

Wednesday, July 17, 2002

Document Update Notification

COPYHOLDER NO: 103

TO: ANO-NRC (EMERGENCY RESPONSE
COORD.) - WASHINGTON

ADDRESS: OS-DOC CNTRL DESK MAIL STOP OP1-
17 WASHINGTON DC 20555-DC

DOCUMENT NO: OP-1903.060

TITLE: EMERGENCY SUPPLIES & EQUIPMENT

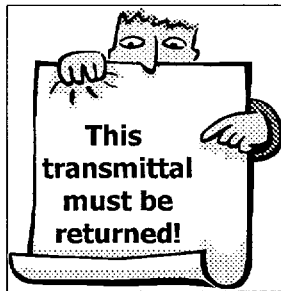
REVISION NO: 034-03-0

CHANGE NO: PC-03

SUBJECT: PERMANENT CHANGE (PC)



← If this box is checked, please sign, date, and return within 5 days.



ANO-1 Docket 50-313



ANO-2 Docket 50-368

Signature

Date

SIGNATURE CONFIRMS UPDATE HAS BEEN MADE

RETURN TO:

**ATTN: DOCUMENT CONTROL
ARKANSAS NUCLEAR ONE
1448 SR 333
RUSSELLVILLE, AR 72801**

A045

ENTERGY OPERATIONS INCORPORATED ARKANSAS NUCLEAR ONE

TITLE: Emergency Supplies & Equipment

DOCUMENT NO.
1903.060

CHANGE NO.
034-03-0

SET # 103

WORK PLAN EXP. DATE
N/A

TC EXP. DATE
N/A

SAFETY-RELATED
☒ YES ☐ NO

IPTE
☐ YES ☒ NO

TEMP ALT
☐ YES ☒ NO

When you see these **TRAPS**

Get these **TOOLS**

Time Pressure
Distraction/Interruption
Multiple Tasks
Overconfidence
Vague or Interpretive Guidance
First Shift/Last Shift
Peer Pressure
Change/Off Normal
Physical Environment
Mental Stress (Home or Work)

Effective Communication
Questioning Attitude
Placekeeping
Self Check
Peer Check
Knowledge
Procedures
Job Briefing
Coaching
Turnover

VERIFIED BY

DATE

TIME

FORM TITLE:

VERIFICATION COVER SHEET

FORM NO.
1000.006A

CHANGE NO.
050-00-0

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

Page 1

TITLE: EMERGENCY SUPPLIES & EQUIPMENT

**DOCUMENT NO.
1903.060**

**CHANGE NO.
034-03-0**

AFFECTED UNIT:

☒ UNIT 1 ☒ UNIT 2

☒ PROCEDURE ☐ ELECTRONIC DOCUMENT

☐ WORK PLAN, EXP. DATE N/A

SAFETY-RELATED

☒ YES ☐ NO

TYPE OF CHANGE:

☐ NEW

☒ PC

☐ TC

☐ DELETION

☐ REVISION

☐ EZ

EXP. DATE: N/A

DOES THIS DOCUMENT:

- | | | |
|--|---|--|
| 1. Supersede or replace another procedure?
(If YES, complete 1000.006B for deleted procedure.) (OCAN058107) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 2. Alter or delete an existing regulatory commitment?
(If YES, coordinate with Licensing before implementing.) (OCNA128509)(OCAN049803) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Require a 50.59 review per LI-101? (See also 1000.006, Attachment 15)
(If 50.59 evaluation, OSRC review required.) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Cause the MTCL to be untrue? (See Step 8.5 for details.)
(If YES, complete 1000.009A) (1CAN108904, 0CAN099001, 0CNA128509, 0CAN049803) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 5. Create an Intent Change?
(If YES, Standard Approval Process required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 6. Implement or change IPTE requirements?
(If YES, complete 1000.143A. OSRC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| 7. Implement or change a Temporary Alteration?
(If YES, then OSRC review required.) | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Was the Master Electronic File used as the source document?

☒ YES ☐ NO

INTERIM APPROVAL PROCESS

STANDARD APPROVAL PROCESS

ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE:

ORIGINATOR SIGNATURE: (Includes review of Att. 13) DATE: 6/20/02

Print and Sign name: N/A

PHONE #:

Print and Sign name: Duane White

PHONE #: 4997

SUPERVISOR APPROVAL: *

DATE:

INDEPENDENT REVIEWER:

DATE:

SRO UNIT ONE: **

DATE:

ENGINEERING:

DATE:

SRO UNIT TWO: **

DATE:

QUALITY:

DATE:

Interim approval allowed for non-intent changes requiring no 50.59 evaluation that are stopping work in progress.

Standard Approval required for intent changes or changes requiring a 50.59 evaluation.

*If change not required to support work in progress, Department Head must sign.

**If both units are affected by change, both SRO signatures are required. (SRO signature required for safety related procedures only.)

UNIT SURVEILLANCE COORDINATOR (0CNA049803): DATE:

SECTION LEADER:

DATE:

QUALITY ASSURANCE:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OTHER SECTION LEADERS:

DATE:

OSRC CHAIRMAN/TECHNICAL REVIEWER: (0CNA049312) DATE:

FINAL APPROVAL:

REQUIRED EFFECTIVE DATE:

FORM TITLE:

PROCEDURE/WORK PLAN APPROVAL REQUEST

**FORM NO.
1000.006B**

**CHANGE NO.
051-00-0**

**ENTERGY OPERATIONS INCORPORATED
ARKANSAS NUCLEAR ONE**

TITLE:Emergency Supplies & Equipment

DOCUMENT NO.
1903.060

CHANGE NO.
034-03-0

☒ **PROCEDURE**

☐ **WORK PLAN, EXP. DATE** N/A

PAGE 1 **OF** 1

☐ **ELECTRONIC DOCUMENT**

TYPE OF CHANGE:

☐ **NEW**

☒ **PC**

☐ **TC**

☐ **DELETION**

☐ **REVISION**

☐ **EZ**

EXP. DATE: N/A

AFFECTED SECTION:
(Include step # if applicable)

Step 3.4.1

Form 1903.060C page
1 of 3

DESCRIPTION OF CHANGE: (For each change made, include sufficient detail to describe reason for the change.)

Deleted "twenty-five full faced respirators and" from the commitment P-4110 which previously read "Provide **twenty-five full faced respirators and** sets of protective clothing for emergency TSC personnel."

Deleted

**RESPIRATORY
PROTECTION EQUIP**

(Canister Mask w/Iodine Canister)

25

Expiration Date:

from form.

FORM TITLE:

DESCRIPTION OF CHANGE

FORM NO.
1000.006C

CHANGE NO.
050-00-0

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 1 of 43 CHANGE: 034-03-0
---------------------------------	---	-----------------------------------

NOTE

This procedure contains Improved Technical Specifications (ITS) content in the following format:

[ITS Example Content ITS]

This content is not valid until after the implementation of Improved Technical Specifications.

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE NO.</u>
1.0 PURPOSE.....	3
2.0 SCOPE.....	3
3.0 REFERENCES.....	3
4.0 DEFINITIONS.....	4
5.0 RESPONSIBILITIES.....	4
6.0 DESCRIPTION.....	4
7.0 LIMITS AND PRECAUTIONS.....	5
8.0 INSTRUCTIONS.....	6
8.1 INVENTORY	6
8.2 MONTHLY PERFORMANCE CHECKS	7
8.3 ANO METEOROLOGICAL TOWER DATA MONTHLY REPORT	8
8.4 EMERGENCY MEDICAL LOCKER BATTERY CHECK	8
8.5 EMERGENCY KIT SEAL ACCOUNTABILITY	8
9.0 ATTACHMENTS AND FORMS	
9.1 Form 1903.060A, "Control Room Kit Inventory Form"	10
9.2 Form 1903.060B, "Onsite Radiological Monitoring Kit Inventory Form"	14
9.3 Form 1903.060C, "Technical Support Center Kit Inventory Form"	17
9.4 Form 1903.060D, "Main Guard House Kit Inventory Form"	20
9.5 Form 1903.060E, "Emergency Operations Facility Kit Inventory Form"	21

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 2 of 43 CHANGE: 034-03-0
---------------------------------	---	-----------------------------------

9.6	Form 1903.060F, "Field Monitoring Kit Inventory Form"	26
9.7	Form 1903.060J, "St. Mary's Hospital Kit Inventory Form" ...	28
9.8	Form 1903.060K, "First Aid Supplies Inventory Form"	31
9.9	Form 1903.060P, "Dose Assessment Kit Inventory Forms"	32
9.10	Form 1903.060Q, "Monthly Emergency Kit Surveillance Checklist"	34
9.11	Form 1903.060R, "Met Tower Data Monthly Review Form"	39
9.12	Form 1903.060S, "Emergency News Center Kit Inventory Form" .	40
9.13	Form 1903.060U, "UAMC Hospital Kit Inventory Form"	41
9.14	Form 1903.060V, "Emergency Kit Seal Accountability Log"	43

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 3 of 43 CHANGE: 034-03-0
--	---	---

1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits and the periodic inventory requirements for the indicated emergency supplies and equipment.

2.0 SCOPE

This procedure applies to the emergency supplies and equipment contained in a designated emergency kit or room unless otherwise indicated. This procedure contains monitoring requirements for assessing conformance with limiting conditions for operation of Unit 1 Technical Specifications.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

3.1.1 Emergency Plan

ITS 3.1.2 ANO-1 Technical Specifications [**ITS** Unit 1 SAR Table 7-11A, Unit 2 SAR Table 7.5-3 **ITS**]

3.2 References Used in Conjunction with this Procedure:

3.2.1 1000.009, "Surveillance Test Program Control"

3.2.2 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"

3.2.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"

3.2.4 1904.002, "Offsite Dose Projections - RDACS Method"

3.3 Related ANO Procedures:

3.3.1 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment"

3.3.2 1003.005, Fire Prevention Inspection

3.3.3 1601.463, "Operation of the AM-33 Continuous Air Monitor (NMC)"

3.4 Regulatory Correspondence Containing NRC Commitments which are Implemented in this Procedure: [**BOLD**] DENOTES COMMITMENTS

3.4.1 0CAN128305 (P-4110) Section 6.1.3 and 1903.060C. Provide sets of protective clothing for emergency TSC personnel.

3.4.2 0CAN038313 (P-4141) Form 1903.060C. Radiation monitor device is available in the TSC that will have both visual and audible alarms for monitoring radiation inside the TSC.

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 4 of 43 CHANGE: 034-03-0
--	---	---

3.4.3 LIC-94-293 (P-14103) 1903.060A, Spare SCBA bottles have been verified to contain 2000 psi or greater.

3.4.4 0CAN118202 (P-4067) Form 1903.060Q - Monthly emergency kit equipment operability checks.

4.0 DEFINITIONS

4.1 Physical Inventory - The counting of individual items within the kits to ensure minimum supply.

5.0 RESPONSIBILITIES

5.1 Manager, Emergency Planning

The Manager, Emergency Planning is responsible for ensuring the periodic inventory of emergency kits described in this procedure and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.

5.2 Manager, Radiation Protection/chemistry

The Manager, Radiation Protection/Chemistry is responsible for the monthly checklist and periodic inventory of the emergency kits described in this procedure.

5.3 Surveillance Test Coordinator

The Surveillance Test Coordinator is responsible for scheduling the Radiation Instruments Monthly Battery Checks in accordance with Tech. Specifications.

5.4 Fire Prevention Coordinator

The Fire Prevention Coordinator is responsible for ensuring the periodic inventory of fire lockers and carts described in Procedure 1003.005, "Fire Prevention Inspection" and for coordinating the maintenance and replacement of equipment and supplies contained in those lockers and carts.

6.0 DESCRIPTION

6.1 The following emergency kits are maintained at Arkansas Nuclear One for use in the event of an emergency:

6.1.1 Control Room Kit (Unit 1 Control Room Area; shared by both units)

6.1.2 Onsite Radiological Monitoring Kit (Operational Support Center)

6.1.3 **[Technical Support Center Kit (Technical Support Center)]**

6.1.4 Main Guard House Kit

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 5 of 43 CHANGE: 034-03-0
---------------------------------	---	-----------------------------------

- 6.1.5 Emergency Operations Facility Kit
- 6.1.6 Field Monitoring Kits A, B, C and D (Emergency Operations Facility)
- 6.1.7 Dose Assessment Kit (Emergency Operations Facility)
- 6.1.8 Emergency News Center Kit (Emergency Operations Facility)
- 6.1.9 Hospital Kit - St. Mary's Hospital, Russellville and University of Arkansas Medical Science Center (UAMSC), Little Rock.
- 6.1.10 Fire Lockers (Unit 1 Turbine Bldg. 354' el., Unit 2 Turbine Bldg. 354' el., Turbine Bldg. 386' el., Unit 1 Auxiliary Bldg 386' el.)
- 6.1.11 First Aid Kits (Medical Lockers and Nurse's Station)
- 6.1.12 Initial Environmental Sampling Kit

6.2 A Nurse's Station is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.

6.3 Contents of the emergency kits are listed on the forms attached to this procedure.

7.0 LIMITS AND PRECAUTIONS

- 7.1 If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.009. "Surveillance Test Program Control" for instructions.
- 7.2 Emergency kits shall be checked at the intervals specified by the Manager of Emergency Planning and the Surveillance Test Schedule.
- 7.3 Checklists shall be completed monthly.
- 7.4 Inventory lists shall be completed quarterly or after each use. If the Emergency Kit has been kept intact per "Emergency Kit Seal Accountability", a physical inventory is not required.
- 7.5 If kit is found unsealed, the contents of the kit shall be inventoried except for the following: First Aid Supplies Kit and ENC Kit.
- 7.6 When performing an inventory, the applicable forms shall be completed. Discrepancies should be noted on applicable form.
- 7.7 Discrepancies shall be resolved or corrective actions shall be initiated. This should be indicated on the inventory form.
- 7.8 When completed, the forms should be forwarded to Emergency Planning for review. Emergency Planning will forward the forms to Records.

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 6 of 43 CHANGE: 034-03-0
--	---	---

ITS 7.9 Monthly battery checks of portable survey-instruments are required per Unit 1 Technical Specification 4.1.a; Table 4.1-1, Item 40 [ITS Portable survey instrument battery checks are required monthly. (Unit 1 SAR Table 7-11A, Unit 2 SAR Table 7.5-3) ITS]

8.0 INSTRUCTIONS

8.1 Inventory

8.1.1 Emergency kit inventory is required if any of the following conditions exist:

- A. The kit has been used.
- B. The kit is found unsealed.
- C. The kit is due for a scheduled quarterly inventory.

8.1.2 Kits that have been maintained by seal accountability do not require a physical inventory (Refer to section 8.5). Performance checks must be performed.

8.1.3 IF kit meets the requirements for inventory,
THEN perform a complete inventory.

8.1.4 IF first quarter of year,
THEN replace all batteries contained within the kits that will expire prior to the first quarter of the following year and all batteries that do not have an expiration date. Batteries contained in radiological instruments are exempt.

8.1.5 Perform a physical inventory by ensuring that the minimum quantity for each item listed on the appropriate inventory form is contained within the kit. This step not required if the kit has been maintained by "Emergency Kit Seal Accountability", section 8.5.

8.1.6 Ensure expiration dates have not been exceeded nor will be exceeded within the next quarter on appropriate items except batteries. (Batteries are checked 1st quarter of year)

8.1.7 Inspect O-Rings on sample heads. Check for hardness or cracks that may cause the sample head to fail. Replace as necessary.

8.1.8 Perform a operability check and battery check of all battery powered equipment. Ensure instruments are left in the off position and batteries are removed when complete, if appropriate. (Radiation instruments are covered by monthly checks.)

8.1.9 Ensure that the emergency kits are maintained clean and orderly.

8.1.10 Marking items on the inventory form as "SAT" implies that all of the above conditions have been met.

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 7 of 43 CHANGE: 034-03-0
---------------------------------	---	---------------------------------------

8.1.11 Upon completion of inventory, ensure the kit is locked and contains a seal.

8.1.12 Complete appropriate forms and forward to Emergency Planning for review.

8.2 Monthly Performance Checks

NOTE

Respirators are maintained in accordance with current HP procedures.

8.2.1 Check and record the calibration due dates for the radiological instruments in the kit. Replace or recalibrate any instrument whose calibration due date will expire prior to the next scheduled inspection.

8.2.2 Perform an operability check on each instrument listed on Form 1903.060Q as follows:

- A. Perform a physical condition check on each instrument.
- B. Perform a battery check on appropriate instruments.
- C. Perform a qualitative source check on appropriate instruments.
- D. Perform an operational test on appropriate equipment.

8.2.3 Ensure radiation instruments are powered by AC power at all times where appropriate to ensure batteries are charged.

8.2.4 Plug in and allow to charge for approximately one hour the following items (unless they are continuously plugged in):

- A. Frisker
- B. Self Contained Air Sampler
- C. EOF Kit Battery (used to check 12 VDC air samplers)

8.2.5 Ensure all radiation instruments are turned off where appropriate.

8.2.6 Marking items on the checklist form as "SAT" implies that all of the above conditions have been met.

8.2.7 Document the monthly instrument check on Form 1903.060Q "Monthly Emergency Kit Surveillance Checklist".

8.2.8 Upon completion of monthly checks, ensure the kit is locked and contains a seal.

8.2.9 Forward all completed forms to Emergency Planning for review.

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 8 of 43 CHANGE: 034-03-0
---------------------------------	---	---------------------------------------

8.3 ANO Meteorological Tower Data Monthly Report

8.3.1 Perform a monthly review of the Summary Report of "Enterger Operations Inc., ANO Meteorological Tower Data Monthly Report." Document this review on 1903.060R, "Met Tower Data Monthly Review Form".

8.4 Emergency Medical Locker Battery Check

8.4.1 Perform a bi-monthly exchange of Emergency Medical Team Radio Batteries. Document this on Form 1903.060T, "Medical Team Radio Battery Surveillance".

8.5 Emergency Kit Seal Accountability

8.5.1 Each emergency kit must have a seal attached such that the kit cannot be used unless the seal is broken. The First Aid Supplies and ENC kits do not require a seal.

8.5.2 IF Emergency Kit is to be opened, THEN log the current seal number on Form 1903.060V. If this kit is being opened for an actual emergency event, this step is not required.

8.5.3 IF Emergency kit supplies are used, THEN, upon completion of use, perform kit inventory.

8.5.4 Upon closure of Emergency Kit, complete the remaining information on Form 1903.060V and install a new seal. Log seal number on form 1903.060V.

8.5.5 Forward completed forms to Emergency Planning.

9.0 ATTACHMENTS AND FORMS

- 9.1 Form 1903.060A, "Control Room Kit Inventory Form"
- 9.2 Form 1903.060B, "Onsite Radiological Monitoring Kit Inventory Form"
- 9.3 Form 1903.060C, "Technical Support Center Kit Inventory Form"
- 9.4 Form 1903.060D, "Main Guard House Kit Inventory Form"
- 9.5 Form 1903.060E, "Emergency Operations Facility Kit Inventory Form"
- 9.6 Form 1903.060F, "Field Monitoring Kit Inventory Form"
- 9.7 Form 1903.060J, "St. Mary's Hospital Kit Inventory Form"
- 9.8 Form 1903.060K, "First Aid Supplies Inventory Form"
- 9.9 Form 1903.060P, "Dose Assessment Kit Inventory Forms"
- 9.10 Form 1903.060Q, "Monthly Emergency Kit Surveillance Checklist"

PROC./WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 9 of 43 CHANGE: 034-03-0
---------------------------------	---	-----------------------------------

- 9.11 Form 1903.060R, "Met Tower Data Monthly Review Form"
- 9.12 Form 1903.060S, "Emergency News Center Kit Inventory Form"
- 9.13 Form 1903.060U, "UAMC Hospital Kit Inventory Form"
- 9.14 Form 1903.060V, "Emergency Kit Seal Accountability Log"

LOCATION: **Unit 1 Control Room**

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required.

INVENTORY LIST

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

SURVEY INSTRUMENTS

High Range Ion Chamber	2		
Frisker w/Probe	1		
Air Sampler (110 VAC)	1		
Air Sampler (Battery)	1		
Sample Head	2		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	2		
Cloth Smear	50		
Particulate Air Sample Filter	20		
Silver Zeolite Cartridge	20		Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0 - 200R)	3		
Dosimeter (0 - 5R)	10		
Dosimeter (0 - 200mR)	30		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	6		

FORM TITLE:

CONTROL ROOM KIT INVENTORY FORM

FORM NO.

1903.060A

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

RESPIRATORY**PROTECTION EQUIPMENT**

SCBA Units (6 -Unit 1 CR, 6 -Unit 2 CR, all medium masks)	12		
1 Spare SCBA Bottle	12		
Extra SCBA Mask (4 Large, 4 Small)	8		
Canister Mask w/Iodine Canister	12		Expiration Date:
Iodine Canister (Spare)	12		Expiration Date:

PROTECTIVE CLOTHING

Anti-C Clothing	12 sets		
Surgeon Gloves	1 Box		
Maslin	1 bundle		
Masking Tape	2 rolls		
Duct Tape	2 rolls		
Safety Glasses (Beta Protection)	12 pairs		

POSTING MATERIALS

Radiological Posting Signs	12		
"Radiation Area" Insert	6		
"High Radiation Area" Insert	6		
"RWP Required for Entry" Insert	6		
"Airborne Radioactivity Area" Insert	6		
"Respiratory Protection Required" Insert	6		
"Notify HP Prior to Entry" Insert	6		
"Contamination Area" Insert	6		
"High Contamination Area" Insert	6		

FORM TITLE:

CONTROL ROOM KIT INVENTORY FORMFORM NO.
1903.060ACHANGE
034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
"Radioactive Material" Insert	12		
Blank Insert	6		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	4 rolls		
Control Room Survey Maps	5 copies		
Step-Off Pads	5		

MISCELLANEOUS

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Magic Marker	2		
Clipboard	2		
Cutting Tool	1		
Calculator (P)	2		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	4		
Bulbs (Spare)	4		
10 Mile EPZ Map	2		
Meter Bags or equiv.	10		
Ziplock Baggies or equiv.	10		
² Printer Paper	1		
Extension Cord (50-ft)	1		
Emergency Telephone Directory	1		

FORM TITLE:

CONTROL ROOM KIT INVENTORY FORM

FORM NO.

1903.060A

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Batteries

"D" Cell	16		
9-Volt	12		

- 1 - Indicates that spare SCBA bottles have been verified to contain ≥ 2000 psi pressure.
 2 - Approximately 500 sheet bundle
 (P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: CONTROL ROOM KIT INVENTORY FORM	FORM NO. 1903.060A	CHANGE 034-03-0
---	------------------------------	---------------------------

LOCATION: **Maintenance Facility**

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	-------------------	-----	--------------------

SURVEY INSTRUMENTS

High Range Ion Chamber	1		
Beta-Gamma Survey Meter	1		
Gamma Survey Meter w/Probe	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Air Sampler (Battery)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	2		
Cloth Smear	100		
Particulate Air Sample Filter	50		
Maslin	1 Bundle		
Silver Zeolite Cartridge	20		Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0-200mR)	80		
Dosimeter (0-5R)	80		
Dosimeter (0-200R)	20		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	10		

FORM TITLE:

ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM

FORM NO.

1903.060B

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

**RESPIRATORY
PROTECTION EQUIP**

SCBA Units	4		
¹ Spare SCBA Bottles	4		
Canister Mask w/Iodine Canister	4		Expiration Date:
Iodine Canister (Spare)	4		Expiration Date:

PROTECTIVE CLOTHING

Anti-c Clothing	50 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		

POSTING MATERIALS

Radiological Posting Signs	10		
"Radiation Area" Insert	5		
"High Radiation Area" Insert	5		
"RWP Required for Entry" Insert	5		
"Airborne Radioactivity Area" Insert	5		
"Respiratory Protection Required" Insert	5		
"Notify HP Prior To Entry" Insert	5		
"Contamination Area" Insert	5		
"High Contamination Area" Insert	5		
"Radioactive Material" Insert	10		
Blank Insert	5		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	10		

FORM TITLE: ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM	FORM NO. 1903.060B	CHANGE 034-03-0
---	------------------------------	---------------------------

Equipment	Required Quantity	Sat	Corrective Actions
-----------	-------------------	-----	--------------------

MISCELLANEOUS

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Magic Marker	2		
Clipboard	3		
Cutting Tool	1		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	2		
Meter Bags or equiv.	15		
Zip-Lock Baggies	30		
Security Badge Clips	15		
Outside Gas Pump Key	1		
Survey Maps (In OSC)	10 ea		

Batteries

"D" Cell	12		
"C" Cell	12		
9-Volt	12		

1 - Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE:

ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM

FORM NO.

1903.060B

CHANGE

034-03-0

LOCATION: **Technical Support Center** (3rd Floor Administration Building)

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

SURVEY INSTRUMENTS

Gamma Survey Meter w/Probe	1		
[Frisker w/Detection Chamber]	1		
Check Source	1		
Air Sampler	1		
Sample Head	2		
Sample Head O-Rings	N/A		

PERSONNEL

MONITORING EQUIPMENT

Dosimeter (0-500 mR)	20		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as background)	15		

PROTECTIVE CLOTHING

[Disposable Suits]	25		
--------------------	----	--	--

SAMPLING SUPPLIES

Watch (P)	1		
Silver Zeolite Cartridge	10		Expiration Date:

FORM TITLE:	FORM NO.	CHANGE
TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	1903.060C	034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

POSTING MATERIALS

Radiological Posting Signs	3		
"Radiation Area" Insert	3		
"High Radiation Area" Insert	3		
"RWP Required for Entry" Insert	3		
"Airborne Radioactivity Area" Insert	3		
"Respiratory Protection Required" Insert	3		
"Notify HP Prior to Entry" Insert	3		
"Contamination Area" Insert	3		
"High Contamination Area" Insert	3		
"Radioactive Material" Insert	3		
Blank Insert	3		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	1 rolls		
Admin Building Survey Maps	5 copies		
Step-Off Pads	3		

MISCELLANEOUS

KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Note Pad	3		
Clipboards	1		
Flashlight (P)	3		
Bulbs (Spare)	3		
10 Mile EPZ Map	1		

FORM TITLE:

TECHNICAL SUPPORT CENTER KIT INVENTORY FORM

FORM NO.

1903.060C

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Batteries

"C" Cell	12		
"D" Cell	12		

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	CHANGE 034-03-0
---	------------------------------	---------------------------

LOCATION: **Main Guard House**

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

EVACUATION EQUIPMENT

Vests	12		
Bull Horn (P)	1		

RESPIRATORY**PROTECTION EQUIPMENT**

Canister Mask w/Iodine Canister	2		Expiration Date:
------------------------------------	---	--	------------------

MISCELLANEOUS

Flashlight (P)	3		
Bulbs (Spare)	3		

BATTERIES

"AA" Cell	16		
"D" Cell	12		

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: MAIN GUARD HOUSE KIT INVENTORY FORM	FORM NO. 1903.060D	CHANGE 034-03-0
---	------------------------------	---------------------------

LOCATION: **Emergency Operations Facility** (First Floor Room 110)

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

SURVEY INSTRUMENTS

Gamma Survey Meter	3		
High Range Ion Chamber	1		
Frisker w/Probe	2 ea.		
Air Sampler (110 V)	2		
Air Sampler (12 V)	1		
Sample Head	4		
Sample Head O-Rings	N/A		
Check Source	1		
Extension Cords	2		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	250		
Particulate Air Sample Filter	100		
Maslin	1 Bundle		
Silver Zeolite Cartridge	70		Expiration Date:
² Sample Bottles (1 gal.)	100		
EOF Survey Map	5 ea.		

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM

FORM NO.

1903.060E

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
PERSONNEL MONITORING EQUIPMENT			
Dosimeter (0-5)	10		
Dosimeter (0-200mR)	50		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	20		
RESPIRATORY PROTECTION EQUIPMENT			
Canister Mask w/Iodine Canister	13		Expiration Date:
Iodine Canister (Spare)	5		Expiration Date:
SCBA Units	5		
¹ Spare SCBA Bottles	10		
PROTECTIVE CLOTHING			
Anti-C Clothing	30 sets		
Masking Tape	3 rolls		
Duct Tape	3 rolls		
INITIAL ENVIRONMENTAL SAMPLING KIT			
Shovel	1		
Sample Bottles, 1 Gal.	3		
Shears	1		
Meter Bags or equiv.	10		
Duct Tape	1 roll		
Paper Towels	1 bundle		
Surgeon Gloves	25 pair		
Carrying Bag	1		

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM

FORM NO.

1903.060E

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions Initials*
MISCELLANEOUS			
KI Tablets, (Bottle of 14 Tablets)	20 Bottles		Expiration Date:
Pencil	12		
Magic Marker	3		
Clipboard	3		
Cutting Tool	2		
Calculator (P)	1		
Plug Adapter (household to Twistlock)	2		
Flashlight (P)	3		
Bulbs (Spare)	3		
Meter Bag or equiv.	30		
Ziplock Baggies or equiv.	30		
PERSONNEL DECONTAMINATION SUPPLIES			
Scissors	2		
Razor	4		
Manicure Set	1		
Wash Cloths	100		
Towels	100		
Bristle Brush	30		
Cotton Balls	1 pkg.		
Cotton Swabs	1 pkg.		

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM

FORM NO.

1903.060E

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
Hand Soap (Regular)	3		
"Lava" Soap	3		
"Rad-Con"	4 cans		
Shaving Cream	2 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		
Eyewash Solution w/Applicator	2		
Paper Clothing	30		
Bioassay Sample Containers	50		

POSTING MATERIALS

Radiological Posting Signs	40		
"Radiation Area" Insert	20		
"High Radiation Area" Insert	20		
"RWP Required for Entry" Insert	20		
"Airborne Radioactivity Area" Insert	20		
"Respiratory Protection Required" Insert	20		
"Notify HP Prior to Entry" Insert	20		
"Contamination Area" Insert	20		
"High Contamination Area" Insert	20		
"Radioactive Material" Insert	40		
Blank Insert	20		
Radiation Warning Rope/Ribbon	2 rolls		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	20		

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM

FORM NO.

1903.060E

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Batteries

9-Volt	6		
"C" Cell	36		
"D" Cell	12		

- 1 - Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.
 2 - Located outside sealed kit
 (P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT INVENTORY FORM	FORM NO. 1903.060E	CHANGE 034-03-0
--	------------------------------	---------------------------

LOCATION: **Emergency Operations Facility** (First Floor Room 110)Field Monitoring Kit ☐ A ☐ B ☐ C ☐ D

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory (All kits are required to be inventoried)
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	A Sa t	B Sa t	C Sa t	D Sa t	Corrective Actions
-----------	-------------------	--------------	--------------	--------------	--------------	-----------------------

SURVEY INSTRUMENTS

^{1,2} High Range Ion Chamber	1					
^{1,2} Gamma Survey Meter w/Probe	1					
¹ Frisker w/Probe	1					
¹ Air Sampler (12 VDC)	1					
Sample Head	2					
Sample Head O-Rings	N/A					
Check Source	1					

SAMPLING SUPPLIES

Watch (P)	1					
Cloth Smear	25					
Particulate Air Sample Filter	25					
Ziplock Baggies or equiv.	25					
Forceps or equiv.	1					
Surgeon Gloves	50 pr					
Silver Zeolite Cartridge	20					Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0-500mR)	3					
Dosimeter Charger (P)	1					

FORM TITLE:

FIELD MONITORING KIT INVENTORY FORM

FORM NO.

1903.060F

CHANGE

034-03-0

Equipment	Required Quantity	A Sa t	B Sa t	C Sa t	D Sa t	Corrective Actions
-----------	----------------------	--------------	--------------	--------------	--------------	-----------------------

PROTECTIVE CLOTHING

Masking Tape	1 roll					
Duct Tape	1 roll					

MISCELLANEOUS

KI Tablets, (Btl of 14 Tablets)	4 Bottles					Expiration Date:
Pencil	3					
Magic Marker	2					
Grease Pencil	2					
Clipboard	1					
Cutting Tool	1					
Flashlight (P)	3					
Bulbs (Spare)	3					
10 Mile EPZ Map	1					
Russellville City Map	1					
Dardanelle City Map	1					
Calculator (P)	1					
Meter Bags or equiv.	15					

Batteries

"C" Cell	4					
"D" Cell	12					

(P) - Requires performance check

1 - May be stored outside of kit.

2 - The Merlin Gerin WR-Telepole or equivalent can perform both low (0.05 mr/hr) range and high (1000 R/hr) range measurements and may be used in place of both of the listed instruments.

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: FIELD MONITORING KIT INVENTORY FORM	FORM NO. 1903.060F	CHANGE 034-03-0
---	------------------------------	---------------------------

LOCATION: **St. Mary's Hospital**

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Instruments

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		
Check Source	1		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		Expiration Date:

PERSONNEL**MONITORING EQUIPMENT**

Dosimeter (0-200mR)	10		
Dosimeter Charger (P)	1		
TLD Badge (include 1 as BKG)	15		

PROTECTIVE CLOTHING

Anti-C Clothing	2 sets		
-----------------	--------	--	--

FORM TITLE: ST. MARY'S HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060J	CHANGE 034-03-0
--	------------------------------	---------------------------

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

POSTING MATERIALS

Radiological Posting Signs	20		
"Radiation Area" Insert	10		
"High Radiation Area" Insert	10		
"RWP Required for Entry" Insert	10		
"Health Physics Escort Required" Insert	10		
"Airborne Radioactivity Area" Insert	10		
"Respiratory Protection Required" Insert	10		
"Notify HP Prior to Entry" Insert	10		
"Contamination Area" Insert	10		
"High Contamination Area" Insert	10		
"Radioactive Material" Insert	20		
Blank Insert	10		
Radiation Warning Rope/Ribbon	1 roll		
Yellow and Magenta Border Tape	6 rolls		
Step-Off Pads	5		

MISCELLANEOUS

Pencil	6		
Magic Marker	2		
Clipboard	1		
Flashlight (P)	1		
Bulbs (Spare)	1		
Meter Bags or equiv.	15		

FORM TITLE: ST. MARY'S HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060J	CHANGE 034-03-0
--	------------------------------	---------------------------

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

PERSONNEL**DECONTAMINATION SUPPLIES**

"Rad-Con"	4 cans		
"Tide"	1 box		
Corn Meal	1 pkg.		
Chlorox	1 btl.		

Batteries

9-Volt	6		
"D" Cell	4		

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE:	FORM NO.	CHANGE
ST. MARY'S HOSPITAL KIT INVENTORY FORM	1903.060J	034-03-0

LOCATION: **Nurse's Station, Medical Lockers**

- ☐ Has been used
☐ Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

**FIRST AID
KITS/SUPPLIES**

Nurse's Station	1		
Medical Locker U1 354'	1		
Medical Locker U2 354'	1		
Medical Locker U1/U2 386'	1		
Medical Kit CA-1	1		
Outage Medical Kit	1		
Medical Kit Central Support Building (CSB)	1		

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: FIRST AID SUPPLIES INVENTORY FORM	FORM NO. 1903.060K	CHANGE 034-03-0
---	------------------------------	---------------------------

LOCATION: **Emergency Operations Facility** (Second Floor Outside Room 260)

- ☐ Has been used
☐ Found unsealed
☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Supplies

Pocket Calculators (P)	4		
Printer Paper	1 pkg		
Cork Board	1		
EPZ Map (1 mile)	10		
EPZ Map (10 mile)	10		
Dry Erase Markers	10		
Scotch Tape	2 rolls		
Felt-Tip Pens	10		
Ball-Point Pens	10		
Pencils	10		
Binder Clips	25		
Push-Pins and Labels	2 boxes		
Rulers	4		
Clipboard	1		
Dardanelle city map	1		
Russellville city map	1		
Stapler	1		
Staples	1 box		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		

FORM TITLE:

DOSE ASSESSMENT KIT INVENTORY FORM

FORM NO.

1903.060P

CHANGE

034-03-0

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

Batteries

Watch/Calculator	10		
------------------	----	--	--

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE: DOSE ASSESSMENT KIT INVENTORY FORM	FORM NO. 1903.060P	CHANGE 034-03-0
--	------------------------------	---------------------------

TECHNICAL SUPPORT CENTER KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Frisker				
¹ Gamma Survey Meter				
Air Sampler	110V			
Detection Chamber	HP-210 or equiv			
Dosimeter	0-500 mRem	N/A		

Instrument	Location	Instrument Number	Calibration Due Date	Sat
NMC (See Note 1)	TSC			

Note 1: The monthly operational check is satisfied by performing the "Daily Operational Checks" in procedure 1601.463.

CONTROL ROOM KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Ion Chamber				
¹ Ion Chamber				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	Battery			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

FORM TITLE:

[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]

FORM NO.

1903.060Q

CHANGE

034-03-0

EMERGENCY OPERATIONS FACILITY KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Gamma Survey Meter	E-530 or equiv			
¹ Gamma Survey Meter	E-530 or equiv			
¹ Gamma Survey Meter	E-530 or equiv			
¹ Ion Chamber				
¹ Frisker				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Air Sampler	110 V			
Air Sampler	12 VDC			
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

ST MARY'S HOSPITAL KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Beta Gamma				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			
Dosimeter	0-200 mRem	N/A		

FORM TITLE:

[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]

FORM NO.

1903.060Q

CHANGE

034-03-0

FIELD MONITORING KIT A

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
¹ Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FIELD MONITORING KIT B

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
¹ Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FIELD MONITORING KIT C

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
¹ Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

FORM TITLE: [MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]	FORM NO. 1903.060Q	CHANGE 034-03-0
--	------------------------------	---------------------------

FIELD MONITORING KIT D

Instrument	Type	Instrument Number	Calibration Due Date	Sat
^{1,2} Ion Chamber				
^{1,2} Gamma Survey Meter	E-530 or equiv			
¹ Frisker				
Detector	HP-210 or equiv			
Air Sampler	12 VDC			
Dosimeter	0-500 mRem	N/A		

UAMC HOSPITAL KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Beta Gamma				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	110 V			

FORM TITLE:

[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]

FORM NO.

1903.060Q

CHANGE

034-03-0

ONSITE RADIOLOGICAL MONITORING KIT

Instrument	Type	Instrument Number	Calibration Due Date	Sat
¹ Ion Chamber				
¹ Beta-Gamma Survey Meter				
¹ Gamma Survey Meter				
¹ Frisker				
Detection Chamber	HP-210 or equiv			
Air Sampler	Battery			
Air Sampler	110 V			
Dosimeter	0-200 Rem	N/A		
Dosimeter	0-5 Rem	N/A		
Dosimeter	0-200 mRem	N/A		

1 - Required by Tech Specs.

2 - The Merlin Gerin WR-Telepoles may be used in place of both of the listed instruments. This telepole has a range of 0.05 mRem/hr to 1000 Rem/hr.

Corrective Actions	Init./Date

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE:

[MONTHLY EMERGENCY KIT SURVEILLANCE CHECKLIST]

FORM NO.

1903.060Q

CHANGE

034-03-0

LOCATION: Emergency Planning Department

INSTRUCTIONS:

Page 1 of 1

1. Perform a monthly review of the Summary Report of "Entergy Operations Inc., ANO Meteorological Tower Data Monthly Report".
 - A. The purpose of the review will be to assure that the 90% data recovery goal, specified in Reg. Guide 1.23, is satisfied and provide instructions for initiation of corrective action if necessary.
 - B. This review will be performed on a monthly basis.
 - C. Acceptance criteria \geq 90% Data Recovery.
2. Monthly percentage readings:
 - A. Horizontal Wind Direction @10 M or @57 M _____ %
 - B. Horizontal Wind Speed @10 M or @57 M _____ %
 - C. Delta Temp/Stab Class 10 - 57 M
OR
Sig Theta/Stab Class 57 M _____ %
3. Results
 - A. This review is for the month and year of: _____
() Satisfactory - All group readings \geq 90%
() Unsatisfactory - Any group reading $<$ 90%
 - B. IF unsatisfactory,
THEN verify that meteorological data was
unavailable (using RDACS or other means).
 - C. IF data was unavailable,
THEN initiate a Condition Report in
accordance with Procedure 1000.104,
"Condition Reporting and Corrective Action".

Condition Report Number: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

FORM TITLE: MET TOWER DATA MONTHLY REVIEW FORM	FORM NO. 1903.060R	CHANGE 034-03-0
--	------------------------------	---------------------------

LOCATION: **Emergency Operations Facility** (Second Floor Room 240)

- ☐ Has been used
☐ Due for inventory

Equipment	Required Quantity	Sat	Corrective Actions
Media Packets	100		
Emergency Instruction Booklets	20		
Light Pointer	1		
Stick Pointer	1		
Clipboard	4		
Overhead (books - Unit 1 and Unit 2)	2		
Dry-Erase Markers	5		
Paper Towels	1 pack		
Liquid Board Cleaner	1 bottle		
Media ID Badges	100		
Note Pads	10		

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE:

EMERGENCY NEWS CENTER KIT INVENTORY FORM

FORM NO.

1903.060S

CHANGE

034-03-0

LOCATION: **University of Arkansas Medical Center (UAMC)**

INSTRUCTIONS:

- ☐ Has been used ☐ Found unsealed ☐ Due for inventory
☐ Kit Seal Accountability - No Physical Inventory Required

Equipment	Required Quantity	Sat	Corrective Actions
-----------	----------------------	-----	-----------------------

SURVEY INSTRUMENTS

Beta-Gamma Survey Meter	1		
Frisker w/Probe	1		
Air Sampler (110 V)	1		
Sample Head	1		
Sample Head O-Rings	N/A		

SAMPLING SUPPLIES

Watch (P)	1		
Cloth Smear	200		
Particulate Air Sample Filters	25		
Ziplock Baggies or equiv.	25		
Charcoal Cartridge	20		Expiration Date:
Cutting Tool	1		

PROTECTIVE CLOTHING

Anti-C Clothing	4		
Surgeon Gloves or equiv.	1 Box		

POSTING MATERIALS

Radiological Posting Signs	4		
"Radiation Area" Insert	2		
"High Radiation Area" Insert	2		
"RWP Required for Entry" Insert	2		

FORM TITLE:	UAMC HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060U	CHANGE 034-03-0
-------------	---	------------------------------	---------------------------

Equipment	Required Quantity	Sat	Corrective Actions
"Airborne Radioactivity Area" Insert	2		
"Notify HP Prior to Entry" Insert	2		
"Contamination Area" Insert	2		
"High Contamination Area" Insert	2		
"Radioactive Material" Insert	2		
Blank Insert	2		
Radiation Warning Rope/Ribbon	2 Rolls		
Yellow and Magenta Border Tape	1 Roll		
Step-Off Pads	2		

MISCELLANEOUS

Pens	2		
Magic Marker	2		
Clipboards	1		
Meter Bags or equiv.	6		
Maslin	1 Bundle		
Extension Cord	1		
SD-20	1		
Tie Wraps	12		
Ziplock Bags or equiv.	12		

Batteries

9-Volt	6		
--------	---	--	--

(P) - Requires performance check

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Manager _____ Date _____

FORM TITLE:

UAMC HOSPITAL KIT INVENTORY FORM

FORM NO.

1903.060U

CHANGE

034-03-0

EMERGENCY KIT INVENTORY SEAL ACCOUNTABILITY

Kit: _____

Date	Current Seal Number	Reason for Entry	Kit Inventory Left Intact (Yes/No)	New Seal Number	Init.

Return to Emergency Planning when complete.

FORM TITLE:	EMERGENCY KIT SEAL ACCOUNTABILITY LOG	FORM NO. 1903.060V	CHANGE 034-03-0
-------------	---------------------------------------	-----------------------	--------------------