Florida Power & Light Company, 6501 South Ocean Drive, Jensen Beach, FL 34957



August 8, 2002

L-2002-145 10 CFR 50 Appendix E

U. S. Nuclear Regulatory Commission Attn: Document Control Desk Washington, D. C. 20555

Re: St. Lucie Units 1 and 2 Docket Nos. 50-335 and 50-389 Emergency Plan Implementing Procedures

In accordance with 10 CFR 50 Appendix E, enclosed is a copy of the revised implementing procedures for the St. Lucie Plant Radiological Emergency Plan:

| Number | <u>Title</u> | Revision | Implementation Date |
|---------|---|----------|---------------------|
| EPIP-13 | Maintaining Emergency Preparedness - Emergency Exercises, Drills, Tests and Evaluations | 7 | July 16, 2002 |
| HP-90 | Emergency Equipment | 41 | July 23, 2002 |

EPIP-13 Revision 7 revised the following: 1) added a step to forward critique items to the St. Lucie Plant Training Manager via a plant manager action item (PMAI); 2) added steps to ensure drill exercise scope and duration adequate to meet each participating agency objectives; and 3) made editorial and administrative changes. HP-90 Revision 41 added instructions to affix seals to the latching mechanism upon completion of the inventory.

Please contact us if there are any questions regarding these procedures.

Very truly yours,

Donald E. Jernigan Vice President St. Lucie Plant

DEJ/tlt

Enclosures

P045

| FPL |
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ST. LUCIE PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

SAFFTY RELATED

Procedure No.

EPIP-13

Current Revision No.

7

Effective Date 07/16/02

Title:

MAINTAINING EMERGENCY PREPAREDNESS -EMERGENCY EXERCISES, DRILLS, TESTS AND EVALUATIONS

Responsible Department: EMERGENCY PLANNING

REVISION SUMMARY:

Revision 7 – Added step to forward critique items to TRNG MGR via PMAI, added steps to ensure drill exercise scope and duration adequate to meet each participating agency objectives and made editorial / administrative changes. (J. R. Walker, 06/28/02)

Revision 6 - THIS PROCEDURE HAS BEEN COMPLETELY REWRITTEN. Reformatted program maintenance checklists. Changed frequency of facility surveillances. Made administrative/editorial changes. (R. Walker, 09/27/01)

Revision 5 - Added quarterly test for ERDS link and reference to Generic Letter #GL 93-01. (J. R. Walker, 12/07/00)

AND

Deleted reference to PSL policy PSL-110, revised FRG review of EPIPs, changed the symbol of response to CR00-0544 from regulatory commitment to mgmt directive and added EPIP-08 to the list of EPIPs. (J. R. Walker, 10/13/00)

Revision 4 - Added staff augmentation program maintenance items and NRC performance indicator tracker. (D. Calabrese, 04/27/00)



| Revision 0 | FRG Review Date 12/15/97 | Approved By J. Scarola | Approval Date 12/15/97 | DATE | OPS |
|---------------|-----------------------------|---|---------------------------|-------------|-----------|
| | | Plant General Manager | | DOCT | PROCEDURE |
| Revision 7 | FRG Review Date 06/27/02 | Approved By Dick Rose | Approval Date 06/28/02 | DOCN SYS | EPIP-13 |
| | | Plant General Manager N/A | | COM ITM | COMPLETED |
| | | Designated Approver N/A | | | _ |
| | | Designated Approver (Minor Correction) | | | |

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| | | | ST. LUCIE PLANT | <u> </u> | | | | | |
| .0 | PURPOSE | | | | | | | | |
| .1 | This procedure provides instructions for: | | | | | | | | |
| | 1. | emerg | lic exercises and drills conducted in order to test the sta ency preparedness by FPL personnel, support organiz e governmental agencies. | | | | | | |
| | 2. | Planning ergency Plan lity, | | | | | | | |
| 2.0 | RE | FERENC | ES / RECORDS REQUIRED / COMMITMENT DOCUM | IENTS | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | NOTE | | | | | | |
| | On | | of the following symbols may be used in this procedure: | | | | | | |
| | § Indicates a Regulatory commitment made by Technical Specifications Condition of License, Audit, LER, Bulletin, Operating Experience, etc. shall NOT be revised without Facility Review Group review and Plant General Manager approval. | | | | | | | | |
| | R | Indicates a management directive, vendor recommendation, plant practice or other non-regulatory commitment that should NOT be revised without consultation with the plant staff. | | | | | | | |
| | Ψ | Indicate | s a step that requires a sign off on an attachment. | | | | | | |
| 2.1 | Re | ferences | | | | | | | |
| | ٠ | §1 | St. Lucie Plant Radiological Emergency Plan (E-Plan) | | | | | | |
| | • | ¶1 (| QI 1-PR/PSL-1, Site Organization | | | | | | |
| | • | ¶2 | QI-1-PSL-15, Protection Services Organization | | | | | | |
| | | | QI-5-PSL-1, Preparation, Revision, Review/Approval of | Procedures | | | | | |
| | | | QI-17-PSL-1, Quality Assurance Records | | | | | | |
| | ٠ | | NPS-EP-WP-001, Public Alert and Notification System tenance and Engineering | Testing, | | | | | |
| | ٠ | | -25.02, NRC Performance Indicators | | | | | | |
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| | | | | L | | | | |
| 2.2 | Reco | rds Red | | | | | | |
| | • | | The following records are maintained in accordance with QI-17-PSL-1, Quality Assurance Records: | I | | | | |
| | • | Data | Sheet 1, Quarterly EP Maintenance Checklist | | | | | |
| | • | Data | Sheet 2, Emergency Plan 6 Year Element Demonstratio | n | | | | |
| | • | Data | Sheet 3, EPIP Biennial Review | | | | | |
| | • | Data | Sheet 4, EP Annual Exercise Checklist | | | | | |
| | • | Attac | achment 1, EP Program Maintenance Checklist | | | | | |
| 2.3 | Com | mitmen | t Documents | | | | | |
| | • | | 10 CFR 50, Domestic Licensing of Production and Utilization Facilities | | | | | |
| | §5 Generic Letter #GL 93-01, Emergency Response Data System Te Program | | | | | | | |
| | • | ¶5 | PMAI #96-02-237, Evaluation of Continuous Emergency | Response | | | | |
| | • | §3 | NOV Response L-97-20, Violation II. A, Part 4.D. | esponse L-97-20, Violation II. A, Part 4.D. | | | | |
| | • | ¶6 | CR 00-0544, QA Audit (Ineffective Corrective Actions) C | SL-EP-00-02 | | | | |
| | • | ¶7 | Quality Assurance Audit Report, QSL-EP-02-02, Improvement Item (Forward Critique Reports to Site Training Manager) | | | | | |
| | • | | PMAI PM02-03-001 (Adequacy of Drill / Exercise Scope Duration) | and | | | | |
| | | | | | | | | |
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| 3 | TESTS AND EVALUATIONS | | | | | |
| | ST. LUCIE PLANT | | | | | |
| ONSIB | | | | | | |
| 1 The Protection Services Manager is responsible for: | | | | | | |
| | ng, scheduling, and coordinating emergency exercises agencies. | involving | | | | |
| Reviev comple | wing Attachment 1, EP Program Maintenance Checklist etion. | , upon | | | | |
| Reviev | wing results of exercises and major drills. | | | | | |
| espons | tection Services Manager, in conjunction with plant main ble for ensuring that adequate resources are made avain and conduct emergency preparedness activities includi | ailable to | | | | |
| Exerci | ise and drill scenario development and control | | | | | |
| Exerci | se and drill participation | | | | | |
| Suppo | ort for maintenance of emergency facilities and equipme | ent | | | | |
| he Fac | cility Review Group (FRG) is responsible to review the f | ollowing: | | | | |
| Revisi | ons to the St. Lucie Plant Radiological Emergency Plan | nt Radiological Emergency Plan. | | | | |
| | ions to Emergency Plan Implementing Procedures (EPI ninor changes. | to Emergency Plan Implementing Procedures (EPIPs) other r changes. | | | | |
| Bienn | ial Exercise Critique Report. | | | | | |
| merge | ncy Preparedness (EP) Supervisor is responsible for: | | | | | |
| Mainta | aining awareness of EP activities. | | | | | |
| Ensur proce | ing coordination of EP drills and exercises in accordance dure. | e with this | | | | |
| Ensuring documentation of EP program maintenance in Attachment 1, EP Maintenance Checklist. | | | | | | |
| Ensur Data | ring documentation of major element demonstration as Sheet 2, Emergency Plan 6 Year Element Demonstratio | indicated on on. | | | | |
| | EP M Ensui | Ensuring documentation of EP program maintenance in Attac EP Maintenance Checklist. Ensuring documentation of major element demonstration as i Data Sheet 2, Emergency Plan 6 Year Element Demonstratio | | | | |

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| The I | Emerger | ncy P | reparedness (EP) Supervisor is responsible for: (c | continued) | | | |
| 5. | docum | nente | d, and that deficiencies are addressed in accordant | conducted, nce with plant | | | |
| | А. | ¶7 | Drill and exercise critiques should be forwarded, review by the Site Training Manager for needed of training courses or materials. | via PMAI, for changes to | | | |
| | В. | rgency Response Facility (ERF) managers and / o ossible correction to open performance discrepan | or supervisors | | | | |
| 6. | | suring that EPIPs are reviewed through feedback from the following urces: | | | | | |
| | Α. | Daily | y use | | | | |
| | В. | Drills | s and exercises | | | | |
| | C. | Actu | ual events | | | | |
| | D. | Trai | ning | | | | |
| | Е. | | | PIP Biennial | | | |
| 7. | Ensu | ring b | iennial review of the Recovery Plan. | | | | |
| | | | | | | | |
| | | | | | | | |
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| | 7 DURE NO EPIP- The I 5. | 7 DURE NO.: EPIP-13 The Emergen 5. Ensur docum A. B. 6. Ensur A. B. C. D. E. | 7 MA DURE NO.: EPIP-13 The Emergency P 5. 5. Ensuring cr documente corrective a A. ¶7 B. Drill Emergency P 6. Ensuring the sources: A. ¶2 6. Ensuring the sources: A. Daily B. Drill C. Actu D. D. Trai E. | 7 MAINTAINING EMERGENCY PREPAREDNESS - EMERGENCY EXERCISES, DRILLS, TESTS AND EVALUATIONS ST. LUCIE PLANT The Emergency Preparedness (EP) Supervisor is responsible for: (or 6. Ensuring critiques of exercises, drills, and actual events are or documented, and that deficiencies are addressed in accordan corrective action practices. A. ¶7 Drill and exercise critiques should be forwarded, review by the Site Training Manager for needed or training courses or materials. B. Drill and exercise critiques should be forwarded to the Emergency Response Facility (ERF) managers and / or for possible correction to open performance discrepand deemed appropriate by the EP Supervisor. 6. Ensuring that EPIPs are reviewed through feedback from the sources: A. Daily use B. Drills and exercises C. Actual events D. Training E. Biennial EPIP review as indicated on Data Sheet 3, E Review | | | |

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| 4.0 | DEFINITIONS | | | | | | | | |
| 4.1 | Annual - Annual is defined as once per calendar year (January 1 through December 31). | | | | | | | | |
| 4.2 | Bienr | nial - Bie | ennial is defined as once per two calendar years. | | | | | | |
| 4.3 | Drill | | | | | | | | |
| | 1. | use of Comm equipn | nunications Tests and Drills - Communications tests involve the emergency communications equipment to verify operability. nunications drills involve use of emergency communications nent to notify and transfer simulated emergency information to off- overnmental agencies. | | | | | | |
| | 2. | by tha are co | h Physics Drills - Health Physics drills test various tasks employed at department during an emergency condition. Health Physics drills anducted semi-annually and one of the semi-annual drills may be avorated into the radiological monitoring drill. | | | | | | |
| | 3. | simula plant f suppo tested | ical Emergency Drill - A medical emergency drill involves a lated contaminated individual, with provisions for activation of the t First Aid/Personnel Decontamination Team. Participation by local oort services (i.e., ambulance and off-site medical treatment facility) is ed separately once per year or as part of the annual medical drill. ical Emergency Drills are conducted at least once every calendar | | | | | | |
| | 4. | collect under off-site | Iogical Monitoring Drill - Radiological monitoring drill tion and analysis of air samples, testing of communicat standing of messages between Health Physics supervi e monitoring teams. A radiological monitoring drill will t st once every calendar year. | ions, and sion and the | | | | | |
| | 5. | variou coordi action involv Techr Emerg (ENC year a One c | gency Response Facility (ERF) Drill - An ERF Drill de is emergency response capabilities including managen ination of emergency response, accident assessment, a decision-making, and plant system repair and correcti- ing all or certain Emergency Response Facilities [Cont- nical Support Center (TSC), Operational Support Center gency Operations Facility (EOF), and/or Emergency Ne)]. These drills are conducted at least four (4) times per and should be conducted approximately once each call of these drills is designed to satisfy the requirements of fined below. | nent and protective ve action rol Room, er (OSC), ews Center er calendar endar quarter. | | | | | |

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4.3 Drill (continued)

5. Emergency Response Facility (ERF) Drill - (continued)

Non-exercise drills provide an opportunity to consider accident management strategies. Supervised instruction can be permitted for these drills, with operating staff having the opportunity to resolve problems (success paths) rather than have controllers intervene. Additionally, non-exercise drills may focus on on-site training objectives.

- **4.4 Exercise** An exercise is an event that tests the integrated capability of a major portion of the basic elements existing within the St. Lucie Plant Radiological Emergency Plan. An exercise is required biennially per 10 CFR 50. Off-site agency participation is required biennially. Exercises are developed, scheduled, and conducted in a manner consistent with the regulations and guidance of 10 CFR 50 Appendix E, NUREG 0654, and other appropriate regulatory documents. Biennial exercises involving off-site agencies shall be conducted as a Site Area Emergency and should escalate to General Emergency. The exercise scenarios are varied such that all major elements of the Plan are tested at least every six (6) years.
- **4.5** Letter of Agreement (LOA) Support or assistance from outside agencies is established and maintained through Letters of Agreement or, in some instances, purchase orders/contracts.

Letters of Agreement are confirmed annually through correspondence, direct contact, or by telephone. Each agreement is renewed at least every three (3) years. Purchase orders/contracts are renewed as required.

- **4.6 Monthly** Monthly is defined as at least once each calendar month, being the first day of each month until the last unless otherwise specified.
- **4.7 Quarterly** Quarterly is defined as once per calendar quarter, with the quarters being January through March, April through June, July through September and October through December.
- **4.8 Semi-annual** Semi-annual is defined as twice per calendar year, with one time from January 1 to June 30 and one from July 1 to December 31.

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| | EPIP-13 | | | ST. LUCIE PLANT | | | | |
| 5.0 | INST | RUCTIC | ONS | 1 , | | | | |
| 5.1 | Protection Services Manager Instructions | | | | | | | |
| | 1. | | | mpleted documentation of Attachment 1, EP Proc e Schedule, on an annual basis. | gram | | | |
| | 2. | ENSU made interes | SURE that State and County Emergency Management officials are de aware of non-emergency events that have a potential for media erest. | | | | | |
| | | Α. | INFO | RM Emergency Preparedness (EP) of event | | | | |
| | | В. | VERIFY that EP has informed appropriate Emergency Management officials. | | | | | |
| | 3. | §1 ENSURE that State and County Emergency Management officials are made aware of the following on an annual basis: | | | | | | |
| | | Α. | Signif | ficant changes to the Emergency Plan/EPIPs. | | | | |
| | | В. | Emergency Action Levels (EALs) | | | | | |
| | 4. | | INTAIN awareness of the status of the Alert and Notification System NS) operability. | | | | | |
| | | Α. | ENS | URE that degradations of the ANS are promptly a | ddressed. | | | |
| | | | 1. | The Manager, Nuclear Plant Support Services to maintain operability of the ANS per NBS-NP Alert and Notification System Testing, Maintena Engineering. | S-EP-WP-001, | | | |
| | 5. | §1 | ENS | URE the following is performed in support of exer | cises: | | | |
| | А. | | SCHEDULE a date for the exercise in coordination with the primary State and County emergency response agencies. | | | | | |
| | | В. | | VIDE the opportunity for State and County respond Inticipate in an exercise. | nse agencies | | | |
| | С. | | 110 | ENSURE that annual exercise scenarios addres objectives of each participating agency. | s the | | | |
| | | | | | | | | |

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| 5.1 Protection Services Manager Instructions (continued) | | | | | | | |
| | 5. | ENSU | RE the following is performed in support of exercises: (continued) | | | | |
| | | | | COORDINATE FPL efforts with other participating personnel, rganizations, and agencies. | | | |
| | 1. <u>If</u> the Federal Emergency Management Agency evaluating State and County emergency respon ENSURE that the exercise scenario is develope timeframes specified by the regulations, as define Sheet 4, EP Annual Exercise Checklist. | | | | nse, <u>Then</u> ed within the | | |
| E. Di m | | | DISCUSS <u>a</u> managemei | and EVALUATE annual exercise performant nt, FPL controller/evaluators and principal | nce with plant participants. | | |

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END OF SECTION 5.1

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| | | 10 | | ST. LUCIE PLANT | | |
| 5.2 | Eme | rgency F | Prepa | redness Supervisor | | |
| | 1. | At the | begir | nning of each calendar year: | | l |
| | | A . | REV Che | IEW the items on Attachment 1, EP Program Mair cklist <u>and</u> ESTABLISH a working schedule. | ntenance | |
| | 2. | | | awareness of status of completion of Attachment ce Checklist. | 1, EP Program | |
| | | Α. | Res may or te | ponse actions performed as part of actual plant en be CREDITED as completing one or more of the t ests: | nergencies following drills | /R7 |
| | | | • | integrated facility activation drill | | |
| | | | • | call out phone test/drill | | |
| | | | • | HP drill | | |
| | | | • | off-site agency communications | | /R7 |
| | | | • | medical drill | | |
| | | В. | Activ CRE | vities incorporated within a multiple scope drill or e EDITED as completing a drill or test, for example: | xercise may be | Ŕ |
| | | | • | HP drill, medical drill, off-site communications, o | etc. | <u>ک</u> |
| | | С. | ¶6 | Off Hours Augmentation including: | | |
| | | | • | weekly tests of automated recall system | | |
| | | | • | quarterly off-hours phone test (at least one per manual) | year should be | |
| | | | • | monthly review of Emergency Response Direct | ory | |
| | | | • | quarterly verification of Emergency Response I | Directory data | |
| | | | • | quarterly verification of Emergency Response I distribution list | Directory | |
| | | | • | quarterly publication and distribution of Emerge Directory | ency Response | |
| | | | | Directory | | |

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| 5.2 | Emer | gency F | Preparedness Supervisor (continued) | |
| | 2. (cont | | nued) | |
| | | D. | NRC Performance Indicators | |
| | | | PREPARE and SUBMIT in accordance with AD | M-25.02 |
| | 3. | | IRE completion of the items on Data Sheet 1, Quarterly enance Checklist. | EP |
| | 4. | | IRE the completion of the items on Data Sheet 2, Emerg r Element Demonstration. | jency Plan |
| | 5. | ENSU Reviev | IRE the completion of the items on Data Sheet 3, EPIP w. | Biennial |
| | 6. | | JRE the completion of the items on Data Sheet 4, EP Ar ise Checklist. | nual |
| | 7. | | EW annual drill and exercise program with state and cousentatives. | unty |
| | 8. | | ENSURE the scope and duration of annual exercise is a neet objectives of each participating off-site agency. | idequate to |
| | | | | |
| | | | | |
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| | | | END OF SECTION 5.2 | |
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| | | | ATTACHMENT 1 EP PROGRAM MAINTENANCE CHECKLI (Page 1 of 3) | <u>ST</u> | |
| | | | | (YEAF | R) |
| Sem | ii-Ann | ual/Annua | I/Biennial EP Maintenance Items: | <u>INITIA</u> | L / DATE |
| §1 | 1. | HP Drill (| Semi-Annual) | | |
| | | A. (Jan | Jun) Date// | | |
| | | B. (Jul- | Dec) Date// | | _/ |
| §1 | 2. | Radiolog | ical Monitoring Drill (Annual) | | |
| | | A. Date | 1 | | _/ |
| § 1,2 | 3. | Biennial | Exercise (Include Data Sheet 4, EP Exercise (| Checklist) | I |
| | | A. Date | / | | _/ |
| | | B. FEM | A Evaluated (Even Years Only) Yes / No | <u></u> | _/ |
| §1 | 4. | Annual C | offsite Agencies Communications Drill | | |
| | | A. Date | // | | _/ |
| §1 | 5. | Annual L | Inannounced Communications Drill | | |
| | | A. Date | // | | _/ |
| <mark>§</mark> 1 | 6. | Annual N | fedical Drill | | |
| | | A. Date | // | | _/ |
| | | | | | |
| | | | | | S_OPS |
| | | | | DOCN | CHECKLIST EPIP-13 COMPLETED |
| | | | | | |

| EPIP-13 TESTS AND EVALUATIONS ST. LUCIE PLANT ATTACHMENT 1 EP PROGRAM MAINTENANCE CHECKLIST (Page 2 of 3) (YEAR) | EMERGENCY EXERCISES, DRILLS, TESTS AND EVALUATIONS ST. LUCIE PLANT 14 of 21 ATTACHMENT 1 EP PROGRAM MAINTENANCE CHECKLIST (Page 2 of 3) (YEAR) al/Biennial EP Maintenance Items (continued): INITIAL / DATE al/Biennial EP Maintenance Items (continued): INITIAL / DATE hcy Plan Review: _/ ergency Plan Review (Annual) _/ press of Agreement Certification (Annual firmation/Triennial Renewal) _/ P Review (Even years only) _/ ude Data Sheet 3, EPIP Biennial Review) _/ ay (Annual) | REVIS | SION NO | .: | PROCEDURE TITLE: | | PAGE: |
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| §1 7. Emergency Plan Review: //// | Incy Plan Review: / ergency Plan Review (Annual) / ers of Agreement Certification (Annual firmation/Triennial Renewal) / P Review (Even years only) / ude Data Sheet 3, EPIP Biennial Review) / ay (Annual) / offormation Brochure (Annual) / Data Sheet 2, Emergency Plan (Annual) / Data Sheet 2, Emergency Plan 6 Year Element tration) / | | | | | (YEAF | R) |
| A. Emergency Plan Review (Annual) / | ergency Plan Review (Annual) | <u>Serr</u> | ni-Ann | ual/Annua | I/Biennial EP Maintenance Items (continued): | <u>INITIA</u> | <u>L / DATE</u> |
| B. Letters of Agreement Certification (Annual Confirmation/Triennial Renewal)/ C. EPIP Review (Even years only) (Include Data Sheet 3, EPIP Biennial Review)/ §1 8. Media Day (Annual)/ §1 9. Public Information Brochure (Annual) §1 10. Review and update Six Year Plan (Annual) (Include Data Sheet 2, Emergency Plan 6 Year Element Demonstration) §1 11. Significant Emergency Plan/EPIP Changes, Emergency Action Levels (EALs) Meeting with State/County Emergency Management (Annual) | ers of Agreement Certification (Annual firmation/Triennial Renewal)/ P Review (Even years only) lude Data Sheet 3, EPIP Biennial Review)/ ay (Annual)/ ay (Annual)/ formation Brochure (Annual)/ and update Six Year Plan (Annual) Data Sheet 2, Emergency Plan 6 Year Element tration)/ Int Emergency Plan/EPIP Changes, Emergency evels (EALs) Meeting with State/County ncy Management (Annual)/ Training (Annual)/ | §1 | 7. | Emergen | cy Plan Review: | | _/ |
| Confirmation/Triennial Renewal) / | firmation/Triennial Renewal)/ P Review (Even years only) Jude Data Sheet 3, EPIP Biennial Review)/ ay (Annual)/ ay (Annual)/ formation Brochure (Annual)/ and update Six Year Plan (Annual) Data Sheet 2, Emergency Plan 6 Year Element tration)/ ant Emergency Plan/EPIP Changes, Emergency evels (EALs) Meeting with State/County ncy Management (Annual)/ Training (Annual)/ | | | A. Eme | rgency Plan Review (Annual) | | / |
| (Include Data Sheet 3, EPIP Biennial Review) / | Iude Data Sheet 3, EPIP Biennial Review) / | | | | | | _! |
| §1 9. Public Information Brochure (Annual)/ §1 10. Review and update Six Year Plan (Annual) (Include Data Sheet 2, Emergency Plan 6 Year Element Demonstration)/ §1 11. Significant Emergency Plan/EPIP Changes, Emergency Action Levels (EALs) Meeting with State/County Emergency Management (Annual)/ §1 12. Hospital Training (Annual)/ §1 13. Off-site Training (Annual)/ | Information Brochure (Annual) / and update Six Year Plan (Annual) / Data Sheet 2, Emergency Plan 6 Year Element / Int Emergency Plan/EPIP Changes, Emergency / Int Emergency Plan/EPIP Changes, Emergency Int Emergency Plan/EPIP Changes, Emergency | | | | | | _/ |
| §1 10. Review and update Six Year Plan (Annual) (Include Data Sheet 2, Emergency Plan 6 Year Element Demonstration) §1 11. Significant Emergency Plan/EPIP Changes, Emergency Action Levels (EALs) Meeting with State/County Emergency Management (Annual) §1 12. Hospital Training (Annual) §1 13. Off-site Training (Annual) | and update Six Year Plan (Annual) Data Sheet 2, Emergency Plan 6 Year Element tration) Int Emergency Plan/EPIP Changes, Emergency evels (EALs) Meeting with State/County ncy Management (Annual) Training (Annual) Training (Annual) / | §1 | 8. | Media Da | ay (Annual) | | _1 |
| (Include Data Sheet 2, Emergency Plan 6 Year Element Demonstration) §1 11. Significant Emergency Plan/EPIP Changes, Emergency Action Levels (EALs) Meeting with State/County Emergency Management (Annual) §1 12. Hospital Training (Annual) §1 13. Off-site Training (Annual) | Data Sheet 2, Emergency Plan 6 Year Element tration) / Int Emergency Plan/EPIP Changes, Emergency evels (EALs) Meeting with State/County ncy Management (Annual) / Training (Annual) / Training (Annual) / Training (Annual) / | § ₁ | 9. | Public In | formation Brochure (Annual) | <u> </u> | _/ |
| Action Levels (EALs) Meeting with State/County Emergency Management (Annual)/ §1 12. Hospital Training (Annual)/ §1 13. Off-site Training (Annual)/ | evels (EALs) Meeting with State/County ncy Management (Annual)/ Training (Annual)/ Training (Annual)/ | § 1 | 10. | (include | Data Sheet 2, Emergency Plan 6 Year Element | t | _1 |
| § ₁ 13. Off-site Training (Annual) | Training (Annual) | §1 | 11. | Action Le | evels (EALs) Meeting with State/County | | _1 |
| | · · · · · · · · · · · · · · · · · · · | § ₁ | 12. | Hospital | Training (Annual) | | _/ |
| 14. Recovery Plan Review (Biennial) | y Plan Review (Biennial)/ | §1 | 13. | Off-site | Fraining (Annual) | | _/ |
| | | | 14. | Recover | y Plan Review (Biennial) | <u></u> | _/ |
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| 15. | Annual tr | aining review of ERO | | |
| | | it verification of annual ERO training completion the Training Department. | ר | _/ |
| | B. Revi any l | ew training completion feedback and remove ERO members not qualified. | | _/ |
| <u>Quarterly</u> Quarterly | EP Mainte EP Mainte | enance Items (complete Data Sheet 1 enance Checklist for each of the following): | | |
| 1. | Quarter 7 | 1 | | _/ |
| 2. | Quarter 2 | 2 | | _/ |
| 3. | Quarter 3 | 3 | | _/ |
| 4. | Quarter 4 | 4 | <u> </u> | _/ |
| | Complete | ed by Emergency Preparedness Supervisor | | |
| | Reviewe | d by Protection Services Manager | | |
| | | | | |
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| | | END OF ATTACHMENT 1 | | |
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| | | | DATA SHEET 1 QUARTERLY EP MAINTENANCE CHECKLIS (Page 1 of 2) | <u>ST</u> | |
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| | | | | <u>INITIA</u> | L / DATE |
| 1. | Eme | ergency Re | esponse Facility Surveillance: | . <u></u> | _/ |
| | | | Date | | |
| | Α. | TSC | | | |
| | | § ₁ 1. | Monthly Communications Survey | | |
| | | | Dates: | | |
| | В. | OSC | | | |
| | | | | | |
| | С. | EOF | | | |
| 2. | | | Augmentation Methodologies: | | |
| 2. | | Off-Hours A | Augmentation Methodologies: | | _/ |
| 2. | ¶6 C | Off-Hours A Weekly t (Autodia | Augmentation Methodologies: | | _1 |
| 2. | ¶6 C | Off-Hours A Weekly t (Autodia Dates: _ | Augmentation Methodologies: test of automated emergency recall system ler). | | _! |
| 2. | ¶ ₆ C | Off-Hours A Weekly t (Autodia Dates: _ Monthly | Augmentation Methodologies: test of automated emergency recall system ler). | | _/ |
| 2. | ¶ ₆ C | Off-Hours A Weekly t (Autodia Dates: Monthly Dates: | Augmentation Methodologies: test of automated emergency recall system ler). | | _/ |
| 2. | ¶6 C A. B. | Off-Hours A Weekly t (Autodia Dates: Monthly Dates: Quarterly Data. Quarterl | Augmentation Methodologies: test of automated emergency recall system ler). review of Emergency Response Directory. | | _/ |
| 2. | ¶ ₆ C A. B. | Off-Hours A Weekly t (Autodia Dates: Monthly Dates: Quarterly Data. Quarterly Respons | Augmentation Methodologies: test of automated emergency recall system ler). review of Emergency Response Directory. y verification of Emergency Response Directory y verification of Distribution List for Emergency | | |
| 3. | ¶ ₆ C A. B. C. D. | Off-Hours A Weekly t (Autodia Dates: Monthly Dates: Quarterly Data. Quarterly Respons Quarterl | Augmentation Methodologies: test of automated emergency recall system ler). review of Emergency Response Directory. y verification of Emergency Response Directory y verification of Distribution List for Emergency se Directory. | | |

| KEVIS | ION NO | · | PROCEDURE TITLE: | | |
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| | | | DATA SHEET 1 QUARTERLY EP MAINTENANCE CHECH (Page 2 of 2) | <u>KLIST</u> | |
| | | | QUARTER | (YEAF | ג) |
| 4. | Qua | rterly Off-I | Hours Call-Out Phone Test | <u>INITIA</u> | <u>L / DATE</u> |
| | | Drill Date | 9 | | _/ |
| 5. | Qua | rterly Self | Assessment | | _/ |
| 6. | Qua | rterly subr | mittal of EP Performance Indicators | | _/ |
| | Α. | Participa | tion | | |
| | Β. | Drill & Ex | kercise Performance | | |
| | C. | Alert & N | Iotification System | | |
| 7. | § 5 | | y test of the NRC Emergency Response stem (ERDS) link. | . <u> </u> | _/ |
| NOT | TES: | | | | |
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| | YEAR | | | | | | |
| El | ement | Year Last Performed | Year Next Scheduled | Date | Completed/ Initial | | |
| Off hours staffing | g (6 P.M 4 A.M.) | | | | | | |
| Activation of Em Center | ergency News | | | | | | |
| Use of fire contro | ol teams | | | | | | |
| Use of medical s | support personnel | | | | | | |
| Use of Security prompt access to equipment or su | o emergency | | | | | | |
| Use of one or m backup commur notification | | | | | | | |
| Field monitoring | | | | | | | |
| Capability for de magnitude and i particular compo | | | | | | | |
| Capability for po sampling and ar | ost-accident coolant nalysis | | | | | | |
| Assembly and a | ccountability | | | | | | |
| | blanning activities | | | | | | |

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| Emerge | ncy Pla | an Implementing Procedures (Bie | ennial) | | | |
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| EPIP-00 | Emerg | very and Identification of an gency Condition (including Chemical nd Natural Emergencies) | I, | | | |
| EPIP-01 | Class | ification of Emergencies | | | | |
| EPIP-02 | | s and Responsibilities of the gency Coordinator | | | | |
| EPIP-03 | | gency Response Organization cation/Staff Augmentation | | | | |
| EPIP-04 | | ation and Operation of the Technical ort Center | | | | |
| EPIP-05 | | ation and Operation of the ational Support Center | | | | |
| EPIP-06 | | ation and Operation of the gency Operations Facility | | | | |
| EPIP-07 | Cond | uct of Evacuations/Assembly | | | | |
| EPIP-08 | | te Notifications and Protective Action mmendations | n | | | |
| EPIP-09 | Offsit | e Dose Calculations | | | | |
| EPIP-10 | Off-S | ite Radiological Monitoring | | | | |
| EPIP-11 | Core | Damage Assessment | | | | |
| EPIP-12 | | aining Emergency Preparedness - blogical Emergency Plan Training | | | | |
| EPIP-13 | Emer | taining Emergency Preparedness - gency Exercises, Drills, Tests and lations | | | | |
| HP-90 | Emer | gency Equipment | | | | |
| HP-200 | | mergency Organization | | | | |
| HP-201 | Emei | rgency Personnel Exposure Control | | | | |

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| | | DATA SHEET <u>EPIP BIENNIAL RE</u> (Page 2 of 2) | VIEW | | | | |
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| . Emergen | icy Pla | an Implementing Procedures (Bie | ennial) (continu | ed) | | | |
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| HP-202 | | onmental Monitoring During gencies | | | | | |
| HP-203 | | onnel Access Control During gencies | | | | | |
| HP-204 | | ant Radiation and Contamination eys during Emergencies | | | | | |
| HP-205 | Emer | gency Inplant Air Sampling | | | | | |
| HP-206 | Analy Sam | vsis of Emergency Inplant Air bles | | | | | |
| HP-207 | | toring Evacuated Personnel During gencies | | | | | |
| HP-208 | | onnel Decontamination During rgencies | | | | | |
| COP-06.06 | Guid Sam | elines for Collecting Post Accident ples | | | | | |
| COP-06.11 | Estal Anal | olishing Remote Laboratory for ysis of Accident Samples | | | | | |
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| | | DATA SHEET 4 EP EXERCISE CHECKLIST (Page 1 of 1) | | |
| | | YE | AR | |
| Exercise | Items: | | <u>INITIA</u> | <u>L / DATE</u> |
| 1. | Exercise | Date Selection: | | |
| | A. Evalu | uated Date// | | _/ |
| 2. | ERO Par | ticipant Notification | | _/ |
| 3. | Scenario | Development Personnel Assigned | | _/ |
| 4. | Controlle | rs/Evaluators Assigned | | _/ |
| 5. | Exercise | Objectives | | |
| | A. Prote | ection Services Manager Approval | | _/ |
| | | nitted to Licensing Day NRC Submittal, Even years only) | | _/ |
| 6. | Exercise | Scenario | | |
| | | ided to Florida DEM Day FEMA Submittal, Even years only) | | _/ |
| | | nitted to Licensing Day NRC Submittal, Even years only) | | _/ |
| 7. | Post Exe | ercise Critique Date:// | | |
| § ₁ 8. | Facility F | Review Group (FRG) Critique Report Review | | _! |
| | | END OF DATA SHEET 4 | | |



ST. LUCIE PLANT

HEALTH PHYSICS

PROCEDURE

SAFETY RELATED

Procedure No.

HP-90

Current Revision No.

41

Effective Date 07/23/02

PROCEDURE PRODUCTION

Title:

EMERGENCY EQUIPMENT

Responsible Department: HEALTH PHYSICS

REVISION SUMMARY:

Revision 41 – Added instructions to affix seal upon completion of inventory. (Don Reisinger, 07/11/02)

Revision 40 - Added instructions for operational check of Ludlum Model 2200. (Bruce Somers, 05/09/02)

Revision 39 - Changed Section 4.2 from month to quarter and added AMS-2/3 to inventory. (Donald Reisinger, 03/28/02)

Revision 38 - Changed to reflect moving of emergency monitoring kits from SAS to OSC area in SSB. (Don Reisinger, 11/12/01)

Revision 37 - Deleted references to STA, revised TSC commo survey referent to EPIP-13, revised replacement time for failed major equipment within the OCA to 24 hours, made editorial changes, and revised attachments / forms from HP-206 to be included in e-kits. (J. R. Walker, 12/07/00)

Revision 36 - Added check of fax machines and copy machines and deleted unnecessary letter references to specific copies of ERD. (Steve Knapp, 10/28/99)

Revision 35 - Revised references to delete C-111 and added COP-06.11. Revised text and checklists to delete C-111 and added COP-06.11. Updated EP Supervisor information. Made administrative changes. (Rick Walker, 06/30/99)

| Revision 0 | FRG Review Date 06/24/75 | Approved By K.N. Harris | Approval Date 09/11/75 | S_ DATE | _OPS |
|----------------|---------------------------------------|---|---------------------------|-------------|-----------------|
| | · · · · · · · · · · · · · · · · · · · | Plant General Manager | | DOCT | PROCEDUR |
| Revision 41 | FRG Review Date 07/11/02 | Approved By Dick Rose | Approval Date 07/11/02 | DOCN SYS | HP-90 |
| | <u></u> | Plant General Manager N/A | | COM ITM | COMPLETED 41 |
| | | Designated Approver N/A | | P | SL |
| | | Designated Approver (Minor Correction) | | 2 | |
| <u></u> | | | CO | V | |

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| 1.0 | TITLE | | | | |
| | EMERGENC | YEQUIPMENT | | | |
| 2.0 | REVIEW AN | D APPROVAL | | | |
| | See cover sh | neet. | | | |
| 3.0 | PURPOSE | | | | |
| 3.1 | This procedu maintenance | re gives the instructions to be used when conducting in of HP Emergency Kits. | ventories and | | |
| 4.0 | PRECAUTIC | ONS AND LIMITATIONS | | | |
| 4.1 | | tion is authorized only if the substituted item is compara the original equipment. | able / | | |
| 4.2 | All emergency equipment shall be checked and inventoried once each quarter and within five (5) working days following each use. | | | | |
| 4.3 | Items found in Emergency Kits which do not appear on the inventory sheets shall be removed and relocated in accordance with the instructions of a Health Physics Supervisor. This does not apply at hospitals, where FPL and non-FPL supplies may be co-located in accordance with hospital staff preferences. | | | | |
| 4.4 | In years end evaluated with the second secon | ing in zero (0) or five (5), all inventoried equipment shou th respect to age, wear and need for replacement or up | uld be grade. | | |
| 4.5 | Kit check so the kit TLDs | urces used to test instrument operability should NOT be | e stored near | | |
| 4.6 | | gnated zeolite cartridges may be properly stored for a p he date of manufacture. | eriod of five | | |
| 4.7 | Electronic Personnel Dosimeters (EPD) stored in the Control Rooms and offsite monitoring team kits shall be programmed to: | | | | |
| | 1. Displa | ay both Dose and Dose Rate. | | | |
| | 2. Activa | ate by pushing the pushbutton. | | | |
| | 3. Alarn | n on a dose of 4.5R and a Dose Rate of 10R/hr. | | | |
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| l.8 | contai | notified by Emergency Planning that a revision to a pro ned in the HP Emergency Kits has been issued, HP sho dure with the new revision within five (5) working days. | ocedure ould update the |
| 1.9 | accordance v | pirators in the Emergency Kits shall be visually inspecte with the requirements of HPP-62, Inspection and Mainte Protection Equipment. | d in enance of |
| 1.10 | to the latching | ing Team Kits, Attachment 5 Inventory Form, shall have g mechanism upon completion of the inventory to expe ne field in case of emergency. | e seals affixed diate the team |
| 5.0 | RELATED S | YSTEM STATUS | |
| 6.0 | REFERENCI | ES | |
| | One or more | <u>NOTE</u> of the following symbols may be used in this procedure | e: |
| | Condition shall NO | a Regulatory commitment made by Technical Specifica of License, Audit, LER, Bulletin, Operating Experience I be revised without Facility Review Group review and Manager approval. | e, etc. and |
| | or other r | a management directive, vendor recommendation, pla non-regulatory commitment that should NOT be revised ion with the plant staff. | nt practice without |
| | Ψ Indicates | a step that requires a sign off on an attachment. | |
| 6.1 | St. Lucie Pla | nt Radiological Emergency Plan (E-Plan) | |
| 6.2 | E-Plan Imple | ementing Procedures (EPIP 00-13) | |
| 6.3 | St. Lucie Pla | ant Emergency Response Directory (ERD) | |
| 6.4 | Florida Powe | er & Light Company, St. Lucie Plant Recovery Plan | |
| 6.5 | HPP-62, "In: | spection and Maintenance of Respiratory Protection Eq | uipment." |
| 6.6 | HPP-70, "Pe | ersonnel Contamination Monitoring and Decontamination | on Procedure." |
| 6.7 | | dentification and Reporting of Radiological Events." | |

| PROCEDURE NO: HP-90ST. LUCIE PLANT6.8Health Physics Procedures, HP-200 Series6.9COP-06.06, "Guidelines for Collecting Post Accident Samples."6.10COP-06.11, "Establishing Remote Laboratory for Analyses of Accident Sar6.11OP 1-0010125, "Schedule of Periodic Tests, Checks and Calibrations."6.12OP 2-0010125, "Schedule of Periodic Tests, Checks and Calibrations."6.13NRC Generic Letter 91-14, Emergency Telecommunications.6.14NRC Administrative Letter 94-04, Change of the NRC Operations Center Commercial Telephone and Facsimile Numbers.6.15OSHA 1926.404(b)(iii), Assured Equipment Grounding Conductor Program6.16¶1PMAI number PM 97-04-147, Shaving Supplies in HP EKits6.17¶2PMAI number PM 97-07-142, First-aid Kit in Site Assembly Station6.19¶4PMAI number PM 99-09-076, Fax and Copy Machine Tests6.20Calibration, Operation, and Operational Check of the Eberline Models AMS AMS-3 Air Monitoring Systems6.21¶5PMAI number PM02-04-034, Seals on Kits7.0RECORDS REQUIRED | of 59 |
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| 6.8 Health Physics Procedures, HP-200 Series 6.9 COP-06.06, "Guidelines for Collecting Post Accident Samples." 6.10 COP-06.11, "Establishing Remote Laboratory for Analyses of Accident Sar 6.11 OP 1-0010125, "Schedule of Periodic Tests, Checks and Calibrations." 6.12 OP 2-0010125, "Schedule of Periodic Tests, Checks and Calibrations." 6.13 NRC Generic Letter 91-14, Emergency Telecommunications. 6.14 NRC Administrative Letter 94-04, Change of the NRC Operations Center Commercial Telephone and Facsimile Numbers. 6.15 OSHA 1926.404(b)(iii), Assured Equipment Grounding Conductor Program 6.16 ¶1 PMAI number PM 97-04-006, EPIP Updates in HP EKits 6.17 ¶2 PMAI number PM 97-04-147, Shaving Supplies in HP EKits 6.18 ¶3 PMAI number PM 97-07-142, First-aid Kit in Site Assembly Station 6.19 ¶4 PMAI number PM 99-09-076, Fax and Copy Machine Tests 6.20 Calibration, Operation, and Operational Check of the Eberline Models AMS AMS-3 Air Monitoring Systems 6.21 ¶5 PMAI number PM02-04-034, Seals on Kits 7.0 RECORDS REQUIRED | |
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| 7.0 RECORDS REQUIRED | S-2 and |
| | |
| | |
| 7.1 Inventory sheets for each of the locations listed in 8.2 below (HP-90) - Atta #1-7 shall be maintained in the plant files in accordance with QI-17-PSL-1 Assurance Records." | chments "Quality |

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| 3.0 | INST | RUCTIONS | | |
| 3.1 | Prior | to conductin | g inventories of the kits: | |
| | 1. | Ascertain t | he current revision number of Emergency Plar | nning documents. |
| | | A. Con | tact the Nuclear Records Vault for 1, 2 and 3 I | below. |
| | | | ess the Controlled Electronic Procedure Index all other documents (4-10 below). | (in Lotus Notes) |
| | availa | lesignating th able, shall co cable. | nat full sets of EPIPs and / or HP-200 series pro Intain all the procedures in Table 1 and / or Table | cedures are le 2, as |
| | | 1. | St. Lucie Plant Radiological Emergency Pla | an (E-Plan) |
| | | 2. | St. Lucie Plant Emergency Response Direc | ctory (ERD) |
| | | 3. | Florida Power & Light Company, St. Lucie Plan | Plant Recovery |
| | | 4. | EPIPs (see Table 1) | |
| | | 5. | HP-200 Series (see Table 2) | |
| | | 6. | HPP-70, "Personnel Contamination Monito HPP-70.1, Personnel Skin and Clothing Co Report) | ring," (Form ontamination |
| | | 7. | HP-90, "Emergency Equipment" | |
| | | 8. | HPP-101, "Identification and Reporting of F Events," (Form HPP-101.1, Radiological E | Radiological vent Report) |
| | | 9. | COP-06.06, "Guidelines for Collecting Pos | t Accident Samples |
| | | 10. | COP-06.11, "Establishing Remote Laborat Accident Samples." | ory for Analyses of |
| | | The | e procedure distribution is listed on the invento | ry sheet. |
| | 2. | Contact E available t | mergency Planning to determine if any proced to be added to the emergency kits. | ure revisions are |
| | 3. | Contact L | and Utilization to arrange for access to the Em OF), if necessary (i.e., not on the access list). | ergency Operation |

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| 8.2 | Inver appro | ntory all i opriate ir | tems, verifying that the proper supplies are present. Us overtory list. | se the | |
| | 1. | Attach Kit | ment 1 - Unit 1 Control Room / Technical Support Cent | er Emergency | |
| | 2. | Attach | ment 2 - Unit 2 Control Room Emergency Kit | | |
| | 3. | Attach | ment 3 - Operational Support Center Emergency Kit | | |
| | 4. | Attach | ment 4 - Site Assembly Station Emergency Kit | | |
| | 5. | | ment 5 - Field Monitoring Team Emergency Kit (comple ment for each kit) | ete 1 | |
| | 6. | Attach | ment 6 - Emergency Operations Facility Emergency Kir | t | |
| | 7. | Attach hospit | ment 7 - Hospital Emergency Kit (complete one attach al) | ment for each | |
| 8.3 | Any be u | ny equipment which is out of calibration, fails the operability check, or ap e unusable shall be replaced. | | | |
| | 1. | An <u>as</u> equipi follow | <u>terisk</u> designates a major piece of equipment. If a major ment is found to be deficient, the equipment must be re s: | or piece of placed as | |
| | | А. | For Emergency Kits located within the Owner Controlle 24 hours. | ed Area - within | |
| | | В. | For Emergency Kits located outside the Owner Contro within 48 hours. | lled Area - | |
| 8.4 | less thar | than tha | f non-asterisked inventory items may be exceeded, but it indicated on the attachment. An item found to be in a ed on the attachment shall be replenished by the time o | quantity less | |
| 8.5 | | | rability checks of instruments in accordance with Apper nstructions. | ndix A, | |
| | | | | | |
| | | | | | |

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| 8.6 | Verify that dosimetry is current. | | | | | |
| | | | NOTE | | | |
| | | | Not all dosimetry is required in each Emergency Kit. | | | |
| | 1. | Direct (6) mc | Reading Dosimeter (DRD). DRDs are calibrated every onths. | y six | | |
| | | Α. | 0-500 mR | | | |
| | | В. | 0-5 R | | | |
| | | C . | 0-20 R | | | |
| | | D. | 0-100 R | | | |
| | 2 . | Electro | onic Personal Dosimeter (EPD) | | | |
| | | Α. | Alarm Setpoint, Dose: 4.5 R | | | |
| | | В. | Alarm Setpoint, Dose Rate: 10 R/hr | | | |
| | 3. | | noluminescent Dosimeter (TLD). TLDs are changed ou i-annual basis. | ut in the kits on | | |
| | | Α. | Whole Body | | | |
| | | В. | Extremity | | | |
| | | C. | Finger Rings | | | |
| 8.7 | Veri [.] and | fy that re Mainten | espirators are visually inspected as prescribed in HPP-0 ance of Respiratory Protection Equipment. | 62, Inspection | | |
| 8.8 | Verify that silver zeolite cartridges are current. Inform the Health Physics Technical Supervisor when the posted shelf life of the cartridges is within three (3) months of expiring. | | | | | |
| 8.9 | | | ords stored in the Emergency Kits shall be tested or repsion cords after use. | placed with | | |
| | 1. | A test | ling device is available in each kit which has extension | cords. | | |
| | 2. | Reco exten failure | rd test results or cord replacement in the "Remarks" se sion cords passed; one extension cord replacement du e). | ection (e.g., all ue to test | | |
| | | | | | | |

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| | HP-90 | | | | | <u> </u> |
| | | | | | | <u> </u> |
| | are exe Spare i | mpt from thi nstruments a | s instruction be | cause they requi backups should | ne dual channel an re re-chargeable b one of these instru | atteries. |
| 8.10 | Verify tl and equ | hat there is a uipment req | a sufficient sup uiring batteries | oply of spare batt | eries available for | all instruments |
| | 1. F | Replace any he end of th | v battery or pac ne current quar | kage of batteries ter) or exceeds i | s which is approac ts expiration date | hing (prior to or shelf life. |
| | 2. f | Every first a equipment f | nd third quarte or signs of dete | r, inspect batterie erioration or leak | es in all instrumen s and replace, as | ts and necessary. |
| 8.11 | Verify t replace | hat the proc procedure | edures contair with a control | ned in the kit are led copy of the c | the current revisio current revision. | ns, if not, |
| 8.12 | Perform monthly test of communications equipment with state and local governments and the NRC in accordance with Appendix B, Instructions for Testing Emergency Communications Equipment. | | | | ocal ons for Testing | |
| 8.13 | Comple | ete the inver | ntory form as f | ollows: | | |
| | | marking "Pa | results of the ass" or "Fail" or in the "Remai | n the appropriate | s of the kit instrun attachment. Rec | nents by ord any |
| | | against the form. Reco | "Minimum Qua rd the "As Fou | antity" requireme | quipment should t nts as listed on the either "Pass" or "F | e inventory |
| | | Review all o "Available" section. | locuments, pro or "Unavailable | ocedures, and log e". Record any d | gs and show whet liscrepancy in the | her they are "Remarks" |
| | | Indicate the on the appr section. | e results of the opriate attachr | communications nent. Record an | tests by marking y discrepancy in t | 'Pass" or "Fail' he "Remarks" |
| | 5. | | letion of the in | ventory, close ar | nd lock the kit and ntoried by" and "D | sign and date |

| 41 EMERGENCY EQUIPMENT 11 of 59 PROCEDURE NO:: ST. LUCIE PLANT 11 of 59 8.13 Complete the inventory form as follows: (continued) 6. After completing a satisfactory inventory of the Field Monitoring Team Kits, Attachment 5, install a seal on each kit in such a manner that the kit cannot be opened without breaking the seal. 8.14 A copy of each completed inventory (attachment) is required. 1. Conspicuously post the copy of the inventory on the front of the Emergency Kit for ready reference by the next user of the kit. 2. Provide the original to an HP Supervisor for review. | | | | | PAGE: |
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| blanks on each attachment. 3. A copy of each reviewed attachment is to be forwarded to Emergency Planning. 4. The originals of all reviewed attachments are to be sent to the Nuclear | | | | | of the |
| Planning.4. The originals of all reviewed attachments are to be sent to the Nuclear | | 2. | | | and "Date" |
| | | 3. | - | | nergency |
| | | 4. | | | e Nuclear |
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| | E | TABLE 1 MERGENCY PLAN IMPLEMENTING PROCEDURES (Page 1 of 1) | |
| EPIP-00 | | covery & Identification of an Emergency Condition (Incleemical, Fire and Natural Emergencies) | uding |
| EPIP-01 | Cla | ssification of Emergencies | |
| EPIP-02 | Dut | ies and Responsibilities of the Emergency Coordinator | |
| EPIP-03 | Em | ergency Response Organization Notification / Staff Aug | mentation |
| EPIP-04 | Acti | ivation and Operation of the Technical Support Center | |
| EPIP-05 | Acti | ivation and Operation of the Operational Support Cente | r |
| EPIP-06 | Acti | ivation and Operation of the Emergency Operations Fac | cility |
| EPIP-07 | Cor | nduct of Evacuations / Assembly | |
| EPIP-08 | Off- | site Notifications and Protective Action Recommendation | ons |
| EPIP-09 | Off- | site Dose Calculations | |
| EPIP-10 | Off | -site Radiological Monitoring | |
| EPIP-11 | Cor | re Damage Assessment | |
| EPIP-12 | | intaining Emergency Preparedness - Radiological Eme ining | rgency Plan |
| EPIP-13 | | intaining Emergency Preparedness - Emergency Exercests and Evaluations | ises, Drills, |
| | | | |
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| HP-90 | | ST. LUCIE PLANT | |
| | | TABLE 2HP-200 SERIES PROCEDURES(Page 1 of 1) | |
| HP-200 | Hea | Ith Physics Emergency Organization | |
| HP-201 | Eme | ergency Personnel Exposure Control | |
| HP-202 | Env | ironmental Monitoring During Emergencies | |
| HP-203 | Per | sonnel Access Control During Emergencies | |
| HP-204 | In-F | Plant Radiation and Contamination Surveys During Emo | ergencies |
| HP-205 | Em | ergency In-Plant Air Sampling | |
| HP-206 | Ana | lysis of Emergency In-Plant Air Samples | |
| HP-207 | Мо | nitoring Evacuated Personnel During Emergencies | |
| HP-208 | Per | sonnel Decontamination During Emergencies | |
| | | | |

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| HP-90 | | | ST. LUCIE PLANT | | | |
| | <u>UNI</u> | T 1 CONTR | ATTACHMENT 1 OL ROOM / TECHNICAL SUPPORT C (Page 1 of 4) | <u>ENTER EMER</u> | <u>GENCY KIT</u> | |
| | | Inspe | NOTE Inspect all batteries during first and third quarter inventories. | | | |
| | | | INSTRUMENTS | Pa | ass Fail | |
| * | 1. | Portable Dose | Rate Instrument (> 5 R/hr) | | | |
| | | Model No.: | Serial No.: Calib. Due Date | e: | | |
| | | | bility check in accordance with Appendix A | | | |
| _ | | | t Data (Friday) Instrument | | | |
| • | 2. | | t Rate (Frisker) Instrument Serial No.: Calib. Due Dat | | | |
| | | Model No.: | | e | | |
| | | Perform operability check in accordance with Appendix A | | | | |
| * | 3. | Portable Coun | | | | |
| | | Model No.: | Serial No.: Calib. Due Dat | ie: | | |
| | | Perform opera | bility check in accordance with Appendix A | | | |
| * | 4. | 4. Dual Channel Analyzer or Single Channel Analyzer | | | | |
| | | Model No.: | Serial No.: Calib. Due Dat | te: | | |
| | | Perform opera | | | | |
| | 5. | Continuous Ai | | | | |
| | | Model No.: | Serial No.: Calib. Due Dat | te: | | |
| | | Perform opera | bility check in accordance with Appendix A | | | |
| | | | DOSIMETRY | | imum As** antity Found | |
| * | 1. | TLD, Whole B | Rody Semi-annual: | | 53 | |
| * | 2. | TLD, Finger R | Ring Semi-annual: | | 16 | |
| * | 3. | TLD, Multibad | lge Semi-annual: | | 50 | |
| * | 4. | DRD, 0-500 n | nR Calib. Due Date: | | 50 | |
| * | 5. | DRD, 0-5R | Calib. Due Date: | | 10 | |
| * | 6. | DRD, 0-100R | Calib. Due Date: | | 5 | |
| *** | 7. | Electronic Do | | | 10 | |

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Major Equipment Codes: P=Pass, F=Fail, R=See Remarks Alarm Setpoint: Dose - 4.5R; Dose Rate 10R/hr. ***

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| CEDUF | RE NO.: | | | 10 01 00 |
| Н | IP-90 | ST. LUCIE PLANT | | |
| UN | IT 1 CONTR | ATTACHMENT 1 ROL ROOM / TECHNICAL SUPPORT CEN (Page 2 of 4) | ITER EMERG | ENCY KIT |
| | Insp | NOTE ect all batteries during first and third quarter | inventories. | |
| | | DRESS-OUT SUPPLIES | Minimum Quantity | As** Found |
| 1. | Coveralis | | 20 | |
| 2. | Cloth Hood | | 20 | |
| 3. | Cotton Liners | s (pr.) | 20 | |
| 4 . | Rubber Glov | es (pr.) | 20 | |
| 5. | Surgical Glov | ves (pr.) | 20 | |
| 6. | Rubber Shoe | e Covers (pr.) | 20 | |
| 7. | Plastic Booti | | 20 | |
| 8. | T-Cuts (pr.) | | 20 | |
| 0. | | | | |
| 9. | Whirl-Pack | | 50 | |

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| ROCEDURE | P-90 | ST. LUCIE PLANT | | |
| | | ATTACHMENT 1 | | |
| UNIT | <u>ſ1CONTR</u> | COL ROOM / TECHNICAL SUPPORT CENTER EM (Page 3 of 4) | ERGENC | <u>Y KIT</u> |
| | | | | |
| | Insp | NOTE ect all batteries during first and third quarter inventori | es | |
| | | OTHER EQUIPMENT | Minimum Quantity | As** Found |
| 1. | SCBA | | 5 | |
| 2. | Air Sample | r Model No.: Serial No.: Calib. Due Date: | 1 | |
| 3. | Silver Zeoli | ite Cartridges Exp. Date: | 5 | |
| 4. | Particulate | Filters | 6 | |
| 5. | | s (labeled Air Sample Data) | 6 | |
| 6. | Full-Face F | Respirator (perform visual inspection, update card) | 8 | |
| 7. | Charcoal C | | 16 | |
| 8. | Dosimeter | Charger | 2 | |
| 9. | Contamina | tion Smears and Envelopes / Folders | 500 | |
| 10. | Radiation E | Barrier Tape / Rope / Ribbon | N/A | |
| 11. | Radiation S | Sign and Assorted Inserts | 5 | |
| 12. | Step-off Pa | ads | 10 | _ |
| 13. | Poly Bags | (yellow) | 10 | |
| 14. | Extension (| Cord (HD) | 3 | |
| 15. | Extension | Cord Adapter - White | 3 | l |
| 16. | Extension | Cord Adapter - Red | 3 | L |
| 17. | | | 20 | L |
| 18. | Batteries - number, av | complete set of replacement batteries, both type and vailable for all equipment requiring batteries; check shelf life. | N/A | |
| 19. | Telephone | Headset | 1 | ſ |

| PROCEDURE TITLE: EMERGENCY EQ ST. LUCIE F ATTACHMEN ROL ROOM / TECHNICAL SUI (Page 4 of | PLANT IT 1 PPORT CENTER EM | | 17 of 59 |
|--|--|---|---|
| ST. LUCIE F ATTACHMEN ROL ROOM / TECHNICAL SU | PLANT IT 1 PPORT CENTER EM | | 7 of 59 |
| ATTACHMEN ROL ROOM / TECHNICAL SUI | IT 1 PORT CENTER EM | | <u> </u> |
| ATTACHMEN ROL ROOM / TECHNICAL SUI | IT 1 PPORT CENTER EM | | |
| ROL ROOM / TECHNICAL SUI | PORT CENTER EM | EDCEN | |
| (Page 4 of | 4 \ | ERGEN | <u>CY KIT</u> |
| | 4) | | |
| NOTE | | <u> </u> | |
| spect all batteries during first and | third quarter inventorie | es. | |
| DOCUMENTS, PROCEDURES, LO | GS | Avail. | Unavail. |
| cy Plan (check for current revision) | | | |
|) (check for current revisions) | | | |
| esponse Directory (check for current re | vision) | | |
| for current revision) | | | |
| s (full set) (check for current revisions) | | | · |
| chments 1, 2, 3 and Forms HP-206.1 a for current revision) | nd HP-206.2 (10 copies | | |
| heck for current revision) | | | |
| | alyses of Accident | | |
| osure Summary Report | | | |
| Rad Survey Maps (10 copies) | | | _ |
| oor Plan Maps with Index for Rad Surve | y (full set) | | |
| ng Maps | | | |
| Pass, F=Fail, R=See Remarks | | <u></u> | |
| | Reviewed by: | | |
| | Date: | | |
| | spect all batteries during first and DOCUMENTS, PROCEDURES, LOO hey Plan (check for current revision) t) (check for current revisions) esponse Directory (check for current revisions) s (full set) (check for current revisions) chments 1, 2, 3 and Forms HP-206.1 and for current revision) check for current revision) Establishing Remote Laboratory for Ana eck for current revision) bosure Summary Report in Rad Survey Maps (10 copies) oor Plan Maps with Index for Rad Surve ing Maps pment Pass, F=Fail, R=See Remarks | spect all batteries during first and third quarter inventories DOCUMENTS, PROCEDURES, LOGS acy Plan (check for current revision) t) (check for current revisions) esponse Directory (check for current revision) for current revision) s (full set) (check for current revisions) chments 1, 2, 3 and Forms HP-206.1 and HP-206.2 (10 copies for current revision) Establishing Remote Laboratory for Analyses of Accident eck for current revision) posure Summary Report n Rad Survey Maps (10 copies) cor Plan Maps with Index for Rad Survey (full set) ing Maps pment Pass, F=Fail, R=See Remarks Reviewed by: | spect all batteries during first and third quarter inventories. DOCUMENTS, PROCEDURES, LOGS Avail. icy Plan (check for current revision) Image: constraint of the end of |

| ISION NO. | : P | ROCEDURE TITLE: | | | PAGE: | |
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| 4 | | EMERGE | | | 40 | |
| | | | | | 18 (| of 59 |
| HP | | ST. | LUCIE PLANT | | | |
| | | UNIT 2 CONTROL | CHMENT 2 ROOM EMERGENCY P Ige 1 of 4) | <u> </u> | | |
| | Inspec | - | NOTE Tirst and third quarter inv | entories. | | |
| | | INSTRUMENTS | <u> </u> | Pas | s | Fail |
| 1. P | ortable Dose F | Rate Instrument (> 5 R/hr) | | | | |
| | odel No.: | Serial No.: | Calib. Due Date: | | | <u></u> |
| | | ility check in accordance | | | | |
| | | | | | | |
| 2. P | ortable Count | Rate (Frisker) Instrument | | | | |
| M | odel No.: | Serial No.: | Calib. Due Date: | | | |
| P | erform operab | ility check in accordance | with Appendix A | | | |
| 3 P | ortable Count | Rate (Frisker) Instrument | | | | |
| | odel No.: | Serial No.: | Calib. Due Date: | - | | |
| | | ility check in accordance | with Appendix A | - | | |
| | | | | | | |
| 4. D | ual Channel A | Analyzer or Single Channe | el Analyzer | - | | |
| | odel No.: | Serial No.: | Calib. Due Date: | | | |
| P | erform operab | pility check in accordance | with Appendix A | | | |
| | | DOSIMETRY | | Mini n Quar | | As** Found |
| 1. T | LD, Whole Bo | ody Semi-annua | al: | 10 | > | |
| | LD, Finger Ri | and the second s | al: | 12 | 2 | |
| | LD, Multibadg | | al: | 50 | 5 | |
| | RD, 0-500 ml | | Date: | 1(|) | |
| 5. C | RD, 0-5R | Calib. Due I | Date: | 1(|) | |
| 6. C | RD, 0-100R | Calib. Due l | Date: | 5 | | |
| 7. E | lectronic Dos | imeter Calib. Due | Date: | 1(| оС | |

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Major Equipment Codes: P=Pass, F=Fail, R=See Remarks Alarm Setpoints: Dose - 4.5R; Dose Rate 10R/hr. ***

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| ION NO | | | | FAGE. |
| 4 | | EMERGENCY EQUIPM | ENI | 19 of 59 |
| EDURE | | | | |
| | -90 | ST. LUCIE PLANT | | |
| | | ATTACHMENT 2 UNIT 2 CONTROL ROOM EMERO (Page 2 of 4) | GENCY KIT | |
| | Insp | NOTE ect all batteries during first and third qu | uarter inventories. | |
| | | DRESS-OUT SUPPLIES | Minimum Quantity | As** Found |
| 1. | Coveralis | | 10 | |
| 2. | Cloth Hoo | d | 10 | |
| 3. | Cotton Lir | ners (pr.) | 10 | |
| 4. | Rubber G | loves (pr.) | 10 | |
| 5. | Surgical G | Gloves (pr.) | 10 | |
| 6. | Rubber S | hoe Covers (pr.) | 10 | |
| 7. | Plastic Bo | oties (pr.) | 10 | |
| 8. | T-Cuts (p | r.) | 10 | |
| 9. | Whirl-Pac | k | 50 | |
| 10. | Tape (2" r | roll) | 3 | |

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| | | 1 | EMERGENCY EQUIPMENT | 20 |) of 59 |
| oc | edure HP | NO.: -90 | ST. LUCIE PLANT | | |
| | | | ATTACHMENT 2 UNIT 2 CONTROL ROOM EMERGENCY KIT (Page 3 of 4) | | |
| | | Insp | NOTE ect all batteries during first and third quarter inventor | ries. | |
| | | | OTHER EQUIPMENT | Minimum Quantity | As** Found |
| | 1. | SCBA | | 5 | |
| | 2. | Air Sample | r Model No.: Serial No.: Calib. Due Date: | 1 | |
| | 3. | Silver Zeoli | te Cartridges Exp. Date: | 5 | |
| | 4. | Particulate | Filters | 6 | |
| | 5. | Whirl-Pack | s (labeled Air Sample Data) | 6 | |
| | 6 | Full-Face F | Respirator (perform visual inspection, update card) | 8 | |
| | 7 | Charcoal C | Canister Exp. Date: | 16 | |
| | 8 | Dosimeter | Charger | 1 | |
| | 9 | Contamina | tion Smears and Envelopes / Folders | 500 | |
| | 10. | Radiation E | Barrier Tape / Rope / Ribbon | N/A | |
| | 11. | Radiation S | Sign and Assorted Inserts | 5 | |
| | 12. | Step-off Pa | nds | 10 | |
| | 13. | Poly Bags | (yellow) | 10 | |
| | 14. | Extension | Cord (HD) | N/A | |
| | 15. | Extension | Cord Adapter - White | 3 | |
| | 16. | Extension | Cord Adapter - Red | 3 | |
| | 17. | Plastic Rai | | 10 | |
| | 18. | Batteries - number, av | complete set of replacement batteries, both type and vailable for all equipment requiring batteries; check shelf life | N/A | |

** Codes: P=Pass, F=Fail, R=See Remarks

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| HP-90 | | ST. LUCIE PLANT | | |
| | | ATTACHMENT 2 ROL ROOM EMERGENCY # (Page 4 of 4) | <u>(IT</u> | |
| | | NOTE | | |
| | Inspect all batteries du | uring first and third quarter inve | entones. | |
| [| DOCUMENTS, PROC | EDURES, LOGS | Avail. | Unavail. |
| 1. PSL Em | ergency Plan (check for cur | rrent revision) | | |
| | full set) (check for current re | | | |
| | ncy Response Directory (ch | | | |
| | Series (full set) (check for c | | | |
| | | orms HP-206.1 and HP-206.2 | | |
| (10 copi | es each) (check for current | revision) | | |
| 6. Radiatio | on Exposure Summary Repo | ort | | |
| 7. Control | Room Rad Survey Maps (1 | 0 copies) | | |
| Remarks: | | Reviewed by:_ | | |
| Inventoried by | | | <u></u> | |
| Date: | | Date: | | |
| | | | | |

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| <u>(</u> | ATTACHMENT 3 OPERATIONAL SUPPORT CENTER EI (Page 1 of 4) | MERGENCY KIT | |
| | NOTE | | |
| In | NOTE spect all batteries during first and third qu | arter inventories. | |
| | INSTRUMENTS | Pass | Fa |
| 1. Portable Dos | e Rate Instrument (≥ 5 R/hr) | | |
| Model No.: | Serial No.: Calib. Due Dat | e: | |
| Perform oper | ability check in accordance with Appendix A | | |
| | | | |
| 2. Portable Dos | e Rate Instrument (≥5 R/hr) | | |
| Model No.: | Serial No.: Calib. Due Dat | | |
| Perform oper | ability check in accordance with Appendix A | | |
| 3. Portable Dos | e Rate Instrument (≥5 R/hr) | | |
| Model No.: | Serial No.: Calib. Due Dat | te: | |
| | ability check in accordance with Appendix A | | |
| | | | |
| | nt Rate (Frisker) Instrument | | |
| Model No.: | Serial No.: Calib. Due Dat | te: | |
| Perform oper | ability check in accordance with Appendix A | | |
| 5. Portable Cou | nt Rate (Frisker) Instrument | | |
| Model No.: | Serial No.: Calib. Due Dat | te: | _ |
| Perform oper | ability check in accordance with Appendix A | | |
| | | | |
| | Int Rate (Frisker) Instrument Serial No.: Calib. Due Dal | to: | |
| Model No.: | Serial No.: Calib. Due Dat rability check in accordance with Appendix A | | |
| - Penoini oper | | | |
| 7. Portable Cou | Int Rate (Frisker) Instrument | | |
| Model No.: | Serial No.: Calib. Due Da | te: | |
| Perform oper | rability check in accordance with Appendix A | | |
| | | | |
| | el Analyzer or Single Channel Analyzer | te: | |
| Model No.: | Serial No.: Calib. Due Da | | |
| Perform oper | rability check in accordance with Appendix A | | |
| 9. Scaler and D | Detector | | |
| Model No.: | Serial No.: Calib. Due Da | ite: | |
| | | | |

** Codes: P=Pass, F=Fail, R=See Remarks

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| HP-9 | | | |
| | ATTACHMENT 3 OPERATIONAL SUPPORT CENTER EMER (Page 2 of 4) | RGENCY KIT | |
| | NOTE Inspect all batteries during first and third quarte | r inventories. | |
| | DOSIMETRY | Minimum As Quantity Fou | |
| * 1. TLC | D, Whole Body Semi-annual: | 46 | |
| | D, Finger Ring Semi-annual: | 22 | |
| | D, Multibadge Semi-annual: | 50 | |
| * 4. DR | D, 0-500 mR Calib. Due Date: | 40 | |
| * 5. DR | D, 0-5R Calib. Due Date: | 20 | |
| * 6. DR | D, 0-100R Calib. Due Date: | 10 | |
| | DRESS-OUT SUPPLIES | | |
| 1. C | overalls | 50 | |
| 2. C | loth Hood | 50 | |
| 3. C | otton Liners (pr.) | 50 | |
| 4. R | ubber Gloves (pr.) | 50 | |
| 5. S | urgical Gloves (pr.) | 50 | |
| 6. R | Rubber Shoe Covers (pr.) | 50 | |
| 7. P | lastic Booties (pr.) | 50 | |
| 8. T | -Cuts (pr.) | 50 | |
| 9. V | Vhirl-Pack | 100 | |
| 10. T | ape (2" roll) | 10 | |
| | having Cream (can) | 1 | |
| ¶₂ 12. C | Disposable Razors | 6 | |
| | OTHER EQUIPMENT | | |
| | CBA | 2 | |
| | ir Sampler Model No.: Serial No.: Calib. Due Date | | |
| | Silver Zeolite Cartridges Exp. Date: | 20 | |
| | Particulate Filters | 20 | |
| | Vhirl-Packs (labeled Air Sample Data) | 20 | _ |
| 6. F | ull-Face Respirator (perform visual inspection, update card) | | |
| | Charcoal Canister Exp. Date: | 24 | |
| 8. C | Dosimeter Charger (electric) | 1 | |

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| ION NÔ. 4' | | | | |
|---------------|--------------------------------|---|---------------------|------------|
| EDURE | | | 24 | 4 of 5 |
| HP- | -90 | ST. LUCIE PLANT | | |
| | OP | ATTACHMENT 3 PERATIONAL SUPPORT CENTER EMERGENCY M (Page 3 of 4) | <u>(IT</u> | |
| | Insp | NOTE ect all batteries during first and third quarter inventorie | es. | |
| | | OTHER EQUIPMENT (continued) | Minimum Quantity | As* Fou |
| 9. C | Dosimeter C | harger (battery) | 2 | |
| 10. (| Contaminatio | on Smears and Envelopes / Folders | 1500 | |
| 11. F | Radiation Ba | arrier Tape / Rope / Ribbon | N/A | |
| 12. F | Radiation Si | gn and Assorted Inserts | 20 | |
| 13. 5 | Step-off Pad | s | 20 | |
| 14. F | Poly Bags (y | /ellow) | 50 | |
| 15. F | Portable Flu | orescent Lights | 3 | |
| 16. I | Flashlights | | 24 | |
| 17. F | Rope (manil | a) | N/A | |
| 18. I | insect Repel | llent (spray can) | 10 | |
| 19. I | Decontamina | ation Agent | 1 | |
| 20. I | Bull Horn | | 1 | |
| 21. | Plastic Rains | suits | 50 | |
| 22. | Clipboards (| regular) | 5 | |
| 23. | Lined Table | is | 10 | |
| 24. | Note Pads | | 10 | |
| 25. | Felt-Tip Pen | is (black) | 24 | |
| 26 . | Ink Pens (bl | ack) | 24 | |
| 27. | Pencils | | 24 | |
| 28. | Scissors | | 3 | |
| 29. | Calculator | | 1 | |
| 30. | Stapler with | staples | 1 | |
| 31. | Bolt Cutters | | 1 | |
| 32. | Batteries - C available for | Complete set of replacement batteries, both type and number, r all equipment requiring batteries; check shelf life. | N/A | |

** Codes: P=Pass, F=Fail, R=See Remarks

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| | 41 | EMERGENCY EQUI | PMENT | 25 of 59 |
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| Н | P-90 | ST. LUCIE PLA | NT | |
| | OP | ATTACHMENT 3 ERATIONAL SUPPORT CENTEI (Page 4 of 4) | | |
| | | NOTE | <u> </u> | |
| | Insp | ect all batteries during first and third | d quarter inventories. | |
| | | OCUMENTS, PROCEDURES, LOGS | Avail. | Unavail. |
| 1. | | et) (check for current revision) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 1. 2. | Emergency | Response Directory (5 copies) (check for | current | |
| | revision) | ale for ourrent revision) | | |
| 3. | · · · · · · · · · · · · · · · · · · · | eck for current revision) | | |
| 4. | | k for current revision) | | |
| 5. | | set) (check for current revision) | | |
| 6. | | (check for current revision) | human of | |
| 7. | Accident Sa | "Establishing Remote Laboratory for Ana mples" (check for current revision) | | |
| 8. | | posure Summary Report | | |
| 9. | | urvey Forms (Unit 1 and Unit 2) | | |
| 10. | Field Monito | | | |
| 11. | Assembly A | | | |
| | Emergency revision) | Response Directory (1 copy) (check for c | | |
| | HP-207 (che | eck for current revision) | | |
| | HP-208 (che | eck for current revision) | | |
| 12. | | Notebook including: | | |
| | | 7.1 (25 copies) (check for current revision | | |
| | Form HPP-7 | 70.1 (25 copies) (check for current revisio | n) | |
| CON | MUNICATIO | NS TEST | Pass | Fail |
| 1. | Videolink Cl | neck | | |
| | Perform che | eck in accordance with Appendix B | | |
| | Major Equipm Codes: P=Pa | ient ss, F=Fail, R=See Remarks | | |
| ≀emark | (S: | | | |
| | | | eviewed by: | |
| | - | _ | • <u> </u> | |
| Date: | | Da | ate: | |
| | | | | |

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| | HP-90 | ST. LUCIE PLANT | | |
| | | ATTACHMENT 4 SITE ASSEMBLY STATION EMERGENCY KIT (Page 1 of 3) | <u>[</u> | |
| | In | <u>NOTE</u> spect all batteries during first and third quarter invento | ories. | |
| | | | | |
| | | INSTRUMENTS | Pass | Fail |
| * | | | r | Fail |
| ŧ | | INSTRUMENTS Count Rate (Frisker) Instrument (Decon) | r | Fail |
| * | 1. Portable Model No | INSTRUMENTS Count Rate (Frisker) Instrument (Decon) | r | Fail |

| ON NO.: | <u></u> | PROCEDURE TITLE: | | PAGE: | |
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| | | ATTACHMENT 4 SITE ASSEMBLY STATION EMERGE (Page 2 of 3) | NCY KIT | | |
| | Insp | NOTE bect all batteries during first and third quarter | er inventories. | | |
| | | DRESS-OUT SUPPLIES | Minim Quan | | As** Found |
| 1. (| Coveralls | | 10 | | |
| 2. (| Cloth Hood | 1 | 10 | | |
| 3. (| Cotton Line | ers (pr.) | 10 | | |
| 4. F | Rubber Glo | oves (pr.) | 10 | | |
| 5. 5 | Surgical G | loves (pr.) | 10 | | |
| 6. I | Rubber Sh | oe Covers (pr.) | 10 | | |
| 7. 1 | Plastic Boo | oties (pr.) | 10 | | |
| 8. | T-Cuts (pr. |) | 10 |) | |
| 9. \ | Whirl-Pack | | 50 |) | |
| 10. | Tape (2" ro | bil) | 3 | | |
| | | OTHER EQUIPMENT | | | |
| 1. 1 | Paper PCs | 6 | 10 |) | |
| 2. | Radiation | Barrier (Tape / Rope / Ribbon) | N// | | |
| 3. | Radiation | Sign and Assorted Inserts | 3 | | |
| 4. | Step-off Pa | ads | 1(| | |
| 5. | Poly Bags | (yellow) | 50 | | |
| 6. | 5 Gallon J | ug of Water | 1 | | |
| 7. | Waterless | Hand Cleaner (can) | 2 | | |
| 8. | Hand Rag | S | 50 | | |
| 9. | Towels | | 6 | | |
| 10. | Shaving C | cream (can) | 1 | | |
| 11. | Disposabl | e Razors | 6 | i | |
| 12. | First Aid K | (it | 1 | | |

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| EVISION NO.: | PROCEDURE TITLE: | PA | AGE: |
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| 41 | EMERGENCY EQUIPMENT | | 28 of 59 |
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| HP-90 | ST. LUCIE PLANT | | |
| | ATTACHMENT 4 SITE ASSEMBLY STATION EMERGENC (Page 3 of 3) | <u>Y KIT</u> | |
| ſ | NOTE | | |
| In | spect all batteries during first and third quarter in | ventories. | |
| DC | OCUMENTS, PROCEDURES, LOGS | Avail. | Unavail. |
| 1. Emergen revision) | cy Response Directory (check for current | | |
| 2. HP-200 S | Series (full set) (check for current revision) | | |
| 3. Notebool | < | | |
| | og Clipboard with: | | |
| Form revis | HP 207.1 (25 copies) (check for current ion | | |
| 5. Decon Lo | og Clipboard with: | | |
| Form revis | HPP-70.1 (25 copies) (check for current ion) | | |
| | COMMUNICATIONS TEST | Pass | Fail |
| 1. Wall Pho | ne | | |
| Perform Appendix | communications test in accordance with B | | |
| | pment Pass, F=Fail, R=See Remarks | | |
| nventoried by: | Reviewed by | : | |
| Date: | Date: | | |
| | | | |
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| REVISION N | 0.: | PROCEDURI | | <u> </u> | | PAGE: | · |
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| | 41 | | EMERGEN | ICY EQUIPMENT | | 20 | 9 of 59 |
| ROCEDUR | E NO.: | | | | | 23 | 9 01 39 |
| H | P-90 | | ST. L | | | | |
| | | FIELD I | ONITORING | CHMENT 5 TEAM EMERGENCY e 1 of 2) | <u>′ KIT</u> | | |
| | Insp | ect all bat | | DTE st and third quarter inv | ventories. | | |
| | | | INSTRUMENTS | | Pa | ass | Fail |
| 1. | Portable Dos | e Rate Inst | rument (> 5 R/hr) | | | | |
| <u>'</u> | Model No.: | | erial No.: | Calib. Due Date: | | | |
| | | | k in accordance | | | | |
| | | | | | | | |
| 2. | Dual Channe | Analyzer | or Single Channe | Analyzer | | | |
| | Model No.: | | erial No.: | Calib. Due Date: | | | |
| | Perform ope | rability chee | ck in accordance | with Appendix A | | | |
| | De deble Cou | unt Data /Fr | isker) Instrument | (Field Team) | | | |
| 3. | Model No.: | | erial No.: | Calib. Due Date: | | | |
| | | _ | ck in accordance | | | | |
| | Perform ope | rability che | DOSIMETRY | | Mini | mum | As** |
| | | | DUSIMETRT | | | antity | Found |
| 1. | TLD, Whole | Body S | emi-annual: | | | 2 | |
| 2. | EPD *** | | | Calib. Due Date: | | 2 | |
| 3. | DRD, 0-5 R | | | Calib. Due Date: | | 2 | |
| | | C | THER EQUIPME | NT | | | |
| 1. | Air Sampler | (auto batte | ry-powered) | | | 1 | |
| | Model No.: | S | erial No.: | Calib. Due Date: | | | |
| 2. | Silver Zeolite | e Cartridges | s Exp. Date: | | | 6 | |
| 3. | Particulate F | ilters | | | | 6 | |
| 4. | Whirl-Packs | (labeled "A | ir Sample Data") | | | 6 | |
| 5. | Surgical Glo | ves (pr.) | | | | 6 | |
| 6. | Portable Ra | | | <u></u> | | 1 | |
| 7. | | - | ette-Lighter Plug | | | 1 | ļ |
| 8. | | | with Battery Clips | | | 1 | ļ |
| 9. | Microphone | | | | | 1 | ļ |
| 10. | • | | | | | 1 | ļ |
| 11. | | | | ection, update card) | | 2 | ļ |
| 12. | Charcoal Ca | anister E | xp. Date: | | | 2 | <u> </u> |

**

Major Equipment Codes: P=Pass, F=Fail, R=See Remarks Alarm setpoints: Dose - 4.5R, Dose Rate 10R/hr. ***

| 41 PROCEDURE NO.: HP-90 | EMERGENCY EQU ST. LUCIE PL | | | 20 of 50 |
|-------------------------------|--|-----------------------------------|---------------------|---------------|
| PROCEDURE NO.: HP-90 | ST. LUCIE PL | - | | |
| HP-90 | ST. LUCIE PL | | | 30 of 59 |
| | HP-90 ST. LUCIE PLAI | | | |
| | | | | |
| | ATTACHMENT FIELD MONITORING TEAM E (Page 2 of 2) | MERGENCY K | T | |
| Inspec | NOTE t all batteries during first and th | ird quarter inven | tories. | |
| | OTHER EQUIPMENT (continued) | | Minimum Quantity | As** Found |
| 13. Stopwatch | | | 1 | |
| 14. Calculator | | | 1 | 11 |
| 15. Dosimeter Cha | Irger | | 1 | |
| 16. Tweezers | | | 1 | |
| 17. Flashlight | | | 1 | |
| 18. Batteries - Cor | nplete set of replacement batteries, b ble for all equipment requiring batter | ooth type and ies; check shelf | N/A | |
| DC | CUMENTS, PROCEDURES, LOGS | | Avail. | Unavail. |
| | esponse Directory (check for current | | | |
| | (for current revision) | | , ·· | |
| | of HP-202 (2 copies) (check for cur | rent revision) | | |
| | 1 (6 copies) (check for current revisio | | | |
| 5 Field Monitorir | | | | |
| 6. Field Monitorir | | | | |
| 0. Field Monitoni | | | | |
| | F=Fail, R=See Remarks | | | |
| | | | | |
| | | Reviewed by: | | |
| Date: | [| Date: | | |

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| VISION NO.: | PROCEDURE TITLE: | PAC | SE: |
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| 41 | EMERGENCY EQUIPMENT | | |
| 4 I ROCEDURE NO.: | | | 31 of 59 |
| HP-90 | ST. LUCIE PLANT | | |
| EN | ATTACHMENT 6 IERGENCY OPERATIONS FACILITY EMERG (Page 1 of 3) | ENCY KIT | |
| Ins | NOTE spect all batteries during first and third quarter inv | ventories. | |
| | INSTRUMENTS | Pass | Fail |
| 1. Portable | Dose Rate Instrument (≥ 5 R/hr) | | |
| Model No | | | |
| | operability check in accordance with Appendix A | | |
| | | | |
| 2. Portable | Count Rate (Frisker) Instrument | | |
| Model No | | | |
| | operability check in accordance with Appendix A | | |
| | | | |
| 3. Portable | Count Rate (Frisker) Instrument | | |
| Model No | | | |
| Perform | pperability check in accordance with Appendix A | | |
| | DOSIMETRY | Minimum Quantity | As** Found |
| 1. TLD, Wh | ole Body Semi-annual: | 6 | |
| | 500 mR Calib. Due Date: | 10 | |
| 3. DRD, 0-5 | 5 R Calib. Due Date: | 5 | |
| | DRESS-OUT SUPPLIES | | |
| 1. Coveralls | | 20 | ļ |
| 2. Cloth Ho | | 20 | |
| | ners (pr.) | 20 | |
| | Gloves (pr.) | 20 | ļ |
| | Gloves (pr.) | 20 | ļ |
| | Shoe Covers (pr.) | 20 | ļ |
| | ooties (pr.) | 20 | ļ |
| 8. T-Cuts (p | | 20 | |
| 9. Whirl-Pa | | 50 | |
| 10. Tape (2" | roll) | 5 | |

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| SION N | O .: | PROCEDURE TITLE: | PA | GE: |
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| 41 EMER | | EMERGENCY EQUIPMENT | | 32 of 59 |
| | P-90 | ST. LUCIE PLANT | | |
| | EME | ATTACHMENT 6 RGENCY OPERATIONS FACILITY EMERGE (Page 2 of 3) | NCY KIT | |
| | Insp | NOTE ect all batteries during first and third quarter inve | ntories. | |
| | | OTHER EQUIPMENT | Minimum Quantity | As** Found |
| 1. | Full Face Re | espirator (perform visual inspection, update card) | 6 | |
| 2. | Charcoal Ca | anister Exp. Date: | 12 | |
| 3. | Dosimeter C | harger (electric) | 1 | |
| 4. | Dosimeter C | harger (battery) | 1 | |
| 5. | Silver Zeolite | e Cartridges Exp. Date: | 50 | |
| 6. | | on Smears and Envelopes / Folders | 500 | |
| 7. | | arrier (Tape / Rope / Ribbon) | N/A | |
| 8. | Radiation Si | gn and Assorted Inserts | 10 | |
| 9. | Step-off Pac | ls | 10 | _ |
| 10. | Poly Bags () | | 10 | |
| 11. | Plastic Rain | | 20 | |
| 12. | Batteries - C number, ava life. | complete set of replacement batteries, both type and allable for all equipment requiring batteries; check shelf | N/A | |
| | | DOCUMENTS, PROCEDURES, LOGS | Avail. | Unavai |
| 1. | PSL Emerge | ency Plan (check for current revision) | | |
| 2. | | et) (check for current revision) | | |
| 3. | | Response Directory (check for current revision) | | |
| 4. | | er & Light Company St. Lucie Plant Recovery Plan | ļ | |
| 5. | | ck for current revision) | | |
| 6. | | ies (full set) (check for current revision) | | |
| 7 | | (check for current revision) | | |
| 8. | COP-06.11, Accident Sa | "Establishing Remote Laboratory for Analyses of mples" (check for current revision) | | |
| <u> </u> | | COMMUNICATIONS TEST | Pass | Fail |
| 1. | | ency Notification System (ENS) | <u> </u> | |
| | | nmunications test in accordance with Appendix B | | |
| 2. | | Physics Network (HPN) | | |
| | | mmunications test in accordance with Appendix B | | |
| 3. | | or Safety Counterpart Link (RSCL) mmunications test in accordance with Appendix B. | | |

| COM 4. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr 1 Uni 8. Local C Perforr 9. Spectr Perforr 10. State M Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test co similar * Major Ed * Codes: I | Inspect all batter | EMERGENCY EQUIPMEN ST. LUCIE PLANT ATTACHMENT 6 PERATIONS FACILITY EM (Page 3 of 3) <u>NOTE</u> ies during first and third quart | | 33 of 59 |
|---|---------------------------------|--|----------------|------------|
| HP-90 HP-90 COM A. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr 7. Local C Perforr 10. State M Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test ca * Major E4 * Major E4 | Inspect all batter | ATTACHMENT 6 PERATIONS FACILITY EM (Page 3 of 3) NOTE | <u></u> | <u>(IT</u> |
| COM 4. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr 10. State M Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test co similar * Major Ec * Codes: 1 | Inspect all batter | ATTACHMENT 6 PERATIONS FACILITY EM (Page 3 of 3) NOTE | <u></u> | <u>ut</u> |
| COM 4. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr 0. Uni 8. Local C Perforr 10. State M Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test ca similar * Major Ed * Codes: I | Inspect all batter | PERATIONS FACILITY EM (Page 3 of 3) <u>NOTE</u> | <u></u> | <u> </u> |
| 4. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr Uni 8. Local C Perforr Uni 8. Local C Perforr 10. State M Perforr 11. Videoli Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test co similar * Major E * Major E | | | | |
| 4. NRC P Perforr 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr Uni 8. Local C Perforr Uni 8. Local C Perforr 10. State M Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test co similar * Major E * Major E | | | er inventories | S. |
| Perform 5. NRC M Perform 6. NRC L Perform 7. Local C Perform 10. 9. Spectrum Perform 10. State M Perform 11. Videoli Perform 12. Test far ext. 75 13. Test car * Major Ed ** Codes: | | T - EMERGENCY OPERATIONS (EOF) (continued) | B Pa | iss Fail |
| 5. NRC M Perforr 6. NRC L Perforr 7. Local C Perforr Uni 8. Local C Perforr Uni 9. Spectrom Perforr 10. State V Perforr 11. Videoli Perforr 12. Test far ext. 75 13. Test constrained * Major Edite * Major Edite | rotective Measures | Counterpart Link (PMCL) | | |
| Perform 6. NRC Line Perform 7. Local Control Perform Unit 8. Local Control Perform Unit 9. Spectration Perform 10. State Value Perform 11. Videolit Perform 12. 13. Test far ext. 75 13. Test control Similar * Major Eon ** Codes: | n communications te | est in accordance with Appendix B | | |
| 6. NRC L Perforr 7. Local C Perforr Uni 8. Local C Perforr Uni 9. Spectrom Perforr 10. State V Perforr 11. Videoli Perforr 12. Test fate ext. 75 13. Test constrained * Major Edit * Major Edit | anagement Counter | | | |
| Perform 7. Local C Perform Uni 8. Local C Perform Uni 9. Spectra Perform Uni 10. State V Perform 11. Videoli Perform 12. Test far ext. 75 13. 13. Test co similar * Major E ** Codes: | n communications te | est in accordance with Appendix B | i. | |
| 7. Local C Perforr Uni 8. Local C Perforr 9. Spectrom 9. Spectrom 10. State V Perforr 11. Videoli Perforr 12. Test fate ext. 75 13. Test constrained * Major Edit * Major Edit | ocal Area Network (| | | |
| Perforr Uni 8. Local C Perforr Uni 9. Spectro Perforr 10. State V Perforr 11. Videoli Perforn 12. Test fa ext. 75 13. Test co similar * Major Ee ** Codes: | | est in accordance with Appendix B | . | |
| Oni O | | _GR) Channel 2 (39.18 MHz) | | |
| Perforr Uni 9. Spectro Perforr 10. State V Perforr 11. Videoli Perforr 12. Test fa ext. 75 13. Test co similar * Major Ec ** Codes: I | t 1, 🔲 Unit 2, 🔲 | est in accordance with Appendix B TSC (All 3 ok to pass) | l; | |
| 9. Spectr 9. Spectr 10. State V Perform 11. Videoli Perform 12. Test fa ext. 75 13. Test co similar * Major Ee ** Codes: | | _GR) Channel 1 (39.10 MHz) | | |
| Perform 10. State V Perform 11. Videoli Perform 12. Test far ext. 75 13. Test co similar * Major Ee ** Codes: 1 | t 1, 🛛 Unit 2, 🔲 | est in accordance with Appendix B TSC (All 3 ok to pass) | k; | |
| 10. State V Perform 11. Videoli Perform 12. Test far ext. 75 13. Test car similar * Major Ea ** Codes: I | a Radio, HP Offsite | | | |
| Perform 11. Videoli Perform 12. Test far ext. 75 13. Test co similar * Major Ee ** Codes: | | est in accordance with Appendix B | | |
| 11. Videoli Perfori 12. Test fa ext. 75 13. Test ca similar * Major Ea ** Codes: | |) Hot Ring Down Phone (HRD) | | |
| Perfon 12. Test fa ext. 75 13. Test co similar * Major Eo ** Codes: 1 | | est in accordance with Appendix B | <u>}</u> | |
| 12. Test fa ext. 75 13. Test ca similar * Major Ea ** Codes: I | n check in accordan | ce with Annendix B | | |
| 13. Test cr similar * Major Ec ** Codes: | x machines in room | s 102, 108 and 130 (send fax to E m similar to Appendix C. | P at | |
| ** Codes: | | ms 102 and 131. Run copy using | form | |
| | quipment P=Pass, F=Fail, R=S | See Remarks | | |
| ventoried by: | | | | |
| ate: | | Reviewe | d by: | |

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| ٢ | IP-90 | ST. L | UCIE PLANT | | |
| | | HOSPITAL E | CHMENT 7 MERGENCY KIT le 1 of 2) | | |
| | Insp | Nect all batteries during fi | OTE rst and third quarter inve | entories | |
| | | INSTRUMENTS | | Pas | s Fail |
| 1. | Portable Dos | se Rate Instrument (> 5 R/hr) |) | | |
| | Model No.: | Serial No.: | Calib. Due Date: | _ | |
| | | rability check in accordance | with Appendix A | | |
| | | | | | |
| 2. | Portable Cou | unt Rate (Frisker) Instrument | | | |
| | Model No.: | Serial No.: | Calib. Due Date: | | |
| | Perform ope | rability check in accordance | with Appendix A | | |
| | | | | | |
| 3. | Portable Co | unt Rate (Frisker) Instrument | | | |
| | Model No.: | Serial No.: | Calib. Due Date: | | |
| | Perform ope | rability check in accordance | with Appendix A | | |
| | | DOSIMETRY | | Minim Quar | |
| 1. | TLD, Whole | Body Semi-annual: | | 12 | 2 |
| 2. | DRD, 0-20 I | २ | Calib. Due Date: | 5 | |
| 3. | DRD, 0-500 | mR | Calib. Due Date: | 12 | 2 |
| | | OTHER EQUIPME | NT | | |
| 1. | Dosimeter C | Charger | | 1 | |
| 2. | Contaminati | on Smears and Envelopes / | Folders | 50 | 0 |
| 3. | Radiation B | arrier Tape / Rope / Ribbon | | N/. | A |
| 4. | Radiation Si | ign and Assorted Inserts | | 5 | |
| 5. | Step-off Pac | ds | | 1(|) |
| 6. | | yellow) | | 20 |) |
| 7. | Herculite (m | ay be precut) | | N/. | A |
| 8. | | ation Table and Accessories | . <u></u> | 1 | |
| 9. | Tape (2" rol | l) | | 5 | j |
| | | Material Tags | | 2 | 5 |

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| | | EMERGENCY EQUIPMENT | | 35 of 59 |
| | e no.: P -90 | ST. LUCIE PLANT | | |
| | | ATTACHMENT 7 HOSPITAL EMERGENCY KIT (Page 2 of 2) | | |
| | Insp | NOTE ect all batteries during first and third quarter inve | ntories. | |
| | | OTHER EQUIPMENT (continued) | Minimum Quantity | As** Found |
| 11. | Lined Tablet | S | 2 | |
| 12. | Note Pads | | 2 | |
| 13. | Ink Pens (bl | ack) | 12 | |
| 14. | Batteries - C number, ava life. | complete set of replacement batteries, both type and ilable for all equipment requiring batteries; check shelf | N/A | |
| | | DOCUMENTS, PROCEDURES, LOGS | Avail. | Unavail. |
| 1. | Emergency | Response Directory (check for current revision) | | |
| 2. | HPP-70 (ch | eck for current revision) | | |
| 3. | HPP-101 (cl | heck for current revision) | | |
| 4. | HP-207 (che | eck for current revision) | | |
| 5. | HP-208 (che | eck for current revision) | | |
| 6. | Form HPP-1 | 101.1 (5 copies) (check for current revision) | | |
| 7. | Form HPP-7 | 70.1 (5 copies) (check for current revision) | | |
| ** | - | ient ss, F=Fail, R=See Remarks | | |
| | ied by: | Reviewed by: | <u>_,,,,</u> | |
| ventor | • | | | |

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| | 41 | EMERGENCY EQUIPMENT | 36 of 59 | | | | |
| PROCE | DURE NO.: HP-90 | ST. LUCIE PLANT | | | | | |
| 1. | | APPENDIX A OPERABILITY INSTRUCTIONS (Page 1 of 8) e Rate Instrument - Check calibration sticker, batte supplied check source. | ery test and | | | | |
| | Kit | NOTE check sources should not be stored near the kit TL | Ds | | | | |
| 2. | | nt Rate Instrument - Check calibration sticker, bat I response to supplied check source. | tery test (unplug | | | | |
| 3. | Battery and 0 2200. | Battery and Operational Checks of the Ludlum Model 2218 and Ludlum Model 2200. | | | | | |
| | | NOTE | | | | | |
| | | be necessary to use Channel 2 of the Ludium Moo tained within parentheses are settings to be used | | | | | |
| | A layout o Appendix | of the Ludlum Model 2218 is provided in Figure 1 to | o this | | | | |
| | • Steps 3.1 | through 3.20 provide instructions for the Ludlum I | Model 2218. | | | | |
| | • Steps 3.21 through 3.28.13 provide instructions for the Ludlum Model 2200. | | | | | | |
| | A layout of the Ludlum Model 2200 is provided in Figure 2 of this Appendix. | | | | | | |
| | Verify that the RECYCLE knob is OFF. The knob is labeled and located on the rear panel of the instrument. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

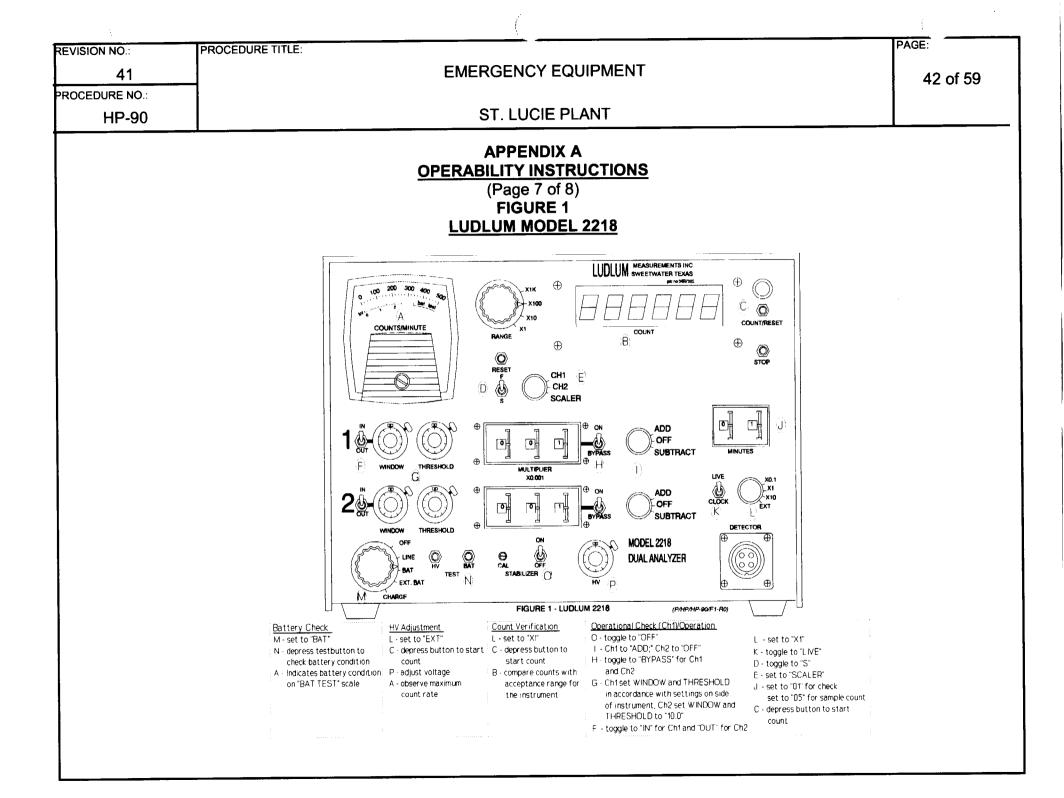
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| | HP-9 | | ST. LUCIE PLANT | | | |
| | | | APPENDIX A OPERABILITY INSTRUCTIONS (Page 2 of 8) | • | | |
| 3. | (conti | inued) | | | | |
| | 3.1 | Check | the battery as follows: | | | |
| | AC p | ower an | <u>NOTE</u> ent fails the battery check, it can be used only if it is con d therefore should be replaced with an instrument capa operability check. | nected to ble of | | |
| | | 1. | Turn the POWER knob to "BAT". | | | |
| | | 2. | Unplug the AC line cord. | | | |
| | | 3. | Depress the BAT testbutton | | | |
| | | 4. | Observe the condition below the RATE SCALE. | | | |
| | | 5. | If battery condition is not within the acceptable BAT T plug in the AC line cord and turn the POWER knob to Attach a label to the instrument stating "Instrument is started charge at AM / PM on | CHARGE. | | |
| | | 6. | If the battery condition is acceptable, then continue w below. | ith the steps | | |
| | 3.2 | | | | | |
| | | | NOTE s 3.3 through 3.15.4 are initially performed on Channel | 1 | | |
| | | | | <u> </u> | | |
| | 3.3 | Ch1 (| Ch2), set the ADD-OFF-SUBTRACT knob to ADD. | | | |
| | 3.4 | Ch2 (| Ch1), set the ADD-OFF-SUBTRACT knob to OFF | | | |
| | 3.5 | Ch1 a | and Ch2, set the ON-BYPASS toggle switch to BYPAS | S. | | |
| | 3.6 | | Ch2), set the WINDOW and the THRESHOLD dials IA cordance with) settings on the side of the 2218 cabine | | | |
| | 3.7 | Set th | e unused Channel's WINDOW and THRESHOLD dia | ls to 10.0. | | |
| | 3.8 | Ch1 (| Ch2), set the IN-OUT toggle switch to IN. | | | |
| 1 | | | | | | |

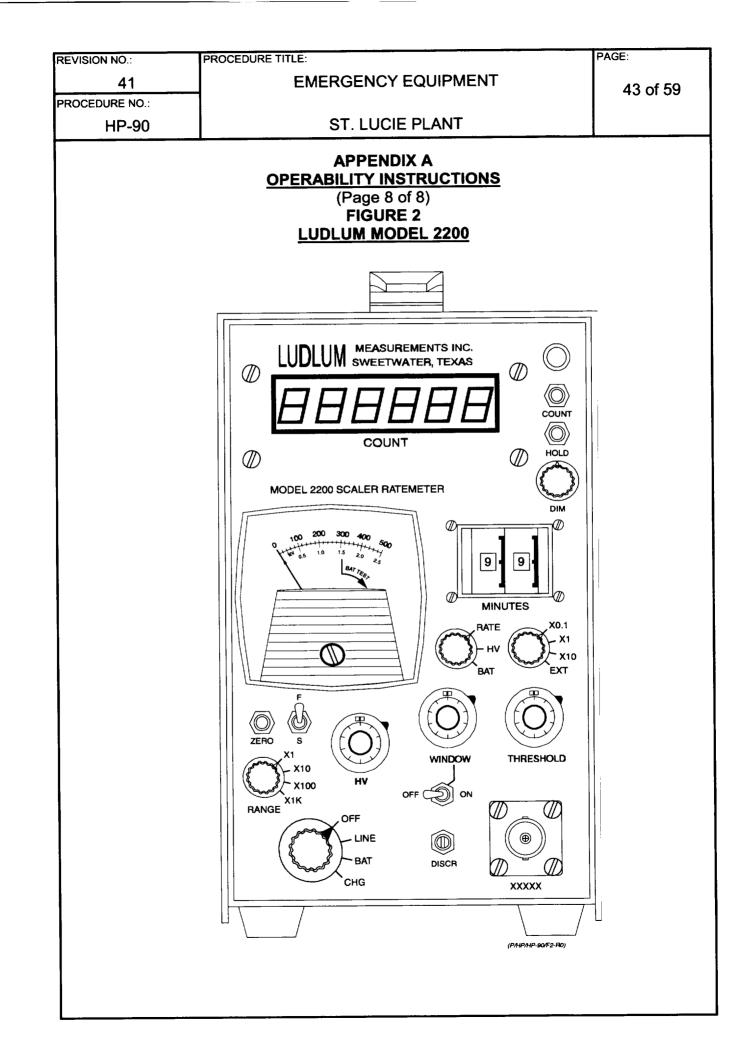
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| 000 | 41 EDURE NO. | | EMERGENCY EQUIPMENT | 38 of 59 | | |
| | HP-90 | | ST. LUCIE PLANT | | | |
| | | | APPENDIX A OPERABILITY INSTRUCTIONS (Page 3 of 8) | | | |
| | (contii | nued) | | | | |
| | 3.9 | Ch2 (0 | Ch1), set the IN-OUT toggle switch to OUT. | | | |
| | 3.10 | Set the | e MINUTES knob to X1. | | | |
| | 3.11 | Set the | e LIVE-CLOCK toggle switch to LIVE. | | | |
| | 3.12 | Set the | e F-S (Fast-Slow) toggle switch to S. | | | |
| | 3.13 | Set the | e Ch1-Ch2-Scaler knob to SCALER. | | | |
| | 3.14 | Set the MINUTES thumbwheel to 01. | | | | |
| | 3.15 | Perfor | | | | |
| | | 1. | Place the Ba-133 check source in the shield under t | he detector. | | |
| | | 2. | Depress the COUNT-RESET button to start counting | g. | | |
| | | 3. | When counting stops, compare the displayed counts acceptance range that is located on the side of the i | s with the nstrument. | | |
| | | 4. | If the displayed counts are within the acceptance ranstep 3.17. If the displayed counts are not within the range then go to step 3.16. | nge then go to acceptance | | |
| | 3.16 | High v | voltage (HV) adjustments are performed as follows: | | | |
| | | 1. | Set the MINUTES knob to EXT. | | | |
| | | 2. | Place the Ba-133 check source in the shield under t | he detector. | | |
| | | 3. | Depress the COUNT-RESET button to start countin | g. | | |
| | | 4. | Observe the COUNTS / MINUTE (Count Rate Meter making small adjustments in voltage to obtain the n rate achievable. | r) scale while naximum count | | |
| | | 5. | Increase or decrease the voltage with the HV (High | Voltage) dial. | | |
| | | 6. | Set the MINUTES knob to X1. | | | |

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| | 3.16 | (contir | nued) | | | | | |
| | | 7. | Depress the COUNT-RESET button to start counting. | | | | | |
| | | 8. | When counting stops, compare the displayed counts w acceptance range that is located on the side of the inst | rith the trument. | | | | |
| | | 9. | If the displayed counts are within the acceptance range step 3.17. If the displayed counts are not within the ac range then repeat steps 3.3 through 3.15.4 using chan | ceptance | | | | |
| | 3.17 | | If the instrument successfully completed the operational response check, record the results on the appropriate Attachment. | | | | | |
| | 3.18 | | instrument did not successfully complete the operational check, channel 2: | | | | | |
| | | 1. | Tag the instrument OUT OF SERVICE, give the reaso | n. | | | | |
| | | 2. | Record the results in the appropriate Attachment. | | | | | |
| | | 3. | Give the reason for failure in the Remarks section. | | | | | |
| | 3.19 | using | instrument successfully completed the operational resp channel 2, record the results on the appropriate Attach the instrument "use channel 2". | onse check ment and | | | | |
| | 3.20 | Turn t | he power knob to CHARGE. | | | | | |
| | 3.21 | For th | e Ludium Model 2200 check the battery as follows: | | | | | |
| | | | NOTE Nent fails the battery check, it can be used only if it is contrained and successfully passes the operational check. | nnected | | | | |
| | | 1. | Turn the Power switch to BAT and unplug the AC line | cord. | | | | |
| | | 2. | Rotate the RATE-HV-BAT selector to BAT. (A downso indicates battery reversal). | cale reading | | | | |
| | | | | | | | | |

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| | | | APPENDIX A OPERABILITY INSTRUCTIONS (Page 5 of 8) | | | | | | |
| 6. | 3.21 | (contir | nued) | | | | | | |
| | | 3. | If the BAT meter indication falls within the BATT TEST Meter face, continue with the operational check. | zone on the | | | | | |
| | | 4. | If the BAT meter indication falls below the BATT TEST Meter face, replace the batteries and retest OR use on power only. | | | | | | |
| | 3.22 | Confir setting | Confirm Window, Threshold and HV (High Voltage) settings n settings posted on the instrument with window "ON". | | | | | | |
| | 3.23 | Set the | Set the F-S switch to F. Rotate the RATE-HV-BAT selector RATE. | | | | | | |
| | 3.24 | Rotate | | | | | | | |
| | 3.25 | Set th | Set the MINUTES thumb wheel to 01. Set the X0.1-X1-X10-EXT selector to X1. | | | | | | |
| | 3.26 | Set th | | | | | | | |
| | 3.27 | Perfor | m a source check as follows: | | | | | | |
| | | 1. | Place a Ba133 check source in the shield under the de | etector. | | | | | |
| | | 2. | Press the COUNT button to start the counting. | | | | | | |
| | | 3. | When the counting stops, compare the displayed cour acceptance range values posted on the instrument. | nts with the | | | | | |
| | | 4. | If the displayed counts are within the acceptance rang operability test is complete. If the displayed counts ar the acceptance range, then go to Step 3.28. | e, the e not within | | | | | |
| | 3.28 | High \ | Voltage adjustments are performed as follows: | | | | | | |
| | | 1. | Set the MINUTES knob to EXT. | | | | | | |
| | | 2. | Place the Ba-133 check source in the shield under the | e detector. | | | | | |
| | | 3. | Rotate the RANGE selector switch to the appropriate (Based upon the expected one minute count). | position | | | | | |

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| | 3.28 | (conti | nued) | |
| | | 4. | Depress the COUNT button to start the count. | |
| | | 5. | Observe the COUNTS / MINUTE (Count Rate Meter) s making small adjustments in voltage to obtain the max rate achievable within the acceptance range. DO NOT 1200 volts. | imum count |
| | | 6. | Increase or decrease the voltage with the HV (High Vo | ltage) dial. |
| | | 7. | Press the HOLD button. | |
| | | 8. | Set the MINUTE knob to X1. | |
| | | 9. | Press the COUNT button to start counting. | |
| | | 10. | When the counting stops, compare the displayed coun acceptance rate that is posted on the instrument. | its with the |
| | | 11. | If the displayed counts are within the acceptance range NOT use the instrument. | e, then DO |
| | | 12. | TAG the instrument OUT-OF-SERVICE, give the rease | on. |
| | | 13. | Obtain a different L2200, if available, and perform an o check. | operability |
| 1 . | chec | k sourc | Detector - check the calibration sticker and response to a e. This is a response check only; use the supplied kit c se rate instruments. | supplied heck source |
| 5. | Porta | able Co | ntinuous Air Monitor - Monthly Check. | |
| | 1. | Verify | v calibration sticker. | |
| | 2. | the ir Oper | orm a functional check of the portable continuous air mon structions in procedure HP13F, Calibration, Operation a ational Check of the Eberline Models AMS-2 and AMS-3 toring Systems. | and |





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| <u> </u> | NSTRU | CTIONS | <u>5 FOR</u> | TESTING EMERGENCY COMMUNICATIONS I (Page 1 of 14) | |
| Ι. | Contr | ol Roon | າຣ | | |
| | A. | accord | lance v | ol Room emergency communications equipment with plant Operating Procedure 1-0010125, "Scho ts, Checks and Calibrations." | is tested in edule of |
| | В. | accord | lance v | ol Room emergency communications equipment with plant Operating Procedure 2-0010125, "Scho ts, Checks and Calibrations." | is tested in edule of |
| 11. | Tech | nical Su | pport (| Center (TSC) | |
| | Α. | tested | in acc | upport Center emergency communications equipr ordance with EPIP-13, "Maintaining Emergency as - Emergency Exercises, Drills, Tests and Evalu | |
| 111. | Oper | ational S | Suppor | rt Center (OSC) | |
| | A. | comm | unicati | the "Videolink" is a closed circuit audio / visual ions link originating in the TSC with feeds to the 0 Operations Facility. | OSC and the |
| | | 1. | Instru | ctions for Testing | |
| | | | a. | Contact someone to go to the TSC to assist with the "Videolink", if not previously arranged. | h the test of |
| | | | b. | Turn on the television sets in both Rooms 2200 | and 2300. |
| | | | C. | Set the channel selector to channel 9 and adjust | it volume. |
| | | | d. | Request the person in the TSC to provide a tes | t broadcast. |
| | | | e. | Operability is verified if both the video picture an output are received on the television sets in bot The picture must be clear and the audio free fro | h rooms. |
| | | | f. | Record operability status on the inventory form (Attachment 3). | |
| | | | | | |

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| | INSTRU | | S FOR | APPENDIX B TESTING EMERGENCY COMMUNICATIONS | EQUIPMENT |
| | | | <u> </u> | (Page 2 of 14) | |
| 111. | Α. | 1. | (conti | nued) | |
| | | | g. | If the "Videolink" is inoperable (one or both televentify Emergency Planning. | vision sets), |
| | | | h. | Following completion of the tests, turn off the te in rooms 2200 and 2300. | levision sets |
| IV. | Eme | rgency | Operati | ons Facility (EOF) | |
| | Testi | ng the I | NRC E | mergency Telecommunications System (ETS). | |
| | Α. | Emer | gency l | Notification System (ENS) | |
| | | 1. | Phone | e number: (700) 821-0005 | |
| | | 2. | 3 exte | ensions | |
| | | | a. | Room 101, NRC Table | |
| | | | b. | Room 101, Recovery Manager Table | |
| | | | C. | Room 114 | |
| | | 3. | Test | | |
| | | | a. | Check all three phones for dial tone by lifting the of the telephone and listening for a dial tone. | e handset |
| | | | b. | Using one of the phone extensions, call the NR Center (NRCOC) by lifting the handset and dial number listed on the sticker located on the tele cradle. It is necessary to dial a "1" first then the followed by the number. If the main number is one of the alternate numbers. | ing the first phone area code |
| | | | C. | After the NRCOC Duty Officer answers, inform follows: "This is the St. Lucie Emergency Oper Facility. I am conducting a check of the ENS, h receive me?" Ask the NRCOC Duty Officer if h call back, if so give him the telephone number a the call. | ations low do you e wishes to |

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| | INSTRU | JCTION | IS FOF | APPENDIX B R TESTING EMERGENCY COMMUNICATIONS I | EQUIPMENT | | |
| | | | | (Page 3 of 14) | | | |
| IV. | Α. | 3. | (cont | inued) | | | |
| | | | d. | The test is passed if (1) all phones have dial ton link is operable, and (3) the NRCOC is success contacted. | ne, (2) the fully | | |
| | | | e. | Record the test result on the inventory form (Attachment 6). | | | |
| | | | f. | If the test is a failure, see information under Tro Notification. | uble | | |
| | Β. | Healt | h Phys | sics Network (HPN) | | | |
| | | 1. | Phon | ne number: (700) 821-0003 | | | |
| | | 2 . | 3 ext | ensions | | | |
| | | | a. | Room 101, NRC Table | | | |
| | | | b. | Room 103 (2) | | | |
| | | 3. | Go to | o step F, Test Procedure | | | |
| | С. | Read | tor Sa | fety Counterpart Link (RSCL) | | | |
| | | 1. | Phor | ne number: (700) 821-0008 | | | |
| | | 2. | 2 ext | tensions | | | |
| | | | a. | Room 101, NRC Table | | | |
| | | | b. | Room 114 | | | |
| | | 3. | Go t | o step F, Test Procedure | | | |
| | | | | | | | |
| | | | | | | | |
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| <u> 81</u> | NSTRU | CTION | <u>s for</u> | TESTING | APPENDIX B EMERGENCY COMM (Page 4 of 14) | UNICATIONS | EQUIPMENT |
| | | | | | (Fage 4 01 14) | | |
| IV. | (cont | inued) | | | | _ | |
| | D. | Protec | ctive M | easures C | ounterpart Link (PMCL |) | |
| | | 1. | Phone | e number: | (700) 821-0006 | | |
| | | 2. | 2 exte | ensions | | | |
| | | | a. | Room 10 | 1, NRC Table | | |
| | | | b. | Room 11 | 4 | | |
| | | 3. | Go to | step F, Te | est Procedure. | | |
| | E. | Mana | gemer | nt Counter | part Link (MCL) | | |
| | | 1. | Phon | e number: | (700) 821-0004 | | |
| | | 2. | 2 exte | ensions | | | |
| | | | a. | Room 10 | 1, NRC Table | | |
| | | | b. | Room 1' | 4 | | |
| | | 3. | Go to | step F, T | est Procedure | | |
| | F. | Test I | Proced | lure for HF | N, RSCL, PMCL and M | ICL. | |
| | | 1. | For e | ach comm | unication link, do the fo | ollowing: | |
| | | | a. | Check a the telep | I extensions for dial ton hone and listening for a | e by lifting the a dial tone. | handset of |
| | | | b. | Table in | nk operability by using t Room 101. Each link r a call to pass. Use the | nust be able to | call-out and |
| | | | | HPN: | Dial 700-821-0008 | | |
| | | | | RSCL: | Dial 700-821-0006 | | |
| | | | | PMCL: | Dial 700-821-0004 | | |
| | | | | MCL: | Dial 700-821-0003 | | |
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| IV. | F. | 1. | (conti | nued) | | | |
| | | | C. | The test is passed if (1) all p the link is operable. | phones have dial tor | ne and (2) | |
| | | | d. | Record the test result on the for each communication link | | achment 6) | |
| | | | е. | If the test is a failure, see in | formation under Tro | uble Notification. | |
| | G. | Local | Area N | letwork (LAN) | | | |
| | | 1. | Phone number: (700) 821-0007. | | | | |
| | | 2. | 1 exte | ension | | | |
| | | | a. | Room 114 | | | |
| | | 3. | Test | | | | |
| | | | а. | Check the telephone line by the handset and listening for | | hone, lifting | |
| | Н. | Trout | ole Noti | ification | | | |
| | | 1. | inope | aspect of the Emergency Te rable notify the NRC Operation ing a commercial telephone a pers: | ons Center in Rocky | /ille, Maryland | |
| | | | 1-(30 | 1) 951-0550 | | | |
| | | | 1-(30 | 1) 816-5100 | | | |
| | | 2. | Provi | de the following information (| per IN 86-97): | | |
| | | | а. | Name of contact - | Donna Calabrese Rick Walker | ∋ or | |
| | | | b. | Phone number of contact - | Donna Calabrese (772) 467-7185 | 9 | |
| | | | | | Rick Walker (772) 467-7170 | | |
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| l | NSTR | UCTION | <u>S FOR</u> | TESTING EMERGENCY C | OMMUNICATIONS | |
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| IV. | H. | 2. | (conti | nued) | | |
| | | | C. | Location of contact - | FPL / PSL 6501 S. Ocean Dr Jensen Beach, Fl 34957 | |
| | | | d. | Any other information that or as requested. | would expedite repair | r, if known |
| | | 3. | Notify | Donna Calabrese or Rick V | Valker. | |
| | I. | utilize Room Facili There chann secor testin | ed by S ns, the ty. Thi e are tw nel, F2 ndary c g both | overnment Radio (LGR) has t. Lucie County, Martin Count Technical Support Center a s is a backup to the State H vo Motorola Command Serie (39.180 MHz, State channe channel, F1 (39.100 MHz, St channels with the Unit 1 Co the Technical Support Cente | nty, the St. Lucie Plar nd the Emergency Op ot Ring Down Phone es radios, one set to the es radios, one set to the state channel 2). The the ntrol Room, the Unit 2 | nt Control perations Circuit. he primary to the test includes |
| | EO disc | F, power | cords d wher | <u>CAUTION</u> nst potential damage resulting for the LGR and HP Off-Site n not in use. The phone cable | Channel Radios are le | eft |
| | | 1. | Powe | ering Up the Radio: | | |
| | | | а. | Plug the power cord from outlets behind the table. | | |
| | | | b. | Ensure the phone cable fr one of the 3 phone jacks of the jacks are wired for all 3 Department of Health (DC included in this test). | on the wall behind the 3 radios (LGR F1, LG | table. All R F2, and |
| | | | | | | |

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| INST | RUCTION | <u>IS FOR</u> | R TESTING EMERGENCY COMMUNICATIONS I (Page 7 of 14) | |
| /. l. | (cont | inued) | | ال د محمد سردر |
| Pr | rior to corr e plant to | nmencii go to tł | NOTE ng the testing with the Control Rooms, contact some ne TSC to assist with testing of the TSC radios. | eone at |
| | 2. | Instr | uctions for Testing: | |
| | | Cont | rol Rooms | |
| | | а. | Call one of the Plant St. Lucie Control Rooms a them to standby for testing the LGR. | nd ask |
| | | b. | Begin by testing the radio which is set to channe channel normally monitored by the Control Roo | el F2, the ms. |
| | | C. | The radio may be operated either by depressing "transmit" button on the console or by removing handset and depressing the "push-to-talk" bar in handset. The "xmit" light is lit during transmissi Transmit the following: "St. Lucie Unit 1 or 2 (w you arranged to test with), this is St. Lucie EOF please, over." Following acknowledgement from Control Room, continue with: "St. Lucie Plant, is St. Lucie EOF conducting a communications te you read, over?" If the Control Room confirms transmission and you can confirm clear reception response, then have the radio switched to chan following termination of the message, and stand test. End the transmission with: "This is St. Lucie Room and have the radio switched to channel for Proceed to the next step. | the n the on. hichever , come in m the this is the st, how do clear on of the nel F1, dby for a cie EOF, ontrol |
| | | | | |

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| | | | (Page 8 of 14) | |
| IV. I. | 2. | (conti | inued) | |
| | | d. | Now test the radio which is set to channel F1. T following: "St. Lucie Plant, this is St. Lucie EOF please, over." Following acknowledgement from Control Room, continue with: "St. Lucie Plant, t St. Lucie EOF conducting a communications test you read, over?" If the Control Room confirms a transmission and you can confirm clear reception response, then end the transmission with: "This this communications test, reset the radio to cha this is St. Lucie EOF, KNGR 874 over and out." transmission is unsuccessful, call the Control Ro have the radio reset to channel F2. Proceed to step. | F, come in m the his is the st, how do a clear on of the s concludes nnel F2, If oom and |
| | | e. | Record operability status on the inventory form (Attachment 6). | |
| | | f. | If one or both channels of the system is / are ine then notify Emergency Preparedness. | operable, |
| | | g. | Repeat the test procedure in Steps c - f above volution other Control Room. | with the |
| | | Tech | nical Support Center | |
| | | a. | Contact someone at the plant to go to the TSC with the radio test, if not previously arranged. | to assist |
| | | b. | Begin by testing the radio which is set to chann channel the radio in the TSC is set on. | el F2, the |
| | | | | |

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| CTION | | | |
| | <u>S FOF</u> | R TESTING EMERGENCY COMMUNICATIONS I | |
| | | (Page 9 of 14) | |
| 2. | (cont | inued) | |
| | С. | Lucie EOF conducting a communications test, h read, over?" If the TSC confirms clear transmis you can confirm clear reception of the response the radio switched to channel F1 (by depressing F2" button), following termination of the messag standby for a test. End the transmission with: " Lucie EOF, out." If transmission is unsuccessful | ledgement is is the St. iow do you sion and , then have g the "F1 / ge, and 'This is St. il, call the |
| | d. | following: "St. Lucie TSC, this is St. Lucie EOF, please, over." Following acknowledgement from continue with: "St. Lucie TSC, this is St. Lucie I conducting a communications test, how do you over?" If the TSC confirms a clear transmission can confirm clear reception of the response, the transmission with: "This concludes this commu- test, reset the radio to channel F2, this is St. Lu- KNGR 874 over and out." If transmission is uns | , come in m the TSC, EOF read, n and you en end the nications cie EOF successful, |
| | e. | Record operability status on the inventory form (Attachment 6). | |
| | f. | If one or both channels of the system is / are in then notify Emergency Preparedness. | operable, |
| 3. | Pow | ering Down the Radio: | |
| | а. | Unplug both radios from the wall outlets. | |
| | 3. | e. f. 3. Pow | from the TSC, continue with: "St. Lucie TSC, th Lucie EOF conducting a communications test, h read, over?" If the TSC confirms clear transmis you can confirm clear reception of the response the radio switched to channel F1 (by depressing F2" button), following termination of the messag standby for a test. End the transmission with: " Lucie EOF, out." If transmission is unsuccessfu TSC and have the radio switched to channel F1 to the next step. d. Now test the radio which is set to channel F1. Th following: "St. Lucie TSC, this is St. Lucie EOF, please, over." Following acknowledgement from continue with: "St. Lucie TSC, this is St. Lucie EOF, please, over." Following acknowledgement from continue with: "St. Lucie TSC, this is St. Lucie E conducting a communications test, how do you over?" If the TSC confirms a clear transmission can confirm clear reception of the response, the transmission with: "This concludes this commu- test, reset the radio to channel F2, this is St. Lu- KNGR 874 over and out." If transmission is uns- call the TSC and have the radio reset to channel Proceed to the next step. e. Record operability status on the inventory form (Attachment 6). f. If one or both channels of the system is / are in- then notify Emergency Preparedness. 3. Powering Down the Radio: |

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| | | | NS FOF | APPENDIX B R TESTING EMERGENCY COMMUNICATIONS I (Page 10 of 14) | EQUIPMENT | | | | |
| V. | (cont | inued) | | | | | | | |
| | J. | RX 9 Tean that t | 00.937 ns. The he HP progra | Channel is a unique 900 MHz channel (TX 939.93 '5) for communications with the off-site Field Moni e radio is a Motorola Spectra which has been set Off-site Channel is the "home" channel, but it has ammed for other channels of the plant 900 MHz tra | toring up so also | | | | |
| | | 1. | Powe | ering Up the Radio: | | | | | |
| | | | a. | Plug the power cord into the wall outlet behind t | he table. | | | | |
| | | | b. | Press the red button on the speaker box (Astror to the up position, button will illuminate. | n RS-12S) | | | | |
| | | | C. | Depress the "pwr" button on the Spectra radio. | | | | | |
| | | 2. | Instru | uctions for Testing: | | | | | |
| | | | а. | Contact someone at the plant to go to the TSC with the radio test, if not previously arranged. | to assist | | | | |
| | | | b. | The home channel is "off-site," if this channel is selected (on the LED), then depress the "sel" be "off-site" shows in the display. | | | | | |
| | | | C. | Press the transmit side (with the lightning bolt) of microphone base and announce: "St. Lucie TS the St. Lucie EOF, come in please, over." Follo acknowledgement from the TSC, continue with: TSC, this is the St. Lucie EOF conducting a communications test, how do you read?" If the confirms clear transmission and you can confirm reception of the response, then end the transmi "This concludes this communications test, this is EOF, WMIF 540 over and out." | C, this is wing "St. Lucie TSC n clear ission with: | | | | |
| | | | d. | Record operability status on the inventory form (Attachment 6). | | | | | |
| | | | e. | If the radio is inoperable, then notify Emergency Preparedness. | y | | | | |

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| <u>11</u> | NSTRU | ICTION | IS FOI | RTEST | APPENDIX B NG EMERGENCY COMMUNICATIONS EQUIP (Page 11 of 14) | MENT | | | | | |
| V | J. | (cont | inuad) | | | | | | | | |
| V. | J. | (cont | inueu) | nued) | | | | | | | |
| | | 3. | Pow | ering Do | own the Radio: | | | | | | |
| | | | a. | Depre | ess the "pwr" button on the Spectra radio. | | | | | | |
| | | | b. | | red button of the speaker box to the down position will extinguish). | on | | | | | |
| | | | C. | Unplu | g the power cord from the wall outlet. | | | | | | |
| К. | | dedic and I | ated p Martin | tate Warning Point (SWP) Hot Ring Down (HRD) circuit is a ated phone system linking the State agencies, St. Lucie County lartin County with the Plant Control Rooms, Technical Support r and the Emergency Operations Facility. | | | | | | | |
| | | 1. | Instr | uctions | for Testing. | | | | | | |
| | | | а. | Roon | the Division of Emergency Management's office 108, in the EOF and locate the phone labeled H Down (HRD). | ot | | | | | |
| | | | b. | (SWF State sayin turn v a cor State | up the handset and dial the State Warning Point P) in Tallahassee. This is done by dialing 100. The Warning Point Duty Officer will acknowledge by g, "This is State Warning Point, go ahead." You will announce "This is St. Lucie EOF, I am conduct munications check, how do you receive me? The will acknowledge. Request the State Warning P I you back on Station number 123. | n ting e | | | | | |
| | | | C. | Self 1 | est procedure for additional extensions. | | | | | | |
| | | | | | | | | | | | |
| | | | | (1) | Conduct a self test on 2 extensions. | | | | | | |
| | | | | (1) | Conduct a self test on 2 extensions.A. Extension 120 in the conference room | | | | | | |

| DEV/0 | | | IPPOC | EDURE TI | | PAGE: | |
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| <u>!</u> | NSTRI | JCTIO | NS FO | R TEST | APPENDIX B ING EMERGENCY COMMUNICATIONS I (Page 12 of 14) | EQUIPMENT | |
| IV. | K. | 1. | C. | (cont | inued) | | |
| | | | | (2) | To perform the self test, adjust the volum the mid-range position. Lift the handset a the push to talk bar while speaking into the mouthpiece. You should hear yourself in handset earpiece (this is called sidetone) locate the black button on the rear of the next to the power connector. Activate the by holding this button down while simultate depressing the push to talk bar and speat the handset mouthpiece. Voice should no heard in the speaker. | and press ne handset the Now telephone test mode neously king into | |
| | | | | | Satisfactory completion of the self test is when the presence of sidetone is detected pressing the push to talk bar and speakin handset, and when a loopback of the spea- voice is heard in the loudspeaker while p test switch located on the rear of the term self test is a complete audio loopback of terminal's audio circuits up to, but not inco- line matching transformers. As such, this good method to evaluate instrument perf | ed while ng into the eaker's ressing the ninal. The the luding, the s test is a | |
| | | | d. | | ord operability status on the inventory form achment 6). | | |
| i | | | e. | | e system is inoperable, notify Emergency paredness. | | |
| | | | | | | | |

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| IN | ISTRU | CTIONS | | APPENDIX B R TESTING EMERGENCY COMMUNICATIONS I | | | | | |
| <u></u> | | | | (Page 13 of 14) | | | | | |
| V. | (conti | nued) | | | | | | | |
| | | | link" - the "Videolink" is a closed circuit audio / visual unications link originating in the TSC with feeds to the OSC and DF. | | | | | | |
| 1. | | | Instru | ictions for Testing | | | | | |
| | | | а. | Contact someone at the plant to go to the TSC to assist with the test of the "Videolink", if not previously arranged. | | | | | |
| C. | | b. | . Obtain key #14 from the keybox in room 107. The key to the keybox is located on the wall next to the box. | | | | | | |
| | | C. | use key #14 to unlock room 132. | | | | | | |
| | | d. | . Turn on the master video switch located in the rack mount cabinet. | | | | | | |
| | | | e. | . In the "Bullpen", room 101, turn on the two television sets using the remote controls (one for each television set) on the Recovery Manager's table. | | | | | |
| | | | f. | Set the channel selector to channel 7 and adjust volume. | | | | | |
| | | | g. | Request the person in the TSC to provide a test broadcast. | | | | | |
| | | | h. | Operability is verified if both the video picture ar output are received on both television sets. The must be clear and the audio free from static. | | | | | |
| | | | i. | Record operability status on the inventory form (Attachment 6). | | | | | |
| | | | j. | If the "Videolink" is inoperable (one or both telev notify Emergency Planning. | vision sets), | | | | |

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| <u><u> </u></u> | NSTRU | | S FOR | TEST | APPENDIX B ING EMERGENCY COMMUNICATIONS (Page 14 of 14) | EQUIPMENT |
| | | | | | (Fage 14 01 14) | |
| IV. | L. | 1. | (contii | nued) | | |
| | | | k. | Follov | ving the completion of the test: | |
| | | | | 1. | Turn off both television sets in room 101 | |
| | | | | 2. | Turn off the master video switch in room | 132. |
| | | | | 3. | Lock room 132. | |
| | | | | 4. | Return key #14 to the keybox. | |
| v. | Site | Assemb | ly Stati | on | | |
| | A. | | | | check of the Site Assembly Station (SAS) on the west wall. |) |
| | | 1. | | a loca prope | l call and request a call back to ensure tha rly. | at the phone |
| | | 2. | Recor | rd oper | ability status on the inventory form (Attac | nment 4). |
| | | 3. | If the | phone | is inoperable, notify Emergency Planning | |
| | | | | | | |
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| | APPENDIX C FAX TEST FOR EOF MACHINES (Page 1 of 1) | |
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