

**ATTACHMENT 19: TECHNICAL LIAISON ADVISORY MANAGER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

- |  |                          | <u>Complete</u> | <u>N/A</u>               |
|--|--------------------------|-----------------|--------------------------|
| 1. Activate the EOF per EPIP-EPP-13 as needed. . . . .   | <input type="checkbox"/> |                 | <input type="checkbox"/> |
| 2. Obtain initial briefing from the NED Coordinator . . . . .  | <input type="checkbox"/> |                 | <input type="checkbox"/> |
| 3. Notify the appropriate corporate officer of the event at NMPNS . . . . .  | <input type="checkbox"/> |                 | <input type="checkbox"/> |
| 4. Contact representatives of the Legal Department and advise the individual contacted of the emergency situation. If necessary, request that an Attorney and a Claims Department representative be dispatched to the EOF. . . . . | <input type="checkbox"/> |                 | <input type="checkbox"/> |

**NOTE:** Provide proper travel direction (to avoid radioactive plume) as appropriate. Also determine if individuals have an Oswego County Access Control ID card. If not, coordinate obtaining these cards through the EOF Security Director.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| 5. Contact the American Nuclear Insurers (ANI) and provide a technical briefing on the accident situation. Provide the names and phone numbers of Risk Management personnel. . . . . | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 6. Inform the Communications Coordinator in the EOF that you have taken over the notifications to ANI. . . . .   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 7. Interface with G.E. representative . . . . .  |                          |  | <b>CONTINUOUS</b>        |
| 8. Contact a representative of the Risk Management Department and advise the individual contacted of the emergency situation and of your conversation with ANI. . . . .              | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 9. Contact a representative of the Quality Assurance Department and advise the individual contacted of the emergency situation. . . . .  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 10. When contacted by the INPO Liaison, make arrangements for entry into the EOF. . . . .  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 11. Interface with the INPO Liaison on matters relating to assistance requests made to INPO and/or the industry. . . . .   |                          |  | <b>CONTINUOUS</b>        |
| 12. Contact the EOF/JNC Liaison and coordinate release of information to public. . . . .   |                          |  | <b>CONTINUOUS</b>        |

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**Complete   N/A**

- 13. Establish an advisory group of engineers and technicians (including outside consultants, Legal and Claims personnel) to provide assistance to the Emergency Director/Recovery Manager. . . .
- 14. Ensure that necessary plant modifications, designs, etc. are appropriately reviewed by the Quality Assurance Department. . . . . **CONTINUOUS**
- 15. Authorize purchases of necessary equipment and supplies, as appropriate. . . . . **CONTINUOUS**
- 16. Ensure all engineering-related activities and support are properly initiated and carried out. . . . . **CONTINUOUS**
- 17. Ensure appropriate review of all necessary plant modifications, designs, etc. Interface with the SORC and SRAB, as applicable. . . . . **CONTINUOUS**
- 18. Periodically interface with the Work Control groups to assure appropriate scheduling and prioritization of activities. . . . . **CONTINUOUS**
- 19. After the emergency condition has subsided, assist the ED/RM in the development of termination and/or recovery criteria in accordance with EPIP-EPP-25. . . . .
- 20. If outside groups are to conduct investigations (e.g., NRC, Congressional Subcommittees, etc.) coordinate with the Emergency Director/Recovery Manager, Legal Department, and others as necessary to arrange for legal and technical interface. . . . .
- 21. Determine the advisability of conducting an independent and parallel in-house investigation, and direct same as appropriate. . . . .
- 22. **Using Attachment 19, Figure 1, develop long term staffing plans for EOF as needed.** . . . . .
- 23. **Direct the ALM to obtain the long term staffing plans for the other ERF'S** . . . . .
- 24. Collect paperwork developed during the emergency for later review and analysis. . . . .
- 25. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

1. Personnel responding to the facility in excess of the minimum staffing needs, should be directed to:
  - Standby in a location that minimizes interference with required facility functions.
  - Provide assistance as directed.
2. The Emergency Response Facility Coordinator for each facility listed below, or designee should:
  - TSC - Technical Data Coordinator
  - OSC - OSC Coordinator
  - EOF - Technical Liaison Advisory Manager
  - JNC - JNC Administrator

**NOTE:** Ensure that the shift rotation developed follows NRC regulations associated with work times.

- a. Direct personnel to standby until needed.
- b. Determine future staffing needs.
- c. Develop a 12-hour shift rotation schedule to ensure minimum staffing in each facility. A suggested guideline is as follows:
  - Keep two ERO teams at the site.
  - Send two teams home with instructions of either when to return or whom to call to determine reporting time and location.
  - To ensure all positions are accounted for, complete the attachment for each of the two 12 hour shift rotations.

EOF DUTY ROSTER

Position	DAYS (Time: to )		NIGHTS (Time: to )	
Emergency Director/Recovery Manager				
Offsite Dose Assessment Advisor (ODAM)				
<ul style="list-style-type: none"> <li>• Environmental Survey Sample Team Coordinator</li> </ul>				
<ul style="list-style-type: none"> <li>• Dose Assessment Staff</li> </ul>				
<ul style="list-style-type: none"> <li>• Meteorological Advisor</li> </ul>				
Security Director				
Administrative Logistics Manager (ALM)				
<ul style="list-style-type: none"> <li>• Clerical Staff</li> </ul>				
Technical Liaison Advisory Manager (TLAM)				
EOF Administrator				
<ul style="list-style-type: none"> <li>• Technical Staff</li> </ul>				
<ul style="list-style-type: none"> <li>• County Liaison</li> </ul>				
<ul style="list-style-type: none"> <li>• State Liaison</li> </ul>				
Communication Coordinator				
EOF/JNC Liaison				

**ATTACHMENT 20: ADMINISTRATIVE/LOGISTICS MANAGER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

- |  | <u>Complete</u>          | <u>N/A</u>               |
|--|--------------------------|--------------------------|
| 1. Activate the EOF in accordance with EPIP-EPP-13. . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Verify that sufficient numbers of secondary responders are available and are reporting to the emergency facility by reviewing the fax from Community Alert Network (CAN) located at the CAN designated fax. . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Obtain a briefing from the ED/RM or the TLAM and determine administrative/logistics needs . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Make an announcement in the EOF using the PA System that all EOF Staff ensure they have registered at the EOF Registration Desk . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For each classification and as appropriate . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Complete Figure 1, then Fax it to the NLC (349-7977)   |                          |                          |
| • Call the NLC Receptionist (349-2080) and direct them to perform Attachment 10 of EPIP-EPP-13 using the Figure 1 as the announcement. . . . .   |                          | <b>CONTINUOUS</b>        |
| 6. When time permits, ensure that all ERO members qualification status is current using the following actions:   |                          |                          |
| a. Utilize the instructions on the first page of the ERO qualification list.   |                          |                          |
| b. If an ERO members qualification status is lapsed OR cannot be determined:   |                          |                          |
| 1. Immediately replace the ERO member with a qualified individual, OR  |                          |                          |
| 2. Provide direct oversight of the unqualified individual until such time that a qualified replacement can be obtained.  |                          |                          |
| <b>NOTE:</b> Personnel who are not ERO qualified may perform required actions ONLY with direct oversight from an ERO member qualified in the action(s) being performed . . . . .                                       | <input type="checkbox"/> | <input type="checkbox"/> |

7. Contact each of the following groups and advise the contact of the situation and relate any current or anticipated assistance that may be needed:
  - NMP Admin. Support/Services Name: \_\_\_\_\_ # \_\_\_\_\_ . . .
  - NMP Purchasing Name: \_\_\_\_\_ # \_\_\_\_\_ . . . . .
  - Decarolis Truck Rental Inc.: \_\_\_\_\_ #315-433-2311 . . . . .
  - NMP Treasury Name: \_\_\_\_\_ # \_\_\_\_\_ . . . . .
  - NMP Materials Management Name: \_\_\_\_\_ # \_\_\_\_\_ . . .
  - NMP Network Management Name: \_\_\_\_\_ # \_\_\_\_\_ . . . .

**NOTE:** Provide proper travel direction (to avoid radioactive plume) as appropriate. Also determine if individuals contacted have an Oswego County Access Control ID card. If not, coordinate obtaining these cards through the EOF Security Director.

**ATTACHMENT 20: ADMINISTRATIVE/LOGISTICS MANAGER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**Complete    N/A**

- 8. Instruct EOF staff to verify the qualification status of all ERO members being utilized for the emergency. . . . .
  
- 9. Establish general administrative activities, as required or requested, for all emergency response/recovery centers, including the following:
  - Typing services . . . . .
  - Xerox services . . . . .
  - Stenographic support . . . . .
  - Facsimile services . . . . .
  - Audio/visual aids, graphics, printing and photography . . . . .
  - Communications services . . . . .
  - Office furniture . . . . .
  
- 10. Establish a commissary (if appropriate) and arrange for food service and water supply support for personnel at each emergency response/recovery facility. . . . .
  
- 11. Establish areas for handling transportation and housing functions, and evaluate their needs daily. . . . .
  
- 12. Secure use of the aircraft services as necessary (see Attachment 21, Table 1). . . . .
  
- NOTE:** Consult with the Environmental Sample/Survey Team Coordinator before requesting the helicopter so that radiological conditions at and in route to the helipad may be evaluated.
  
- 13. Arrange for office facilities as necessary which may include the following:
  - Additional trailers (including power supplies, HVAC, etc.) . . . . .
  - General maintenance, housekeeping and janitorial services . . . . .
  - Lavatory and sanitation facilities . . . . .
  - Trash removal . . . . .
  - Mail delivery . . . . .
  - Communications . . . . .
  - Repair of office equipment . . . . .
  
- 14. Periodically review human resources and needs, including the following:
  - Work schedules . . . . .
  - Staff replacement . . . . .
  - Payroll and petty cash . . . . .
  
- 15. Arrange for miscellaneous resources, including the following:
  - Laboratory supplies . . . . .
  - Additional dosimetry and radiation equipment . . . . .
  - Additional Staff . . . . .

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete    N/A

- 16. Arrange for the coordination and supply of materials and equipment from the NMPNS stores facilities, as appropriate . . . . .
- 17. Obtain long term staffing plans from other ERF Coordinators (listed below) and provide to the TLAM . . . . .     
  - TSC - Tech Data Coordinator
  - OSC - OSC Coordinator
  - JNC - JNC Administrative Manager
- 18. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

NUCLEAR LEARNING CENTER EMERGENCY ANNOUNCEMENTS

A. Classification / Evacuation Notification [use a new copy of this form for each announcement]

1. **ATTENTION - ATTENTION**
2. This \_\_\_\_\_ (is/is not) a drill.
3. The Nine Mile Point Nuclear Station Unit \_\_\_\_\_ (1 or 2)
4. Has declared a(n) \_\_\_\_\_ (emergency classification).

5. [Check Appropriate messages to include at all Emergency Classification levels]

[Receptionist, read only the information from the checked boxes]

- All emergency personnel are to report to their emergency posts.
  - All other personnel are to continue with normal duties and await further instructions.
  - A Protected Area Evacuation is in effect at the station
  - An Exclusion Area Evacuation has been directed. All personnel are to leave the Learning Center and go,
    - Home
    - To the Offsite Assembly Area.
6. This \_\_\_\_\_ (is/is not) a drill.

B. Event/drill termination

1. **ATTENTION - ATTENTION**
2. This \_\_\_\_\_ (is/is not) a drill.
3. The \_\_\_\_\_ (event /drill) at Nine Mile Point Nuclear Station has been terminated.

**ATTACHMENT 21: SECURITY DIRECTOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

1. Perform, or arrange for performance of, breath analysis of individuals declaring alcohol consumption within 5 hours of reporting for duty by qualified breathalyzer technique. . . . .
2. Notify appropriate Security personnel of the situation at NMPNS. . . . .
3. Obtain briefing from the ED/RM or TLAM of plant status and Security needs. . . . .
4. Ensure the EOF registration desk is manned as necessary and SFM is performing post duties . . . . . **CONTINUOUS**
5. Call in (or put on standby) additional security personnel to establish/maintain security (site, EOF, JNC, etc.). . . . .
6. As applicable, communicate regularly with the Security Coordinator, TSC Security Liaison, Legal departments and involved local law enforcement representatives, as needed assist in coordinating security efforts at the site . . . . .

**NOTES:**      Requests for any outside law enforcement assistance must be coordinated through the Oswego County Sheriff.

7. Ensure that appropriate security measures (including badging) have been established and maintained at all emergency response/recovery facilities
  - JNC/Site Badging . . . . .
  - Roadblocks . . . . .
8. Establish and maintain traffic-control patterns (flow) at all onsite NMPNS facilities as necessary involved in the emergency response/recovery. . . . .
9. Consult with the ODAM on protective measures to be taken by Security Department personnel. . . . . **CONTINUOUS**
10. Provide updates of security activities to the Emergency Director/Recovery Manager (status of roadblocks, accountability etc.). . . . . **CONTINUOUS**
11. Upon request, assist securing the aircraft services if the Administrative/Logistics Manager is not available to carry out this responsibility (see Attached Table 1) . . . . .

**ATTACHMENT 21: SECURITY DIRECTOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**Complete   N/A**

**NOTE:** Consult with the Environmental Sample/Survey Team Coordinator before requesting the helicopter so that radiological conditions at and in route to the helipad may be evaluated.

- 12. Assist the ED/RM as necessary in developing termination and/or recovery criteria as needed. . . . .
- 13. In conjunction with the Security Coordinator, develop long term staffing plans as necessary. . . . .
- 14. Collect paperwork developed during the emergency for later review and analysis. . . . .
- 15. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

AIRCRAFT SERVICES

Purchase Orders are in place and aircraft services may be obtained from any of the following vendors as necessary to support the emergency:

Aviation Services Unlimited  
West Corporate Hangar  
Oneida County Airport  
PO Box 629  
Oriskany, NY 13424  
1-800-626-4392 (pin #1209)

Syracuse Executive Air Service  
1899 Malden Road  
Syracuse, NY 13211  
1-315-455-6617

**ATTACHMENT 22: EOF ADMINISTRATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

	<u>Complete</u>	<u>N/A</u>
1. Activate the EOF in accordance with EPIP-EPP-13. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintain a chronological log of events. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
3. Synchronize clocks in the EOF with control room clock. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify that sufficient numbers of secondary responders are available and are reporting to the emergency facility by reviewing the fax from Community Alert Network (CAN) located at the CAN designated fax. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5. Direct the following to implement their respective EPIP-EPP-23 Attachments		
• Tech Staff . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• Plant Information Coordinator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• EOF Communicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
• County Liaison . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
6. Direct the unaffected unit EOF Communicator to act as the State Liaison in accordance with this procedure.		
a. If both units are affected, then locate another qualified EOF Communicator and assign them as State Liaison . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensure communication notifications with outside agencies are transferred to the EOF and maintained as per EPIP-EPP-20. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8. Ensure that EOF Tech Staff continuously update ED/RM on plant and critical systems status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
9. Periodically evaluate status boards for technical accuracy. . . . .		<b>CONTINUOUS</b>
10. When members of the NRC arrive during an emergency situation, notify the Emergency Director/Recovery Manager and escort the NRC Team to a conference room for a briefing. Utilize Attachment 22, Figure 1, "EOF Administrator Guidelines for NRC and Offsite Agency Interface". . . . .	<input type="checkbox"/>	<input type="checkbox"/>
11. Obtain support from computer support personnel for equipment problems. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
12. Collect paperwork developed during the emergency for later review and analysis. . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .	<input type="checkbox"/>	<input type="checkbox"/>

EOF ADMINISTRATOR GUIDELINES FOR NRC AND OFFSITE AGENCY INTERFACE

**NOTE:** This guideline refers to NRC, County or State (hereafter referred to as NRC/Offsite) emergency response personnel.

1. When directed by the ED/RM, assign a contact person to meet the needs of NRC/Offsite personnel responding to the EOF.
2. Assign that contact person to complete the remainder of this guideline.

**NOTE:** The remainder of this guideline is to be completed by the Technical Assessment offsite contact person.

3. Introduce yourself and the EOF Technical Staff to NRC/Offsite personnel.
4. Request that any questions or concerns be directed to you.

**NOTE:** It is acceptable for the NRC/Offsite personnel to ask questions of the tech assessment staff. Tech assessment staff may answer any questions they feel appropriate.

5. Respond to any questions, requests for information or other needs as requested by NRC/Offsite.
6. Verify that NRC/Offsite personnel are aware of emergency classification changes and significant changes in plant conditions.

**ATTACHMENT 23: OFF-SITE DOSE ASSESSMENT MANAGER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

- |          |  |   |                   |
|----------|--|---|-------------------|
| 1.       | Activate the EOF as necessary in accordance with EPIP-EPP-13. . . . .  | □ | □                 |
| 2.       | Verify that sufficient numbers of secondary responders are available and are reporting to the emergency facility by reviewing the fax from Community Alert Network (CAN) located at the CAN designated fax. . . . .  | □ | □                 |
| 3.       | Ensure the following positions are filled:   |   |                   |
|          | • One Radiological Assessment staff member . . . . .   | □ | □                 |
|          | • Meteorological Advisor . . . . .   | □ | □                 |
|          | • Environmental Survey Sample Team Coordinator (ESSTC) . . . . .   | □ | □                 |
| 4.       | Obtain a briefing from the ED/RM, and RAM . . . . .  | □ | □                 |
| 5.       | Implement EPIP-EPP-08. . . . .   |   | <b>CONTINUOUS</b> |
| 6.       | Direct the Dose Assessment staff to maintain radiologically status boards as needed. . . . .   |   | <b>CONTINUOUS</b> |
| 7.       | Continually update the ED/RM on adverse radiological conditions, dose assessment activities and PARs . . . . .   |   | <b>CONTINUOUS</b> |
| 8.       | Review radiological effluent EALs with ED/RM . . . . .   |   | <b>CONTINUOUS</b> |
| (C10) 9. | IF radiological release rate exceeds Technical Specification limits, a Part II Notification Fact Sheet should be completed, approved by the ED/RM, provided to the Communication Coordinator and faxed to the County EOC within approximately 30 minutes, then . . . . . | □ | □                 |
|          | a. Provide updated Part II approximately every 30 minutes or when significant changes to source term or meteorological data . . . . .  |   | <b>CONTINUOUS</b> |
| 10.      | Coordinate dose projection activities with New York State and Oswego County representatives in the EOF. . . . .  |   | <b>CONTINUOUS</b> |
| 11.      | Verify that county protective actions status board is kept up to date . . . . .  |   | <b>CONTINUOUS</b> |

**ATTACHMENT 23: OFF-SITE DOSE ASSESSMENT MANAGER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete   N/A

12. Interface with offsite agency personnel as directed by the ED/RM using Attachment 23, Figure 1, "ODAM Guidelines for NRC and Offsite Agency Interface", as a guide. . .
13. Provide the following information to the Communications Coordinator and request faxing to the Oswego County EOC, NYS EOC Dose Assessment, TSC and JNC:
  - Downwind Survey Team data and associated calculations    **CONTINUOUS**
  - Completed EDAMS Data Entry Forms (From EPIP-EPP-08) . **CONTINUOUS**  
and associated maps
  - Any other data as requested by the State or County . . **CONTINUOUS**
14. Maintain hard copies of status board updates, dose calculations, meteorological data and downwind survey team results for later review and analysis. . . . . **CONTINUOUS**
15. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

ODAM GUIDELINES FOR NRC AND OFFSITE AGENCY INTERFACE

**NOTE:** This guideline refers to NRC, County or State (hereafter referred to as NRC/Offsite) emergency response personnel.

1. When directed by the ED/RM, assign a contact person to meet the needs of NRC/Offsite personnel responding to the EOF.
2. Assign that contact person to complete the remainder of this guideline.

**NOTE:** The remainder of this guideline is to be completed by the Assessment offsite contact person.

3. Introduce yourself and the EOF Dose Assessment Team to NRC/Offsite personnel.
4. Request that any questions or concerns be directed to you.

**NOTE:** It is acceptable for the NRC/Offsite personnel to ask questions of the dose assessment staff. Dose assessment staff may answer any questions they feel appropriate.

5. Respond to any questions, requests for information or other needs as requested by NRC/Offsite.
6. Resolve differences in NRC/Offsite dose projections or protective actions.
7. Verify that NMPNS dose projections, downwind survey team results, meteorology forecasts and source term data are provided to NRC, County and State.

**ATTACHMENT 24: JOINT NEWS CENTER DIRECTOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

- |          |   | <u>Complete</u>          | <u>N/A</u>               |
|----------|---|--------------------------|--------------------------|
| 1.       | Notify appropriate personnel within your department of the situation at NMPNS and any actions to be taken. . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.       | Report to the Joint News Center (JNC) when notified . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.       | Verify that sufficient numbers of secondary responders are available and are reporting to the emergency facility by reviewing the fax from Community Alert Network (CAN) located at the CAN designated fax. . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.       | Activate the JNC in accordance with EPIP-EPP-27 . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.       | Instruct the JNC Administrative Manager to verify the qualifications of all ERO members used for the emergency. . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| (C11) 6. | Review and approve all posted information prior to posting. . . . .   | <b>CONTINUOUS</b>        |                          |
| 7.       | Direct the Technical Briefer to provide a briefing on initial event conditions to JNC Staff, include State County Staff . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.       | Establish and maintain coordination with the Emergency Director/Recovery Manager directly or through the EOF-JNC Liaison and ensure that all press releases are reviewed and approved. . . . .                      | <b>CONTINUOUS</b>        |                          |
| 9.       | Maintain coordination with the EOF-JNC Liaison located in the EOF. . . . .  | <b>CONTINUOUS</b>        |                          |
| 10.      | Assist in the preparation of news releases. . . . .   | <b>CONTINUOUS</b>        |                          |
| 11.      | Ensure all JNC activities detailed in EPIP-EPP-27 are accomplished. . . . .   | <b>CONTINUOUS</b>        |                          |

**ATTACHMENT 24: JOINT NEWS CENTER DIRECTOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**Complete   N/A**

- 12. Ensure that the Joint News Center, Media Response and Rumor Control Programs are being activated for an Alert, Site Area Emergency or General Emergency. . . . . **CONTINUOUS**
  
- 13. Establish contact and coordinate activities with both State and local Public Information Officers (PIOs). . . . . **CONTINUOUS**
  
- 14. Develop, as soon as possible, a schedule for press briefings. . .

  - a. Inform the Spokesperson of briefing schedule . . . . .
  - b. Inform State/County of briefing schedule . . . . .

  
- 15. Ensure legal department representative is available for providing consultation regarding public information as necessary . . . . .
  
- 16. If possible, periodically arrange for a knowledgeable senior company official to attend press conferences . . . . .
  
- 17. **Direct the JNC Admin Manager to:**
  - a. Develop long term staffing plans as necessary for the JNC staff in accordance with Attachment 24, Figure 1.
  - b. Fax a copy of the long term staffing plan to the TLAM in the EOF (593-5951) . . . . .
  
- 18. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

1. Personnel responding to the facility in excess of the minimum staffing needs, should be directed to:
  - Standby in a location that minimizes interference with required facility functions.
  - Provide assistance as directed.
2. The Emergency Response Facility Coordinator for each facility listed below, or designee should:
  - TSC - Technical Data Coordinator
  - OSC - OSC Coordinator
  - EOF - Technical Liaison Advisory Manager
  - JNC - JNC Administrator

**NOTE:** Ensure that the shift rotation developed follows NRC regulations associated with work times.

- a. Direct personnel to standby until needed.
- b. Determine future staffing needs.
- c. Develop a 12-hour shift rotation schedule to ensure minimum staffing in each facility. A suggested guideline is as follows:
  - Keep two ERO teams at the site.
  - Send two teams home with instructions of either when to return or whom to call to determine reporting time and location.
  - To ensure all positions are accounted for, complete the attachment for each of the two 12 hour shift rotations.

JNC DUTY ROSTER

Position	DAYS (Time: to )		NIGHTS (Time: to )	
Joint News Center Director				
JNC Admin Manager				
Technical Briefer				
Radiological Briefer				
Rumor Control Staff				
Media Response Staff				
JNC Writer				

**ATTACHMENT 25: EOF-JNC LIAISON**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

1. Contact the TLAM or EOF Technical Staff and receive a briefing on initial accident conditions. . . . .
2. Establish and maintain communications with the JNC staff and keep them informed of the status of the emergency.   **CONTINUOUS**
3. Establish and maintain coordination with the Emergency Director/Recovery Manager to ensure review and approval of all press releases. . . . . **CONTINUOUS**
4. For press releases issued jointly by NMPNS and JAFNPP, ensure press release is routed to JAFNPP Emergency Director (or designee) for review after ED/RM. . . . . **CONTINUOUS**
5. Assist in the preparation of news releases . . . . . **CONTINUOUS**
  - a. Ensure information to be released to the public has been reviewed by the TLAM and is both technically accurate and easily understandable. . . . **CONTINUOUS**
  - b. Press releases may be reviewed by Legal Department staff, if available. . . . . **CONTINUOUS**
  - c. Direct copy clerk to distribute copy of approved News Releases to all personnel in EOF . . . . . **CONTINUOUS**
6. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

**ATTACHMENT 26: ENVIRONMENTAL SURVEY/SAMPLE TEAM COORDINATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

1. As necessary, activate the EOF in accordance with EPIP-EPP-13.    .
2. Obtain a briefing as to plant conditions, radiological data and other information as appropriate.    . . . . .
3. Ensure proper use of communications equipment in accordance with EPIP-EPP-17.    . . . . . **CONTINUOUS**
4. Ensure exposure control is in accordance with EPIP-EPP-15.    . **CONTINUOUS**
5. Interface with the ODAM for corrective actions in progress and for projected off-site doses to the public based on the type of accident.    . . . . . **CONTINUOUS**
6. Interface with the ODAM to discuss a survey strategy that would verify projected off-site doses.    . . . . . **CONTINUOUS**
7. Assign personnel to perform environmental monitoring as directed by Radiological Assessment Manager per guidance provided in EPIP-EPP-07. Priorities for assignment will depend on plant conditions; the following order of tasks is provided as a guide:
  - Dose Rate Confirmation - EPIP-EPP-07    . . . . .
  - Off-Site Monitoring - EPIP-EPP-07 and EPIP-EPP-16    . . . . .
  - Monitoring of Evacuating Vehicles and Personnel EPIP-EPP-05B,C    . . . . .
8. Establish communications with environmental (downwind) survey teams. Assess their availability and location. Indicate survey team locations on maps provided.    . . . . . **CONTINUOUS**
9. Provide appropriate precautions and directions on expected or potential hazards, protective clothing requirements, and exposure control (per EPIP-EPP-15, "Health Physics Procedure").    . . . . . **CONTINUOUS**

**ATTACHMENT 26: ENVIRONMENTAL SURVEY/SAMPLE TEAM COORDINATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete   N/A

- 10. Provide data to the ODAM for dose projections. . . . . CONTINUOUS
- 11. Ensure all data received is logged on status boards. . . . . CONTINUOUS
- 12. Ensure survey teams are briefed periodically on plant conditions (use discretion so as not to alarm the public). . . . . CONTINUOUS
- 13. Notify downwind teams as soon as you know that a release has occurred. . . . .
- 14. Coordinate environmental monitoring activities with local, state and federal agencies. . . . . CONTINUOUS
- 15. Ensure that the EOF radio operator is recording all data reported by the survey teams on the Survey Team Report form. CONTINUOUS
- 16. Ensure that data received from the survey teams is being transmitted to the TSC . . . . . CONTINUOUS
- 17. Provide copies of survey team report data logged on the status board sheet to county, state and federal personnel located in the EOF as well as the ODAM and public information personnel . . . . . CONTINUOUS
- 18. Periodically update instructions to the survey teams as new information becomes available. . . . . CONTINUOUS
- 19. Ensure that meteorological data is being posted on status boards and survey maps. . . . . CONTINUOUS
- 20. Ensure forecasts are being obtained. . . . . CONTINUOUS
- 21. Provide administrative and technical direction to the re-entry teams in accordance with EPIP-EPP-12. . . . . CONTINUOUS
- 22. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

**ATTACHMENT 27: CONTROL ROOM COMMUNICATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.

Complete   N/A

**NOTE:**      The purpose of the Control Room Communicator is for the transmission of technical data only. This position should not be used for "command and control" activities, requests for action or Communications Aide activities.

1. Enter affected control Room and inform the SSS that the Control Room Communicator position is now staffed. . . . .
2. Inform the TSC Communicator in the TSC that the Control Room Communicator position is now staffed . . . . .
3. Establish and maintain communications with the following, using the Tech Information Line or telephone:
  - TSC Communicator . . . . .
  - EOF Communicator . . . . .
  - JNC (Tech Briefer) . . . . .
4. Provide plant status/events, systems status, alarms, and operator responses/actions to all ERFs as they occur or as requested. . . . . **CONTINUOUS**
5. Complete the Notification Fact Sheet, Part III found in EPIP-EPP-20, and fax to all appropriate locations using rapid dial button 48 every 30 minutes . . . . . **CONTINUOUS**
6. Respond to any requests for information from the ERFs. . . . **CONTINUOUS**
7. Retain for inclusion into the Permanent Plant File records generated as a result of an actual declared emergency. . . . .

**ATTACHMENT 28: DOSE ASSESSMENT STAFF**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

- |     |  |   |   |
|-----|--|---|---|
| 1.  | Assist in activation of the EOF in accordance with EPIP-EPP-13 .   | □ | □ |
| 2.  | Verify operability of  |   |   |
|     | a. EDAMS computer(s) . . . . .   | □ | □ |
|     | b. Commercial telephone . . . . .  | □ | □ |
| 3.  | Obtain current copy of EPIP-EPP-08 . . . . .   | □ | □ |
| 4.  | Obtain briefing from ODAM regarding plant and radiological conditions and position expectations . . . . .  | □ | □ |
| 5.  | Contact the affected Unit Chemistry Technician/Dose Assessment Advisor regarding:  |   |   |
|     | • status of any radiological releases . . . . .  | □ | □ |
|     | • dose assessment efforts to date . . . . .  | □ | □ |
|     | • impending/actual Protection Action Recommendations (PAR) .   | □ | □ |
| 6.  | Complete activities in accordance with EPIP-EPP-08, as directed by the ODAM . . . . .  | □ | □ |
| 7.  | When dose calculations have been performed, verify accuracy of calculations via use of a checker . . . . .   | □ | □ |
| 8.  | If time permits, perform postulated dose calculations using current meteorological conditions, a LOCA accident and a 1 Ci/sec release rate . . . . . | □ | □ |
| 9.  | If sufficient personnel exist, utilize one EDAMS computer for postulated dose assessments, and one EDAMS computer to track actual releases . . . . . | □ | □ |
| 10. | Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency . . . . .                             | □ | □ |

**ATTACHMENT 29: EOF RADIATION PROTECTION TECHNICIAN**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

- |    |  |   |   |
|----|--|---|---|
| 1. | Report to ODAM for assignment . . . . .  | □ | □ |
| 2. | If requested by ODAM, act as radio operator for downwind survey terms . . . . .  | □ | □ |
| 3. | Perform radiological surveys of the EOF as directed by the ODAM . . . . .  | □ | □ |
| 4. | If directed by ODAM and, if qualified, utilize DRMS terminal or ARM data to assist in dose assessment activities . . . . . | □ | □ |

**ATTACHMENT 30: PLANT INFORMATION COORDINATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

Complete    N/A

1. Inform the EOF Administrator of your arrival . . . . .
2. Locate and post the following status boards:
  - Emergency Events Status log . . . . .
  - Protective Actions Status . . . . .
  - Major plant parameters/trending . . . . .
3. Maintain the following status boards as follows:

Status Board	Update Frequency	Posting procedure
Emergency Events Status Log	As needed but at least every 15 min	Obtain information from EOF Communicator or from EOF Tech Staff. Direct the EOF Tech Communicator to update status board.
Protective Actions Status	As protective actions are made by utility or County	Obtain from ODAM, County Liaison or Emergency Director (ED)
Plant Status Board	Every 15 min	Obtain information from EOF Communicator or from EOF Tech Staff. Clerical staff may be assigned to this function if they are informed of the source of data
Part 1 Notification Fact Sheets	Each time one is generated	Obtain from Communications Coordinator, enlarge on poster maker and post. Clerical staff may be assigned to this function
Part 2 Notification Fact Sheets	Each time one is generated	Obtain from Communications Coordinator, enlarge on poster maker and post. Clerical staff may be assigned to this function
Part 3 Notification Fact Sheets	Each time one is generated	Obtain from Communications Coordinator, enlarge on poster maker and post. Clerical staff may be assigned to this function

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete N/A

4. Process Part 1 Notification Fact Sheets (NFS) as follows:

a. When the Emergency director (ED/RM) declares an emergency classification THEN:

1. Develop a Part 1 NFS in accordance with step 4c of this Attachment, AND
2. Provide the completed Part 1 NFS to the ED/RM for approval within approximately 10 minutes of the time at declaration

b. Perform updates to the Part 1 NFS approximately every 30 minutes as follows:

1. Develop a Part 1 NFS in accordance with Step 4c of this Attachment, AND
2. Provide the completed Part 1 NFS to the ED/RM for approval within approximately 25 minutes of the time the most recent Part 1 NFS was developed.

c. Develop Part 1 NFS as follows:

1. Obtain the following data from the following sources:

Part 1 Item	Source of information
2-5,8,9,10	Tech Staff
6,7	ODAM
11-13	Met Advisor
1,14	Leave Blank

2. When input to the draft Part 1 NFS is complete, then verify for completeness and legibility.

3. Provide to ED/RM for approval.

5. Direct questions to the EOF Administrator. . . . .

6. Retain for inclusion in the Permanent Plant File records generated as a result of an actual declared emergency . .

**ATTACHMENT 31: EOF TECH STAFF**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Inform the EOF Administrator of your arrival . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Establish contact the EOF Technical Communicator . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Assign unaffected unit Tech Staff member to monitor SPDS . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Monitor plant status briefings provided by EOF Communicator . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Continuously update the ED/RM on plant and critical systems status . . . . .   | <b>CONTINUOUS</b>        |                          |
| 6. | Continually assess information received against the emergency action levels . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Immediately inform the ODAM and the Emergency Director of any potential release pathways or any indication or a radiological release . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Immediately brief Emergency Director regarding emergency action levels that have been met or may be met . . . . .                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Support requests for information as requested . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |

**ATTACHMENT 32: EOF COMMUNICATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

Complete    N/A

- NOTES:**
1. The purpose of the Tech Info line is to obtain and exchange information related to plant systems and parameters.
  2. The nature of the technical information obtained should be general in nature, such that it provides a comprehensive overview of plant/systems status. Additionally, the information should be oriented toward emergency action levels and information that may impact the public.

1. Inform the EOF Administrator of your arrival . . . . .
2. Establish communication on the Tech Info line . . . . .
3. IF the Tech Info line is not functioning, then:
  - a. request that the Admin/Logistics Manager have the line repaired in accordance with EPIP-EPP-17 . . .
  - b. contact the TSC Communicator in the TSC by commercial telephone OR portable radio (using "Nine Mile Point Admin" channel) . . . . .
4. Solicit information regarding:
  - Overall plant status . . . . . **CONTINUOUS**
  - Critical systems status . . . . . **CONTINUOUS**
  - Safety parameter values . . . . . **CONTINUOUS**
  - Emergency Action Levels met or projected to be met . . . . . **CONTINUOUS**
5. Update EOF Tech Staff on plant and critical systems status . **CONTINUOUS**
6. Summarize significant events on the Events Log in accordance with direction provided by the Plant Information Coordinator . . . . .

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete    N/A

7.      Refer any questions regarding the following to  
the Emergency Director:
- protective actions taken or being considered . . . .
  - requests regarding mitigation or damage repair . . . .
8.      Direct any other questions to the EOF Administrator . . . .

Name:	Date:	Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

Complete    N/A

**NOTES:** Information concerning the Oswego County EOC, and its resources may be obtained from Attachment 33 Figure 1.

1. Gain access to the EOC utilizing your Oswego County Emergency Management Office identification card ("Green Card") OR company ID . . . . .
2. Introduce yourself to the person in charge of the EOC. This can be accomplished by requesting the name and location of this person to the registration clerk as you enter the facility . . . . .
3. Request from the person in charge of the EOC a telephone number at which you can be contacted . . . . .
4. Contact the EOF Administrator and inform him of your arrival. Use the Nine Mile Point emergency telephone directory to obtain the phone number . . . . .  
  - a. Inform the EOF Administrator of your EOC telephone number . . . . .
5. Utilizing the Technical Information Line and faxed Part 1 and 3 Notification Fact Sheets available in the EOC, determine the following:
  - General plant condition . . . . . CONTINUOUS
  - Status of radiological releases to the environment . . . . . CONTINUOUS
  - Major plant equipment out of service . . . . . CONTINUOUS
  - Projected plant, equipment and radiological conditions . . . . . CONTINUOUS
6. Utilize any necessary contacts to continuously obtain updated information, and report this information to the person in charge of the EOC OR whoever you have been instructed to interface with . . . . . CONTINUOUS

INFORMATION ON THE OSWEGO COUNTY EOC

1. The reporting location is the Oswego County EOC at the Oswego County Branch Office Building, 200 North Second Street in Fulton. The office is located across from Mimi's Restaurant on Route 481. Enter through the main entrance on the back of the building.
2. The County Liaison shall arrive at the County EOC within one hour of being notified.
3. The kit for the County Liaison should contain the Nine Mile Point Site and Emergency telephone directory.
4. The following Nine Mile Point controlled documents are available in the EOC Dose Assessment Room:
  - Emergency Plan Implementing Procedures (EPIP's)
  - Emergency Plan Maintenance Procedures (EPMP's)
  - Site Emergency Plan
  - Unit 1 UFSAR
  - Unit 2 USAR
  - Unit 1 and Unit 2 P&ID's
5. The "Technical Information Line" is located in the County EOC Dose Assessment Room. This communication loop ties in phone talkers at the following Nine Mile Point locations:
  - Control Rooms
  - TSC
  - EOF
  - JNC

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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- NOTES:**
1. All steps should be performed.
  2. Use N/A or N/R if appropriate.
  3. Maintain a log documenting other activities.
  4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

Complete    N/A

**NOTES:** Information concerning the New York State EOC, and its resources may be obtained from Attachment 34 Figure 1.

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Make contact with the EOF Administrator and receive the assignment . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have the EOF Admin/Logistics arrange transportation and lodging. If necessary, utilize available aircraft resources . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Gain access to the EOC utilizing your Oswego County Emergency Management Office identification card ("Green Card") OR company ID . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Introduce yourself to the person in charge of the EOC. This can be accomplished by requesting the name and location of this person to the registration clerk as you enter the facility . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Request from the person in charge of the EOC a telephone number at which you can be contacted . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Contact the EOF Administrator and inform him of your arrival. Use the Nine Mile Point emergency telephone directory to obtain the phone number . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | a. Inform the EOF Administrator of your EOC telephone number . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Utilize ERDS and faxed Part 1 and 3 Notification Fact Sheets available in the EOC, determine the following:  |                          |                          |
|    | • General plant condition . . . . .  |                          | <b>CONTINUOUS</b>        |
|    | • Status of radiological releases to the environment . . . . .   |                          | <b>CONTINUOUS</b>        |
|    | • Major plant equipment out of service . . . . .   |                          | <b>CONTINUOUS</b>        |
|    | • Projected plant, equipment and radiological conditions . . . . .   |                          | <b>CONTINUOUS</b>        |

**ATTACHMENT 34: STATE LIAISON**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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Complete    N/A

- 8.      For additional technical information, contact the Tech staff in the EOF using telephone numbers obtained from the Nine Mile Point Site and Emergency telephone directory . . . . .
  
- 9.      Utilize any necessary contacts to continuously obtain updated information, and report this information to the person in charge of the EOC, OR whoever you have been instructed to interface with. . . . .

INFORMATION ON THE NEW YORK STATE EOC

1. This position is filled by the unaffected Unit EOF Communicator position, who shall arrive at the EOF within one hour of being notified.
2. The initial reporting location for this position is the EOF.
3. The State EOC is located in Building 22, State Campus, Washington Avenue, Albany. To get there: take Interstate 90 east to Albany; get off at exit 22; go through the toll booths and follow the signs to 90 east. Take the exit for "State Offices" and follow the direction to building 22.
4. The kit for the State Liaison should contain the Nine Mile Point Site and Emergency telephone directory.
5. The following Nine Mile Point controlled documents are available in the EOC Assessment and Evaluation Room.
  - Emergency Plan Implementing Procedures (EPIP's)
  - Emergency Plan Maintenance Procedures (EPMP's)
  - Site Emergency Plan
  - Unit 1 UFSAR
  - Unit 2 USAR
  - Unit 1 and Unit 2 P&ID's
  - Unit 1 and 2 simplified plant diagrams
  - Unit 1 and 2 Technical Specifications
6. The State EOC has an Emergency Response Data System (ERDS) link which will provide real time plant parameters.

**ATTACHMENT 35: CHEMISTRY SUPPORT (TSC)**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

1. Contact the Radiological Assessment Manager (RAM) to indicate you are present and are available for assignment . . . . .
  
2. Assist the RAM as necessary and as assigned . . . . . **CONTINUOUS**
  - a. Typical assignments may include (for example):
    - NOTE:** Ensure the following activities are performed in accordance with EPIP-EPP-22, Damage Control.
      - Effluent monitoring
      - Coolant sampling and/or analysis
      - Post Accident Sampling System (PASS) related activities
      - Assistance with Damage Control Teams
  
3. Routinely keep the RAM, and anyone else you are assigned to assist, informed of your activities, progress and status . . . . . **CONTINUOUS**
  
4. Keep detailed notes, indicating times, actions, and personnel you have interacted with . . . . .    
  - a. Save all paperwork generated and ensure it is given to EP at event termination . . . . .

**ATTACHMENT 36: FUELS ENGINEER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Contact the Nuclear Engineering Design (NED) Coordinator to indicate you are present and are available for assignment . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If you are assigned Emergency Operating Procedure (EOP) or Severe Accident Management (SAM) duties, use EPIP-EPP-31 as guidance . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Coordinate with the Reactor Analyst, as appropriate, to validate fuel failure and/or shutdown margin calculations . . . . .                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Routinely keep the NED Coordinator, and anyone else you are assigned to assist, informed of your activities, progress and status . . . . . | <b>CONTINUOUS</b>        |                          |
| 5. | Keep detailed notes, indicating times, actions, and personnel you have interacted with . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | Save all paperwork generated and ensure it is given to EP at event termination . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |

**ATTACHMENT 37: ELECTRICAL/MECHANICAL ENGINEER**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Contact the Nuclear Engineering Design (NED) Coordinator to indicate you are present and are available for assignment . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If you are assigned Emergency Operating Procedure (EOP) or Severe Accident Management (SAM) duties, use EPIP-EPP-31 as guidance . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Familiarize yourself with the systems that are being challenged or experiencing problems, as time permits, in preparation to provide any required assistance . . . . .                | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | IF not familiar with the system you are assigned to address THEN ensure the NED Coordinator takes necessary actions to have a "system expert" report to the TSC for support . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Routinely keep the NED Coordinator, and anyone else you are assigned to assist, informed of your activities, progress and status . . . . .  | <b>CONTINUOUS</b>        |                          |
| 6. | Keep detailed notes, indicating times, actions, and personnel you have interacted with . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | Save all paperwork generated and ensure it is given to EP at event termination . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |

**ATTACHMENT 38: HPN COMMUNICATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
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**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

1.      Contact the NRC using the dedicated HPN phone  
       located in the Technical Assessment room . . . . .     
  - a.      Ascertain from the NRC if they would prefer you:  
       Stay on the line continuously,  
       OR how often they would like to be contacted  
       back with information . . . . .
  - b.      Inform the RAM and TSCM that this is accomplished  
       and the status of (a) above . . . . .
  
2.      Provide any requested information by the NRC on a continuous  
       basis, OR until the NRC indicates they no longer require  
       you to maintain an open line with them . . . . . **CONTINUOUS**
  
3.      When the event (drill) is terminated, call the NRC back,  
       if you are not already on the line, and inform them  
       that the event (drill) is terminated . . . . .

**ATTACHMENT 39: TECHNICAL STAFF**

Name:	Date:	Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
-------	-------	------	----------------------------	----------------------------

**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete   N/A**

1. Contact the Technical Data Coordinator (TDC) to indicate you are present and are available for assignment . . . . .
2. Activate the TSC Emergency Ventilation if not already completed . . . . .
3. Activate process computers in TSC as applicable . . . . .
4. Activate appropriate control room camera . . . . .
5. Obtain status board forms as assigned . . . . .
6. As directed by the TDC,
  - a. Assist in the development of corrective/mitigative actions for Damage Control Teams (DCTs) in accordance with EPIP-EPP-22 . . . . . **CONTINUOUS**
  - b. Provide technical expertise for DCTs during briefings and in the field as requested/directed in accordance with EPIP-EPP-22 . . . . . **CONTINUOUS**
7. **Maintain status boards updated at approximately 30 minutes intervals . . . . . CONTINUOUS**
8. **Communicate plant status trends as appropriate to TDC and TSCM . . . . . CONTINUOUS**
9. **When event is terminated be sure everything is turned off and returned to normal as appropriate . . . . .**
10. If you are assigned Emergency Operating Procedure (EOP) or Severe Accident Management (SAM) duties, use EPIP-EPP-31 as guidance . . . . .

**ATTACHMENT 39: TECHNICAL STAFF**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
-------	-------	--

**NOTE:**     Recommend EOP/SAP person be on same line as TSC Communicator.

**Complete   N/A**

- 10.     Routinely keep the TDC, and anyone else you are assigned to assist, informed of your activities, progress and status . . . . . **CONTINUOUS**
- 11.     Keep detailed notes, indicating times, actions, and personnel you have interacted with . . . . .
- a.     Save all paperwork generated and ensure it is given to EP at event termination . . . . .

**ATTACHMENT 40: ENS COMMUNICATOR**

Name:	Date:	Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2
-------	-------	--

**NOTES:**

1. All steps should be performed.
2. Use N/A or N/R if appropriate.
3. Maintain a log documenting other activities.
4. Ensure actions required by Attachment 1, ERF General Actions are accomplished.

**Complete    N/A**

1. IF this is a Unit 2 event,  
THEN activate the U-2 ERDS per Attachment 5 in  
EPIP-EPP-20 . . . . .
  
2. Call the Communications Aide in the affected Control  
Room (U-1 X2841, U-2 X2173) and transfer the ENS  
communications responsibilities from the Control Room  
to the TSC . . . . .     
  - a. Inform the TDC and TSCM that this is accomplished . .
  
- NOTE:** IF the dedicated ENS line is inoperable,  
THEN establish contact by backup means using  
EPIP-EPP-20, Attachment 4.
  
3. Establish contact with the NRC using the Emergency  
Notification System (ENS) hotline (red phone) located  
in the Technical Assessment room . . . . .     
  - a. Inform them of our current plant and emergency  
status . . . . .
  - b. As a minimum, report the information found on  
EPIP-EPP-20, Attachment 6, "NRC Event  
Notification Worksheet" . . . . .
  - c. Ascertain from the NRC if they would prefer you:  
Stay on the line continuously,  
OR how often they would like to be contacted  
back with information . . . . .
  
4. Provide any requested information by the NRC on a continuous  
basis, OR until the NRC indicates they no longer require  
you to maintain an open line with them . . . . . **CONTINUOUS**
  
5. Monitor ERDS every 60 minutes. . . . . **CONTINUOUS**  
If the link is lost, restart per EPIP-EPP-20, Attachment 5
  
6. When the event (drill) is terminated, call the NRC back,  
if you are not already on the line, and inform them  
of this fact . . . . .

NINE MILE POINT NUCLEAR STATION  
EMERGENCY PLAN MAINTENANCE PROCEDURE

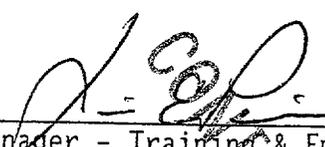
EPMP-EPP-02

REVISION 25

EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS

TECHNICAL SPECIFICATION REQUIRED

Approved by:  
L. E. Pisano

  
\_\_\_\_\_  
Manager - Training & Emergency Planning

1/14/02  
Date

Effective Date: 03/15/2002

PERIODIC REVIEW DUE DATE: NOVEMBER, 2002

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## 1.0 PURPOSE

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

## 2.0 PRIMARY RESPONSIBILITIES

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

### 2.1 Department Supervisor

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

## 2.2 Director Emergency Preparedness

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

## 3.0 PROCEDURE

### 3.1 Performing Inventory

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

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

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

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

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

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

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

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

3.1.4 (Cont)

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

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

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

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

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

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

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

3.1.9 Department Supervisor or designee shall:

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

3.1.9 (Cont)

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

3.1.10 The Director Emergency Preparedness or designee shall:

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

4.0 DEFINITIONS

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

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

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

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

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

5.3 Standards, Regulations, and Codes

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

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

5.4 Policies, Programs, and Procedures

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

5.5 Commitments

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

6.0 RECORD REVIEW AND DISPOSITION

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

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

6.1 (Cont)

ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT EOF  
ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT OAA  
ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY  
ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY  
ATTACHMENT 16: TECHNICAL SUPPORT CENTER  
ATTACHMENT 17: EMERGENCY OPERATIONS FACILITY (EOF)  
ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)  
ATTACHMENT 20: JOINT NEWS CENTER (JNC)  
ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (MECHANICAL)  
ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C)  
ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY  
ATTACHMENT 23: TEMPORARY RESTORATION OF POWER FOR POST ACCIDENT  
SAMPLING INVENTORY  
ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS  
SURVEILLANCE RADIOLOGICAL EMERGENCY COMMUNICATIONS  
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ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE  
COMMERCIAL TELEPHONE TESTING (MONTHLY)  
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EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING  
(MONTHLY)  
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DEDICATED TELEPHONE TESTING (ANNUALLY)  
ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE  
RADIO CONSOLE TESTING (ANNUALLY)  
ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE  
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MONITORING BOARD - UNIT 2  
ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION INPLANT  
SURVEY/SAMPLE STATUS BOARD  
ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION DOWNWIND  
SURVEY/SAMPLE STATUS BOARD  
ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION EMERGENCY EVENTS  
STATUS BOARD  
ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION EQUIPMENT  
SURVEY/SAMPLE STATUS BOARD  
ATTACHMENT 38: PLANT STATUS TRENDING BOARD  
ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -  
UNIT 1

6.1 (Cont)

- ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS - UNIT 2
- ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS QUARTERLY PHONE CHECKS
- ATTACHMENT 42: EMERGENCY KEY INVENTORY
- ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY CHECKS
- ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS
- ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE
- ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

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

ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

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

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

LAST PAGE



ATTACHMENT 1: FIRE CABINET INVENTORY (Cont)

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

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

Misc. Equipment

- |    |             |     |                          |                          |  |  |
|----|-------------|-----|--------------------------|--------------------------|--|--|
| 1. | Exhaust Fan | (1) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| 2. | Duct Tubing | (1) | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

\*Change Batteries Every 24 Months Last Battery Change Date \_\_\_\_\_

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

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

**ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT**

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

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

Performed by \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Approval Date \_\_\_\_\_ E.P. Review Date \_\_\_\_\_

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

\*\* Replace if items will expire prior to next inventory

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

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

ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT (Cont)

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

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

Performed by \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Approval Date \_\_\_\_\_ E.P. Review Date \_\_\_\_\_

\*Items not required at U1 Screenhouse, U2 Screenwell, and U2, Turb. Bldg. 250'  
 \*\* Replace if items will expire prior to next inventory  
 † Sealed inventories shall be opened and inspected at least once per calendar year.

ATTACHMENT 3: STOKES BASKET/BACKBOARDS - UNIT 1

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

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

**NOTE:** A satisfactory verification of equipment shall include:

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

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

ATTACHMENT 4: STOKES BASKET/BACKBOARDS - UNIT 2

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

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

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

**ATTACHMENT 5: RESCUE CABINET INVENTORY**

Location: Unit 1 G Bldg. E1. 261' Vestibule		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

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

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

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

**ATTACHMENT 5A: CONFINED SPACE RESCUE EQUIPMENT CABINET INVENTORY**

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

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

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

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

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

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

Location: Security Unit 2

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

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

\* Separate sealed box

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

**ATTACHMENT 7: RADIATION PROTECTION SUPPLIES AND EQUIPMENT**  
OSC / TSC / ONSITE / DOWNWIND

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

Quarter: 1 2 3 4 (circle one)  
 Year \_\_\_\_\_

Post Drill/Exercise/Event: \_\_\_\_\_ (date)  
 (circle appropriate)

Other \_\_\_\_\_

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>PROTECTIVE EQUIPMENT</u></b>					
1. Protective Clothing (complete sealed package)	(40 sets)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Full Face Respirator with Canister	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Spare Canisters (40 pr. Iodine/40 pr. HEPA)	(80)	<input type="checkbox"/>	<input type="checkbox"/>		
<sup>b4.</sup> Flashlights	(30)	<input type="checkbox"/>	<input type="checkbox"/>		
<sup>b5.</sup> Extra D-Cell Batteries	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
*6. KI Tablets (bottles)	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
Due Date _____					
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>SUPPLIES</u></b>					
1. PA-235 keys for Post Accident Sampling	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. "P-5" keys to Environmental Stations	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Key to Softball Field	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. New York State Road Map	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rolls of Tape	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Misc. Plastic Bags		<input type="checkbox"/>	<input type="checkbox"/>		
7. Disc Smears	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Maslin Cloth	(10 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Extension Cord	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Latex Gloves	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Rubber Boots	(6 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Rain Suits	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Rad Rope (at least 100')		<input type="checkbox"/>	<input type="checkbox"/>		
14. Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Radiation Material Tags (paper)	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Radiation Signs and Inserts	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Plastic Booties	(40 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 1/2 Amp Fuse for VAMP	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

<sup>b6</sup>Change batteries every 24 months, last battery change date: \_\_\_\_\_

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

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



ATTACHMENT 8A: MISC. R.P. EQUIPMENT

Quarter: 1 2 3 4 (circle one) Year: _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Hand and Foot Monitor <i>(TSC)</i> Serial #: _____ Cal. Due: _____ Serial #: _____ Cal. Due: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	PING <i>(TSC)</i> Serial #: _____ Cal. Performed: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	VAMP <i>(TSC Rad Assessment Room)</i> Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	VAMP <i>(OSC Core)</i> Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

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

ATTACHMENT 9: RADIATION PROTECTION SUPPLIES AND EQUIPMENT  
EOF

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

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

<sup>(B)</sup>Change batteries every 24 months, Last battery change date: \_\_\_\_\_  
 \* Located outside of sealed kits

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

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

**ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT**  
**EOF**

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

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

<sup>(B)</sup>Change batteries every 24 months, Last battery change date: \_\_\_\_\_

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

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

**ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT  
OFFSITE ASSEMBLY AREA**

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

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

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<b><u>SUPPLIES:</u> in footlocker Inventory Sealed</b>					
1. Misc. Plastic Bags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Disc Smears	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Muslin Cloth	(3 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Surgical Gloves	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Cotton Liners	(12 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Gym Bags	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Rad Rope (at least 50')	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
9. Rad Material Tags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Cotton Tip Swabs	(1 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Surgical Scrub Brushes	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Bandage Scissors	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Soap bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Shampoo	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Pocket Watch	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Masking Tape	(5 Rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
18. Material ID Tags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
* Empty Yellow Rad Drums	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
<b><u>PROTECTIVE EQUIP.:</u> in 55 gal drum</b>					
<b>Inventory Sealed</b>					
1. Disposable Coveralls	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Paper Bath Towels	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Paper Hand Towels	(2 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Plastic Shoe Covers	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Shovels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
* Outside footlocker					

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

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

ATTACHMENT 12

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**ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY**

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

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

<sup>(8)</sup>Change batteries every 24 months, Last battery change date: \_\_\_\_\_

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

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Formed by                      Date                      Supervisor Approval                      Date                      E.P. Review                      Date

**ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY**

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

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

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

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

ATTACHMENT 15

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ATTACHMENT 16: TECHNICAL SUPPORT CENTER

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

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

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

ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)

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

**ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)**

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

**TSC, PROTECTIVE EQUIPMENT ROOM/SUPPLY CABINETS INVENTORY**

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

<sup>a</sup>Change batteries every 24 months, Last battery change date: \_\_\_\_\_

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

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

**ATTACHMENT 17: EOF (EMERGENCY OPERATION FACILITY)**

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

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

**PLANT ASSESSMENT ROOM**

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



ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

1.0 PROCEDURE

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

2.0 TSC

Complete the following:

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

Checked by: \_\_\_\_\_                      Total Run Time Hours \_\_\_\_\_

ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)

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

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

ATTACHMENT 20: JOINT NEWS CENTER JNC

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

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

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

ATTACHMENT 20: JOINT NEWS CENTER JNC (Cont)

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

ATTACHMENT 20: JOINT NEWS CENTER JNC (Cont)

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

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

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

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

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

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

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

<sup>(B)</sup>Change batteries every 24 months, Last battery change date: \_\_\_\_\_

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

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

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

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

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

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

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

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

<sup>1</sup>Hydrostatic Testing required at least every 5 years.

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

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

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

ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY

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

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



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

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

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

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

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

ATTACHMENT 24:

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ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE

1.0 GENERAL GUIDELINES

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

2.0 REQUIRED TESTING FREQUENCY

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

M = Monthly                      A = Annually  
 \* PERFORMED BY JAF

3.0 REPORTING PROBLEMS

3.1 Radiological Emergency Communication System (RECS) Failure

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

3.2 Radio Failures

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

ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

3.3 Commercial Telephone and Dedicated Lines

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

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

3.4 ENS Telephones

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

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

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

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

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

ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE  
RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS) TESTING (MONTHLY)

1.0 PROCEDURE

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

1.1 Pick up the handset and dial A\*.

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

1.2 After about 10 seconds state the following:

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

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

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

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

1.5 When roll call is completed, state:

"This concludes the test. Thank you."

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

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

RECS TESTING SHEET

Month \_\_\_\_\_ Year \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval      Date

\_\_\_\_\_/\_\_\_\_\_  
E.P Review                      Date

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

1.0 PROCEDURE

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

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

ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

COMMERCIAL TELEPHONE TESTING SHEET

Month \_\_\_\_\_ Year \_\_\_\_\_

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

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

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval    Date

\_\_\_\_\_/\_\_\_\_\_  
E.P Review                      Date

ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE  
EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING (MONTHLY)

1.0 PROCEDURE

1.1 For Control Rooms

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

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

1.2 For TSC

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

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

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



ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

DEDICATED TELEPHONE TESTING (ANNUALLY)

1.0 PROCEDURE

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

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

ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

DEDICATED TELEPHONE TESTING SHEET

Year \_\_\_\_\_

UNIT 1 CONTROL ROOM

- E.D. Hotline 36 LCGL 199800 .....  Sat  Unsat
- CR#1-TSC #63PLNT22750 .....  Sat  Unsat
- CR#1-JAF C.R. #63PLNA28109 .....  Sat  Unsat
- Tech Info Line 63 PLNA 37227 .....  Sat  Unsat

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

UNIT 2 CONTROL ROOM

- CR#2-TSC SED .....  Sat  Unsat
- E.D. Hotline 36 LCGL 199800 .....  Sat  Unsat
- CR#2-JAF C.R. #63PLNA34299 .....  Sat  Unsat
- Tech Info Line 63 PLNA 37227 .....  Sat  Unsat

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

EOF

- Tech Info Line 63 PLNA 37227 .....  Sat  Unsat
- E.D. Hotline 36 LCGL 199800 .....  Sat  Unsat
- ED/TSCM Hotline 63 PLNA 37200 .....  Sat  Unsat

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

TSC

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

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

JNC

- Tech Info Line 63 PLNA 37227 .....  Sat  Unsat

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

OSC

- OSC Chem/RP - TSC #63 PL-16918 .....  Sat  Unsat
- OSC Damage Ctrl - TSC Maint Coord. #63 PL-16969 .....  Sat  Unsat

Remarks: \_\_\_\_\_

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Supervisor Approval / Date

\_\_\_\_\_  
E. P. Review / Date

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

RADIO CONSOLE TESTING (ANNUALLY)

1.0 PROCEDURE

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

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

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

1.2 Testing from the EOF

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

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

RADIO CONSOLE TESTING SHEET

Year \_\_\_\_\_

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

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval      Date

\_\_\_\_\_/\_\_\_\_\_  
E. P. Review      Date

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

PORTABLE RADIO TESTING (ANNUALLY)

1.0 PROCEDURE

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

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

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

PORTABLE RADIO TESTING SHEET

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

TESTED BY: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 Supervisor Approval                      Date                      E. P. Review                      Date

ATTACHMENT 25G: PORTABLE RADIO BATTERY EXCHANGE (QUARTERLY)

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

1.0 PROCEDURE

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

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

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exchange Performed By: Initials/Date \_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval Date E.P. Review Date

**ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION**

<input type="checkbox"/> Month _____ Year _____	<input type="checkbox"/> Post Drill/Exercise/Event	<input type="checkbox"/> Event Date: _____	<input type="checkbox"/> Other
<b>UNIT 1</b>			

Use	On-site Location	No. Resp./ No. Canister	Canister Manufacture Date*	Voice Amp Bat Due Date*	Battery Operable	Sat	Unsat
Security Blg Emergency	U1 Sec Gun Locker	9/17		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<sup>B</sup> RP Supplies/ Equip.	U1 Storeroom	40/80 +3 XL +3 SM				<input type="checkbox"/>	<input type="checkbox"/>
<sup>B</sup> PASS	U1 Storeroom	MSA Duo-flow Respirator - 4 systems		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
PASS Compressed Air Cylinders	U1 Storeroom	<u>Minimum Qty</u> 4	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

Performed By: _____	Date: _____
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Details/Items Resolved: \_\_\_\_\_

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

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

<sup>B</sup> Change batteries every 24 months. Last battery change date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
EP Review Date

**ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION (Cont)**

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

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

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

<sup>b</sup> Change batteries every 24 months. Last battery change date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Supervisor Approval Date

\_\_\_\_\_/\_\_\_\_\_  
EP Review Date



**ATTACHMENT 26C: RESPIRATORY EQUIPMENT MONTHLY INSPECTION SCOTT PAK**

<input type="checkbox"/> Month _____	<input type="checkbox"/> Post Drill/Exercise/Event _____	Date	<input type="checkbox"/> Other:
Year _____			

Inspection completed per S-RPIP-4.4

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

Details/Items Resolved

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

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

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

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

Performed by \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Approval Date \_\_\_\_\_ E.P. Review \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT 28: ALTERNATE POWER SUPPLIES FOR PORTABLE AIR SAMPLERS**

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

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

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

DETAILS/ITEMS RESOLVED	By	Date
Performed By		

\_\_\_\_\_ / \_\_\_\_\_  
 Supervisor Approval                      Date                      E. P. Review                      Date

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

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

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

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 formed by      Date      Supervisor Approval Date      E.P. Review      Date

ATTACHMENT 30: EMERGENCY FACILITIES TLD LISTING

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

ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET

Facility/Kit Location \_\_\_\_\_

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

\*DO NOT ISSUE - CONTROL TLD

TLD NUMBER \_\_\_\_\_

TLD NUMBER \_\_\_\_\_

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

Date (MM/DD/YY) \_\_\_\_\_

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

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

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

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

Date (MM/DD/YY) \_\_\_\_\_

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

\* Trend Symbols:

↑ = Increasing ↓ = Decreasing → = No Change

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







ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION  
EQUIPMENT SURVEY/SAMPLE STATUS BOARD (Sample)

UNIT <input type="checkbox"/> 1 <input type="checkbox"/> 2		DATE _____ M      D      Y		THIS <input type="checkbox"/> IS A DRILL <input type="checkbox"/> IS NOT A DRILL	
EQUIPMENT				TEAMS	
TITLE/ID	CONDITION	CORRECTIVE ACTION	RETURNED TO SERVICE	NAME/LEADER	TEAM STATUS
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____	TEAM ID _____ LEADER _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____
ID			<input type="checkbox"/> COMPLETED DATE _____ TIME _____	_____	<input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____

**NOTE:** "\*" INDICATES SAME AS BEFORE

ATTACHMENT 38: PLANT STATUS TRENDING BOARD (Sample)

Date (MM/DD/YY) \_\_\_\_\_

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

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

Date (MM/DD/YY) \_\_\_\_\_

Time (24 Hour) \_\_\_\_\_

*(Process Computer Displayed Time)*

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

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

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

Date (MM/DD/YY) \_\_\_\_\_

Time (24 Hour) \_\_\_\_\_  
 (DRMS Computer Displayed Time)

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

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

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS  
QUARTERLY PHONE CHECKS

1.0 PROCEDURE

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

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

1.2 Check "SAT" if the number is verified correct.

1.3 If the number is incorrect or no longer working, then perform the following:

a. If it is a number change, draw one line through the old number and write the new number next to it.

b. Verify the new number and check "SAT".

c. Generate an Immediate PCE to any affected EPIPs or EPMPs listed under Procedure Reference.

d. Attach a copy of all PCE's generated.

1.4 For all other discrepancies which cannot be resolved, record the discrepancy in the Remarks section and notify the Emergency Preparedness Organization.

ATTACHMENT 41 (Cont)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-23	1-800-626-4392 (pin #1209)	Aviation Service Unlimited			
	1-315-455-6617	Syracuse Executive Air Service			
	593-5920 (fax)	EOF Fax Machine			
	EXT.2841	Unit 1 Control Room	NA	NA	SEE EPIP-EPP-20
	EXT 2173	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
EPIP-EPP-24	1-800-321-0614	INPO Duty Officer	NA	NA	SEE EPIP-EPP-20
	349-2404	NMP Security Department	NA	NA	SEE EPIP-EPP-05B
	591-9150	OCEMO	NA	NA	SEE EPIP-EPP-05C
	591-9176 (fax)	OCEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	911	911 E Center	NA	NA	SEE EPIP-EPP-20
	349-8501	911 E Center			
	1-518-457-2200	NYS Emergency Management Office (NYSEMO)	NA	NA	SEE EPIP-EPP-17
	1-518-457-6811	NYSEMO	NA	NA	SEE EPIP-EPP-20
	1-518-457-9930 (fax)	NYSEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	1-518-457-9997	NYSEMO Fax Machine confirmation	NA	NA	SEE EPIP-EPP-20
	349-2170	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-05D
	342-1929	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
	342-3059	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20

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

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

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

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

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

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

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

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

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

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

ATTACHMENT 42: EMERGENCY KEY INVENTORY

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

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

<sup>1</sup> Contained in "break away" box outside facility.

<sup>2</sup> Contained in key box inside Utility Room.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
 Performed by                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Supervisor Approval              Date      E.P. Review                      Date

ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY CHECKS

1.0 PROCEDURE

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

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

ATTACHMENT 43 (Cont)

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

Performed by \_\_\_\_\_ / Date \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ / Date \_\_\_\_\_ E.P. Review \_\_\_\_\_ / Date \_\_\_\_\_

ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS (SAMPLE)

DATE: \_\_\_\_\_

UNIT 1  UNIT 2

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

ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE

Post Use Surveillance

Quarter: 1   2   3   4   Year: \_\_\_\_\_

Instructions	Locations										
	MLC	Energy Center	Fire School	U1 Admin 2nd Floor	Security East	Security West	U2 Ops Bldg 1st Floor	ACB	TB 250 Unit 2	Warehouse	ESB-1
Examine:											
• AED Case: unit is clean											
• Battery Well: no damage/cracks, no bent/discolored pins											
• Battery: expiration date > last day of next quarter	Exp. Date:										
• Electrodes: expiration date > last day of next quarter	Exp. Date:										
• Equipment Pouch contents include: 1 pr gloves mouth mask disposable razor											
• After replacing battery turn on. After voice says "connect electrodes" turn off. Verify handle display says "OK"	<input type="checkbox"/> Sat										
	<input type="checkbox"/> Unsat										

Comments/Corrective Actions: \_\_\_\_\_

Performed by \_\_\_\_\_ / Date \_\_\_\_\_      Supervisor Approval \_\_\_\_\_ / Date \_\_\_\_\_      Emergency Preparedness Review \_\_\_\_\_ / Date \_\_\_\_\_

(C1)

ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

Year: \_\_\_\_\_

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

Comments/Corrective Actions: \_\_\_\_\_  
\_\_\_\_\_

Performed by \_\_\_\_\_ / Date \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ / Date \_\_\_\_\_

EP Review \_\_\_\_\_ / Date \_\_\_\_\_

NINE MILE POINT NUCLEAR STATION  
EMERGENCY PLAN MAINTENANCE PROCEDURE

EPMP-EPP-04

REVISION 08

EMERGENCY EXERCISE/DRILL PROCEDURE

TECHNICAL SPECIFICATION REQUIRED

Approved by:  
G. L. Detter

  
General Manager Support Services

3/26/02  
Date

**CONTROLLED**

Effective Date: 03/28/2002

PERIODIC REVIEW DUE DATE: AUGUST, 2002

LIST OF EFFECTIVE PAGES

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## 1.0 **PURPOSE**

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

## 2.0 **PRIMARY RESPONSIBILITIES**

### 2.1 **Director Emergency Preparedness**

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

### 2.2 **Emergency Preparedness Specialist**

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

### 3.0 PROCEDURE

#### 3.1 Emergency Preparedness Specialists

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

**NOTES:**

1. Drill/exercise scenario packages are not required for tabletop drills, facility sessions or drills of limited scope (such as dose assessment or communications drills).
  2. Approved Operator Re-qualification Training Simulator Scenarios may be used as drill/exercise scenario packages.
- c. Should utilize Attachment 4 as an aid in the scenario development process.
  - d. Shall maintain confidentiality of the scenario contents in accordance with existing guidelines.
  - e. Should utilize Attachment 5 in the development of FEMA observed exercise scenarios.
  - f. Shall ensure that drills/exercises utilize qualified observers and controllers.
  - g. Should validate drill and exercise scenarios as follows:
    - Utilize staff or shift operations crew to execute the scenario and develop likely crew actions and success paths.
    - Utilize qualified persons to review the scenario package. (This review may be documented using Attachment 6.)
    - Verify proper simulator operation and response by executing the final copy of the simulator instructions in as close as reasonably achievable time frame as the scenario is required to run for the actual drill/exercise.
    - Obtain scenario validation completion signatures on scenario signature page.
    - Verify response of displays is the same as projected. Specifically:
      - (i) (Unit 2 only) DRMS displays and paper data match as close as possible
      - (ii) (Unit 2 only) Stack effluent monitors on SPDS and paper data (GEMS) match as close as possible.
      - (iii) In plant radiological monitors provided by the simulator match paper data as close as possible.
      - (iv) Paper data is on same timeline as the scenario.
      - (v) Identify differences and ensure these are covered during the briefing.

### 3.1 (Cont)

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

### 3.2 Drill/Exercise Observers and Controllers

#### 3.2.1 Controllers should:

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

### 3.2.2 Observers should

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

### 3.3 Post Drill Actions

#### 3.3.1 Lead facility Controllers following drill/exercise termination should:

- a. Collect all paperwork generated by players in their respective area and forward to the facility lead.
- b. Prepare a comment summary for critique presentation if requested.
- c. Participate in critiques as requested.
- d. Finalize documentation and ensure information is forwarded to Emergency Preparedness.

#### 3.3.2 Emergency Preparedness Specialist should conduct and document critiques:

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

#### (C4) 3.3.3 Emergency Preparedness Specialist, following drill/exercise critique should:

- Ensure collection of all drill/exercise player generated paperwork.
- Ensure receipt of all controller/observer paperwork.

(C4) 3.3.3 (Cont)

- For any missing player checklist contact the responsible player and request completion of the checklist, if this cannot or is not performed record as incomplete, determine need for DER.
- Develop a matrix of checklists received to document receipt of player checklists and determine missing checklist.

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

- a. Identify observations, deficiencies, opportunities for improvement and strengths as noted by the various observer/controllers.
- b. Determine drill/exercise performance either satisfactory or unsatisfactory based upon performance of drill/exercise objectives.
- c. Determine if the drill/exercise should be rescheduled following an unsatisfactory performance.
- d. Identify all comments made by the NRC, INPO or other participating outside agencies, and the actions proposed by NMPNS to resolve those comments.
- e. Identify instances of procedure non-compliance determined via a review of paperwork generated.
- f. Contain documentation of any Deviation Event Report (DERs) generated as a result of comments received.
- g. Should contain the following sections:
  - Executive Summary
  - Drill Description
  - Strengths and Opportunities for Improvement by Facility (including DER numbers where appropriate)
  - General Opportunities for Improvement including EPTTS number and proposed actions for each. (Use Attachment 8 for development of EPTTS items.)
  - Performance Indicators accomplished for each drill.
- h. Shall be provided to the appropriate station managers for their review.

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

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

- 3.3.5 Emergency Preparedness Specialists should develop and maintain a drill element matrix based upon Attachment 1 and 2 of this procedure that:
- a. Details when each required annual and cyclic (6 year) element was last completed.
  - b. Is updated at least yearly based upon successful completion of drills/exercise elements:
    - conducted for each drill/exercise completed during the year, or
    - as a result of actual plant events following which a critique was conducted and documented, or
    - during documented training sessions.
- 3.3.6 Emergency Preparedness Specialists should, within two days following the conduct of a drill, exercise or event in which "credit" for completion of the training requirement for drill participation will be given:
- a. Develop a list of those personnel receiving credit to include:
    - Date of the event
    - Scenario/Event Identification
    - Names of participants, with their initials signifying their participation
    - Titles/position to receive credit for
    - Social Security Number
  - b. This list of personnel should be validated by the EP Director or designee (typically lead facility controller for drills/exercises)
  - c. Provide this list of personnel to EP Training for inclusion in the appropriate training records.

### **3.4 Development/Conduct of Table-top/Mini-drills**

(C3) 3.4.1 Assigned Individual should:

- a. Develop Table-top/mini-drill scenarios utilizing Attachment 3.
- b. Coordinate scheduling of required participants.
- c. Ensure the implementation plan/actions support the table-top/mini-drill objectives.
- d. Document drill participation/completion.

## 4.0 **DEFINITIONS**

### 4.1 **Comments**

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

a. **Deficiency**

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

b. **Observation**

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

c. **Opportunities for Improvement**

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

d. **Strength**

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

### 4.2 **Controller**

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

### 4.3 **Drill**

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

#### 4.4 Drill Message

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

a. Control Message

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

b. Contingency Message

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

#### 4.5 Exercise

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

#### 4.6 Observer

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

#### 4.7 Participation

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

a. Full

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

b. Partial

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

#### **4.8 Scenario**

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

#### **4.9 Table-top/Mini-drill**

A limited scope drill that may be implemented to provide specific knowledge/skills training or to enhance the interface among specific groups.

Table-top/mini-drills may also be used to validate proposed changes to the Site Emergency Plan/Implementing Procedures.

### **5.0 REFERENCES AND COMMITMENTS**

#### **5.1 Technical Specifications**

None

#### **5.2 Licensee Documentation**

Nine Mile Point Site Emergency Plan

#### **5.3 Standards, Regulations, and Codes**

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

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

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

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

5.3.5 NRC Inspection Module IM 82302

#### **5.4 Policies, Programs, and Procedures**

EPMP-EPP-01, Maintenance of Emergency Preparedness

#### **5.5 Technical Information**

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

## 5.6 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
None	C1	DER C-2000-0141: Adverse trend in secondary responders reporting for drills
None	C2	DER C-2000-0658: Questionable Drill due dates for continuing training/qualification of the ERO
None	C3	DER C-2001-5169: Support for Operator Training
None	C4	DER C-2001-5806: 12/04/01 Emergency Exercise Checklists were not filled-out/could not be located.

## 6.0 RECORDS

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

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

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

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

**LAST PAGE**

**ATTACHMENT 1**

**ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS**

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

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

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

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

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A27	The Dose Assessment staff in the EOF completes and ensures transmittal of the Part 2 Notification Fact Sheet in accordance with EPIP-EPP-20 & 23 to the state and county.	Provide for follow up messages to include: 1. type of actual or projected release and estimated duration or impact times. 2. estimate of quantity of rad materials released and point of release. 3. chemical and physical form of released materials, including quantities, concentrations of noble gases, iodides, and particulate. 4. meteorological conditions at appropriate levels (wind speed, direction to and from, stability, precipitation). 5. actual, or projected dose rates at site boundary, and projected integrated dose rates at site boundary. 6. projected dose rates and integrated dose rates at the projected peak and at 2, 5 and 10 miles including sectors affected. 7. estimate of surface. contamination, in plant onsite and offsite.	1. E4d 2. E4e 3. E4f 4. E4g 5. E4h 6. E4I 7. E4j	a4
A28	The Communications Aide and or Communications Coordinator use normal and backup communications to the state and county in accordance with EPIP-EPP-20.	Establish reliable primary and backup means of communications to include provisions for 24 hr notification to and activation of State and Local ERO, and an alternate comm link.	F1a	a4
A29	The Communications Aide and or Communications Coordinator uses the RECS line in accordance with EPIP-EPP-20.	Make provisions for communications with state and local governments within the EPZs.	F1b	a4

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

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**ANNUAL NINE MILE POINT DRILL/EXERCISE ELEMENTS**

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

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

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

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

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A63	Personnel collect air samples and provide for its analysis in accordance with EPIP-EPP-07.	Plant environs and radiological monitoring drill shall be done annually. Include collection and analysis of <b>air</b> .	N2d	b13
A64	Airborne and liquid samples and data from direct measurements in the environment are obtained and used in accordance with EPIP-EPP-06 & 07.	Response to and analysis of elevated airborne and liquid samples and direct measurements in the environment.	N2e1	NA
A65	Reactor Analyst uses PASS sample data to analyze and make core damage assessments in accordance with EPIP-EPP-09.	Analysis of in-plant liquid samples with actual elevated radiation levels including use of the PASS system.	N2e2	NA

**ATTACHMENT 2**

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

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

**ATTACHMENT 2**

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

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

**ATTACHMENT 2**

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

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

**ATTACHMENT 2**

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

**ATTACHMENT 2**

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

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

**ATTACHMENT 2**

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

**ATTACHMENT 3: GENERAL OUTLINE FOR NMPNS DRILL/EXERCISE SCENARIOS**

Example of a Cover/Sign-off Page

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

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Approvals: \_\_\_\_\_ Date \_\_\_\_\_  
\*Director Emergency Preparedness

\_\_\_\_\_ Date \_\_\_\_\_  
\*\*Plant Manager, Unit 1

\_\_\_\_\_ Date \_\_\_\_\_  
\*\*Plant Manager, Unit 2

\* Required for table-top/mini-drills.

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

Scenario Validation:

\_\_\_\_\_ Date \_\_\_\_\_  
Simulator (SSS)

\_\_\_\_\_ Date \_\_\_\_\_  
Radiation Protection

**ATTACHMENT 3** (Cont)

Drill/Exercise Scope Page

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

Nine Mile Point Nuclear Station Unit \_\_\_\_

Scope of the Emergency Preparedness Exercise  
to be conducted on \_\_\_\_\_

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

**ATTACHMENT 3** (Cont)

Scenario Table of Contents Page

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

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

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

ATTACHMENTS (As necessary)

\* Required for Table-top/Mini-drills

1.0 OBJECTIVES

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

2.0 DRILL SCHEDULE AND PARTICIPANTS

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

3.0 DRILL INSTRUCTIONS

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

4.0 SCENARIO ASSUMPTIONS

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

5.0 SCENARIO SUMMARY AND TIME LINE

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

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

\* Required for Table-top/Mini-drills

ATTACHMENT 3 (Cont)

6.0 DRILL MESSAGE SUMMARY AND MESSAGES

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

7.0 SYSTEM/PROCESS DATA TABLES

Attachments (as necessary)

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

8.0 RADIOLOGICAL DATA

9.0 METEOROLOGICAL DATA

ATTACHMENTS:

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

\* Required for Table-top/Mini-drills

**ATTACHMENT 3** (Cont)  
(EXAMPLE)

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

**ATTACHMENT 3** (Cont)  
(EXAMPLE)

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



**ATTACHMENT 4**

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

**ATTACHMENT 4** (Cont)

<b>SCENARIO DEVELOPMENT CHECKLIST</b>		
<i>Item</i>	<i>Description</i> <i>Drill Date:</i> _____	<i>Date</i> <i>(Week)</i>
10	<p>Review thumbnail timeline to determine if simulator malfunctions are available (can the simulator do what you want?). Develop:</p> <ul style="list-style-type: none"> <li>• Scenario initial conditions</li> <li>• Simulator initial conditions for scenario. List:               <ol style="list-style-type: none"> <li>1. Initial malfunction presets</li> <li>2. Initial I/O presets</li> <li>3. Initial Annunciator Overrides</li> </ol> </li> <li>• Malfunctions (based upon thumbnail timeline) needed to cause the desired series of events. Include the following:               <ol style="list-style-type: none"> <li>1. Malfunction #</li> <li>2. Approximate time or condition when to go active</li> <li>3. Initial ramp rates or values and final rates or values</li> <li>4. Include statement, "Do not enter this malfunction until told to do so by Lead Controller".</li> <li>5. Expected plant response</li> <li>6. Expected operator response or actions</li> <li>7. Expected Emergency plan response</li> <li>8. Any DCT items (develop supplemental scenarios for each malfunction as required)</li> <li>9. When any fuel damage occurs, amount (in %), and general methodology</li> </ol> </li> <li>• If release is desired, list start and end times in scenario. Include:               <ol style="list-style-type: none"> <li>1. Release origin</li> <li>2. Data needed</li> <li>3. IOs needed to ensure crew can determine a release is in progress</li> </ol> </li> <li>• Scenario termination point based upon desired objectives</li> </ul>	
11	<p>Write definitive scenario timeline that will be used for validation. (Two ways -- one for simulator operator to use and one for notes during validation) Include:</p> <ol style="list-style-type: none"> <li>1. All items as appropriate</li> <li>2. Inject messages</li> <li>3. Announcements (if different than free played by the SSS. Example: accountability termination)</li> </ol>	

**ATTACHMENT 4** (Cont)

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

**ATTACHMENT 4** (Cont)

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

**ATTACHMENT 4** (Cont)

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

**ATTACHMENT 5: MILESTONES FOR EXERCISE OBSERVATION AND CRITIQUES**

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

ATTACHMENT 5 (Cont)

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

Evaluator debriefing conducted by RAC chair.

NRC holds onsite Exit Meeting.

Joint RAC/NRC critique, participating meeting.

General Agenda

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

Same	+30 Days	Written critiques by FEMA Region to State, with copies to FEMA Headquarters and NRC, and by NRC Region to licensee, with copies to NRC Headquarters and FEMA.
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## **ATTACHMENT 6: SCENARIO REVIEW CHECKLIST**

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

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

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

ATTACHMENT 6 (Cont)

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

\_\_\_\_\_  
Name (print and initial)

\_\_\_\_\_  
Phone Ext.

\_\_\_\_\_  
Date





## **ATTACHMENT 8: EMERGENCY PREPAREDNESS TASK TRACKING SYSTEM (EPTTS)**

### **1.0 Purpose**

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

### **2.0 Actions**

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

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

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

**THEN**

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

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

**THEN**

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

2.2 (Cont)

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

**THEN**

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

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

**THEN**

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

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

**THEN**

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

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

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

**TABLE 1**

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

NINE MILE POINT NUCLEAR STATION  
EMERGENCY PLAN MAINTENANCE PROCEDURE

EPMP-EPP-06

REVISION 10

EMERGENCY RESPONSE ORGANIZATION NOTIFICATION MAINTENANCE  
AND SURVEILLANCE

TECHNICAL SPECIFICATION REQUIRED

Approved by:  
G. L. Detter

  
General Manager Support Services

CONTROLLED

3/27/02  
Date

THIS IS A FULL REVISION

Effective Date: 04/03/2002

PERIODIC REVIEW DUE DATE MARCH, 2003

LIST OF EFFECTIVE PAGES

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## 1.0 PURPOSE

To provide guidance on the maintenance and surveillance of the methods used to notify the Emergency Response Organization (ERO) of drills, exercises and emergencies.

## 2.0 RESPONSIBILITIES

### 2.1 Director - Emergency Preparedness:

2.1.1 Assigns the performance of maintenance and surveillance of the ERO notification systems.

2.1.2 Oversees the maintenance of secondary responder notification and method, if appropriate.

## 3.0 PROCEDURE

### 3.1 Pager Surveillance Test

**NOTE:** The failure of the pager system to meet the success criteria shall result in immediate corrective actions by EP.

- a. Should be conducted weekly.
- b. Should consist of activation of ERO initial responder pagers by sending a "000999" code via telephone activation.
- c. Shall be considered successful if a single ERO initial responder pager receives and displays the "000999" message.

### 3.2 CAN Surveillance and Testing (EPMP-EPP-01, Att. 1, Item C-1)

#### 3.2.1 Telephone Notification System Maintenance

- a. Review the CAN List for initial responders quarterly in accordance with EPMP-EPP-01, Attachment 1, Item C-1.
  1. Utilize Attachment 2 or equivalent form in conjunction with Attachment 4, for making changes.
- b. Provide secondary responder CAN list to appropriate Branch Managers for review and modification on a quarterly basis in accordance with EPMP-EPP-01, Attachment 1, Item C-1.

3.2.1.b (Cont)

1. Utilize Attachment 2 or equivalent form in conjunction with Attachment 4, for making changes.

3.2.2 The CAN System shall be tested quarterly.

**NOTE:** Failure of any test criteria shall result in immediate corrective actions by EP, including issuance of a DER.

- a. If a drill has been conducted in the designated quarter then perform the following:
  1. Verify the following test acceptance criteria were met:
    - Activation of any ERO Initial Responder pager with the appropriate code was accomplished
    - Activation of the proper CAN telephone call-out was accomplished and resulted in a printout of the appropriate list.
  2. Document with a memo to EP PPF (C1) with the CAN printout attached.
- b. If a drill has NOT been conducted in the designated quarter then conduct a CAN test as follows:

**NOTES:**

- (1) Response to the ERFs is NOT required for this test
- (2) Backup pager notification is not required for this test
- (3) Failure of any test criteria shall result in immediate corrective actions by EP

1. About one week prior to the test inform the ERO of the test with the expected action to complete Attachment 3 following the test and send to E P.
2. The day of the test, contact CAN in accordance with EPIP-EPP-20, Attachment 4E.
3. Activate CAN with the following message using Attachment 4E of EPIP-EPP-20:
  - This is a drill (1)
  - Involving both units (3)
  - No response required (1)
  - Alert or higher – off hours (4)
4. Verify receipt of CAN fax.
5. Collect required Notification Drill Response Forms (Attachment 3).
6. Verify the following test acceptance criteria:
  - A review of the Notification Drill Response Forms indicates that the test would have resulted in the staffing of all Emergency Response Facilities (ERF) with all required initial responders AND within the required time frame.
7. Develop a drill report. Unsatisfactory drill performance should be assessed against NIP-ECA-01 for initiation of a DER.
8. File approved drill report with CAN printout attached in EP PPF, A-1 under Drill Reports.

**3.3 Modifications to the ERO**

Emergency Preparedness may process any modifications to the ERO in accordance with the guidance provided in NIP-EPP-01, Attachment 1 and in Attachment 5, "ERO Member Change Form", of this procedure.

**4.0 DEFINITIONS**

4.1 **Community Alert Network (CAN)** - A vendor that provides an automated telephone service that activates the NMPNS pager system and contacts via telephone designated persons and provides pre-recorded emergency messages.

4.2 **Notification Drill** - An evolution that tests the integrated capability of the ERO notification system, typically consisting of a pager and telephone notification.

**5.0 REFERENCES AND COMMITMENTS**

**5.1 Technical Specifications**

None

**5.2 Licensee Documentation**

Nine Mile Point Site Emergency Plan

**5.3 Standards, Regulations, and Codes**

None

**5.4 Policies, Programs, and Procedures**

NIP-EPP-01  
EPMP-EPP-01

**5.5 Commitments**

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
None	C1	DER NM-2002-56: Information relative to use of Telezapper

## 6.0 RECORDS REVIEW AND DISPOSITION

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

Records generated per Step 3.1.

Records generated per Step 3.2.1.

Records generated per Step 3.2.2.

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

- Attachment 2, CAN Database Change Form
- Attachment 5, ERO Member Change Form

**LAST PAGE**

## ATTACHMENT 1: COMMUNITY ALERT NETWORK (CAN) SYSTEM DESCRIPTION

1.0 CAN is an automated telephone notification system that dials pre-defined telephone numbers when requested by NMPNS. The CAN System will dispense a message to each person called, indicating plant status and requested response.

2.0 The CAN database is divided into four lists, as follows:

<u>List #</u>	<u>When called</u>	<u>Who is called</u>
1	Unusual event, normal hours	EP Staff, (office phone) NRC Resident pager, ERO Initial Responder pagers
2	Unusual event, off-hours	EP Staff, (home phone) NRC Resident pager, ERO Initial Responder pagers
3	Alert or higher, normal hours	EP Staff, (office phone) NRC Resident pager, ERO Initial Responder pagers
4	Alert or higher, off-hours	<ul style="list-style-type: none"><li>• All initial responders (home phone)</li><li>• ERO initial responder pagers</li><li>• Secondary responders (home phone and pagers as applicable, except for Engineering Support))</li><li>• EP Staff (home phone and pagers), NRC Resident pager</li></ul>

3.0 EPIP-EPP-20 contains details on the activation of this system.



**ATTACHMENT 2 (Cont)**

GROUP NAME	DESCRIPTION
Initial	All Initial Responders
EOFTech	EOF Technical Assistants
Admin	Administrative/Clerical
U1RP	Unit 1 Radiation Protection
U2RP	Unit 2 Radiation Protection
U1Chem	Unit 1 Chemistry
U2Chem	Unit 2 Chemistry
U1Tecsups	Unit 1 Technical Support
U1Opssups	Unit 1 Operations Support
U2Tecsups	Unit 2 Technical Support
U2Opssups	Unit 2 Operations Support
U1Mmaint	Unit 1 Mechanical Maintenance
U1Emaint	Unit 1 Electrical Maintenance
U1ICMain	Unit 1 I&C Maintenance
U2Mmaint	Unit 2 Mechanical Maintenance
U2Emaint	Unit 2 Electrical Maintenance
U2ICMain	Unit 2 I&C Maintenance
JNC	Joint News Center
EOF Dose	EOF Dose Assessment Staff
U1 Ops	Unit 1 Operations
U2 Ops	Unit 2 Operations

**ATTACHMENT 3: NOTIFICATION DRILL RESPONSE FORM**

Name: \_\_\_\_\_

Emergency Position: \_\_\_\_\_

ERO Team #: \_\_\_\_\_

Date Notification Received: \_\_\_\_\_

**Pager Activation:**

Did your pager activate?

Yes (Time \_\_\_\_\_ Numeric Message \_\_\_\_\_):       No

**Telephone Notification:**

Did you receive a call from CAN?

- Yes, Phone message       Drill       Unit 1       No response required  
 Not a Drill       Unit 2       Respond normal location  
 Both Units       Respond alternate location
- Call was made to home but was not there to answer. (answering machine or someone else answered)
- Was home but did not receive call

How long will it take you (in minutes) to get to your emergency response facility following receipt of the notification? \_\_\_\_\_

For Initial Responders that have Secondary Responders who are not contacted by CAN, call the Secondary Responders you are responsible for and determine the following:

Number called: \_\_\_\_\_      Number of reporting able to respond: \_\_\_\_\_

Have the appropriate numbers of Secondary Responders indicated they are available to respond:

- Yes       No       N/A

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return to Emergency Preparedness, NLC  
Fax: x4874

## **ATTACHMENT 4: GUIDELINES FOR CAN CHANGES**

- 1) If the change is very simple in nature, for example: someone's phone number changed, or their name changed for whatever reason, process the Attachment 2, *CAN DATABASE CHANGE FORM* in accordance with the instructions provided on the attachment.
- 2) If the change is more complex, for example: adding or removing someone from the CAN database due to new qualification, lost qualification, person changed departments, etc. then:
  - a) Verify the change is properly authorized in accordance with NIP-EPP-01.
    - 1) A valid NIP-EPP-01, Attachment 2, *ERO Change Request*, signed by the Director Emergency Preparedness, must be completed and approved before any change is initiated.
- 3) Major changes to the CAN system require even greater levels of verification and validation to ensure no inadvertent changes were incorporated during the change process. Depending on the nature of the change, any or all of the following actions should be performed when necessary:

**Caution: Verify all validation testing is performed in the "test" mode.**

If a mistake is made here, you won't stand the chance of falsely activating an actual emergency response of the ERO, the State, County, and Local emergency response organizations.

- a) Obtain a new printout from CAN of the ".vox" files and verify only the changes requested have been made.
- b) Obtain a new printout from CAN of the "call flow" logic files and verify only the requested changes have been made.
- c) Call CAN and schedule a time to physically test the requested changes.
  - 1) Actually run through the modifications via real time testing of the messages in the "test" mode.
  - 2) Ensure all possible affected message combinations are tested.

## ATTACHMENT 5: ERO MEMBER CHANGE FORM

ERO Member Name: \_\_\_\_\_ ERO Position: \_\_\_\_\_

Check one (1):     Addition                       Deletion                       Change Complete N/A                      Init / Date

1. Verify all required information per NIP-EPP-01, Attachment 2, ERO Change Form, is complete.                                                                  \_\_\_/\_\_\_
  
2. If addition or change, perform the following:
  - (a) Verify ERO Qualification training complete (EP Trng)                                                                  \_\_\_/\_\_\_
  - (b) Update ERO Qualification List (EP Trng)                                                                  \_\_\_/\_\_\_
  - (c) Attach a Copy of training qualification (EP Trng)                                                                  \_\_\_/\_\_\_
  - (d) Revise ERO duty roster (See step 4)                                                                  \_\_\_/\_\_\_
  - (e) Revise ERO Qual List Addendum on S and W drives                                                                  \_\_\_/\_\_\_
  - (C1) (f) Inform ERO member to not use Telezapper or similar device on home phone                                                                  \_\_\_/\_\_\_
  - (g) Ensure ERO member obtains green card                                                                  \_\_\_/\_\_\_
  - (h) Provide ERO-capable pager to ERO member                                                                  \_\_\_/\_\_\_
  - (i) Provide Drill/exercise schedule to ERO member                                                                  \_\_\_/\_\_\_
  - (j) Provide Revised ERO duty roster to ERO member                                                                  \_\_\_/\_\_\_
  - (k) Review NIP-EPP-01 requirements with ERO member                                                                  \_\_\_/\_\_\_
  - (l) Process CAN Database Change form                                                                  \_\_\_/\_\_\_
  - (m) Issue / post duty roster                                                                  \_\_\_/\_\_\_
  - (n) Attach ERO Member Change-form to NIP-EPP-01, Attachment 2                                                                  \_\_\_/\_\_\_
  - (o) File paperwork in EP files under ERO Changes                                                                  \_\_\_/\_\_\_
  
3. If deletion, perform the following:
  - a) Process CAN Database Change form                                                                  \_\_\_/\_\_\_
  - b) Update ERO Qualification (EP Trng)                                                                  \_\_\_/\_\_\_
  - c) Revise ERO Qual List Addendum on S and W drives                                                                  \_\_\_/\_\_\_
  - d) Ensure ERO pager returned                                                                  \_\_\_/\_\_\_
  - d) Revise / issue / post duty roster (See step 4)                                                                  \_\_\_/\_\_\_
  - e) Attach ERO Member Change-form to NIP-EPP-01, Attachment 2                                                                  \_\_\_/\_\_\_
  - f) File paperwork in EP files under ERO Changes                                                                  \_\_\_/\_\_\_
  
4. Revising / issuing / posting ERO Duty Roster  
**NOTE:** Ensure only a 'draft' revision is created until final approval by the Director Emergency Preparedness or designee before issuance of the new revision.
  - a) Locate duty roster on 'S' drive under Emergency Prep, ERO Duty Roster (year / rev). doc and make appropriate changes                                                                  \_\_\_/\_\_\_
  - b) Complete duty roster draft revision                                                                  \_\_\_/\_\_\_
  - c) Revise ERO Qual List Addendum on S and W drives                                                                  \_\_\_/\_\_\_
  - d) Approved duty roster revision issued and on Nucweb                                                                  \_\_\_/\_\_\_
  - e) E-mail new duty roster to ERO                                                                  \_\_\_/\_\_\_
  - f) Post new duty roster on EP bulletin Boards
    - NLC
    - U2 Ops Bldg – outside PM office
    - U1 Admin Bldg – outside Rx Eng.
    - U2 Maintenance Bldg – 1st floor at central stairway
    - P Bldg – across from lunchroom
    - ESB – 1ST floor near back entrance
    - U1 Security - at exit before turnstiles
    - U2 Security - at exit before turnstiles
  - (g) Update ERO Duty Rosters in all ERFs (TSC, OSC, EOF, JNC)                                                                  \_\_\_/\_\_\_