

TIPCK02

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PASSPORT DOCUMENT

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Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Cop
* 0001	MP	PROC	HP	RPM 4.8.5 EMERGENCY RADIOLOGICAL EQUIPMENT MAINTENANCE INSPECTION		005			P	
* 0002	MP	PROC	HP	RPM 4.8.5-001 EMERGENCY RESPONSE FACILITY READINESS CHECK REPORTFORM		003			P	
* 0003	MP	PROC	HP	RPM 4.8.5-010 UNIT 1 CONTROL ROOM KIT AND LOCKER		004 01			P	
* 0004	MP	PROC	HP	RPM 4.8.5-014 UNIT 1 PERSONNEL DECON ROOM EMERGENCY PERSONNEL DECON KIT		000 01			P	

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 Documents noted above not received (identify those not received).
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Document Action Request					SPG # 020430-141603		
Initiated By: <u>Jon Firman</u>		Date: <u>03/14/2002</u>	Department: <u>HP</u>	Ext: <u>4560</u>			
Document No <u>RPM 4.8.5</u>		Rev. No: <u>005</u>	Minor Rev No: <u>00</u>				
Title: Emergency Radiological Equipment Maintenance & Inspection							
For New Documents only → <input type="checkbox"/> QA RI Title							
Reason for Request (attach commitments, CR's, AR's, OEs etc)							
Deleted RPM 4.8.5-010, "Unit 1 Control Kit and Locker," and RPM 4.8.5-14, "Unit 1 Personnel Decon Room Emergency Personnel Decon Kit," because the facilities are no longer used.							
<p style="font-size: 1.2em; font-weight: bold;">The review and approval for this procedure included RPM 4.8.5-001, rev. 3.</p> <p style="text-align: right;">Continued <input checked="" type="checkbox"/></p>							
Select One if performing a change See MP-05-DC-SAP01 sect 2.3 to determine type of change							
<input type="checkbox"/> Intent Change (SQR Independent, RCD, ENV Screen Required)		<input type="checkbox"/> Edit Corr		<input type="checkbox"/> Non-Intent Change			
<small>(Other reviews may be required. See MP-05-DC-FAP 01.1 Att 3)</small>		<small>(Only Tech IR, SQR IR and Env. signature Required)</small>					
Editorial Correction Approval			TPC Interim Approval				
_____ Plant Mngt Staff Member - Approval / Date			_____ (1) Plant Mngt Staff Member Print/Sign/Date				
_____ (2) SM/SRO/CFH on Unit Print/Sign/Date							
Procedure Request/Feedback Disposition							
Priority: <input checked="" type="checkbox"/> Perform Now <input type="checkbox"/> Perform Later - See Comments							
Activity: <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Rev <input type="checkbox"/> Biennial Review <input type="checkbox"/> Cancellation <input type="checkbox"/> Supercedure							
<small>See DC-GD101 for guidance</small>							
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Reviews <small>continued</small> <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments
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Validation	<u>Jean B. Olsen</u>	<u>Jean B. Olsen</u>	<u>5/10/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DA</u>	<input type="checkbox"/>
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Licensing Basis	<u>Ira L. Haas</u>	<u>Ira L. Haas</u>	<u>5/13/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HP</u>	<input type="checkbox"/>
Tech Independent	<u>Ira L. Haas</u>	<u>Ira L. Haas</u>	<u>5/13/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HP</u>	<input type="checkbox"/>
An NRRL update was required? <input type="checkbox"/> Yes							
1. <input checked="" type="checkbox"/> SQR Program Final Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> <u>Ira L. Haas</u> <u>5/13/02</u> SQR Qualified Independent Reviewer / Date <u>[Signature]</u> <u>5/13/02</u> Department Head/Responsible Individual <u>5/13/02</u> Approval Date				<input type="checkbox"/> SORC Final review and Approval N/A <input checked="" type="checkbox"/> RI/DH (Ref Mans. GDL's Handbook) DH/RI Sign _____ Meeting No. _____ SORC Signature _____ DH / RI Signature _____ Approval Date _____			
Effective Date <u>5-20-02</u>							

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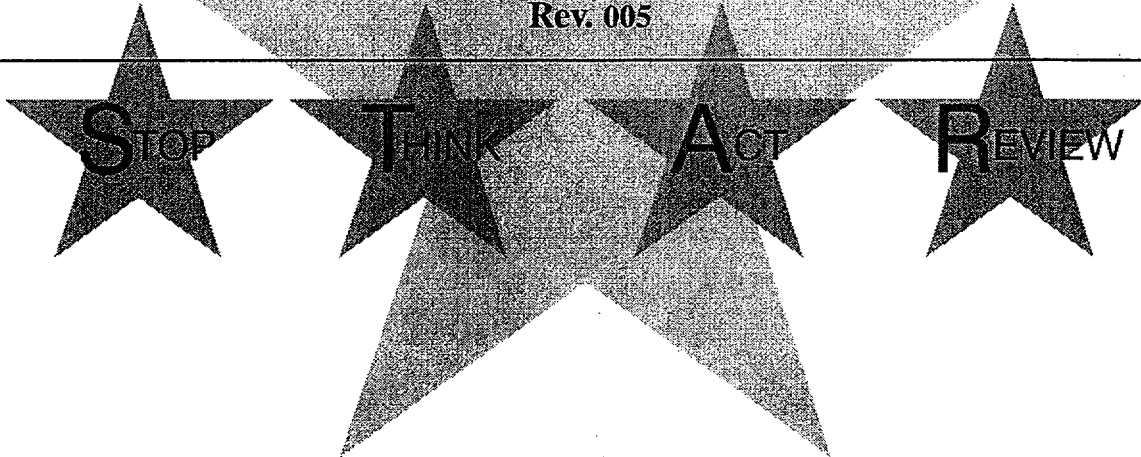
MILLSTONE NUCLEAR POWER STATION
HEALTH PHYSICS OPERATIONS PROCEDURE



**Emergency Radiological Equipment Maintenance
and Inspection [Ref. 6.2]**

RPM 4.8.5

Rev. 005



Approval Date:

5-13-02

Effective Date:

5-20-02

Level of Use
Information

**Millstone All Units
Health Physics Operations Procedure**

Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]

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ATTACHMENTS AND FORMS

- RPM 4.8.5-001, "Emergency Response Facility Readiness Check Report Form"
- RPM 4.8.5-002, "Emergency Operations Facility, Team 2 Kit"
- RPM 4.8.5-003, "Emergency Operations Facility, Team 3 Kit"
- RPM 4.8.5-004, "Emergency Operations Facility, Team 4 Kit"
- RPM 4.8.5-005, "Emergency Operations Facility, Team 5 Kit"
- RPM 4.8.5-009, "Emergency Operations Facility Locker"
- RPM 4.8.5-011, "Unit 2 Control Room Kit and Locker"
- RPM 4.8.5-013A, "Overwater Team Monitoring Kit and Locker"
- RPM 4.8.5-015, "Unit 2 Personnel Decon Room Emergency Personnel Decon Kit"
- RPM 4.8.5-016, "SAP Team 2 Kit"
- RPM 4.8.5-017, "SAP Locker"
- RPM 4.8.5-019, "VAP/SAP Ambulance Kit"
- RPM 4.8.5-020, "Unit 3 Control Room Kit and Locker"
- RPM 4.8.5-021, "Technical Support Center Locker"
- RPM 4.8.5-022A, "Technical Support Center TSC Kit"
- RPM 4.8.5-022B, "OSC Assembly Area Kit and Locker Building 475, 1st floor"
- RPM 4.8.5-024, "Unit 3 Personnel Decon Room Emergency Personnel Decon Kit"
- RPM 4.8.5-025, "NAP Team 2 Kit"
- RPM 4.8.5-026, "NAP Locker"
- RPM 4.8.5-027, "Security Station Emergency Dose Rate Equipment Kit"

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1. PURPOSE

1.1 Objective

This procedure ensures that the emergency radiological monitoring and protection equipment and other specified supplies at the Emergency Response Facilities are available when needed. It also ensures that the equipment is found in appropriate quantities, and is maintained in its proper operating condition, as required by Unit 2 Technical Specification 6.12 and Unit 3 Technical Specification 6.8.4 (b).

1.2 Discussion

This procedure is provided to ensure that:

- The minimum quantity of equipment is found at the locations specified on the inventory forms. [♣ Ref. 6.7 and 6.9]
- Radiological equipment is found to be in satisfactory working condition.
- Respiratory equipment has been inspected using guidance from RPM 2.3.4, "Inspection and Maintenance Process for Respiratory Protection Equipment."

1.3 Frequency

This procedure is to be completed in January, April, July, and October of each year. This procedure shall also be completed on a post drill and on an as needed basis. [♣ Ref. 6.7 and Ref. 6.8]

2. PREREQUISITES

2.1 General

N/A

2.2 Documents

- 2.2.1 RPM 2.3.4, "Inspection and Maintenance Process for Respiratory Protection Equipment"

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2.3 Responsibilities

2.3.1 Radiation Protection Supervisor – Services approves and makes changes to RPM 4.8.5–001 through 4.8.5–027.

2.3.2 Emergency Plan Coordinator approves changes to RPM 4.8.5–001 through 4.8.5–027.[* Ref. 6.7]

2.4 Definitions

2.4.1 Emergency Response Facility (ERF)– Facilities containing emergency equipment (including radiological monitoring and protection equipment) which are activated in the event of an incident class ALERT or above classification. The station ERFs include:

- Emergency Operations Facility
- Technical Support Center
- Control Rooms
- North Access Point Assembly Area
- South Access Point Assembly Area

3. PRECAUTIONS

N/A

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4. INSTRUCTIONS

4.1 Inventory Package Preparation

4.1.1 RECORD the following on RPM 4.8.5-001:

- Date
- Reason for Inventory
- Kits to be Inventoried

4.1.2 For each kit or locker to be inventoried, SELECT and DATE the corresponding form from RPM 4.8.5-002 through 4.8.5-027.



4.2 Kit or Locker Inventories [☛ Ref. 6.8 and 6.10]

4.2.1 SELECT a kit or locker and PERFORM inventory as follows:

- CHECK and RECORD quantity found.
- REMOVE unnecessary items from kit or locker.
- Where indicated on form, RECORD instrument serial numbers and calibration due dates.
- IF kit contains potassium iodide tablets, PERFORM the following:
 - IF potassium iodide tablets will expire prior to the next quarterly inventory, REPLACE tablets.
 - Where indicated on form, RECORD expiration date of potassium iodide tablets.
- REPLACE the following on dates indicated on form:
 - Batteries
 - TLD badges
 - Finger rings
- IF kit or locker contains respirators, PERFORM the following:
 - Refer To RPM 2.3.4, “Quality Assurance Program for Respiratory Protection Equipment” and VERIFY respiratory equipment tags are correct.
 - Where indicated on form, RECORD inspection date.
- IF kit or locker contains equipment with batteries or sources, ENSURE the following:
 - Equipment is operable
 - Calibration due dates are current
 - Battery condition is satisfactory

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- Source response is satisfactory
- **IF** any equipment is found missing **OR** is removed, **RECORD** the following information on RPM 4.8.5–001:
 - Kit and, if applicable, section title
 - Description of deficiency
 - Actions to be taken to correct deficiency

4.3 Equipment Restoration

4.3.1 **WHEN** all items have been checked, **RESTORE** equipment as follows:

- a. **VERIFY** all Ludlum 177 meters are on and plugged in.
- b. **VERIFY** all equipment other than Ludlum 177 meters are off.
- c. **PLACE** stop watches in “RUN” mode to relieve spring tension.
- d. Neatly **REPLACE** equipment in storage location.

4.3.2 **RESTORE** any missing or removed equipment within 24 hours. [♣ Ref. 6.10]

4.3.3 **IF** any equipment cannot be restored within 24 hours, **INFORM** RPS – Services.

4.3.4 **IF** any missing or removed items are restored prior to sending RPM 4.8.5–001 to RPS – Services, **PERFORM** the following:

- a. **RECORD** date deficiency was corrected on RPM 4.8.5–001.
- b. **RECORD** date equipment was returned on the applicable kit or locker inventory form.
- c. **RECORD** quantity of equipment returned on applicable kit or locker inventory form.

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4.4 Documentation

- 4.4.1 RECORD any inventory comments on RPM 4.8.5-001.
- 4.4.2 SIGN and DATE completed kit or locker inventory form.
- 4.4.3 IF there are more kits or lockers to be inventoried, Go To Section 4.2.
- 4.4.4 WHEN all kits or lockers have been inventoried, SIGN and DATE RPM 4.8.5-001.
- 4.4.5 COMPILE completed kit or locker inventory form(s) and RPM 4.8.5-001 and SUBMIT package to RPS – Services for review.
- 4.4.6 REVIEW RPM 4.8.5-001 and inventory forms for inventory deficiencies.
- 4.4.7 WHEN any missing or removed item is restored, PERFORM the following:
 - a. RECORD date deficiency was corrected on RPM 4.8.5-001.
 - b. RECORD date equipment was returned on the applicable kit or locker inventory form.
 - c. RECORD quantity of equipment returned on applicable kit or locker inventory form.
- 4.4.8 REVIEW and SIGN inventory form(s).
- 4.4.9 REVIEW and SIGN RPM 4.8.5-001.
- 4.4.10 SEND a copy of RPM 4.8.5-001 to Station Emergency Plan Coordinator. [♣ Ref. 6.7 and 6.8]
- 4.4.11 SEND inventory forms to HP Calibration Laboratory to be filed.
- 4.4.12 FILE inventory forms and RPM 4.8.5-001.

RPS –
Services

Calibration
Technician

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5. REVIEW AND SIGNOFF

5.1 The review and signoff for this procedure is located on RPM 4.8.5-001 through 4.8.5-027, of this procedure.

6. REFERENCES

- 6.1 NUREG-0654, FEME-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," Section II, Part H
- 6.2 NUREG-0737, "Supplement 1 to NUREG-0737 - Requirements for Emergency Response Capability (Generic Letter No. 82-33)" dated December 17, 1982.
- 6.3 Millstone Nuclear Power Station Emergency Plan, Appendix E, "Emergency Equipment," Rev.17, June 1995.
- 6.4 EPPCR-94-22, "Emergency Planning and Health Physics Improvements"
- 6.5 EPPCR-95-05, "Silver Zeolite Cartridges"
- 6.6 EP-95-023, "Operational Support Center Change," T. J. Dembek dated January 6, 1995.
- 6.7 NOV VIO 50-245, 336, 423/97-81-02 and CR M3-97-4483
- 6.8 **RCR-13987, 13991, 14078, 14092, 14242, 14237 & 40900**, NU Letter A02567, Combined Inspection No. 50-245; 50-336; 50-423, "MNPS, Unit Nos. 1, 2, & 3 Response to Notice of Violation," dated September 18, 1982. **RCR 14242** specifies frequencies of inventories, operations checks, change out and replacement schedule for items having limited shelf life. **RCR 14237** specifies replacement for instruments taken for calibration. **RCR 13987, 13991, 14078, 14092 & 40900** collectively state that finger rings will be provided in the on-site emergency monitoring team kits and at the EOF.
- 6.9 **RCR-18611**, NU Letter, dated 12/27/76. Emergency Plan equipment is on an inventory list.
- 6.10 **RCR-16286**, NU Letter, dated 12/27/76. Emergency Plan equipment is replaced in a timely manner.
- 6.11 Unit 2 Technical Specification 6.12

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- 6.12 Unit 3 Technical Specification 6.8.4(b)
- 6.13 Memo EP-98-127, "Implementation of Millstone Emergency Plan Revision #24," from Mark White to Millstone HP Management Personnel
- 6.14 USNRC *Emergency Preparedness Position (EPPOS¹) on Emergency Plan and Implementing Procedures Changes*
- 6.15 MP-HPO-99081, "Closure of A/R 99006430-01," from A. S. Klotz to H. W. Siegrist, dated May 21, 1999.

7. SUMMARY OF CHANGES

- 7.1 Deleted RPM 4.8.5-010, "Unit 1 Control Room Kit and Locker," and RPM 4.8.5-014, "Unit 1 Personnel Decon Room Emergency Personnel Decon Kit," because the facilities are no longer used.





Document Action Request						SPG # 020430-141603																																																																			
A	Initiated By: <u>Jon Firman</u>		Date: <u>03/14/2002</u>	Department: <u>HP</u>	Ext: <u>4560</u>																																																																				
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5-13-02

Approval Date

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Effective Date

Emergency Response Facility Readiness Check Report Form

Date: _____ Reason for Inventory: Quarterly Post Drill Other: _____

Kit Or Locker To Be Inventoried	Form No.	Place A Check Mark For Kits To Be Inventoried
All	N/A	
Emergency Operations Facility, Team 2 Kit	2	
Emergency Operations Facility, Team 3 Kit	3	
Emergency Operations Facility, Team 4 Kit	4	
Emergency Operations Facility, Team 5 Kit	5	
Emergency Operations Facility Locker	9	
Unit 2 Control Room Kit and Locker	11	
Overwater Team Monitoring Kit and Locker	13A	
Unit 2 Personnel Decon Room Emergency Personnel Decon Kit	15	
SAP Team 2 Kit	16	
SAP Locker	17	
VAP/SAP Ambulance Kit	19	
Unit 3 Control Room Kit and Locker	20	
Unit 3 Technical Support Center Locker	21	
Unit 3 Technical Support Center Kit	22A	
Building 475, Conference Room 102	22B	
Unit 3 Personnel Decon Room Emergency Personnel Decon Kit	24	
NAP Team 2 Kit	25	
NAP Locker	26	
Security Station Emergency Dose Rate Equipment	27	



Document Action Request						SPG # 020430-145318	
Initiated By: <u>Jon Firman</u>		Date: <u>03/14/2002</u>		Department: <u>HP</u>		Ext: <u>4560</u>	
Document No: <u>RPM 4.8.5-010</u>				Rev. No: <u>004</u>		Minor Rev No: <u>01</u>	
Title: Unit 1 Control Room Kit and Locker							
For New Documents only → <input type="checkbox"/> QA RI Title							
Reason for Request (attach commitments, CRs, ARs, OEs etc) Cancelled RPM 4.8.5-010, "Unit 1 Control Kit and Locker," because the facility is no longer used.							
Select One if performing a change <small>See MP-05-DC-SAP01 sect 2.3 to determine type of change</small> Continued <input type="checkbox"/>							
<input type="checkbox"/> Intent Change <small>(SQR Independent, RCD, ENV Screen Required)</small>		<input type="checkbox"/> Edit Corr		<input type="checkbox"/> Non-Intent Change <small>(Only Tech IR, SQR IR and Env. signature Required)</small>			
Editorial Correction Approval				TPC Interim Approval			
_____ Plant Mngt Staff Member - Approval / Date				_____ (1) Plant Mngt Staff Member Print/Sign/Date			
_____ Plant Mngt Staff Member - Approval / Date				_____ (2) SM/SRO/CFH on Unit Print/Sign/Date			
Procedure Request/Feedback Disposition							
Priority: <input checked="" type="checkbox"/> Perform Now <input type="checkbox"/> Perform Later - See Comments							
Activity: <input type="checkbox"/> Revision <input type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Rev <input type="checkbox"/> Biennial Review <input checked="" type="checkbox"/> Cancellation <input type="checkbox"/> Supercedure <small>See DC-GD101 for guidance</small>							
<input type="checkbox"/> TPC <input type="checkbox"/> OTC <input type="checkbox"/> Place in Void							
Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments <input type="checkbox"/>
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/> 50.54 (q)	<u>MARK WHITE</u>	<u>Mark White</u>	<u>5/8/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>EPD</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Validation	<u>Jean B. Olsen</u>	<u>Jean B. Olsen</u>	<u>5/10/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DA</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> RCD	<u>Jean B. Olsen</u>	<u>Jean B. Olsen</u>	<u>5/10/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DA</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Licensing Basis	<u>Ira L. Haas</u>	<u>Ira L. Haas</u>	<u>5/13/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HP</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tech Independent	<u>Ira L. Haas</u>	<u>Ira L. Haas</u>	<u>5/13/02</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HP</u>	<input type="checkbox"/>
An NRRL update was required? <input checked="" type="checkbox"/> Yes							
1. <input checked="" type="checkbox"/> SQR Program Final Review and Approval				<input type="checkbox"/> SORC Final review and Approval			
Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/>				<input type="checkbox"/> N/A <input checked="" type="checkbox"/> RI/DH <small>(Ref Mans. GDI's Handbook)</small>			
<u>Ira L. Haas</u> <u>5/13/02</u> SQR Qualified Independent Reviewer / Date				DH/RI Sign _____ Meeting No. _____			
<u>Ira L. Haas</u> Department Head/Responsible Individual				SORC Signature _____			
<u>5/13/02</u> Approval Date				DH / RI Signature _____ Approval Date			
Effective Date <u>5-20-02</u>							

02/13/02
Approval Date



02/14/02
Effective Date

Document Action Request

SPG # 020430-145428

Initiated By: Jn Firman Date: 03/14/2002 Department HP Ext 4560
Document No RPM 4.8.5-014 Rev. No: 000 Minor Rev No 01
Title: **Unit 1 Personnel Decon Room Emergency Personnel Decon Kit**

For New Documents only → QA RI Title

Reason for Request (attach commitments, CR's, AR's, OEs etc)
Cancelled RPM 4.8.5-14, "Unit 1 Personnel Decon Room Emergency Personnel Decon Kit," because the facility is no longer used.

Select One if performing a change See MP-05-DC-SAP01 sect 2.3 to determine type of change

Continued

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

Editorial Correction Approval

Plant Mngt Staff Member - Approval / Date

TPC Interim Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later - See Comments

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance
 TPC OTC Place in Void

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
50.54 (g)	<input checked="" type="checkbox"/> MARK WHITE	<i>Mark White</i>	5/8/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPD	<input type="checkbox"/>
Validation	<input checked="" type="checkbox"/> Jean B. Olsen	<i>Jean B. Olsen</i>	5/10/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DA	<input type="checkbox"/>
RCD	<input checked="" type="checkbox"/> Jean B. Olsen	<i>Jean B. Olsen</i>	5/10/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DA	<input type="checkbox"/>
Licensing Basis	<input checked="" type="checkbox"/> Ira L. Haas	<i>Ira L. Haas</i>	5/13/02	x		HP	<input type="checkbox"/>
Tech Independent	<input checked="" type="checkbox"/> Ira L. Haas	<i>Ira L. Haas</i>	5/13/02	x		HP	<input type="checkbox"/>

An NRRL update was required? Yes

1. SQR Program Final Review and Approval

Approval Disapproval

Ira L. Haas 15/13/02
SQR Qualified Independent Reviewer / Date

J. Firman
Department Head/Responsible Individual

5/14/02
Approval Date

SORC

Final review and Approval

N/A

DH/RI Sign

Meeting No. _____

SORC Signature _____

RI/DH (Ref Mans, GDL's Handbook)

DH / RI Signature _____

Approval Date _____

Effective Date 5-20-02

MP-05-DC-SAP01-001

Rev. 003-02

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