <input type="checkbox"/> GMNSS <input type="checkbox"/> SAS <input checked="" type="checkbox"/> HPS <input type="checkbox"/> _____ <input type="checkbox"/> MPSE <input type="checkbox"/> MNL&OE <input type="checkbox"/> GMSPD <input type="checkbox"/> MNTS <input type="checkbox"/> PSE <input type="checkbox"/> _____ <input type="checkbox"/> MCHS <input type="checkbox"/> MNPS <input checked="" type="checkbox"/> OPS <input checked="" type="checkbox"/> NPS <input type="checkbox"/> DE <input type="checkbox"/> _____	REQUESTED REVIEWS: <u>QC</u> <u>GMNS</u> <u>10/19/99</u> <u>10/19/99</u> Discipline Supervisor: _____ Date: _____
IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION <input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC SUPPORTING DOCUMENT: <u>10CFR50.59</u> Discipline Supervisor Concurrence: _____	
V. TEMPORARY APPROVAL: QUALIFIED REVIEWER _____ DATE _____ QA REVIEW _____ DATE _____ TELECON BY _____ TELECON BY _____ SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____	
VI. DISCIPLINE SUPERVISOR FINAL REVIEW: PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/> TRAINING REQUIRED? YES _____ NO <input checked="" type="checkbox"/> IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____ P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/> COMMENTS RESOLVED: <u>CM Counts</u> <u>11/16/99</u> Discipline Supervisor Date	VII. P/CAP ACCEPTABLE? C. YES _____ NO <input checked="" type="checkbox"/> <u>N/A</u> Date _____ N. YES _____ NO _____ NL&OE Date _____ RESP. MGR. Date _____ VIII. FINAL QA REVIEW (As Applicable) <u>N/A</u> Date _____ QA Concurrence Date _____ IX. APPROVAL AUTHORITY: <u>N/A</u> Date _____ Training Completed Date _____ <u>SPC A. Burt</u> <u>11/16/99</u> Procedure Approval/Concurrence Date _____
X. PSRC REVIEW: A. REVIEWED BY: PSRC Chairman _____ Date _____ COMMENTS: YES _____ NO _____	B. PSRC COMMENTS RESOLVED: Responsible Manager _____ Date _____ PSRC Chairman _____ Date _____

**NUCLEAR OPERATIONS
COPY NO. _____**

SAP-139
ATTACHMENT IV
PAGE 1 OF 3
REVISION 18

PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>5-27-99</u> PROC.# <u>EPP-103</u> REV.# <u>6</u> CHG. <u>A</u> COMM.# _____	
TITLE: <u>EMERGENCY EQUIPMENT CHECKLIST</u>	
NEW PROC _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/>	SAFETY RELATED _____
REVISION _____ RESTRICTED _____ FROM _____ TO _____	QUALITY RELATED _____
	NON-SAFETY RELATED <input checked="" type="checkbox"/>
II. DESCRIPTION: <u>SEE ATTACHED.</u>	
REASON FOR CHANGE: <u>SEE ATTACHED</u>	
<u>CM Counts</u> <u>CM Counts</u> <small>Originator Sign/Print</small>	
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:	
	YES NO N/A
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____ X _____
2. Result in a release of effluents to the Environment?	_____ X _____
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____ X _____
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____ _____ X _____
* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.	
REQUIRED REVIEW AND COMMENT:	REQUESTED REVIEWS:
() MOPS () MHPS () GMNPO () QA () TU () ISD <u>GMNSS</u>	<u>GMNSS</u>
() MMS () MDE () GMES () QC () CHS () RC <u>QA</u>	<u>QA</u>
() MQS () MNT () GMNSS () SAS <u>HPS</u>	<u>HPS</u>
() MPSE () MNL&OE () GMSPD () MNTS () PSE () _____	() _____
() MCHS () MNPS <u>X OPS</u> <u>X NPS</u> () DE () _____	() _____
IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION	
<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC	SUPPORTING DOCUMENT: <u>10CFR50.54(g)</u>
<u>Discipline Supervisor Concurrence</u>	
V. TEMPORARY APPROVAL:	
QUALIFIED REVIEWER _____ DATE _____	QA REVIEW _____ DATE _____
TELECON BY _____	TELECON BY _____
SHIFT SUPERVISOR _____ DATE _____	FINAL APPROVAL REQUIRED BY: DATE _____
VI. DISCIPLINE SUPERVISOR FINAL REVIEW:	
PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/>	
TRAINING REQUIRED? YES _____ NO <input checked="" type="checkbox"/>	
IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/>	
P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/>	
COMMENTS RESOLVED: <u>Discipline Supervisor</u> <u>7/7/99</u> Date	
VII. P/CAP ACCEPTABLE?	
C. YES _____ NO <u>NA</u> / _____ Date	
N. YES _____ NO <u>NA</u> / _____ Date	
RES. MGR. _____ Date	
VIII. FINAL QA REVIEW (As Applicable)	
<u>NA</u> / _____ Date	
IX. APPROVAL AUTHORITY:	
<u>NA</u> / _____ Date	
Training Completed _____ Date	
<u>Discipline Supervisor</u> <u>7/15/99</u> / _____ Date	
Procedure Approval/Concurrence _____ Date	
X. PSRC REVIEW:	
A. REVIEWED BY:	B. PSRC COMMENTS RESOLVED:
PSRC Chairman _____ / _____ Date	Responsible Manager _____ / _____ Date
COMMENTS: YES _____ NO _____	PSRC Chairman _____ / _____ Date

LIST OF CHANGES
EPP-103 Rev. 6, Chg. A
Page 1 of 3

Table of Contents	Changed Attachment IX.E to Hospital Radiation Emergency Equipment Checklist. Reason: The name of the hospital has been changed.
Att. II	Added statement to first paragraph. "All items will be inspected for signs of deterioration and replaced as necessary." Reason: To better insure to quality of kit items. Expanded item C. to list the type of instruments and their batteries. Reason: Add clarification. Removed statement from item E. Reason: Move to first paragraph.
Att. IV	Increased number of telephones to 2 in item 2.E.2. Reason: Describe actual conditions. Added item 5.H. Reason: Describe actual conditions.
Att. IX.A	Items 9 and 16, changed C to Inventory. Reason: Code C was change to describe battery requirements for instruments.
Att. IX.B	Items 9 and 11, changed C to Inventory. Reason: Code C was changed to describe battery requirements for instruments. Added items 26 and 27. Reason: Inadvertently deleted during previous revision.

LIST OF CHANGES
EPP-103 Rev. 6, Chg. A
Page 2 of 3

- Att. IX.C Changed RM-14 to Frisker in item 1.
Reason: To be consistent with HP terminology.
- Items 4 through 6, remove sizes. Item 5 and 6 were consolidated in item 5.
Reason: Bags with precise measurements cannot always be purchased.
- Item 11, deleted location description.
Reason: Location is described in title.
- Added item 12.
Reason: Inadvertently deleted during previous revision.
- Att. IX.D Changed location of kit.
Reason: Storage location of kit changed to allow better access.
- Items 11 through 15, change audit to inventory.
Reason: More clearly describe surveillance activity.
- Item 17, remove shelf life.
Reason: Item does not have a manufacturer specified shelf life.
- Att. IX.E Changed Title.
Reason: Name of hospital changed.
- Item 5, changed C to Inventory.
Reason: Code C was changed to describe battery requirements for instruments.
- Moved items 6 and 11 through 15 to the end of the checklist and added Stored exterior to kit.
Reason: These items are stored together exterior to the kit.

LIST OF CHANGES
EPP-103 Rev. 6, Chg. A
Page 3 of 3

- Att. IX.F Item 1.L., Deleted Due date.
Reason: All Shelf Life items will be changed within 10 days of the biennial exercise.
- Item 1.W, changed inventory requirement.
Reason: Code C was changed to describe battery requirements for instruments.
- Items 1.X. and 1.Y were deleted.
Reason: TLDs are available in the EOF Dosimetry Issuance Kit.
- Att. IX.G Item 6., added (PACK).
Reason: More clearly define item.
- Item 8., moved EXPIRATION DATE to comments section.
Reason: More easily seen.
- Att. IX.H Item 2., added (PACK).
Reason: More clearly define item.
- Att. IX.I Item 3., added PAIRS.
Reason: More clearly define item.
- Att. IX.J Item 2., added PAIRS.
Reason: More clearly define item.
- Att. IX.K Item 2., deleted inventory requirement B.
Reason: B does not apply to this item.

EPP-103
Revision 6,Change B

Attachment IV, page 7, item 4.D.

Delete the Aperture Card Reader. The reader is not needed. An Aperture Card Reader/Printer is available in this area for viewing Aperture Cards. Additional readers can be brought to this area if needed.

Attachment VIII

Add item 14 SC Road Map. This map may be needed if areas outside the 10-mile radius are affected.

Attachment V, page 2

Add item D.6. SC Road Map. This map may be needed if areas outside the 10-mile radius are affected.

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4.0 <u>CONDITIONS AND PREREQUISITES</u>	2
5.0 <u>PROCEDURE</u>	3
6.0 <u>RECORDS</u>	5
7.0 <u>REVISION SUMMARY</u>	5

ATTACHMENTS

- Attachment I - Numbered Seal Log
- Attachment II - Radiation Emergency Inventory Requirements
- Attachment III - Control Room Radiation Emergency Equipment Checklist
- Attachment IV - Technical Support Center Area Radiation Emergency Equipment Checklist
- Attachment V - EOF Radiation Emergency Equipment Checklist
- Attachment VI - OSC Radiation Emergency Equipment Checklist
- Attachment VII - News Media Centers Radiation Emergency Equipment Checklist
- Attachment VIII - Backup EOF Radiation Emergency Equipment Checklist
- Attachment IX.A - Control Room & TSC Radiation Emergency Equipment Checklist
- Attachment IX.B - OSC Radiation Emergency Equipment Checklist

- Attachment IX.C - Ambulance Radiation Emergency Equipment Checklist
- Attachment IX.D - Off-Site Holding Area Radiation Emergency Equipment Checklist
- Attachment IX.E - Hospital Radiation Emergency Equipment Checklist | Chg
A
- Attachment IX.F - EOF Radiation Emergency Equipment Checklist
- Attachment IX.G - EOF Dosimetry/Survey Equipment Checklist
- Attachment IX.H - Access Portal Emergency Dosimetry Issuance Equipment
- Attachment IX.I - EOF Frisking Station Equipment Checklist
- Attachment IX.J - EOF Decontamination Station Equipment Checklist
- Attachment IX.K - Radioactive Materials Transportation Accident Response Equipment Checklist
- Attachment X - Off-Site Holding Area Supervisor Equipment Checklist | Chg
C

1.0 PURPOSE AND SCOPE

- 1.1 This procedure establishes the actions to be taken to ensure the operational readiness of emergency equipment and supplies.
- 1.2 Changes and revisions to this procedure must ensure compliance with the requirements of 10CFR50.54.q and 10CFR50 Appendix B. A 10CFR50.59 review is not required.

Chg.
C

2.0 REFERENCES

- 2.1 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.
- 2.2 EP-100, V. C. Summer Nuclear Station Radiation Emergency Plan.
- 2.3 HPP-610, Certification of Flow Rates for Portable Air Samplers.
- 2.4 HPP-611, Calibration of Station Survey Instruments.
- 2.5 HPP-633, Inspection, Maintenance, and Storage of Respiratory Protective Devices.
- 2.6 SAP-142, Station Housekeeping Program.
- 2.7 SAP-143, Preventive Maintenance Program.
- 2.8 SAP-1340, Transmittal and Maintenance of Records.

Chg.
C

3.0 DEFINITIONS

- 3.1 Definitions
 - 3.1.1 Audit - To verify that the required components are present and current.
 - 3.1.2 Inventory - To verify that the required number of components are present.
 - 3.1.3 Shelf Life - The manufacturer's suggested expiration and change out date, or the date for inspection of clothing, to ensure reliability.

- 3.1.4 Storage Location - Kits, desk drawers, boxes, cabinets, etc., that contain equipment, reference material, supplies, etc. that are used in an emergency. These locations shall be secured with a numbered seal or lock where applicable.
- 3.1.5 Inspect - The examination of equipment to ensure the equipment has not deteriorated and will meet requirements.
- 3.1.6 Working Day – Days of the week, Monday through Friday, inclusive but excluding SCANA holidays.

Chg
C

4.0 CONDITIONS AND PREREQUISITES

- 4.1 The Emergency Services Unit (ESU) is responsible for implementing this procedure, issuing of numbered seals to the responsible groups and insuring inventory and maintenance of the radiation emergency kits listed in Attachments IV through VIII.
- 4.2 The Nuclear Operations Group shall be responsible for accomplishing the Attachment III, Control Room Radiation Emergency Equipment, on a yearly basis. The Quality Services Group is responsible for completing Attachment X, Off-Site Holding Area Supervisor Equipment Checklist.
- 4.3 Health Physics is responsible for performing the inventory and maintenance of the radiation emergency kits listed in Attachments IX.A through IX.K, and for the calibration of portable instruments in the radiation emergency kits.
- 4.4 Each group responsible for the inventory and maintenance of storage locations is responsible for tracking numbered seals utilized in accordance with this procedure, and is required to maintain an Attachment I, Numbered Seal Log, for each storage location secured with a numbered seal within the group's responsibility.
- 4.5 Respiratory protective equipment shall be inspected in accordance with HPP-633, Inspection, Maintenance and Storage of Respiratory Protective Devices.
- 4.6 Specific procedural requirements for the operation of the survey instruments listed in this procedure will be complied with except for daily source and response checks.
- 4.7 Operability of portable survey instruments is verified during calibration in accordance with HPP-611, Calibration of Station Survey Instruments or HPP-610, Certification of Flow Rates for Portable Air Samplers, as applicable.

Chg
C

- 4.8 If a storage location is used, or the seal is found to be broken, the required inventory shall be performed within ten (10) working days except when replacing instruments for recalibration, maintaining the contents, or conducting training.
- 4.9 The ESU shall ensure that inventory and maintenance of the equipment and supplies is accomplished within the specified frequencies, or within 10 working days after the use of the storage location in a drill, exercise, or actual emergency. This inventory may be substituted for the next scheduled inventory.
- 4.10 Any equipment removed from a storage location for the purpose of repair, functional check or calibration will be replaced with equivalent equipment during its removal.
- 4.11 If an emergency should occur within the 10 working day period after the use of a storage location(s), in a drill or an exercise, a quick inventory should be performed prior to the storage location(s) being used.
- 4.12 All drawings and procedures shall be controlled in accordance with SAP-1340, Transmittal and Maintenance of Records.
- 4.13 All inventories described in this procedure are performed on a quarterly basis, unless otherwise noted.
- 4.14 Each storage location shall be verified to ensure shelf-life materials are within their designated shelf-life parameters. Items will be replaced or evaluated, as applicable, within 10 working days of each biennial exercise.

5.0 PROCEDURE

- 5.1 Maintenance of emergency equipment shall be in accordance with the requirements in this procedure and in accordance with SAP-143, Preventive Maintenance Program.
- 5.2 Inventory of equipment shall be in accordance with the requirements specified in the attachments to this procedure.
- 5.3 The inventory of a storage location with a numbered seal may be done by verifying the number on the seal with the number on the Numbered Seal Log for the storage location being inventoried and ensuring the storage location and seal does not appear to be disturbed.
- 5.4 The emergency equipment checklist contains the minimum required to implement the Radiation Emergency Plan. Additional items located in the facility or storage location, but not on the inventory checklist, are acceptable.

- 5.5 During the performance of an inventory, it is expected that all discrepancies will be corrected and documented in the "Comments" section.
- 5.6 All discrepancies detected during an inventory shall be corrected within fourteen (14) days by the Responsible Supervisor. Those not corrected within fourteen days, will be forwarded to the attention of the Manager, Nuclear Protection Services by the ESU for further action.
- 5.7 Attachment I shall be maintained by the group responsible for each storage location that requires a numbered seal.
- 5.8 Entry into a storage location for post-use inventory:
 - 5.8.1 Obtain a manual or scheduled Preventive Maintenance Task Sheet (PMTS), as applicable.
 - 5.8.2 Obtain a new numbered seal if needed from the group responsible for storage location inventory.
 - 5.8.3 Compare the number of the seal on the storage location with the number that should be on the storage location in accordance with Attachment I.
 - A. If different, denote the seal discrepancy on Attachment I and inform the ESU by telephone.
 - B. The ESU shall assess the impact of the seal discrepancy and take appropriate actions.
 - 5.8.4 Perform the inventory in accordance with this procedure.
 - 5.8.5 Affix the new seal to the storage location so that the seal will be broken if the storage location is entered.
 - 5.8.6 Record the number of the new seal in the "Comments" section of the PMTS.
 - 5.8.7 Complete the next available line on Attachment I for the applicable storage location with the appropriate information.
- 5.9 Persons breaking a seal on a storage location for the purpose of maintaining the contents, replacing instruments for recalibration, or conducting training shall affix a numbered seal to the storage location, and notify the responsible group.

- 5.10 Personnel accomplishing the inventory shall record the revision number or date of any procedures or documents in the space provided during the inventory, then verify the revision number or date with the Master Control Copy for currency.
- 5.11 Upon successful completion of each inventory item, the number available will be documented by recording the appropriate results in the "As Found" space provided on the appropriate attachment.

NOTE 5.12

Respiratory protection equipment and other Health Physics equipment shall be changed on or before the due date in accordance with Health Physics Procedures.

- 5.12 Any item in the storage location that is denoted as a shelf-life item shall be replaced or evaluated, as applicable, within 10 working days of each biennial exercise. | Chg
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- 5.13 Upon successful completion of the inventory, a seal will be placed on the storage location, or the storage location will be secured with a lock.
- 5.14 Attachment II will be used as a key to the inventory requirements listed in Attachments III through IX.K.
- 5.15 Personnel performing inventories in accordance with this procedure shall also ensure the facilities meet the general housekeeping guidelines of SAP-142, Station Housekeeping Program.

6.0 RECORDS

- 6.1 Attachments III through X to this procedure will be retained in accordance with the Document Management System (DMS). | Chg
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- 6.2 Attachment I of this procedure will be maintained as history by the group responsible for the storage location for a period of one year.

7.0 REVISION SUMMARY

- 7.1 Step 4.14 Reworded step to require the replacement or evaluation, as applicable, within 10 working days after each biennial exercise. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years.

- 7.2 Step 5.8 Deleted the words "for the replacement of items or". Items in the storage locations can be replaced without performing another inventory as long as the content of the storage location is not changed.
- 7.3 Step 5.12 (Same as Step 4.14)
- 7.4 Attachment II Step C. Deleted Step B, Shelf Life dates are no longer used. Moved the contents of Step I to Step B. Deleted radiation signs and ribbon, these items are readily available in the plant.
- 7.5 Attachment II Step E. Changed the time for inspection of clothing packets to "within 10 working days after each biennial exercise". Deleted gloves, added as an individual item in the applicable kits.
- 7.6 Attachment II, Deleted Steps G. and H. Added the content of these two Steps to the inventories of the applicable kits.
- 7.7 Attachment II, Deleted Step I. Moved the contents to Step B.
- 7.8 Attachment IX.A Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Added Disposable Gloves.
- 7.9 Attachment IX.B Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Added Disposable Gloves. Item #1 Specified the dosimeter ranges. Item #8 Added Serial #. Deleted Inventory Requirement B. Item #15 Replaced I with B.
- 7.10 Attachment IX.C Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Added Disposable Gloves. Deleted Inventory Requirement B. Item #2 Replaced I with B.
- 7.11 Attachment IX.D Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Deleted Inventory Requirement B., G. and H. Replaced E-400 with GM Survey Meter. Added content from old Step G and H from Attachment II. Added Disposable Gloves.
- 7.12 Attachment IX.E Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will

be replaced or evaluated, as applicable, at one time every two years. Replaced E-400 with GM Survey Meter. Deleted Inventory Requirement B. Item #24 Changed to Blank Survey Map and deleted the reference to the procedure. These are generic survey maps.

- 7.13 Attachment IX.F Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Replaced E-400 with GM Survey Meter. Item Z. Moved Expiration Date to the Comments section. Item AA.4. Deleted the reference to the procedure. These are generic survey maps. Deleted Inventory Requirement B.
- 7.14 Attachment IX.G Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years.
- 7.15 Attachment IX.H Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Item #4 Added "with required batteries attached"
- 7.16 Attachment IX.I Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Item #1 Replaced 50 pair with 1 Box.
- 7.17 Attachment IX.J Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years. Item #11 Replaced Latex with Disposable.
- 7.18 Attachment IX.K Deleted all due date blanks. Deleted all 2-year time requirements. Instead of having individual shelf-life dates for items, all items will be replaced or evaluated, as applicable, at one time every two years.

RADIATION EMERGENCY INVENTORY REQUIREMENTS

The following Inventory Requirements are used during inventories to ensure that all equipment is functional. These requirements are coded and used to verify completion of each inventory. Any discrepancies found during the performance of inventories should be noted in the comments sections of the attached Checklists. The person(s) performing the inventory will ensure that each item on each checklist meets or exceeds the Inventory Requirements specified and the latest approved attachments to this procedure are used prior to signing off each item. All items will be inspected for signs of deterioration and replaced as necessary.

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Code Inventory Requirements

- A. Ensure that the Hospital Survey Packet contains a minimum of:
- 1 - roll of radiation ribbon or approximately 100' of radiation rope
 - 10 - pocket radiation signs with inserts
 - 100 - smears in envelopes
 - 2 - pencil, pens, grease pencils (each)
 - 8 - radiation material labels for waste container
 - 1 - scissors

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These items may be placed in one packet, several packets or individually stored. Ensure items listed are present prior to signoff.

- B. Ensure the survey packet contains a minimum of:
- 1 - roll of radiation ribbon
 - 4 - pocket radiation signs with inserts
 - 50 - Smears and Envelopes
 - 2 - pencils, pens, markers

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- C. Battery packet to contain one complete set of batteries for instruments in kit as follows:

<u>Instrument Type</u>	<u>Batteries</u>
GM survey meter/E530 -	2 - D cells/instruments
Dose rate instruments - RS0	2 - 9V cells
- R02	3 - 9V cells
RAM surf (frisker) -	1 - 9V cell

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- D. Ensure this posting/survey packet contains a minimum of:
- 50 - particulate air filters
 - 2 - pencils, pens, markers (each)
 - 50 - smears in envelopes
 - 1 - tweezers
 - 20 - environmental particulate air sample envelopes
 - 1 - Record Logbook
 - 10 - planchets
 - 10 - vegetation bags
 - 1 - clipboard
 - 10 - labeled air sample bags

These items may be placed in one packet, several packets or individually stored. Ensure items listed are present in each storage location prior to signoff.

RADIATION EMERGENCY INVENTORY REQUIREMENTS

Code Inventory Requirements

- E. Ensure the protective clothing packets contain a minimum of the following items:
- 1 - pair coveralls (cloth or paper)
 - 1 - head cover or hood
 - 1 - pair cloth gloves (liners)
 - 1 - pair rubber or work gloves (heavy)
 - 1 - pair disposable shoe covers
 - 1 - pair rubber shoe covers

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CONTROL ROOM RADIATION EMERGENCY
EQUIPMENT CHECKLIST
 LOCATION: CONTROL ROOM

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	VCSNS Radiation Emergency Plan	Audit	1 copy		
2	Emergency Plan Procedures	Audit	1 set		
3	Map of 10 Mile Radius	Inventory	1 copy		
4	Overlays for 10 Mile Map (Stability Classes A - G)	Inventory	1 each (7 total)		
5	Plant Drawings (Control Copy)	Inventory	1 set		
6	Portable Radios (in normal use)	Inventory & Verify Operability	4		
7	Operations and Security Frequency Base Radio	Inventory & Verify Operability	1 each		
8	Telephone (Control Room Supervisor's Desk)	Inventory & Verify Operability	1 each		

TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
1	In The Command Center				
	A. Safety Parameter Display System	Verify Operability	1		
	B. Plant Procedures Copy #				
	1. GOP	Inventory	1		
	2. SOP	Inventory	1		
	3. EOP	Inventory	1		
	4. EPP	Inventory	1		
	5. HPP	Inventory	1		
	6. FPP	Inventory	1		
	7. FHP	Inventory	1		
	8. CP	Inventory	1		
	9. SAP	Inventory	1		
	C. VCS Technical Specifications	Inventory	1		
	D V. C. Summer Station Radiation Emergency Plan (Rev. _____)	Inventory	1		
	E. Emergency Plan Tool Box	Locked Inventory			
	1. NUE Notification Package		1 pkg.		
	a. Initial Actions Summary (EPP-001.1, Att. I, Rev. _____)	Audit	1		
	b. Emergency Notification, EPP-002 Attachment I, Page 1 of 3	Audit	1		
	c. Authentication Procedure (EPP-002, Att. I, Page 2 & 3 of 3, Rev. _____)	Audit	1		
	d. Initial Notification (EPP-002, Att. II, Rev. _____)	Audit	1		
	e. Notification List (Verif. Date _____)	Audit	1		
	f. NRC One Hour Notification (EPP-002, Att. IIIA, Rev. _____)	Audit	1		
	g. NUE Shift Communicator Actions EPP-001.1, Att II, Rev. _____)	Audit	1		
	2. Alert Notification Package		1 pkg.		
	a. Initial Actions Summary (EPP-001.2, Att. I, Rev. _____)	Audit	1		
	b. Emergency Notification, EPP-002 Attachment I, Page 1 of 3	Audit	1		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
1 Cont'd	c. Authentication Procedure (EPP-002, Att I, Pages 2 and 3 of 3, Rev. _____)	Audit	1		
	d. Initial Notification (EPP-002, Att. II, Rev. _____)	Audit	1		
	e. Notification List (Verif.Date _____)	Audit	1		
	f. NRC One Hour Notification (EPP-002, Att. IIIA, Rev. _____)	Audit	1		
	g. Alert, Shift Communicator Actions (EPP-001.2, Att. II, Rev. _____)	Audit	1		
	h. EOF vs. Backup EOF Decision Flow Chart (EPP-001.2, Att. III, Rev. _____)	Audit	1		
	3. Site Area Emergency Notification Package		1 pkg.		
	a. Initial Actions Summary (EPP-001.3, Att. I, Rev. _____)	Audit	1		
	b. Emergency Notification , EPP-002 Attachment I, Page 1 of 3	Audit	1		
	c. Authentication Procedure (EPP-002, Att. I, Pages 2 & 3 of 3, Rev. _____)	Audit	1		
	d. Initial Notification (EPP-002, Att.II, Rev. _____)	Audit	1		
	e. Notification List (Verif.Date _____)	Audit	1		
	f. NRC One Hour Notification (EPP-002, Att. IIIA, Rev. _____)	Audit	1		
	g. Recommendation for Activation of the EWSS (EPP-021, Att. I, Rev. _____)	Audit	1		
	h. Activation of EWSS using the Control Console (EPP-021, Att. IIA, Rev. _____)	Audit	1		
	i. Activation of Public Address Speaker System (EPP-021, Att. IIB, Rev. _____)	Audit	1		
	j. Activation of School Monitor Radios (EPP-021, Att. IIC, Rev. _____)	Audit	1		
	k. Site Area Emergency, Shift Communicator Actions (EPP-001.3, Att. II, Rev. _____)	Audit	1		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
1 Cont'd	i. EOF vs. Backup EOF Decision Flow Chart (EPP-001.3, Att. III, Rev. _____)	Audit	1		
	m. Evacuation of Non-Essential Personnel Decision Tree (EPP-001.3, Att. IV, Rev. _____)	Audit	1		
	n. Dose Assessment Program Data Sheet (EPP-005, Att. XXI, Rev. _____)	Audit	1		
	o. Guidance for Performing Dose Projections by Shift Personnel (EPP-005, Att. XXII, Rev. _____)	Audit	1		
	4. General Emergency Notification Package		1 pkg.		
	a. Initial Actions Summary (EPP-001.4, Att. I, Rev. _____)	Audit	1		
	b. Emergency Notification, EPP-002 Attachment I, Page 1 of 3	Audit	1		
	c. Authentication Procedure (EPP-002, Att. I, Page 2 & 3 of 3, Rev. _____)	Audit	1		
	d. Initial Notification (EPP-002, Att. II, Rev. _____)	Audit	1		
	e. Notification List (Verif. Date _____)	Audit	1		
	f. NRC One Hour Notification (EPP-002, Att. IIIA, Rev. _____)	Audit	1		
	g. Recommendation for Activation of the EWSS (EPP-021, Att. I, Rev. _____)	Audit	1		
	h. Activation of EWSS using the Control Console (EPP-021, Att. IIA, Rev. _____)	Audit	1		
	i. Activation of Public Address Speaker System (EPP-021, Att. IIB, Rev. _____)	Audit	1		
	j. Activation of School Monitor Radios (EPP-021, Att. IIC, Rev. _____)	Audit	1		
	k. General Emergency, Shift Communicator Actions (EPP-001.4, Att. III, Rev. _____)	Audit	1		
	l. EOF vs. Backup EOF Decision Flow Chart (EPP-001.4, Att. V, Rev. _____)	Audit	1		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
1 Cont'd	m. Evacuation of Non-Essential Personnel Decision Tree (EPP-001.4, Att. IV, Rev. _____)	Audit	1		
	n. Dose Assessment Program Data Sheet (EPP-005, Att. XXI, Rev. _____)	Audit	1		
	o. Guidance for Performing Dose Projections by Shift Personnel (EPP-005, Att. XXII, Rev. _____)	Audit	1		
	p. Protective Action Recommendation (EPP-001.4, Att II, Rev. _____)	Audit	1		
	q. Protective Action Guidelines (EPP-005, Att. I, Rev. _____)	Audit	1		
	5. Transportation Accident Notification and Information (EPP-006, Att. I, Rev. _____)	Audit	3		
	6. Radioactive Material Transportation Accident Checklists (EPP-006, Att. II, Rev. _____)	Audit	3		
	7. Emergency Communication Log Sheet (EPP-002 Att. V, Rev. _____)	Audit	5		
	8. Acute Uptakes Involving Projected Thyroid Dose Commitments Greater Than 25 Rem (EPP-020, Att. II, Rev. _____)	Audit	10		
	9. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	10. Emergency Director's Log Book	Inventory	1		
2	TSC Desk Drawers				
	A. Emergency Director	Locked			
	1. ED Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. EPPs (0-series)	Inventory	1		
	B. Technical Support Supervisor	Locked			
	1. TS Supervisor Notebook	Inventory	1		
	2. Telephone	Verify operability	1		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
2 Cont'd	3. Steam Tables	Inventory	1		
	C. Operations Supervisor	Locked			
	1. Operations Supervisor Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. EPPs (0-series)	Inventory	1		
	4. Steam Tables	Inventory	1		
	5. Calculator	Inventory	1		
	D. Maintenance Supervisor	Locked			
	1. Maintenance Supervisor Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. White Magnetic Sheets	Inventory	5		
	E. Radiological Assessment Supervisor (RAS)	Locked			
	1. RAS Notebook	Inventory	1		
	2. Telephone	Verify Operability	2		
	3. Vax Terminal	Verify Operability	1		
	4. Magnetic Sheets for Offsite Dose	Inventory	2		
	F. Administrative Supervisor (located in Emergency Director Logger drawer)	Locked			
	1. Administrative Supervisor Notebook	Inventory	1		
	2. Badge Accountability Rosters	Inventory	2		
	G. Shift Engineer	Locked			
	1. Shift Engineer Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. EPPs (0-series)	Inventory	1		
	4. Steam Tables	Inventory	1		
	5. Calculator	Inventory	1		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
2 Cont'd	H. Emergency Preparedness Representative	Locked			
	1. Emergency Preparedness Representative Notebook	Inventory	1		
	2. Telephones	Verify Operability	2		
	3. EPPs (0-series)	Inventory	1		
	4. Emergency Planning Telephone Directory (Rev. _____)	Inventory	2		
	5. Evacuation Time Assessment (Rev. 0 and Rev. 1)	Inventory	1		
3	Communicator's Tool Box	Locked Inventory			
	A. Initial Actions Summary				
	1. NUE (EPP-001.1, Att. 1, Rev. _____)	Inventory	2		
	2. Alert (EPP-001.2, Att. I, Rev. _____)	Inventory	2		
	3. Site Area Emergency (EPP-001.3, Att. I, Rev. _____)	Inventory	2		
	4. General Emergency (EPP-001.4, Att. I, Rev. _____)	Inventory	2		
	B. Emergency Notification, EPP-002 Attachment I, Page 1 of 3	Inventory	25		
	C. Authentication Procedure (EPP-002, Att I, Pages 2 & 3 of 3, Rev. _____)	Inventory	1		
	D. Initial Notification (EPP-002, Att. II, Rev. _____)	Inventory	2		
	E. NRC One Hour Notification (EPP-002, Att. IIIA, Rev. _____)	Inventory	2		
	F. Follow-up Notifications (EPP-002, Att. IV, Rev. _____)	Inventory	20		
	G. Recommendation for Activation of EWSS (EPP-021, Att. I, Rev. _____)	Inventory	2		
	H. Activation of EWSS Using the Control Console (EPP-021, Att. IIA, Rev. _____)	Inventory	2		

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TECHNICAL SUPPORT CENTER AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: TECHNICAL SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MIN. QUANTITY	AS FOUND	COMMENTS
3 Cont'd	I. Activation of Public Address Speaker System (EPP-021, Att. IIB, Rev. _____)	Inventory	2		
	J. Activation of School Monitor Radios (EPP-021, Att. IIC, Rev. _____)	Inventory	2		
	K. "Emergency Response Personnel Call Trees" (Rev. Date _____)	Inventory	1		
	L. Plant Status Forms	Inventory	10		
	M. Emergency Planning Telephone Directory (Rev. _____)	Inventory	2		
4	In the Engineer's Area				
	A. Aperture Card Reader Printer	Verify Operability	1		
	B. Drawings of facility and systems to the component level (set of aperture cards)	Spot Check	1		
	C. FSAR including the Environmental Report	Inventory	1		
	D. VCS Technical Specifications	Inventory	1		
	E. Mitigating Core Damage Manual	Inventory	1		
	F. Copy Machine	Verify Operability	1		
	G. Steam Tables	Inventory	2		
5	In the TSC Equipment Storage Locker				
	A. V. C. Summer Station Radiation Emergency Plan (Rev. _____)	Inventory	1		
	B. Potassium Iodide Pills (Exp. Date _____)	Inventory	10 bottles		
	C. EPPs (0-series)	Inventory	2		
	D. EPPs (50-series)	Inventory	1		
	E. Pens	Inventory	12		
	F. Pencils	Inventory	12		
	G. Note Pads	Inventory	12		
	H. SAM Status Board	Inventory	1		Stored external to locker
	I. Emergency Planning Telephone Directory (Rev. Date _____)	Inventory	4		
6	Housekeeping of the TSC Area	Per SAP-142			

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EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Supplies				
	A. Log Book	Inventory	2		
	B. Copy Machine	Verify Operability	1		
	C. Pens	Inventory	12		
	D. Writing Pads	Inventory	12		
	E. Pencils	Inventory	12		
2	Records				
	A. Technical Specifications	Inventory	1		
	B. FSAR	Inventory	1		
	C. V.C.S. Radiation Emergency Plan (Rev. ____)	Audit	1		
	D. S.C. Operational Radiological Emergency Response Plan (Rev. Date _____)	Audit	1		
	E. S.C. Technical Radiological Emergency Response Plan (Rev. Date _____)	Audit	1		
	F. Fairfield Co. Emergency Plan (Rev. Date _____)	Audit	1		
	G. Newberry Co. Emergency Plan (Rev. Date _____)	Audit	1		
	H. Richland Co. Emergency Plan (Rev. Date _____)	Audit	1		
	I. Lexington Co. Emergency Plan (Rev. Date _____)	Audit	1		
	J. Evacuation Time Assessment Study (Rev. 0 & Rev. 1)	Audit	1		
	K. Plant Procedures				
	1. GOP	Inventory	1 set		
	2. SOP	Inventory	1 set		
	3. EPPs (001-049)	Inventory	3 sets		
	4. EPPs (050-060)	Inventory	3 sets		
	L. Aperture Card Reader and Set of Aperture Cards	Verify Operability/ Spot Check	1 set		
	M. GAI Equipment List	Inventory	1		
	N. GAI Valve List	Inventory	1		
	O. Engineering Service Procedures	Inventory	1		
	P. Fire Protection Evaluation Report	Inventory	1		
	Q. Steam Tables	Inventory	2		

EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
2 (Cont)	R. Forms:				
	1. Emergency Notifications , EPP-002 Attachment I, Page 1 of 3	Audit	30		
	2. EPP-002, Att. II (Rev. _____)	Audit	1		
	3. EPP-002, Att. IIIA (Rev. _____)	Audit	1		
	4. EPP-002, Att. IV (Rev. _____)	Audit	20		
	5. EPP-002, Att. V (Rev. _____)	Audit	25		
	6. EPP-021, Att. I (Rev. _____)	Audit	3		
3	EOF Desk Drawers				
	A. Offsite Emergency Coordinator Drawer	Locked	1		
	1. Telephone (on Desktop)	Verify Operability	1		
	2. OEC Notebook	Inventory	1		
	3. EPPs (0 + 50 series)	Inventory	1		
	4. E P Telephone Directory(Rev. _____)	Inventory	1		
	B. Emergency Control Officer Drawer	Locked	1		
	1. Telephone (on Desktop)	Verify Operability	1		
	2. Notebook	Inventory	1		
	3. EPPs (001-049)	Inventory	1		
	4. Company Phone Directory	Inventory	1		
	5. E P Telephone Directory (Rev. _____)	Inventory	1		
	C. Plant Status Advisor Drawer	Locked	1		
	1. Notebook	Inventory	1		
	2. Telephone (on Desktop)	Verify Operability	2		
	3. Log Book	Inventory	1		
	4. EOP	Inventory	1		
	5. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	D. Emergency Planning Representative Drawer	Locked	1		
	1. Notebook	Inventory	1		
	2. Telephone (on Desktop)	Verify Operability	3		
	3. EPPs (001-060)	Inventory	1		
	4. Emergency Notifications, Attachment I, Page 1 of 3	Audit	10		
	5. EPP-021, Att. I, (Rev. _____)	Audit	2		
	6. SC Road Map	Inventory	1		

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EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
3 (Cont)	6. Evacuation Zones (1 Set)	Inventory	1 set		
	7. NRC Response Coordination Manual	Inventory	1		
	8. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	E. Technical Support Coordinator Drawer	Locked	1		
	1. Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	F. Media Coordinator Drawer	Locked	1		
	1. Telephone	Verify Operability	1		
	2. Notebook	Inventory	1		
	3. EPPs (0 + 50 Series)	Inventory	1		
	4. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	G. Offsite Radiological Monitoring Coordinator Drawer	Locked	1		
	1. Notebook	Inventory	1		
	2. Telephone	Verify Operability	1		
	3. EPA-400 Manual of Protective Action Guides and Protective Actions for Nuclear Incidents	Inventory	1		
	4. Emergency Planning Telephone Directory (Rev. _____)	Inventory	1		
	H. General Services Coordinator Box	Sealed	1		
	1. Notebook	Inventory	1		
	I. Security Coordinator Box	Sealed	1		
	1. Notebook	Inventory	1		
	2. Site Telephone Directory (Rev. Date _____)	Inventory	1		
4	Housekeeping of the EOF	Per SAP-142	N/A		

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OSC RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: OPERATIONS SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Electrical Drawer	Locked	1		
	A. Emergency Team Briefing Log	Inventory	10		
	B. Electrical Maintenance Supervisor Book and Name Tag	Inventory	1 each		
2	OSC Status Board Drawer	Locked	1		
	A. Status Board Book	Inventory	1		
	B. Dry Board Markers	Inventory	2		
	C. Bottle Cleaning Fluid	Inventory	1		
	D. Dry Board Eraser	Inventory	1		
	E. Classification Labels	Inventory	3		
	F. Wipes	Inventory	10		
	G. White Magnetic Board Sheets	Inventory	10		
	H. Blank Labels	Inventory	20		
3	OSC Supervisor Drawer	Locked	1		
	A. OSC Supervisor Book and Name Tag	Inventory	1 each		
	B. Log Book	Inventory	1		
	C. Emergency Team Briefing Log	Inventory	20		
4	Mechanical Drawer	Locked	1		
	A. Stapler	Inventory	1		
	B. Mechanical Maintenance Supervisor Book and Name Tag	Inventory	1 each		
	C. Emergency Team Briefing Log	Inventory	10		
5	Operations Drawer	Locked	1		
	A. Emergency Team Briefing Log	Inventory	10		
	B. Lead Operator Book and Name Tag	Inventory	1 each		
6	I & C Drawer	Locked	1		
	A. I & C Supervisor Book and Name Tag	Inventory	1 each		
	B. Emergency Team Briefing Log	Inventory	10		
7	Health Physics Drawer	Locked	1		
	A. Emergency Team Briefing Log	Inventory	10		
	B. Notebooks	Inventory	2		

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OSC RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: OPERATIONS SUPPORT CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
8	Security Drawer	Locked	1		
	A. Notebook & Name Tag	Inventory	1 each		
	B. OSC Security Key Box Key	Inventory	1		
	C. Emergency Team Briefing Log	Inventory	10		
9	Supplies				
	A. Pencils	Inventory	10		
	B. Dry Board Markers	Inventory	4		
	C. Pens	Inventory	10		
	D. Pads	Inventory	10		
	E. Grease Pencils (black)	Inventory	2		
	F. Grease Pencils (red)	Inventory	2		
	G. First Aid Bag	Inventory	1		
	H. Hard Hats	Inventory	6		
	I. Safety Glasses	Inventory	6		
	J. Flashlights with Batteries installed	Inventory	4		
10	Drawing Rack				
	A. Security Evacuation Accountability Roster-Paper	Inventory	3		
	B. Post Accident RCA Access Routes E-077-001 through E-022-015	Spot Check	1 set		
	C. Electrical Diagrams E-206-001 thru E-206-080 and E-207-011 thru E-207-042	Spot Check	1 set each		
11	Miscellaneous				
	A. EOPs	Inventory	1 set		
	B. Instrument List	Inventory	1		
	C. Feeder Effect List	Inventory	1		
	D. Plant Drawing Book	Inventory	1		
	E. EPPs (0-Series)	Inventory	1 set		
	F. SOPs	Inventory	1 set		
	G. FEPs	Inventory	1 set		
	H. GOPs	Inventory	1 set		
	I. AOPs	Inventory	1 set		
12	Housekeeping in OSC	Per SAP-142	N/A		

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NEWS MEDIA CENTERS RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: NUCLEAR TRAINING CENTER AND PALMETTO CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Primary News Media Area (NTC)				
	A. Press Kits	Inventory	30		
	B. Telephones	Inventory	20		
	C. Visual Aids				
	1. Diagram of Plant with Main Components	Inventory	1		
	2. Chart of Radiation Levels	Inventory	1		
	3. Map with Sectors and Routes	Inventory	1		
	4. Chart of Accident Categories	Inventory	1		
	D. Name Cards for State and Local Officials	Inventory	1 set		
	E. Media Badges	Inventory	25		
	F. Legal Pads	Inventory	2		
2	Primary Rumor Control Area (NTC)				
	A. Legal Pads	Inventory	5		
	B. Pens	Inventory	5		
	C. Pencils	Inventory	5		
	D. Stapler	Inventory	1		
	E. Press Kits	Inventory	5		
	F. AM-FM Radio	Inventory	1		
	G. Columbia S.C. Telephone Directory (Date _____)	Inventory	1		
	H. SCE&G Telephone Directory (Date _____)	Inventory	1		
	I. Emergency Planning Telephone Directory (Rev. _____)	Audit	1		
	J. EPP-052 (Rev. _____)	Audit	1 copy		
3	Backup News Media Area (Palmetto Center)				
	A. Press Kits	Inventory	30		
	B. Telephones	Inventory	20		
	C. Visual Aids	Inventory	1		
	1. Diagram of Plant with Main Components	Inventory	1		
	2. Chart of Radiation Levels	Inventory	1		
	3. Map with Sectors and Routes	Inventory	1		
	4. Chart of Accident Categories	Inventory	1		
	D. Name Cards for State and Local Officials	Inventory	1 set		
	E. Media Badges	Inventory	25		
	F. Legal Pads	Inventory	2		

NEWS MEDIA CENTERS RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: NUCLEAR TRAINING CENTER AND PALMETTO CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
4	Backup Rumor Control Area (Palmetto Center)				
	A. Legal Pads	Inventory	5		
	B. Pens	Inventory	5		
	C. Pencils	Inventory	5		
	D. Stapler	Inventory	1		
	E. Press Kits	Inventory	5		
	F. AM-FM Radio	Inventory	1		
	G. Columbia S.C. Telephone Directory (Date _____)	Inventory	1		
	H. SCE&G Telephone Directory (Date _____)	Inventory	1		
	I. Emergency Planning Telephone Directory (Rev. _____)	Audit	1		
	J. EPP-052(Rev. _____)	Audit	1 copy		
5	Joint Information Center				
	A. Press Kits	Inventory	12		
	B. Columbia S.C. Telephone Directory (Date _____)	Inventory	2		
	C. SCE&G Telephone Directory (Date _____)	Inventory	2		
	D. Emergency Planning Telephone Directory (Rev. _____)	Audit	2		
	E. Legal Pads	Inventory	12		
	F. Pens	Inventory	12		
	G. Pencils	Inventory	12		
	H. Staplers	Inventory	3		
	I. "This is a Drill" Stamp & Pad	Inventory	1		
	J. Bond Paper	Inventory	1 ream		
	K. Scotch Tape	Inventory	3 rolls		
	L. News Release Paper	Inventory	1 pkg		
	M. EPP-052 (Rev. _____)	Audit	3 copies		

NEWS MEDIA CENTERS RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: NUCLEAR TRAINING CENTER AND PALMETTO CENTER

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
6	Assistant Media Coordinator				
	A. Columbia, SC Telephone Directory (Date _____)	Inventory	1		
	B. Emergency Planning Telephone Directory (Rev. _____)	Audit	1		
	C. SCE&G Telephone Directory (Date _____)	Inventory	1		
	D. Legal Pads	Inventory	3		
	E. Pens	Inventory	3		
	F. Pencils	Inventory	3		
	G. Stapler	Inventory	1		
	H. EPP-052(Rev. _____)	Inventory	3		
	I. Press Kits	Inventory	3 copies		
	J. "This is a Drill" Stamp & Pad	Inventory	1		

BACKUP EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: BACKUP EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Log Book	Inventory	1		
2	10 Mile Map	Inventory	1		
3	Radiation Emergency Plan	Inventory	1		
4	Emergency Plan Procedures	Inventory	6		
5	Emergency Operating Procedures	Inventory	1		
6	Status Board Chart	Inventory	1		
7	EOF Communicator Book				
	A. Emergency Notification, EPP-002 Attachment I, Page 1 of 3	Inventory	30		
	B. EPP-002, Att. II (Rev. _____)	Inventory	1		
	C. EPP-002, Att. IIIA (Rev. _____)	Inventory	1		
	D. EPP-002, Att. IV (Rev. _____)	Inventory	20		
	E. EPP-002, Att. V (Rev. _____)	Inventory	25		
	F. EPP-021, Att. I (Rev. _____)	Inventory	3		
8	Pens	Inventory	10		
9	Pads	Inventory	10		
10	Emergency Planning Telephone Directory (Rev. _____)	Inventory	6		
11	Aperture Card Reader and Set of Aperture Cards	Verify Operability/ Spot Check	1 set		
12	EDAP Computer Disk	Inventory	1		
13	NRC Response Coordination Manual	Inventory	1		
14	SC Road Map	Inventory	1		

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CONTROL ROOM & TSC RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: CONTROL ROOM/TECHNICAL SUPPORT CENTER AREA

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Self Contained Breathing Apparatus (1 hour)	Inventory/HPP-633	14		Stored external to kit.
2	SCBA Spare Bottles (1 hour)	Inventory/HPP-633	14		Stored external to kit.
3	Control Room Radiation Emergency Kit Equipment Checklist (EPP-103, Att. IX.A Rev. _____)	Inventory	2		
4	GM Survey Meter (E-530 or Equivalent) Serial# _____ Cal. Due. _____	Inventory	1		
5	RM-14/HP210 Probe (or Equivalent) and SH-4A Sample Holder Serial# _____ Cal. Due. _____	Inventory	1		
6	Portable P&I Air Samples Serial# _____ Cal. Due. _____	Inventory	1		
7	Protective Clothing Packets	E Inspect	10		Shelf Life
8	Rolls of Tape	Inspect	2		Shelf Life
9	Battery for 5 Flashlights	Inventory	10 Each		Shelf Life
10	1 Set of Batteries for Survey Instrument	C	1		Shelf Life
11	Cs-137 Check Source	Inventory	1		
12	Flashlights	Inventory	5		
13	Particulate Air Filters Packet	Inventory	10		
14	Agz Filters (plant) Packet	Inventory	10		
15	Low Range Dosimeters (0-500 MR) Due Date _____	Inventory	10		
16	Dosimeter Charger with Required Batteries	Inventory	1		Shelf Life (Batteries)
17	Whole Body TLD Packet	Inventory	10		
18	Control TLD	Inventory	1 Pack		
19	Disposable Gloves	Inventory	1 Box		Shelf Life

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OSC RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: OPERATIONS SUPPORT CENTER

PMTS: _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	High Range Dosimeter (0-1 R or 0-1.5 R) Cal. Due _____	Inventory	15		
2	Low Range Dosimeter (0-500 mr) Cal. Due _____	Inventory	25		
3	Dose Rate Instrument Serial# _____ Cal. Due _____ Serial# _____ Cal. Due _____	Inventory	1		
4	GM Survey Meter (E-530 or Equivalent) Serial# _____ Cal. Due _____ Serial# _____ Cal. Due _____	Inventory	1		
5	RM-14/HP-210 Probe (or Equivalent) and SH-4A Sample Holder Serial # _____ Cal. Due _____	Inventory	1		Stored external to kit.
6	Alarming Dosimeters Serial# _____ Cal. Due _____ Serial# _____ Cal. Due _____	Inventory	2		
7	Alarming Dosimeter Magnets	Inventory	2		
8	Vamp Area Monitor (or Equivalent) Serial # _____ Cal. Due _____	Inventory	1		
9	Dosimeter Charger with Required Batteries Attached	Inventory	1		Shelf Life (Batteries)
10	1 Set of Batteries for High Range Survey Instrument, 1 Set of Batteries for Low Range Survey Instrument and 1 Set of Batteries for the Alarming Dosimeters	C	1		Shelf Life
11	Battery for 10 Flashlights	Inventory	20 Each		Shelf Life
12	Rolls of Tape	Inspect	5		Shelf Life
13	Plastic P.C.	Inspect	10		Shelf Life
14	Protective Clothing Packets	E, Inspect	25		Shelf Life
15	Survey Packets	B	2		

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OSC RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: OPERATIONS SUPPORT CENTER

PMTS: _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
16	Radiological and Meteorological Data Computer	Inventory	1		Stored external to kit.
17	First Aid Kits	Inventory/Inspect	2		Shelf Life
18	Flashlights	Inventory	10		
19	Cs-137 Check Source	Inventory	1		
20	Perimeter Survey Maps	Inventory	20		
21	Self Read. Dos. Card (HPP-152)	Inventory	50		
22	Auth. To Exceed Exp. Limits (HPP-153, Att. I, Rev.)	Inventory	10		
23	Personnel Contamination Report (HPP-405, Att. I, Rev. _____)	Inventory	20		
24	OSC Radiation Emergency Kit Equipment Checklist (EPP-103, Att. IX.B, Rev. _____)	Inventory	1		
25	Disposable Gloves	Inventory	1 Box		Shelf Life
26	Whole Body TLDs	Inventory	25		
27	Background TLD (Pack)	Inventory	1		

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AMBULANCE RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: FIRST AID ROOM (412' CONTROL BUILDING)

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Frisker/HP-210 Probe (or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		
2	Survey Packet	B	1		
3	Protective Clothing Packets (Disposable)	E, Inspect	4		Shelf Life
4	Bags, Large	Inventory	5		
5	Bags, Medium	Inventory	10		
6	Bags, Small	Inventory	10		
7	Absorbent Material	Inventory	1		
8	Personnel Contamination Report (HPP-405, Att. I, Rev. _____)	Inventory	5		
9	Radiation Tape/Ribbon (roll)	Inventory	1		
10	Ambulance Radiation Emergency Kit Equipment Checklist (EPP-103, Att. IX.C, Rev. _____)	Inventory	2		
11	Disposable Gloves	Inventory	1 Box		Shelf Life
12	Batteries For Instrument	C	1		Shelf Life

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OFF-SITE HOLDING AREA RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: SECURITY BUILDING

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	GM Survey Meter/530 (or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		
2	RM-14/HP-210 Probe (or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		Stored External of Kit
3	1 Set of Batteries for Survey Instrument (packet)	C	1		Shelf Life
5	Check Source (Cs-137)	Inventory	1		
6	Decon Packet	B	1		
7	First Aid Kit	Inventory	1		Shelf Life
8	Irrigation Bottles (500 ml)	Inventory	2		
9	Roll of Tape	Inventory	2		Shelf Life
10	Procedures/Forms Copy # _____				
11	EPP-010, Personnel/Vehicle Decontamination (Rev. _____)	Inventory	1		
12	Personnel Contamination Report (HPP-405, Att. I, Rev. _____)	Inventory	20		
13	Vehicle Survey Record EPP-010, Att. I, Rev. _____)	Inventory	20		
14	Blank Survey Map	Inventory	10		
15	Out of Plant Radiation Emergency Kit Equipment Checklist (EPP-103 Att. IX.D, Rev. _____)	Inventory	2		
16	Disposable Gloves	Inventory	1Box		Shelf Life
17	Radcon Foam (or equivalent)	Inventory	4		
18	Paper Towels	Inventory	2 Rolls		
19	Scratch Pad	Inventory	1		
20	Poly Sheets (approx. 20' x 50')	Inventory	2		Shelf Life
21	Poly Sheets (approx. 18' x 36')	Inventory	3		Shelf Life
22	Paper Coveralls	Inventory	20		Shelf Life
23	Disposable Shoe Covers	Inventory	20 Pair		Shelf Life
24	Paper Head Covers	Inventory	20		Shelf Life

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HOSPITAL RADIATION EMERGENCY EQUIPMENT CHECKLIST
 LOCATION: PALMETTO RICHLAND MEMORIAL HOSPITAL

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	GM Survey Meter/E530 (or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		
2	Dose Rate Instruments Serial# _____ Cal. Due _____	Inventory	1		
3	Battery Packet to Contain One Complete Set of Batteries for Instruments (Item #1 & 2)	C	1		Shelf Life
4	Low Range Dosimeter (0-500 MR) Cal. Due _____	Inventory	6		
5	High Range Dosimeter (0-1R or 0-1.5R) Cal. Due _____	Inventory	2		
6	Dosimeter Charger with Required Batteries Attached	Inventory	1		Shelf Life (Batteries)
7	Rolls of Tape	Inventory	5		Shelf Life
8	Hospital Survey Packet	A	1		
9	Disposable Shoe Covers Packet	Inventory	25 pair		
10	Blotter Paper	Inventory	1 roll		
11	Herculite Yellow approx. 5' x 100'	Inventory	1		
12	Polyethylene (clear)	Inventory	1 roll		
13	Poly Bags approx.(38" x 63") (labeled)	Inventory	10		
14	Maselin Cloth	Inventory	50		
15	Step-off Pads	Inventory	15		
16	15 Gallon Nalgene Rad Bottle with Tygon Tubing	Inventory	1		Stored External to Kit.
17	Personnel Contamination Reports (HPP-405, Att. I, Rev. _____)	Audit	10		
18	Blank Survey Maps	Audit	10		
19	HPP-405, Personnel Decontamination Rev. _____ Copy # _____	Audit	1		
20	Hospital Radiation Emergency Kit Equipment Checklist (EPP-103, Att. IX.E, Rev _____)	Audit	2		
21	Waste Containers (Liquid) with Lids	Inventory	2		Stored External of Kit
22	Waste Containers (Solid) with Lids	Inventory	2		Stored External of Kit
23	Movable Shield 1" Steel with 4" Lead Glass Window	Inventory	1		Stored External of Kit
24	Decontamination Tabletop	Inventory	1		Stored External of Kit
25	Lead Container Approx. 6" x 8"	Inventory	1		Stored External of Kit
26	Decon Solution	Inventory	5 gallons		Stored External of Kit

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EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Radiation Emergency/Monitoring Kits (Each kit to contain the following items:)	Per Listed Items	2		Kit # _____
	A. GM Survey Meter/E530 (or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		
	B. Dose Rate Instrument Serial# _____ Cal. Due _____	Inventory	1		
	C. Frisker/HP-210 Probe(or Equivalent) Serial# _____ Cal. Due _____	Inventory	1		Stored External of Kit
	D. 12V Air Sampler (or Equivalent) w/Cables Serial# _____ Cal. Due _____	Inventory	1		Stored External of Kit
	E. Low Range Dosimeter (0-500 MR) Cal. Due _____	Inventory	2		
	F. High Range Dosimeter (0-1R or 0-1.5R) Cal. Due _____	Inventory	2		
	G. Roll Tape	Inventory	2		Shelf Life
	H. Disposable Gloves Packet	Inventory	20 pr.		Shelf Life
	I. Battery Packet	C	1		Shelf Life
	J. Posting/Survey Packet	D	1		
	K. 4 liter Marinelli Beakers	Inventory	2		Stored External of Kit
	L. First Aid Kit	Inventory	1		Shelf Life
	M. Bottles (1 liter)	Inventory	3		
	N. Cs137 Check Source	Inventory	1		
	O. Decontamination Materials	Inventory	2		
	P. AgZ Filters Packet	Inventory	5		Stored External to Kit.
	Q. Calculator	Inventory	1		
	R. Watch	Inventory/ Verify Operability	1		
	S. Environmental Key(s)	Inventory	1 set		
	T. Map of 10 Mi. EPZ/ Sampling Stations	Inventory	1		
	U. Roll of Paper Towels	Inventory	1		
	V. Flashlight	Inventory	1		

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EOF RADIATION EMERGENCY EQUIPMENT CHECKLIST

LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1 Cont'd	W. Dosimeter Charger with Required Batteries Attached	Inventory	1		Shelf Life (Batteries)
	X. Potassium Iodide Pills	Inventory/Check Expiration Dates	1 bottle		Expiration Date _____
	Y. Fuses for Air Sampler and RM-14 (or equivalent)	Inventory	2 Each		
	Z. Procedures/Forms Copy # _____				
	1. EPP-007, Environmental Monitoring (Rev. _____)	Audit	1		
	a. Emerg. Env. TLD Report Form (EPP-007, Att. III Rev. _____)	Audit	10		
	b. Miscellaneous Emergency Environmental Samples (EPP-007, Att. IV, Rev. _____)	Audit	20		
	2. EPP-010, Personnel/Vehicle Decontamination (Rev. _____)	Audit	1		
	3. EPP-020, Emergency Personnel Exposure Control (Rev. _____)	Audit	1		
	4. Blank Survey Maps	Audit	10		
	5. Personnel Contamination Report (HPP-405, Att. I, Rev. _____)	Audit	10		
	6. EOF Radiation Emergency Kit Equipment Checklist (EPP-103, Att IX.F, Rev. _____)	Audit	2		

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EOF DOSIMETRY/SURVEY EQUIPMENT CHECKLIST
 LOCATION: EMERGENCY OPERATIONS FACILITY

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Alarming Dosimeters Serial # _____ Cal. Due _____ _____ _____	Inventory	3		
2	Alarming Dosimeter Magnet	Inventory	1		
3	0-500 MR Dosimeters Cal. Due _____	Inventory	50		
4	0-1R or 0-1.5R Dosimeters Cal. Due _____	Inventory	20		
5	Whole Body TLDs	Inventory	50		
6	Background TLD (Pack)	Inventory	1		
7	Dosimeter Charger	Inventory	1		
8	Potassium Iodide Pills	Inventory/Check Expiration Date	10 bottles		Expiration Date _____
9	VAMP Area Monitor (or Equivalent) Serial # _____ Cal. Due _____	Inventory	1		
10	Laptop Computer	Inventory*	1		*This laptop may be stored out of cabinet. Ensure available in the EOF.
11	EOF Survey Equipment Checklist (EPP-103, Att. IX.G, Rev. _____)	Inventory	2		

Chg
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ACCESS PORTAL EMERGENCY DOSIMETRY ISSUANCE EQUIPMENT CHECKLIST

LOCATION: ACCESS PORTAL

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	0-500mR Dosimeters with Whole Body TLDs Cal. Due _____	Inventory	15		
2	Control TLD's (Pack)	Inventory	1		
3	EPP-020, Emergency Personnel Exposure Control (Rev. _____) Copy # _____	Audit	1 copy		
4	Dosimeter Charger with Required Batteries Attached	Inventory	1		Shelf Life (Batteries)
5	Emergency Dosimeter Log (EPP-020, Att. I, Rev. _____)	Audit	2		
6	Access Portal Emergency Dosimetry Issuance Kit Equipment Checklist (EPP-103, Att IX.H, Rev _____)	Audit	2		

Chg
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EOF FRISKING STATION EQUIPMENT CHECKLIST
 LOCATION: NTC BASEMENT STORAGE AREA

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Disposable Surgeon's Gloves	Inventory	1 Box		Shelf Life
2	Paper Coveralls	Inventory	20		
3	Disposable Shoe Covers	Inventory	40 Pairs		
4	Disposable Head Covers	Inventory	20		
5	Tape rolls	Inventory	3		Shelf Life
6	Herculite or Poly Sheets(approx. 10' x 10')	Inventory	5		
7	Bags (approx. 12" x 15" or larger)	Inventory	10		
8	Personnel Contamination Report (HPP-405 Att. I, Rev. _____)	Audit	20		
9	EOF Frisking Station Equipment Checklist (EPP-103, Att. IX.I, Rev. _____)	Audit	1		

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EOF DECONTAMINATION STATION EQUIPMENT CHECKLIST
 LOCATION: NTC BASEMENT LADIES RESTROOM

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Paper Coveralls	Inventory	20		
2	Disposable Shoe Covers	Inventory	40 Pairs		
3	Disposable Head Covers	Inventory	20		
4	Rolls of Tape	Inventory	3		Shelf Life
5	Herculite or Poly Sheets (approx.10' x 10')	Inventory	5		
6	Bags (approx.12" x 15" or larger)	Inventory	10		
7	Rad-Con Foam	Inventory	6		
8	Bar Soap	Inventory	20		
9	Detergent	Inventory	1 box		
10	Clear Plastic Bags (approx.12" x 15" or larger)	Inventory	20		
11	Disposable Gloves	Inventory	1 box		Shelf Life
12	EOF Decontamination Station Equipment Checklist (EPP-103, Att. IX.J, Rev. _____)	Audit	1		

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RADIOACTIVE MATERIALS TRANSPORTATION ACCIDENT RESPONSE EQUIPMENT CHECKLIST

LOCATION: HEALTH PHYSICS OFFICE, FIRST FLOOR, AUXILIARY SERVICE BUILDING

PMTS NO. _____

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENTS	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	0-500 MR Dosimeters Cal. Due _____	Inventory	10		
2	Protective Clothing Packets	E, Inspect	2		Shelf Life
3	Bags	Inventory	10		
4	Note Pads with Pens	Inventory	2		
5	Radiation Signs with Inserts	Inventory	4		
6	Sets of Air Sample Filters in Bags	Inventory	4		
7	Decon Spray (can)	Inventory	1		
8	Roll/Box Paper Towels	Inventory	1		
9	Radiation Tape (roll)	Inventory	1		
10	Sets of Blank Shipping Papers	Inventory	2		
11	"Radioactive" Placards	Inventory	15		
12	Roll "Radioactive LSA" Tape	Inventory	1		
13	Aircraft Labels	Inventory	25		
14	"Empty" Labels	Inventory	25		
15	White "I" Labels	Inventory	25		
16	Yellow "II" Labels	Inventory	25		
17	Yellow "III" Labels	Inventory	25		
18	Wire Seals	Inventory	25		
19	Roll "Possible Internal Contamination" Tape	Inventory	1		
20	Roll "Caution Radioactive Material" Tape	Inventory	1		
21	Smears in Envelopes	Inventory	100		
22	Whole Body TLDs	Inventory	10		
23	Control TLD	Inventory	1		
24	"DRILL ONLY" Sign Inserts	Inventory	6		
25	Dosimeter Charger (with Required Batteries Attached)	Inventory	1		Shelf Life (Batteries)
26	HPP-703, Shipping Radioactive Materials (Rev. _____)	Audit	1		
27	HPP-702, Receipt of Radioactive Materials (Rev. _____)	Audit	1		
28	EPP-006, Transportation Accident Involving Radiological Material (Rev. _____)	Audit	1		
29	Radioactive Materials Transportation Accident Response Kit Equipment Checklist (EPP-103, Att. IX.K, Rev. _____)	Audit	2		

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OFF-SITE HOLDING AREA SUPERVISOR EQUIPMENT CHECKLIST
LOCATION: QUALITY SERVICES OFFICE AREA

ITEM #	EQUIPMENT DESCRIPTION	INVENTORY REQUIREMENT	MINIMUM QUANTITY	AS FOUND	COMMENTS
1	Bull Horn	Check Operability	1		
2	Set of Batteries	Inventory	1		Shelf Life
3	Radio	Check Operability	1		

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