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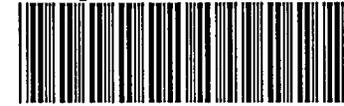
From : NDS CONT DOCUMENTS
Date/Time : 08/15/02 07:01

Trans No. : 000033800 **Transmittal Group Id:** 02227KA-4
Total Items: 00008

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5 EMERGENCY RADIOLOGICAL EQUIPMENT MAINTENANCE INSPECTION		006			P	01
* 0002	MP	PROC	HP	RPM 4.8.5-001 EMERGENCY RESPONSE FACILITY READINESS CHECK REPORTFORM		004			P	01
* 0003	MP	PROC	HP	RPM 4.8.5-009 EMERGENCY OPERATION FACILITY		007			P	01
* 0004	MP	PROC	HP	RPM 4.8.5-011 UNIT 2 CONTROL ROOM		005			P	01
* 0005	MP	PROC	HP	RPM 4.8.5-013A ENVIRONMENTAL LABORATORY		005			P	01
* 0006	MP	PROC	HP	RPM 4.8.5-020 UNIT 3 CONTROL ROOM		006			P	01
* 0007	MP	PROC	HP	RPM 4.8.5-021 TECHNICAL SUPPORT CENTER		006			P	01
* 0008	MP	PROC	HP	RPM 4.8.5-022B OSC ASSEMBLY AREA BLDG 475 1ST FLOOR		005			P	01

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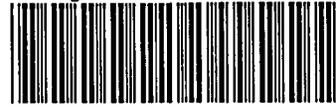
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Page: 2



Marked (*) documents require your acknowledgement.

Acknowledgement Date : _____ Signature: _____

Please check the appropriate response and return form to sender.

<input type="checkbox"/>	All documents received.
<input type="checkbox"/>	Documents noted above not received (identify those not received).
<input type="checkbox"/>	I no longer require distribution of these documents.

Date: _____ Signature: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)
CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hundo.
RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form."
RPM 4.8.5-009, r.007, "Emergency Operations Facility
RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker"
RPM 4.8.5-13A, r.005, "Environmental Laboratory" RPM 4.8.5-228, r.005, "OX Assembly Area, Bldg 475"
RPM 4.8.5-020, r.006, "Unit 3 Control Room" (5/11/02)
RPM 4.8.5-021, r.006 "Technical Support Center"
Select one (See MP-05-DC-SAP01 sect 2.3 to determine type of change)

Continued

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required See MP-05-DC-FAP 01 1 att 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env screen Required)

Editorial Correction Approval

TPC Interim Approval

Plant Mgmt Staff Member - Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			✓ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
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Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/24/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B. Leach 8/7/02
SQR Qualified Independent Reviewer / Date

J. Erickson J. Erickson
Dept Head / Responsible Individual

Approval Date 8/8/02

2 Final Review and Approval

SORC

RVDH (Ref Mans GDLs Handbooks)

DH / RI Sign _____
Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

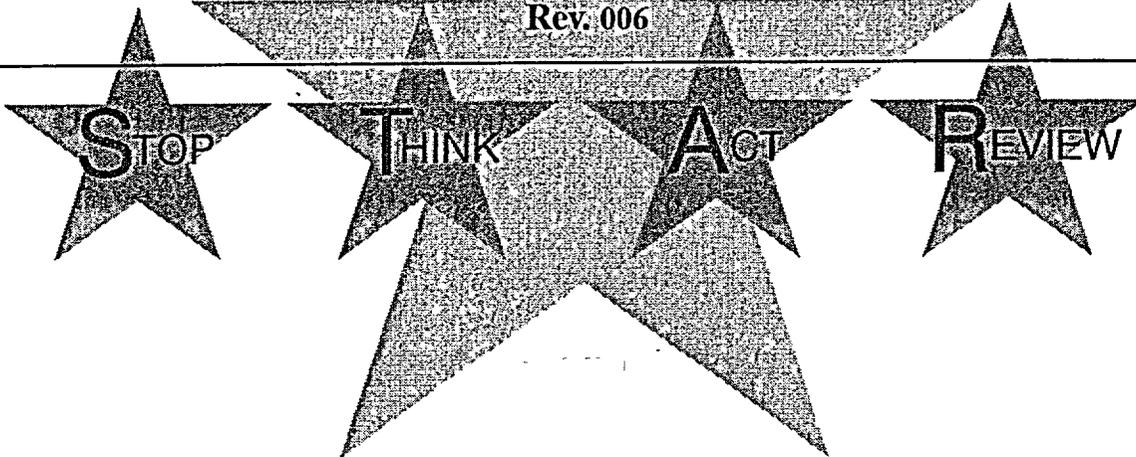
Effective Date: 08-16-02

MILLSTONE NUCLEAR POWER STATION
HEALTH PHYSICS OPERATIONS PROCEDURE



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

RPM 4.8.5
Rev. 006



Approval Date: 08-08-02

Effective Date: 08-16-02

Level of Use
Information

**Millstone All Units
Health Physics Operations Procedure**

Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]

TABLE OF CONTENTS

1.	PURPOSE	3
2.	PREREQUISITES	3
3.	PRECAUTIONS	4
4.	INSTRUCTIONS	5
4.1	Inventory Package Preparation	5
4.2	Kit or Locker Inventories	6
4.3	Equipment Restoration	7
4.4	Documentation	8
5.	REVIEW AND SIGNOFF	9
6.	REFERENCES	9
7.	SUMMARY OF CHANGES	10

Level of Use
Information



RPM 4.8.5
Rev. 006
1 of 11

ATTACHMENTS AND FORMS

RPM 4.8.5-001, "Emergency Response Facility Readiness Check Report Form"

RPM 4.8.5-002, "Emergency Operations Facility, Team 2 Kit"

RPM 4.8.5-003, "Emergency Operations Facility, Team 3 Kit"

RPM 4.8.5-004, "Emergency Operations Facility, Team 4 Kit"

RPM 4.8.5-005, "Emergency Operations Facility, Team 5 Kit"

RPM 4.8.5-009, "Emergency Operations Facility"

RPM 4.8.5-011, "Unit 2 Control Room"

RPM 4.8.5-013A, "Environmental Laboratory"

RPM 4.8.5-015, "Unit 2 Personnel Decon Room Emergency Personnel Decon Kit"

RPM 4.8.5-016, "SAP Team 2 Kit"

RPM 4.8.5-017, "SAP Locker"

RPM 4.8.5-019, "VAP/SAP Ambulance Kit"

RPM 4.8.5-020, "Unit 3 Control Room"

RPM 4.8.5-021, "Technical Support Center Locker"

RPM 4.8.5-022A, "Technical Support Center TSC Kit"

RPM 4.8.5-022B, "OSC Assembly Area Kit and Locker Building 475, 1st floor"

RPM 4.8.5-024, "Unit 3 Personnel Decon Room Emergency Personnel Decon Kit"

RPM 4.8.5-025, "NAP Team 2 Kit"

RPM 4.8.5-026, "NAP Locker"

RPM 4.8.5-027, "Security Station Emergency Dose Rate Equipment Kit"

RPM 4.8.5-028, "Goshen Fire Department"

Level of Use
Information



RPM 4.8.5
Rev. 006
2 of 11

1. PURPOSE

1.1 Objective

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

1.2 Discussion

This procedure is provided to ensure that:

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

1.3 Frequency

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

2. PREREQUISITES

2.1 General

N/A

2.2 Documents

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

Level of Use
Information



RPM 4.8.5
Rev. 006
3 of 11

2.3 Responsibilities

2.3.1 Radiation Protection Supervisor – Services approves and makes changes to RPM 4.8.5–001 through 4.8.5–028.

2.3.2 Emergency Plan Coordinator approves changes to RPM 4.8.5–001 through 4.8.5–028.[* Ref. 6.7]

2.4 Definitions

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

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

3. PRECAUTIONS

N/A

Level of Use
Information



RPM 4.8.5
Rev. 006
4 of 11

4. INSTRUCTIONS

4.1 Inventory Package Preparation

4.1.1 RECORD the following on RPM 4.8.5-001:

- Date
- Reason for Inventory
- Kits to be Inventoried

4.1.2 For each kit or locker to be inventoried, SELECT and DATE the corresponding form from RPM 4.8.5-002 through 4.8.5-028. |



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

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

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



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

4.3 Equipment Restoration

- 4.3.1 WHEN all items have been checked, RESTORE equipment as follows:
- a. VERIFY all Ludlum 177 meters are on and plugged in.
 - b. VERIFY all equipment other than Ludlum 177 meters are off.
 - c. PLACE stop watches in “RUN” mode to relieve spring tension.
 - d. Neatly REPLACE equipment in storage location.
- 4.3.2 RESTORE any missing or removed equipment within 24 hours. [♣ Ref. 6.10]
- 4.3.3 IF any equipment cannot be restored within 24 hours, INFORM RPS – Services.
- 4.3.4 IF any missing or removed items are restored prior to sending RPM 4.8.5–001 to RPS – Services, PERFORM the following:
- a. RECORD date deficiency was corrected on RPM 4.8.5–001.
 - b. RECORD date equipment was returned on the applicable kit or locker inventory form.
 - c. RECORD quantity of equipment returned on applicable kit or locker inventory form.



4.4 Documentation

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

RPS –
Services

Calibration
Technician

Level of Use
Information



RPM 4.8.5
Rev. 006
8 of 11

5. REVIEW AND SIGNOFF

5.1 The review and signoff for this procedure is located on RPM 4.8.5-001 through 4.8.5-030, of this procedure.

6. REFERENCES

6.1 NUREG-0654, FEME-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," Section II, Part H

6.2 NUREG-0737, "Supplement 1 to NUREG-0737 - Requirements for Emergency Response Capability (Generic Letter No. 82-33)" dated December 17, 1982.

6.3 Millstone Nuclear Power Station Emergency Plan, Appendix E, "Emergency Equipment," Rev.17, June 1995.

6.4 EPPCR-94-22, "Emergency Planning and Health Physics Improvements"

6.5 EPPCR-95-05, "Silver Zeolite Cartridges"

6.6 EP-95-023, "Operational Support Center Change," T. J. Dembek dated January 6, 1995.

6.7 NOV VIO 50-245, 336, 423/97-81-02 and CR M3-97-4483

6.8 NU Letter A02567, Combined Inspection No. 50-245; 50-336; 50-423, "MNPS, Unit Nos. 1, 2, & 3 Response to Notice of Violation," dated September 18, 1982, specifies frequencies of inventories, operations checks, change out and replacement schedule for items having limited shelf life. It also specifies replacement for instruments taken for calibration and collectively states that finger rings will be provided in the on-site emergency monitoring team kits and at the EOF.

6.9 NU Letter, dated 12/27/76. Emergency Plan equipment is on an inventory list.

6.10 NU Letter, dated 12/27/76. Emergency Plan equipment is replaced in a timely manner.

6.11 Unit 2 Technical Specification 6.12

6.12 Unit 3 Technical Specification 6.8.4(b)

Level of Use
Information



RPM 4.8.5
Rev. 006
9 of 11

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

7. SUMMARY OF CHANGES

- 7.1 Updated procedure title of RPM 2.3.4.
- 7.2 Deleted RPM 4.8.5-010, "Unit 1 Control Room Kit and Locker," and RPM 4.8.5-014, "Unit 1 Personnel Decon Room Emergency Personnel Decon Kit," because the facilities are no longer used.
- 7.3 Updated form title changes in RPM 4.8.5-001.
- 7.4 Changed the title of RPM 4.8.5-009 from "Emergency Operations Facility Locker" to "Emergency Operations Facility." Deleted unnecessary verbiage in header row.
- 7.5 Reformatted RPM 4.8.5-011 to better differentiate between the Kit and the Locker.
- 7.6 Changed the title of RPM 4.8.5-013A from "Overwater Team Monitoring Kit and Locker" to "Environmental Laboratory." Reformatted to differentiate between the Kit and the Locker.
- 7.7 Changed the title of RPM 4.8.5-020 from "Unit 3 Control Room Kit and Locker" to "Unit 3 Control Room." Reformatted to differentiate between the Kit and the Locker.
- 7.8 Changed the title of RPM 4.8.5-021 from "Technical Support Center Locker" to "Technical Support Center." Reformatted to differentiate between the TSC and the Locker. Added a third source plaque, intended for use with RMT Kits 6, 7, 8 at Goshen Fire Department (RPM 4.8.5-028), to the Locker.
- 7.9 Moved and changed the title of RPM 4.8.5-022B from "Technical Support Center TCS Locker" to "OSC Assembly Area, Bldg 475, 1st floor." Reformatted to differentiate between the OSC, the Locker, and Conference Room 475/102. Added a source plaque to the Emergency Locker. Added an Area Radiation Monitor and an Electronic Dosimetry Reader.

Level of Use
Information



RPM 4.8.5
Rev. 006
10 of 11

7.10 Created new RPM 4.8.5-028, "Goshen Fire Department," consisting of three new RMT kits (Team 6, 7, and 8).

7.11 References 6.7 6.8, 6.9, and 6.10 are no longer NRC commitments.



2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hurdor.

- ~~RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form"~~
- ~~RPM 4.8.5-009, r.007, "Emergency Operations Facility"~~
- ~~RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker"~~
- ~~RPM 4.8.5-13A, r.005, "Environmental Laboratory"~~
- ~~RPM 4.8.5-220, r.005, "Box Assembly Area"~~
- ~~RPM 4.8.5-020, r.004, "Unit 3 Control Room"~~
- ~~RPM 4.8.5-021, r.006, "Technical Support Center"~~

Continued

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01 1 att 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env screen Required)

Editorial Correction Approval

TPC Interim Approval

Plant Mgmt Staff Member - Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			# Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical <input checked="" type="checkbox"/>	Tom Dembek	Tom Dembek	7/29/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation <input checked="" type="checkbox"/>	Bridget Robertson	Bridget Robertson	8/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/29/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach *B Leach* 6/2/02
SQR Qualified Independent Reviewer / Date

J. Eric Laine *J Laine*
Dept Head / Responsible Individual

J Laine 8/5/02
Approval Date

2 Final Review and Approval

SORC RVDH (Ref Mans GDLs, Handbooks)

DH / RI Sign Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02
Approval Date

08-16-02
Effective Date

Emergency Response Facility Readiness Check Report Form

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

Kit Or Locker To Be Inventoried	Form No.	Place A Check Mark For Kits To Be Inventoried
All	N/A	
Emergency Operations Facility, Team 2 Kit	2	
Emergency Operations Facility, Team 3 Kit	3	
Emergency Operations Facility, Team 4 Kit	4	
Emergency Operations Facility, Team 5 Kit	5	
Emergency Operations Facility	9	
Unit 2 Control Room	11	
Environmental Laboratory	13A	
Unit 2 Personnel Decon Room Emergency Personnel Decon Kit	15	
SAP Team 2 Kit	16	
SAP Locker	17	
VAP/SAP Ambulance Kit	19	
Unit 3 Control Room	20	
Unit 3 Technical Support Center	21	
Unit 3 Technical Support Center Kit	22A	
OSC Assembly Area, Building 475, 1st Floor	22B	
Unit 3 Personnel Decon Room Emergency Personnel Decon Kit	24	
NAP Team 2 Kit	25	
NAP Locker	26	
Security Station Emergency Dose Rate Equipment	27	
Goshen Fire Department	28	

2/13/02
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* RPM 4.8.5-009, r.007, "Emergency Operations Facility & X"

~~RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker"~~ ~~RPM 4.8.5-228, r.005, "OSL Assembly Area, Bldg 475, Is. 1100"~~

~~RPM 4.8.5-13A, r.005, "Environmental Laboratory"~~

~~RPM 4.8.5-020, r.001, "Unit 3 Control Room"~~

~~RPM 4.8.5-021, r.006, "Technical Support Center"~~

Continued

(See MP-05-DC-SAP01 sect 2.3 to determine type of change)

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Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			✓ # Comments
				Yes	No	Dept.	
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Licensing Basis	<input checked="" type="checkbox"/> Ira L. Haas	<i>Ira L Haas</i>	<i>7/29/02</i>			HP	
Tech Independent	<input checked="" type="checkbox"/> Ira L. Haas	<i>Ira L Haas</i>	<i>7/29/02</i>			HP	

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Bob N. Leach *B Leach* *6/7/02*

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Dept Head / Responsible Individual

Approval Date

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SORC

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Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date

Effective Date: *08-16-02*

08-08-02

Approval Date

08-16-02

Effective Date

Emergency Operations Facility

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Dosimeters (0-1r) Date Due	50			
Dosimeters (0-50r) Date Due	10			
TLD Badges Replace (Apr Oct)	50			
Finger Rings [☛ Ref. 6.8] Replace (Apr Oct)	25			
Dosimeter Charger Batteries Replaced (Nov)	2			
Spare Batteries For Charger Batteries Replaced (Nov)	2 Sets			
Respirators Date Inspection Due _____	50			
Respirators With Charcoal Cartridges Date Inspection Due _____	10			
Complete Sets Of PCs	20			
Rubber Shoe Covers (Pair)	20			
Rubber Gloves (Pair)	40			
Smears (Box)	8			
Smear Folders (Box)	8			
Scissors	6			
Radiation Ribbon (Rolls)	20			
Duct Tape (Rolls)	12			
Vinyl Gloves (Boxes)	2			
Cotton Gloves (Pair)	50			
Radiation Area Signs	20			
High Radiation Area Signs	20			
Contaminated Area Signs	20			
Airborne Radioactivity Signs	20			
Hoods	50			
Booties, Plastic (Pair)	50			
Step-off Pads	10			
Radioactive Material Stickers With Labels	50			
Paper Suits	75			

Emergency Operations Facility

Item Description	Quantity		Returned																									
	Required	As Found	Quantity	Date																								
110 Volt Air Samplers	5																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 15%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3			4			5												
No.	Serial No.	Date Due																										
1																												
2																												
3																												
4																												
5																												
12 Volt Air Samplers	5																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 15%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3			4			5												
No.	Serial No.	Date Due																										
1																												
2																												
3																												
4																												
5																												
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	24																											
Particulate Filters	100																											
E-140/HP-210 or Equivalent	5																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 15%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3			4			5												
No.	Serial No.	Date Due																										
1																												
2																												
3																												
4																												
5																												
RO-2A or Equivalent	7																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 15%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td></tr> <tr><td style="text-align: center;">6</td><td></td><td></td></tr> <tr><td style="text-align: center;">7</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3			4			5			6			7						
No.	Serial No.	Date Due																										
1																												
2																												
3																												
4																												
5																												
6																												
7																												

Emergency Operations Facility

Item Description	Quantity		Returned																
	Required	As Found	Quantity	Date															
PS-2-2/HP-210 or Equivalent	3																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3									
No.	Serial No.	Date Due																	
1																			
2																			
3																			
Teletectors or Equivalent	2																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;"> </td><td></td><td></td></tr> <tr><td style="text-align: center;"> </td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2												
No.	Serial No.	Date Due																	
1																			
2																			
DIG-5 or Equivalent	2																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2												
No.	Serial No.	Date Due																	
1																			
2																			
ASP-1/HP270 or Equivalent	3																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3									
No.	Serial No.	Date Due																	
1																			
2																			
3																			
Spare Batteries For Teletectors Batteries Replaced (Nov)	2 Sets																		
9 Volt Batteries Replace (Nov)	30																		
D Cell Batteries Replace (Nov)	25																		
C Cell Batteries Replace (Nov)	18																		
Source Plaque	5																		
Screwdriver	1																		

Emergency Operations Facility

Facility Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Area Radiation Monitor Serial No. _____ Date Due _____	1			
Friskers At Entrances To EOF	2			
Friskers In Decon Room	2			
Portal Monitor Serial No. _____ Date Due _____	1			
Cam Serial No. _____ Date Due _____	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hinds.

~~RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form"~~

~~RPM 4.8.5-009, r.007, "Emergency Operations Facility"~~

~~RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker"~~ ~~RPM 4.8.5-228, r.005, "X Assembly Area, Bldg 475, Is. Files"~~

~~RPM 4.8.5-13A, r.005, "Environmental Laboratory"~~

~~RPM 4.8.5-020, r.000, "Unit 3 Control Room"~~

~~RPM 4.8.5-025, r.006, "Technical Support Center"~~ Select one (See MP-05-DC-SAP01 sect 2 3 to determine type of change)

Continued

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01 1 et 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env screen Required)

Editorial Correction Approval

TPC Interim Approval

Plant Mgmt Staff Member - Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure

See DC-GDL01 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			/ If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical <input checked="" type="checkbox"/>	Tom Dembek	Tom Dembek	7/29/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation <input checked="" type="checkbox"/>	Bridget Robertson	Bridget Robertson	8/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/29/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B Leach 8/3/02
SQR Qualified Independent Reviewer / Date

J. Erickson J. Erickson
Dept Head / Responsible Individual

Approval Date 8/5/02

2 Final Review and Approval

SORC

R/DH (Ref Mans GDLs, Handbooks)

DH / RI Sign _____
Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02

Approval Date

08-16-02

Effective Date

Unit 2 Control Room

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 1 Kit				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters Batteries Replaced (Nov)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries, Spares For Charger Batteries Replaced (Nov)	1 Set			
TLD Badges Replace (Apr Oct)	3			
Finger Rings [♣ Ref. 6 8] Replace (Apr Oct)	6			
Stopwatch	1			
Screwdriver	1			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg Of 12)	1			
Smears (Pkg Of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			
Rain Gear (Sets)	4			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			

Emergency Locker

Portable Count Rate Meter 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (Nov)	3 Sets			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries Spare For Charger Batteries Replaced (Nov)	1 Set			
Finger Rings [☛ Ref. 6.8] Replace (Apr Oct)	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)
CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hinds.
RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form."

RPM 4.8.5-009, r.007, "Emergency Operations Facility
RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker" r.002
RPM 4.8.5 13A, r.005, "Environmental Laboratory" RPM 4.8.5-298, r.005, "Ox Assembly Area, Bldg 475, 15.51103"

* * * RPM 4.8.5-020, r.007, "Unit 3 Control Room" * * *
RPM 4.8.5-021, r.006 "Technical Support Center" * * *
Continued (See MP-05-DC-SAP01 sect 2.3 to determine type of change)

Intent Change (SQR Independent, RCD, Env Screen Required) Edit Corr.: Non-Intent Change (Only SQR Independent Review and Env screen Required)
Other reviews may be required See MP-05-DC-FAP 01 1 att 3

Editorial Correction Approval

TPC Interim Approval

Plant Mgmt Staff Member - Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical <input checked="" type="checkbox"/>	Tom Dembek	Tom Dembek	7/29/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation <input checked="" type="checkbox"/>	Bridget Robertson	Bridget Robertson	8/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/29/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B. Leach 8/7/02
SQR Qualified Independent Reviewer / Date

J. Erickson J. Erickson
Dept Head / Responsible Individual

Approval Date 8/8/02

2 Final Review and Approval

SORC RVDH (Ref Mans GDLs, Handbooks)

DH / RI Sign _____
Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02

Approval Date

08-16-02

Effective Date

Environmental Laboratory

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Overwater Kit				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (Nov)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries, Spares For Charger Batteries Replaced (Nov)	1 Set			
TLD Badges Replace (Apr Oct)	2			
Stopwatch	1			
Forceps	1			
Smears (Pkg Of 25)	1			
Filters, Particulate (Pkg Of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Tape	1			
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			
Stapler	1			
Box Of Staples	1			
Scissors	1			
Clipboard With Paper	1			
Overwater Team EPP Notebook	1			
Map Of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			

Overwater Team Emergency Locker				
All Weather Suit	2			
Battery Powered Lantern	1			
Flashlight	2			
Spare Batteries for Flashlights (D-Cell)	2 Sets			
Respirators with Charcoal Cartridges Date Inspection Due:	6			
Complete set of PCs	6			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hincdo.
RPM 4.8.5-001, r. 004, "Emergency Response Facility Readiness Check Report Form."
RPM 4.8.5-009, r. 007, "Emergency Operations Facility
RPM 4.8.5-011, r. 005, "Unit 2 Control Room Kit and Locker" is a
RPM 4.8.5-13A, r. 005, "Environmental Laboratory" RPM 4.8.5-22B, r. 005, "OX Assembly Area, Bldg 475, 15/Floor"
RPM 4.8.5-020, r. 006, "Unit 3 Control Room"
RPM 4.8.5-026, r. 006 "Technical Support Center" *
Continued

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01 1 att 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env screen Required)

Editorial Correction Approval

Plant Mgmt Staff Member - Approval

TPC Interim Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL1 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			✓ # Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical <input checked="" type="checkbox"/>	Tom Dembek	Tom Dembek	7/29/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation <input checked="" type="checkbox"/>	Bridget Robertson	Bridget Robertson	8/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/24/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B Leach 8/2/02
SQR Qualified Independent Reviewer / Date

J. Erickson J Erickson
Dept Head / Responsible Individual

Approval Date 8/5/02

2 Final Review and Approval

SORC

RVDH (Ref Mans, GDLs, Handbooks)

DH / RI Sign Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02

Approval Date

08-16-02

Effective Date

Unit 3 Control Room

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 1 Kit				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters Batteries Replaced (Nov)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries, Spares For Charger Batteries Replaced (Nov)	1 Set			
TLD Badges Replace (Apr Oct)	3			
Finger Rings [♣ Ref. 6.8] Replace (Apr Oct)	6			
Stopwatch	1			
Screwdriver	1			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg Of 12)	1			
Smears (Pkg Of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Rain Gear (Sets)	4			
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			

Emergency Locker

RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (Nov)	1 Set			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries Spare For Charger Batteries Replaced (Nov)	1 Set			
Finger Ring [♣ Ref. 6.8] Replace (Apr Oct)	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Extension Cord	1			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)

CR 02-07497, AR 02005162, The following forms were reviewed and approved with Hindsco.
RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form."

RPM 4.8.5-009, r.007, "Emergency Operations Facility

RPM 4.8.5-011, r.005, "Unit 2 Control Room Interlock

RPM 4.8.5-13A, r.005, "Environmental Laboratory"

RPM 4.8.5-020, r.001, "Unit 3 Control Room"

RPM 4.8.5-021, r.006 "Technical Support Center"

RPM 4.8.5-110, r.005, "On Assembly Area, Bldg 475, 1st floor"

Continued

Intent Change (SOR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01.1 art 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env. screen Required)

Editorial Correction Approval

Plant Mgmt Staff Member - Approval

TPC Interim Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			# Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	7/23/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical <input checked="" type="checkbox"/>	Tom Dembek	Tom Dembek	7/29/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation <input checked="" type="checkbox"/>	Bridget Robertson	Bridget Robertson	8/5/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/15/02			HP	
Tech Independent <input checked="" type="checkbox"/>	Ira L. Haas	Ira L. Haas	7/24/02			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B. Leach 8/7/02
SQR Qualified Independent Reviewer / Date

J. Ericaine J. Ericaine
Dept Head / Responsible Individual

Approval Date 8/8/02

2 Final Review and Approval

SORC

RVDH (Ref Mans, GDLs, Handbooks)

DH / RI Sign Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02

Approval Date

08-16-02

Effective Date

Technical Support Center

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Technical Support Center Locker				
RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____ 3. Serial No. _____ Date Due _____	3			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110 Volt Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spare For Meters Batteries Replaced (Nov)	1 Set			
Radiation Area Signs	12			
Respirators With Charcoal Filters Date Inspection Due _____	20			
Emergency Lanterns	5			
Paper Coveralls	20			
Survey Forms	1 Set			
PCs (Sets)	20			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range - 5R) Date Due _____	20			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (Nov)	1			
Battery, Spare For Charger Batteries Replaced (Nov)	1			
Source Plaque	3			
TLD Badges Replace (Apr Oct)	20			
Finger Rings [♣ Ref. 6.8] Replace (Apr Oct)	20			
Smears (Pkg Of 50)	1			
Stopwatch	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Forceps	1			
Screwdriver	1			
Particulate Filters (Pkg Of 50)	1			
Clear Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Repalce Jan. 1, 2006)	4			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
Surgical Gloves (Pairs)	12			
Coin Envelopes	5			
Rain Gear	4 Sets			
Ballpoint Pens	12			
Markers, Felt Tip	12			
Scissors	1			
Stapler	1			
Clipboard with paper	1			
On--Site Field Monitoring Map	1			
RMT Procedures and Forms	1			
Potassium Iodide Tables (Exp. Date. _____)	1			

Technical Support Center

Area Radiation Monitor Serial No. _____ Date Due _____	1			
Electronic Dosimetry Reader	1			
SCBA	6			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

2/13/02
Approval Date

2/14/02
Effective Date

Document Action Request

SPG# 020717-135655

Initiated By: Jon Firman Date 7/15/02 Department: HP Ext.: 4560

Document No.: RPM 4.8.5 Rev. No.: 006 Minor Rev.: 00

Title: Emergency Radiological Equipment Maintenance and Inspection

For New Documents only → QA RI Title

Reason for Request/Action (attach commitments, CRs, ARs, OEs etc)
CR 02-07497, AR 0 2005162, The following items were reviewed and approved with Hinds.
RPM 4.8.5-001, r.004, "Emergency Response Facility Readiness Check Report Form"
RPM 4.8.5-009, r.007, "Emergency Operations Facility"
RPM 4.8.5-011, r.005, "Unit 2 Control Room Kit and Locker"
RPM 4.8.5-13A, r.005, "Environmental Laboratory" RPM 4.8.5-228, r.005, "OX Assembly Area, Bldg 475, 1st Floor"
RPM 4.8.5-020, r.006, "Unit 3 Control Room"
RPM 4.8.5-025, r.006 "Technical Support Center"
Continued

Intent Change (SQR Independent, RCD, Env Screen Required)
Other reviews may be required. See MP-05-DC-FAP 01.1 att 3

Edit Corr.:

Non-Intent Change
(Only SQR Independent Review and Env screen Required)

Editorial Correction Approval

Plant Mgmt Staff Member - Approval

TPC Interim Approval

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

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

Procedure Request/Feedback Disposition

Priority: Perform Now Perform Later

Activity: Revision Minor Revision Cleanup Rev Biennial Review Cancellation Supercedure
See DC-GDL01 for guidance

TPC OTC Place in VOID

Reviews continued <input type="checkbox"/>	Print	Sign	Date	SQR Qualified			If Comments
				Yes	No	Dept.	
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
RCD	<input checked="" type="checkbox"/> Jean B. Olsen	<u>Jean B. Olsen</u>	<u>7/23/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Technical	<input checked="" type="checkbox"/> Tom Dembek	<u>Tom Dembek</u>	<u>7/29/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	E-Plan	
Validation	<input checked="" type="checkbox"/> Bridget Robertson	<u>Bridget Robertson</u>	<u>8/5/02</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HP	
Licensing Basis	<input checked="" type="checkbox"/> Ira L. Haas	<u>Ira L. Haas</u>	<u>7/13/02</u>			HP	
Tech Independent	<input checked="" type="checkbox"/> Ira L. Haas	<u>Ira L. Haas</u>	<u>7/29/02</u>			HP	

An NRRL Update Required YES

1. SQR Program Final Review and Approval

Approval Disapproval

Bob N. Leach B Leach 8/7/02
SQR Qualified Independent Reviewer / Date

J. Erickson J Erickson
Dept Head / Responsible Individual

Approval Date 8/8/02

2 Final Review and Approval

SORC

RVDH (Ref Mans, GDLs, Handbooks)

DH / RI Sign

Meeting No _____

SORC Signature _____

DH / RI Signature _____

Approval Date _____

Effective Date: 08-16-02

08-08-02

Approval Date

08-16-02

Effective Date

OSC Assembly Area, Bldg 475, 1st floor

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

OSC				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110V Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (Nov)	3 Sets			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov)	1			
TLD Badges Replace (Apr Oct)	4			
Finger Rings [☼ Ref. 6.8] Replace (Apr Oct)	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger Batteries Replaced (Nov)	1			
Batteries, Spares For Charger Batteries Replaced (Nov)	1 Set			
Smears (Pkg Of 50)	1			
Filters, Particulate (Pkg Of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace Jan. 1, 2006)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape (Roll)	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Screwdriver	1			
Stopwatch	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box Of Staples	1			
Clipboard With Paper	1			
OSC EPP Notebook	1			
On-Site Field Monitoring Map	1			

Emergency Locker

Source Plaque	2			
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Conference Room 475/102

Area Radiation Monitor Serial No. _____ Date Due _____	1			
Electronic Dosimetry Reader	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____