ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
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DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM

DATE: NOVEMBER 6, 2002
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TO: **U.S.N.R.C. Document Center/Washington, DC**

FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT

SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to ***Cathy Izyk in the Emergency Planning Department within 15 days.*** If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

VOLUME 2 Update List N/A			
DOCUMENT	PAGES	REV. #	INITIALS/DATE

VOLUME 3 Update List Dated NOVEMBER 8, 2002			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-26	REPLACE ALL	12	
SAP-2	REPLACE ALL	34	
SAP-6	REPLACE ALL	18	

A045

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

CONTROLLED COPY # 34

Date of Issue: NOVEMBER 8, 2002

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 12	11/02	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 10	06/02	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 1	07/01	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 8	02/02	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 6	07/01	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 18	08/02	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 57	08/02	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	06/02	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM)	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 16	04/02	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 34	11/02	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 72	08/02	Reference

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 9	06/02	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 18	11/02	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 36	08/02	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 12	10/01	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 11	03/02	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 11	06/02	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 4	06/02	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 4	06/02	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 7	07/00	Continuous
SAP-19	SEVERE WEATHER	REV. 4	01/01	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 21	08/02	Informational
SAP-21	DELETED (04/01)			
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 1	10/98	Informational

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PLANT DATA ACQUISITION SYSTEM ACCESS
EAP-26
REVISION 12

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE DATE: N/A

MEETING NO. N/A

APPROVED BY: _____ DATE: 11/6/02
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: November 8, 2002

FIRST ISSUE ☐ FULL REVISION ☒ LIMITED REVISION ☐

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ADMINISTRATIVE	CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: NOVEMBER 2007

REVISION SUMMARY SHEET

REV. NO.

12
- Deleted attachment 12.
- In section 4.1 changed the sections steps as referenced, and deleted reference to VT 100 compatible terminal with a modem.
- In section 4.2 deleted reference to JAF network applications and replaced it with "Plant Information".
- In section 4.3 - added the word Emulation.
- In section 4.3 describes how to login to server JAFSR095.
- In section 4.4.1 deleted reference to Windows 3.1.
- Added sections 4.4.2, 4.3.3, & 4.4.4
- Deleted former section 4.4 that dealt with remote dialup terminal.
- In section 4.5 - added the words "RxTrend" and SP-7 & 8, Rad Mon.)
- Replaced former section 4.7 with reformatted section 4.6

11
- Reformat per AP-02.01, Rev. 5.
- Complete rewrite due to new equipment and configuration.

TABLE OF CONTENTS

SECTION		PAGE
1.0	PURPOSE	4
2.0	REFERENCE	4
3.0	INITIATING EVENTS	4
4.0	PROCEDURE	4
4.1	General	4
4.2	Direct Connection - PC	4
4.3	Direct Connection - Terminal Emulation	4
4.4	Remote Dialup - PC	5
4.5	Operation - Windows	6
4.6	Operation - Terminal	6
5.0	ATTACHMENTS	7
	1. MASTER MENU	8
	2. GENERAL PLANT STATUS	9
	3. CONTAINMENT TEMP/PRESSURE	10
	4. POWER & STEAM SYSTEMS	11
	5. AREA RAD MONITORS	12
	6. VESSEL/RCS INTEGRITY	13
	7. VENTILATION RAD MONITORS	14
	8. NYS PART III DATA SHEET	15
	9. ONE HOUR TRENDS OF ELOG #1	16
	10. 15-MINUTE METEOROLOGICAL DATA	17
	11. CHEMISTRY PANELS SP7-SP8	18

1.0 PURPOSE

This procedure describes methods to establish a direct or remote terminal link to the Plant Parameter System, and a brief description of system capabilities.

2.0 REFERENCE

None

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 General

The Technical Support Center (TSC) and Emergency Operations Facility (EOF) are equipped with Windows-based computers attached to the JAF Local Area Network (LAN). On these machines (and all other personal computers at JAF) there is an icon representing a Windows Plant Parameters program. If you are using one of these computers, proceed to Section 4.2.

If you have a personal computer attached to any NYPA LAN outside of JAF, you can use a terminal emulator program to connect to a character-based version of the Plant Parameters program (proceed to Section 4.3).

If you do not have any direct network link to the JAF LAN, you can still connect to a character-based version of the Plant Parameters program. If you have a personal computer with a modem, proceed to Section 4.4.

4.2 Direct Connection - PC

Locate the icon group labeled "Plant Information". Double click on that icon. Within the icon group is a single icon labeled "Plant Parameters." Double click the icon. Proceed to Section 4.5.

4.3 Direct Connection - Terminal Emulation

You must locate the telnet program on your personal computer. Connect to server "JAFSR095". At the "login:" prompt, enter "Oswego", press <enter>. At the "Password:" prompt, press <enter> (no password). Proceed to Section 4.6.

4.4 Remote Dialup - PC

4.4.1 You must locate the modem dialer/terminal emulator program on your personal computer and make a connection to the Remote Access System (RAS). For example;

A. Under Windows95, there is a terminal program in the Accessories menu.

B. Under Windows 98, in the "my computer" group, select "make a new connection".

4.4.2 Set the communications parameters as follows:

A. Either 7 bit, even parity for 1200 baud modems, or 8 bit, no parity for 9600 baud modems.

B. Set the phone number to 1-800-270-0102.

C. Set the User Name as "nyoffic" and password as "ciffoyn"

4.4.3 When connected to RAS, select Start, Run, in the text box enter "telnet jafsr095.jaf.entergy.com" and press <enter>.

4.4.4 When connected to server 95, at the "login:" prompt, enter "oswego" and press <enter>. At the "Password:" prompt, press <enter> (no password). Proceed to Section 4.6.

4.5 Operation - Windows

This program, like most Windows programs, has a menu bar located just below the title bar at the top of the window. The menu bar contains the following options: Screens, Trends, Panel, RxTrend, Print and Help.

Click on the Screens menu option to view the list of available screen displays. The choices are six preformatted displays (Elogs 1 through 6), the NYS Part III form, and Weather data, SP-7, SP-8, Rad Mon. Click on a choice to make the display appear.

There are also one-hour trend graphs of twenty predefined data points available under the Trends menu option.

You can print a copy of the currently displayed screen to your Windows default printer by clicking on the Print menu option.

There are more complete instructions available on-line by clicking on the Index choice under the Help option.

4.6 Operation - Terminal

The Master Menu, shown in Attachment 1, will appear. You may now choose whatever options you wish. It is **NOT** necessary to press <return>. Simply enter the option number. The Master Menu will re-appear after choosing any option.

4.6.1 Type the letter "q" to exit the menu. If using dial-up modem, hang up the phone or press reset on the modem.

4.6.2 Operation

The Plant Parameter System consists of nine pre-formatted screen displays (Attachments 2 - 9 and 11), and the ability to call up 15-minute meteorological data (Attachment 10). The data values for all displays are received from the Emergency and Plant Information Computer (EPIC) at one minute intervals. The time stamp which is displayed on all screens is the time at which data was collected **on the EPIC computer**.

NOTE: If any screen display appears incomplete, a one minute update may have occurred while your display was being formatted. Simply return to the Master Menu and choose the same option again.

NOTE: [TAB, ?, q] appears at the bottom of the screen. Use of this function enables the user to display the computer identification instrument number, unit of measure and a more complete description (see Attachment 10). To use this function, bring up an ELOG screen and note [TAB, ?, q] at bottom of screen.

A. Press "TAB" once - an arrow will appear to the LEFT of the first parameter on the screen.

B. Press "TAB" to move the arrow to the desired parameter.

C. Once the desired parameter is selected, simultaneously press "shift" and "?" to view display.

D. Press any key to eliminate this inset display from screen.

E. Continuous update of display may be selected by pressing "C".

5.0 ATTACHMENTS

1. MASTER MENU
2. GENERAL PLANT STATUS
3. CONTAINMENT TEMP/PRESSURE
4. POWER & STEAM SYSTEMS
5. AREA RAD MONITORS
6. VESSEL/RCS INTEGRITY
7. VENTILATION RAD MONITORS
8. NYS PART III DATA SHEET
9. ONE HOUR TRENDS OF ELOG #1
10. 15-MINUTE METEOROLOGICAL DATA
11. CHEMISTRY PANELS SP7-SP8

MASTER MENU

FitzPatrick Nuclear Plant EOF/TSC Plant Status Logs

- - - Master Menu - - - -

(1) Elog#1 - General Plant Status
(2) Elog#2 - Containment Temp/Pressure
(3) Elog#3 - Power & Stream Systems
(4) Elog#4 - Area Rad Monitors
(5) Elog#5 - Vessel/RCS Integrity
(6) Elog#6 - Ventilation Rad Monitors
(7) NYS Part-III Data Sheet
(8) One-hour Trends
(9) 15-Minute Met Data
(C) Chemistry Panels SP7-SP8
(q) Quit and Exit System.

Enter 1,2,3,4,5,6,7,8,9,C or q:

ATTACHMENT 2

GENERAL PLANT STATUS

Fitzpatrick Plant Elog #1 Data at time:
13:29

CORE THERMAL POWER MWTH-	2434.058
GROSS GEN POWER (MW)-	833.073
GROSS GEN POWER % RATED-	97.963
TOTAL CORE FLOW M#/HR-	75.091
TOTAL CORE FLOW % RATED-	97.560
RX TEMP/RECIRC A DELTA T-	13.235
CNDSR 33C-10A VAC IN HG-	28.371
COND INLT/DISCH TUNNL DT-	25.743
REACTOR PRESSURE PSIG-	1008.433
RX WATER LEVEL Inch TAF -	200.758
CLNUP SYS INLT TEMP DEGF-	483.693
RX WTR OUT NONREGEN HX T-	93.879
RB CLG WTR HX OUT DEGF-	80.303
DRYWELL PRESSURE PSIG-	1.801
SUPR POOL PRESSURE PSIG-	-0.017
DRYWELL TO TORUS DELTA P-	1.832
TORUS WATER LEVEL FEET-	13.943
SUPR POOL AIR TEMP DEG F-	90.759
DWLL OXYGEN(A) .0/30 %VOL-	1.890
STACK HI RANGE RAD mR/Hr-	0.173

Press <RETURN> for Main Menu [TAB.?]:

CONTAINMENT TEMP/PRESSURE

Fitzpatrick Plant Elog #2 Data at Time: 13:29

DRYWELL PRESSURE	PSIG	-	1.801	DWLL AREA	0	(RTD-101)	DEGF-	115.900
SUPR POOL PRESSURE	PSIG	-	-0.017	DWLL AREA	0	(RTD-120)	DEGF-	113.598
DRYWELL TO TORUS DELTA	P	-	1.832	DWLL AREA	1	(RTD-119)	DEGF-	111.141
DRYWELL TEMPRERATURE	Deg F	-	125.306	DWLL AREA	1	(RTD-102)	DEGF-	115.620
SUPR POOL AIR TEMP	DEG F	-	90.759	DWLL AREA	2	(RTD-103)	DEGF-	120.970
TORUS WATER LEVEL	FT	-	13.958	DWLL AREA	2	(RTD-104)	DEGF-	115.630
TORUS WATER AVG TMP	DegF	-	74.757	DWLL AREA	3	(RTD-105)	DEGF-	132.972
DRYWELL SUMP LEVEL	Inch	-	15.000	DWLL AREA	3	(RTD-106)	DEGR-	145.186
DRYWELL RAD Monitor	R/Hr	-	8.343	DWLL AREA	4	(RTD-107)	DEGF-	143.512
DRYWELL H2 CONC	%	-	0.351	DWLL AREA	4	(RTD-108)	DEGF-	150.000
DRYWELL 02 CONC	%	-	1.413	DWLL AREA	5	(RTD-109)	DEGF-	161.986
TORUS H2 CONC	%	-	1.000	DWLL AREA	5	(RTD-117)	DEGF-	170.492
TORUS 02 CONC	%	-	1.890	DWLL AREA	6	(RTD-110)	DEGF-	147.831
				DWLL AREA	6	(RTD-111)	DEGF-	147.358
				DWLL AREA	7	(RTD-112)	DEGF-	110.291
				DWLL AREA	7	(RTD-118)	DEGF-	111.047
				DWLL AREA	8	(RTD-113)	DEGF-	89.633
				DWLL AREA	8	(RTD-114)	DEGF-	91.886
				DRYWELL WGTD AVG			TEMP-	125.306

Press <RETURN> for Main Menu [TAB,?]

ATTACHMENT 4

POWER & STEAM SYSTEMS

Fitzpatrick Plant Elog #3 Data at Time: 13:29

APRM A FLUX LEVEL	-	99.919	CRD DRIVE WATER FLO	M#/H-	0.031
APRM B FLUX LEVEL	-	100.655	FDWTR LOOP A FLOW	M#/HR-	5.208
APRM C FLUX LEVEL	-	100.489	FDWTR LOOP B FLOW	M#/HR-	5.218
APRM D FLUX LEVEL	-	101.107	CLNUP SYS A FLOW	M#/HR-	0.040
APRM E FLUX LEVEL	-	100.815	CLNUP SYS B FLOW	M#/HR-	0.040
APRM F FLUX LEVEL	-	101.781	CLNUP SYS INLT TEMP	DEGF-	483.693
RX TEMP/RECIRC A DELTA	T-	13.235	CLNUP SYS OUTL TEMP	DEGF-	431.827
TBCLCW CLR OUTLET	DEG F-	76.991	RELIEF VALVE RV-2-71A	T-	238.309
CNDSR 33C-10A VAC	IN HG-	28.371	RELIEF VALVE RV-2-71B	T-	208.542
TOTAL CORE FLOW	M#HR-	75.091	RELIEF VALVE RV-2-71C	T-	193.046
CORE DIFFERENTIAL PRESS	-	20.476	RELIEF VALVE RV-2-71D	T-	159.192
RECIRC PMP MTR A PWR	MW-	3.171	RELIEF VALVE RV-2-71E	T-	236.938
RECIRC PMP MTR B PWR	MW-	3.354	RELIEF VALVE RV-2-71F	T-	257.764
TOTAL STEAM FLOW	M#/HR-	10.224	RELIEF VALVE RV-2-71G	T-	150.124
REACTOR PRESSURE	PSIG-	1008.433	RELIEF VALVE RV-2-71H	T-	178.481
MAIN STEAM PRESSURE	-	956.002	RELIEF VALVE RV-2-71J	T-	177.029
MAIN STEAM PRESSURE	-	1200.000	RELIEF VALVE RV-2-71K	T-	252.150
COND INLT/DISCH TUNNL	DT-	25.743	RELIEF VALVE RV-2-71L	T-	215.586
COND PPS DISCH HDR	PRESS-	220.891	RECIRC A1 INTL TEMP	DEGF-	533.935
COND BSTR FMP SUCTN	PSIG-	160.954	RECIRC B1 INLT TEMP	DEGF-	535.576

Press <RETURN> for Main Menu [TAB.?]:

AREA RAD MONITORS

Fitzpatrick Plant Elog #4 Data at Time: 13:56

12	SPENT FUEL POOL	mR/Hr-	0.819
14	NEW FUEL VAULT	mR/Hr-	0.842
30	WEST REFUEL FLR	mR/Hr-	347.020
13	RXBLD 344' SOUTH	mR/Hr-	2.277
15	RXCU PRECOAT TNK	mR/Hr-	11.570
17	FUEL POOL PUMP	mR/Hr-	129.105
18	CONTAM EQPT STOR	mR/Hr-	1.933
16	RWCU HX ROOM	mR/Hr-	4.959
20	RX SAMPLE AREA	mR/Hr-	7.095
19	RWCU PUMP AREA	mR/Hr-	1.833
21	RBCLC HX AREA	mR/Hr-	0.382
23	RX BLDG EL 272'	mR/Hr-	5.253
24	TIP DRIVE PLATF	mR/Hr-	14.090
25	EAST CRD HCV	mR/Hr-	4.995
28	CRD REMOVL HATCH	mR/Hr-	1.305
26	WEST CRD HCV	mR/Hr-	2.206
27	EAST CRES EL227'	mR/Hr-	17.086
29	WEST CRES EL227'	mR/Hr-	14.733
01	CHEMISTRY LAB	mR/Hr-	0.047
02	CLOTHNG CHG AREA	mR/Hr-	0.106
03	CONTROL ROOM	mR/Hr-	0.106
04	TB 300 HP-END	mR/Hr-	0.497
05	TB 300 LP-END	mR/Hr-	0.321
06	TB 252 HOGG PUMP	mR/Hr-	1.243
07	RX FEEDPUMP AREA	mR/Hr-	0.154
08	RDWST CONTROL RM	mR/Hr-	0.544
09	RW284 FILTR/VLV	mR/Hr-	6.689
10	RW272 DRUM STORE	mR/Hr-	2.083
11	RW252 RDWST PUMP	mR/Hr-	24.978
22	COND DEMIN VALVE	mR/Hr-	4.066

Press <RETURN> for Main Menu [TAB,?]:

ATTACHMENT 6

VESSEL/RCS INTEGRITY

Fitzpatrick Plant Elog #5 Data at Time: 13:30

APRM REACTOR POWER	% -	99.978
RX WATER LEVEL Inch	TAF-	200.701
REACTOR PRESSURE	PSIG-	1004.278
RX TEMP VIA STEAM	TABLES-	547.326
FEEDWATER FLOW	MLB/HR-	10.401
RCIC FLOW	GPM-	0.000
HPCI PUMP FLOW	GPM-	0.000
LPCI A FLOW	GPM-	-1.375
LPCI B FLOW	GPM-	-4.226
"B" CORESPRAY FLOW	GPM-	0.000
"A" CORESPRAY FLOW	GPM-	0.000
DRYWELL SUMP LEVEL	Inch-	15.000
SUPR POOL AIR TEMP	DEG F-	90.798
SUPR POOL PRESSURE	PSIG-	-0.017
TORUS WATER LEVEL	FT-	13.958
TORUS WATER AVG TMP	DegF-	74.760
DRYWELL TEMPERATURE	DegF-	125.321
DRYWELL PRESSURE	PSIG-	1.801
PRIMARY CONT. H2 CONC	% -	0.351
PRIMARY CONT. 02 CONC	% -	1.890

Press <RETURN> for Main Menu [TAB.?]:

ATTACHMENT 7

VENTILATION RAD MONITORS

Fitzpatrick Plant Elog #6 Data at Time: 13:30

STACK HI RANGE RAD	mR/Hr-	0.218	MAIN STEAM RAD A	mR/Hr-	1485.508
T-BLDG HI RNGE RAD	mR/Hr-	0.406	MAIN STEAM RAD B	mR/Hr-	1512.472
RDWST HI RANGE RAD	mR/Hr-	0.428	MAIN STEAM RAD C	mR/Hr-	1345.570
DWLL HI RNGE RAD (A)	R/HR-	8.226	MAIN STEAM RAD D	mR/Hr-	1199.780
DWLL HI RNGE RAD (B)	R/HR-	6.539	RADWASTE EFFLUENT	CPS -	114.696
A XHST BELOW RFL FLR	CPM-	41.996	SERV WTR DISCHARGE	CPS-	2.680
B XHST BELOW RFL FLR	CMP-	152.819	INTAKE WATER TREMP	Deg F	36.669
RFEUL FLR VENT A RAD	CPM-	119.597	OFFGAS RAD.	mR/Hr-	13.063
RFEUL FLR VENT B RAD	CPM-	167.282	AIR EJECTOR AIR FLOW	CFM-	104.224
T-BLDG XHST A RAD	CPM-	43.351	COND PMPS SUCT/COND A	T-	87.755
T-BLDG XHST B RAD	CPM-	74.251	COND PMPS SUCT/COND B	T-	86.199
RDWST BLD XHST RAD A	CPM-	44.537			
RDWST BLD XHST RAD B	CPM-	40.694			
STACK MON A RAD	CPS-	29.923			
STACK MON B RAD	CPS-	28.656			
RX BLDG EXHAUSE FLOW	CFM-	53195.969			
TB BLDG EXHAUST FLOW	CFM-	67524.359			
RW BLDG EXHAUST FLOW	CFM-	30248.930			
SBGT FLOW	CFM-	0.000			

Press <RETURN> for Main Menu [TAB.?]:

ATTACHMENT 8

NYS PART III DATA SHEET

Fitzpatrick Plant NYS Part III Data at Time: 13:30

APRM REACTOR POWER	%-	99.978	TB BLDG VENT RAD.	uCi/s-	7.425
IRM REACTOR POWER	%-	1.937	RW BLDG VENT RAD.	uCi/s-	2.004
SRM REACTOR POWER	CPS-	794759.375	STACK HI RANGE RAD	Ci/s-	0.554
RX WATER LEVEL	Inch TAF-	200.701	TB BLD HI RANGE RAD	Ci/s-	9.185
FEEDWATER FLOW	MLB/HR-	10.401	RW BLD HI RANGE RAD	Ci/s-	2.899
RCIC FLOW	GPM-	0.000	SERVICE WATER RAD.	uCi/ml-	0.000
REACTOR PRESSURE	PSIG-	1004.278	OFFGAS RAD.	mR/Hr-	13.063
HPCI PUMP FLOW	GPM-	0.000	DRYWELL RAD Monitorm	R/Hr-	8.225
LPCI A FLOW	GPM-	-1.375	HIGEST MSL RAD MON	mR/Hr-	1512.472
LPCI B FLOW	GPM-	-4.226	DRYWELL PRESSURE	PSIG-	1.801
''A '' CORESPRAY FLOW		0.000	DRYWELL TEMPERATURE	DegF-	125.321
GPM-		0.000	TORUS WATER AVG TMP	DegF-	74.760
''B ''CORESPRAY FLOW	GPM-	15.000	TORUS WATER LEVEL	FT-	13.958
DRYWELL SUMP LEVEL	Inch-	74.808	PRIMARY CONT. H2 CONC	%-	0.351
STACK GAS RAD	uCi/s-	15.282	PRIMARY CONT. 02 CONC	%-	1.890
RX BLDG VENT RAD	uCi/s-	4.182	CST LEVEL	Inch-	265.692
RFUELFLR VENT RAD.	uCi/s-				

Press <RETURN> to Continue.....P to Print

ATTACHMENT 9 page 1 of 1

ONE HOUR TRENDS OF ELOG #1

Trending - One (1) Hour History

A.	Core Thermal Power	MW Thermal
B.	Gross Gen. Power	% Rated
C.	Gross Gen. Power	MWatt
D.	Cond Inlet/Dsch Tunnel	DT. Deg F
E.	Clnup Sys Inlet Temp.	Deg F
F.	Reactor Pressure	PSIG
G.	Reactor Water Level	Inches TAF
H.	Condsr 33C-10A Vacuum	Inches Hg
I.	RBCLC Water HX Outlet	Deg F.
J.	TBCLW Clr Outlet Temp.	Deg F.
K.	Drywell Pressure	PSIG
L.	Torus Pressure	PSIG
M.	Torus Wtr Lvl	Feet
N.	Torus Wtr Temp	Deg F.
O.	Drywel Oxygen (0/30%)	% Volume
P.	Main Steam Pressure	PSIG
Q.	Vessel Bottom Drain T.	Deg F.
R.	Stack Hi Range Rad.	mR/Hr-
S.	T-Bldg Hi Range Rad.	mR/Hr-
T.	Rdwst Hi Range Rad.	mR/Hr-

Enter Choice [A-T], or 0 to Quit:

C. Gross Gen. Power -MWatt

2/22	12:31	832.787	2/22	12:51	832.487	2/22	13:11	832.683
2/22	12:32	832.592	2/22	12:52	832.292	2/22	13:12	831.511
2/22	12:33	832.683	2/22	12:53	833.854	2/22	13:13	831.121
2/22	12:34	832.592	2/22	12:54	832.292	2/22	13:14	831.615
2/22	12:35	831.707	2/22	12:55	832.097	2/22	13:15	833.177
2/22	12:36	830.731	2/22	12:56	832.292	2/22	13:16	833.372
2/22	12:37	830.054	2/22	12:57	832.878	2/22	13:17	832.592
2/22	12:37	830.639	2/22	12:58	832.097	2/22	13:18	832.487
2/22	12:39	831.707	2/22	12:59	833.073	2/22	13:19	832.487
2/22	12:40	832.592	2/22	13: 0	833.073	2/22	13:20	833.958
2/22	12:41	832.592	2/22	13: 1	833.177	2/22	13:21	832.878
2/22	12:42	830.639	2/22	13: 2	832.683	2/22	13:22	832.878
2/22	12:43	832.787	2/22	13: 3	832.878	2/22	13:23	833.073
2/22	12:44	832.201	2/22	13: 4	832.097	2/22	13:24	833.268
2/22	12:45	832.006	2/22	13: 5	832.982	2/22	13:25	833.268
2/22	12:46	832.592	2/22	13: 6	833.073	2/22	13:26	832.985
2/22	12:47	832.487	2/22	13: 7	832.683	2/22	13:27	834.348
2/22	12:48	831.902	2/22	13: 8	832.292	2/22	13:28	834.049
2/22	12:49	832.878	2/22	13: 9	832.683	2/22	13:29	833.073
2/22	12:50	832.982	2/22	13:10	832.396	2/22	13:30	832.787

Press <P> to PLOT. or <RETURN> for Menu...

ATTACHMENT 10

15-MINUTE METEOROLOGICAL DATA

Current Met Data (15-min avg)

Date/Time: 08/29/2002 08:45 EST

Tower Height	Meteorlogical Parameter	
Main (200')	Wind Speed	7.9 mph
Main (200')	Wind Direction	147.1 Deg
Main (200')	Sigma Theta	9.8 Deg
Main (30')	Wind Speed	4.2 mph
Main (30')	Wind Direction	144.0 Deg
Main (30')	Sigma Theta	23.4 Deg
Main (30')	Temperature	64.5 Deg F

Press RETURN for main menu:

CHEMISTRY PANELS SP7-SP8

FitzPatrick SP7	Panel		Current	Last Hour	Prev Day
		02/22	13:21	13:00	02/22
CONDENS TRANSFER PUMP	-CONDUCTIVITY	uS/cm	0.654	0.654	0.666
A-RWCU FILTER OUTLET	-CONDUCTIVITY	uS/cm	0.058	0.058	0.058
B-RWCU FILTER OUTLET	-CONDUCTIVITY	uS/cm	.058	0.058	0.058
MAIN STEAM	-CONDUCTIVITY	uS/cm	0.072	0.073	0.072
RWCU INLET	-CONDUCTIVITY	uS/cm	0.075	0.075	0.082
A FINAL FEEDWATER	-CONDUCTIVITY	uS/cm	0.056	0.056	0.056
B FINAL FEEDWATER	-CONDUCTIVITY	uS/cm	0.058	0.058	0.058
RWCU INLET	-pH		6.555	6.558	6.395
RWCU INLET	-DISSOLVED H2	PPB	43.083	43.524	38.369
B FINAL FEEDWATER	-DISSOLVED H2	PPB	365.986	366.799	326.397
A FINAL FEEDWATER	-DISSOLVED H2	PPB	366.362	366.412	329.479
MAIN STEAM	-DISSOLVED 02	PPM	7.680	7.695	4.195
RWCU INLET	-DISSOLVED 02	PPB	3.430	3.458	15.980
B FINAL FEEDWATER	-DISSOLVED 02	PPB	48.626	48.003	46.572
A FINAL FEEDWATER	-DISSOLVED 02	PPB	49.321	48.776	47.649
RX WATER RECIRC	-CONDUCTIVITY	uS/cm	0.070	0.070	0.080
RX WATER RECIRC	-pH		0.000	0.000	0.000
RX WATER RECIRC	-DISSOLVED H2	PPB	0.000	0.000	0.000
RX WATER RECIRC	-DISSOLVED 02	PPB	0.000	0.000	0.000
(no entry - spare point)			0.000	0.000	0.000

Press RETURN to Continue....

Press RETURN for Main Menu:

FitzPatrick SPS Panel				Current	Last Hour	Prev Day
			2/22	13:27	13.00	02/22
CONDENS. DEMIN	INLET-CONDUCTIVITY	uS/cm	0.058	0.058	0.058	
A CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.055	0.055	0.055	
B CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.055	0.055	0.055	
C CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.057	0.057	0.345	
E CONDS DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.056	0.056	0.055	
D CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.056	0.056	0.056	
F CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.056	0.056	0.056	
G CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.056	0.055	0.055	
H CONDS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.054	0.054	0.055	
CONDENS. DEMIN	OUTLET-CONDUCTIVITY	uS/cm	0.055	0 055	0.055	
A HOTWELL SAMPLE	PUMP-CONDUCTIVITY	uS/cm	0.057	0.057	0.057	
B HOTWELL SAMPLE	PUMP-CONDUCTIVITY	uS/cm	0.057	0.057	0.058	
LOW CONDUCTIVITY	SUMP-CONDUCTIVITY	uS/cm	0.332	0.238	0.227	
A CATION	CONDUCTIVITY	uS/cm	0.059	0.059	0.059	
B CATION	CONDUCTIVITY	uS/cm	0.056	0.058	0.059	
CONDENS DEMIN. INLET	pH	pH	5.990	5.960	5.809	
CONDENS. DEMIN. OUTLET	pH	pH	6.309	6 318	6.319	
CONDENS. DEMIN. INLET	Dissolved 02	PPB	52.805	53.644	51.945	
CONDENS DEMIN. OUTLET	Dissolved 02	PPB	54.438	54.032	52.552	
MAKE-UP DEMIN. WATER	-CONDUCTIVITY	uS/cm	0.110	0.107	0.253	

Press RETURN to Continue

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY
SAP-2
REVISION 34

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A DATE: N/A

APPROVED BY: _____ DATE: 11/8/02
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: November 8, 2002

FIRST ISSUE ☐ FULL REVISION ☐ LIMITED REVISION ☒

INFORMATIONAL USE	TSR
ADMINISTRATIVE	CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: JANUARY 2006

REVISION SUMMARY SHEET

REV. NO.

34
- Updated procedure change from RP-RAM-102 to RP-OPS-04.01 throughout the entire procedure.

33
- Added section 4.6 in regards to non-JAF procedures.
- Added section 4.10.4 in regards to Fire Brigade Equipment Inspections.
- On Attachment 6, 10, 15, and 17 added the word Inspection to the respirator check off.
- On Attachment 7, Page 1 of 4, removed the stock numbers for the for the WPO copiers.
- On Attachment 11, added check off for pager envelope.
- On Attachment 12, added statement as to where the procedures are located and directions.
- On Attachment 15, added "Kimwipes" after absorbent towels.
- On Attachment 15, page 2, deleted "Lo Vol Sampler" and replaced it with AMS-3.
- On Attachment 17, page 1, added check off for portable scalers.

TABLE OF CONTENTS

SECTION		PAGE
1.0	PURPOSE	4
2.0	REFERENCES	4
3.0	INITIATING EVENTS	4
4.0	PROCEDURE	4
5.0	ATTACHMENTS	11
	1. EMERGENCY PLAN EQUIPMENT LOCATIONS	12
	2. FIRE BRIGADE EQUIPMENT INVENTORY	13
	3. AMBULANCE KIT INVENTORY	17
	4. RESCUE KIT INVENTORY	18
	5. FIELD SURVEY KIT INVENTORY	19
	6. EOF EMERGENCY PLAN INVENTORY	21
	7. EOF OFFICE SUPPLY/EQUIPMENT INVENTORY	26
	8. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY	30
	9. TRAUMA KIT INVENTORY	33
	10. SECURITY BUILDING INVENTORY	35
	11. CONTROL ROOM INVENTORY	36
	12. TECHNICAL SUPPORT CENTER INVENTORY	38
	13. EOF DECONTAMINATION ROOM INVENTORY	39
	14. EMERGENCY KEY INVENTORY	40
	15. PASS CABINET INVENTORY	41
	16. DECON SUPPLY INVENTORY	43
	17. OSC EMERGENCY PLAN INVENTORY	45

1.0 PURPOSE

This procedure provides guidance for the inspection, inventory and operational checking of emergency equipment and instruments to ensure that this equipment is obtainable and functional.

2.0 REFERENCES

2.1 Performance References

2.1.1 RP-RESP-01.01, MAINTENANCE OF RESPIRATORY PROTECTION EQUIPMENT

2.1.2 RP-OPS-04.01, SOURCE CONTROL AND LEAK TEST SURVEILLANCE**

2.2 Developmental References

2.2.1 Equipment Manufacturers' Manuals

2.2.2 NUREG-0041, Manual of Respiratory Protection Against Airborne Radioactive Materials

2.2.3 Radiation Protection Procedures

2.2.4 FPP-1.1, Fire Brigade Duties and Outside Fire Department Response

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 The Rad Protection Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment listed on Attachment 1.

4.2 The Fire Brigade Leader shall ensure that all equipment used by the Fire Brigade is returned to service following fire drills and real events.

4.3 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked using Attachments 2 through 17 as follows:

4.3.1 At least each calendar quarter.

4.3.2 After each use.

4.3.3 After a seal has been found broken.

4.4 Items included for use by the Fire Brigade, First Aid Team or Rescue Team (Attachments 2, 3 and 4) shall be inventoried, physically inspected and operationally checked as follows:

4.4.1 At least each calendar quarter.

4.4.2 After each use.

4.4.3 After a seal has been found broken.

4.5 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with RP-RESP-01.01 as follows:

4.5.1 At least monthly.

4.5.2 After each use. (Fire Brigade equipment will be replaced by Fire Brigade following use).

4.5.3 After a seal has been found broken.

4.6 Non-JAF procedures, shall be inventoried, inspected, and revision verified using Attachments 3 and 12 as follows:

4.6.1 At least annually (during the first quarter of each calendar year).

4.7 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs) and Calibration Group (DRDs).

4.8 The person performing the equipment inventory shall use the appropriate Attachment, 2 through 17. (Fire Brigade may use the checklist provided at the lockers by Fire Protection following drills or real events).

4.9 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:

4.9.1 Tracking calibration due dates and replacing instruments as required.

4.9.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.

4.10 The following information should be used as a guide for performing inventories:

4.10.1 Survey Instruments

A. Perform an inventory. Notify Rad Protection Calibration Group to replace any missing instruments.

B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.

C. Perform an operability check in accordance with applicable instrument procedure.

D. Perform a source check in accordance with applicable instrument procedure.

E. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.

F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.

G. Ensure any radioactive sources are accounted for in accordance with RP-OPS-04.01.

H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.2 Air Samplers

A. Perform an inventory. Replace any missing samplers.

B. Check that calibration dates are current. Notify the Respiratory Group to replace with recently calibrated instruments as necessary.

C. Verify samplers are operational by energizing and running for at least 1 minute. Note the results on the checklist. Replace any unsatisfactory samplers.

D. Record the identification number and calibration date of any replacement samplers on the checklist.

E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.3 Self-contained Breathing Apparatus/Breathing Air Systems

A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.

4.10.4 Iodine Cartridges for Respirators

A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.

B. Check the expiration date on the iodine cartridges and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges.

4.10.5 Fire Brigade Equipment Inspection

A. Fire Coat and Pants

1. Check outer and inner shell for rips or tears;

2. Discoloration or dirt contamination of outer shell;

3. Zipper or closures work properly

B. Fire Helmet

1. No cracks in shell;

2. Straps intact;

3. Ratchet works properly

C. Any items found unsatisfactory, contact Fire Protection for replacement of item.

4.10.6 Rubber Equipment

A. Perform an inventory. Replace any missing equipment.

B. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.

C. Note any equipment replacement on the checklist.

D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.7 Decontamination Supplies And Solutions

A. Perform an inventory. Replace any missing items.

B. Check containers, which contain liquid for any evidence of leakage and replace, as necessary.

C. Note any other equipment replacement on the checklist.

D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.8 Mechanical Equipment

A. Perform an inventory. Replace any missing equipment.

B. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.

C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.9 Office Supplies

A. Perform an inventory. Replace any missing items.

B. Replace any items which appear to be deteriorated or unusable for any reason.

C. Note any equipment replacement on the checklist.

4.10.10 Plans, Maps, Lists, Procedures, etc.

A. Perform an inventory. Replace any missing items with a copy of the current revision.

B. Prior to performing the inventory, obtain the current revision numbers of the JAF Emergency Plan and Procedures from the Emergency Planning Coordinator, contact the procedure issuer for non-JAF procedures.

C. Replace any items which appear to be deteriorated or unusable for any reason.

D. Verify procedures are the current revision and replace, as necessary.

E. Note any equipment replacement on the checklist.

4.10.11 Medical Supplies

A. Perform an inventory. Replace any missing items.

B. Check for open containers and damaged items. Replace, as necessary.

C. Check the expiration date on items and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the supplies.

D. Note any equipment replacement on the checklist.

4.10.12 110 Volt Power Supplies

A. Check for mechanical operability. Energize and run an air sampler for at least 1 minute.

B. Note any malfunction on the checklist.

4.10.13 Use of Seals

A. Numbered seals may be used on kits or inventoried items to indicate that the inventory has not been depleted since the seal was attached.

B. An inventory of the contents does not have to be performed unless the seal has been broken or the seal numbers do not agree with the seal numbers on the previous inventory sheet.

4.10.14 Medical Stretchers

A. Blue restraints - check for fraying and signs of wear.

B. Lifting bridle - check for fraying and signs of wear.

C. Blue swing - check for fraying and signs of wear.

D. Orange stretcher - check for cracking, especially the hand holds.

4.10.15 Accountability Card Readers

Perform a test of accountability card readers at the following locations:

- Control Room
- OSC

- TSC
- Old Admin Bldg, 272' El., near the OSC Control Point:

A. Contact Security to perform an accountability system check with the SAMS computer/printer.

B. Swipe badge at each accountability card reader.

C. Obtain verification from Security that accountability indicated satisfactory from all card readers.

4.11 The person performing the inventory shall complete and sign the appropriate checklists and forward the completed checklists to the Emergency Planning Coordinator.

4.12 The Emergency Planning Coordinator, or designee, shall review, sign, and file the completed checklists.

4.13 Attachments 2 through 15, and 17, are Quality Records retained per AP-02.08.

4.14 The Emergency Planning Coordinator, or designee, shall ensure inventories are satisfactory.

5.0 **ATTACHMENTS**

1. EMERGENCY PLAN EQUIPMENT LOCATIONS
2. FIRE BRIGADE EQUIPMENT INVENTORY
3. AMBULANCE KIT INVENTORY
4. RESCUE KIT INVENTORY
5. FIELD SURVEY KIT INVENTORY
6. EOF EMERGENCY PLAN INVENTORY
7. EOF OFFICE SUPPLY INVENTORY
8. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
9. TRAUMA KIT INVENTORY
10. SECURITY BUILDING INVENTORY
11. CONTROL ROOM INVENTORY
12. TECHNICAL SUPPORT CENTER INVENTORY
13. EOF DECONTAMINATION ROOM INVENTORY
14. EMERGENCY KEY INVENTORY
15. PASS CABINET INVENTORY
16. DECON SUPPLY INVENTORY
17. OSC EMERGENCY PLAN INVENTORY

ATTACHMENT 1

EMERGENCY PLAN EQUIPMENT LOCATIONS

EQUIPMENT	ATTACHMENT	LOCATION
Fire Brigade Equipment	2	Near the entrance of: 1. Old Admin. Bldg. 272' El, near OSC roll up door. 2. S&A Facility. 272' El - Center 3. Old Admin Bldg. 272' El, Hallway between TB and RB entrances 4. Screenwell 272' El, Northeast
Ambulance Kit	3	Admin. Bldg. 272' El, Near elevator
Rescue Kit	4	Admin. Bldg. 272' El, Near elevator
Field Survey Kits	5	Emergency Vehicles & EOF
EOF Emergency Plan	6	EOF
EOF Office Supplies	7	EOF
Oswego Hospital Emerg Plan	8	Oswego Hospital Emergency Entrance
Trauma Kits	9	1. Control Room 2. Radwaste Control Room 3. OSC 4. Nurse's Office Admin. Bldg. 5. Warehouse
Security Building Kit	10	Main Security Building
Control Room	11	Control Room
Technical Support Center	12	TSC
EOF Decontamination Room	13	EOF
Emergency Keys	14	1. TSC 2. EOF
PASS Cabinet	15	Fan Room Entrance
Decon Supplies	16	Old Admin Building Near Control Point
OSC Emergency Plan	17	OSC

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin. Bldg. 272' El, near OSC roll up door.
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Fire Helmet	2			
Hood, Nomex	2			
Fire Resistant Gloves	2 pair			
Coats, Turnout	2			
Hand Lantern	2			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Scott Pak	6			
Spare Air Cylinder	3			
Boots, Turnout	2 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

_____

_____

_____

Performed by/ Date

Emergency Planning Coordinator / Date

Location: Support & Admin Facility 272' El - East hallway, Fire Protection Room (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Fire Helmet	2			
Hood, Nomex	2			
Fire Resistant Gloves	2 pair			
Coats, Turnout	2			
Hand Lantern	2			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Scott Pak	6			
Spare Air Cylinder	3			
Boots, Turnout	2 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

_____

_____

_____

_____ _____

Performed by/ Date Emergency Planning Coordinator / Date

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin Bldg. 272' El, Hallway between TB and RB entrances (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Fire Helmet	1			
Hood, Nomex	1			
Fire Resistant Gloves	1 pair			
Coats, Turnout	1			
Hand Lantern	1			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Scott Pak	10			
Spare Air Cylinder	3			
Boots, Turnout	1 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

_____

_____

_____

_____ _____

Performed by/ Date Emergency Planning Coordinator / Date

Location: Screenwell 272' El, Northeast (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Fire Helmet	1			
Hood, Nomex	1			
Fire Resistant Gloves	1 pair			
Coats, Turnout	1			
Boots, Turnout	1 pair			
Hand Lantern	1			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✔)	UNSAT (✔)
Scott Pak	6			
Spare Air Cylinder	3			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

_____

_____

_____

_____ _____

Performed by/ Date Emergency Planning Coordinator / Date

AMBULANCE KIT INVENTORY

Location: Old Admin. Bldg., 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
EAP-2	1	Required Rev No: As found Rev. No:		
Decontamination And Treatment Of The Radioactively Contaminated Patient At The Oswego Hospital	1			
Surgical Gloves	1 box			
Air Sample Collection Envelopes	24			
Particulate Air Sample Filters	24			
Filter Heads for Sampler	2			
Dosimeters (0 - 500 mR)	10	Cal Due Date:		
Dosimeter Charger	1			
TLDs	10	Date Issued:		
Portable Count Rate Meter Inst. No:	1	Cal Due Date:		
Hi Vol. Sampler 110 VAC with spare fuses	1	Cal Due Date:		
Portable Dose Rate Meter Inst. No:	1	Cal Due Date:		
Keys To Emergency Vehicles	4			
Radioactive Sources accounted for per RP-OPS-04.01	NA			
Gurney (AB 272' by stairs)				

REMARKS: _____

Security Seal No.: _____

Performed by/ Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

RESCUE KIT INVENTORY

Location: Old Admin. Bldg, 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Hacksaw	2			
Flashlights	2			
Spare batteries	4			
EAP-9 Search & Rescue Operations	1	Required Rev No: As found Rev. No:		
Life Lines 100'	2			
Bolt Cutter	1			
Sledgehammer (6 pound)	1			
Sledgehammer (12 pound)	1			
Wrecking Bars	2			
Tripod with winch	1			
Portable Torch	1			
Stretcher (Outside OSC)	1			
Stretcher (Outside CR)	1			

REMARKS: _____

_____

_____

_____

Security Seal No.: _____

_____ Performed by/ Date

_____ Emergency Planning Coordinator / Date

- This is a Quality Record -

FIELD SURVEY KIT INVENTORY

(_) EP1 (_) EP2 (_)RES-3/EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry*	1	Required Rev No: As found Rev. No:		
Clipboards	1			
Masking Tape	2 rolls			
Pads	1			
Rain suits	2			
Hearing Protectors	2			
Surgeons Gloves	1 box			
Plastic Food Wrap	1 box			
Sampling Utensils	1 set			
Masslin Cloth	1 bundle			
P-5 Key to Environmental Stations	1			
Gallon Jugs	3			

FIELD SURVEY KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Pens	3			
Disc Smears	1 box			
Watch	1			
Tweezers	2			
Assorted plastic bags	12			
Quart size ziploc bags	1 box			
Pint size ziploc bags	1 box			
Filter Heads for Sampler	2			
Silver Zeolite Cart	10			
Fiberglass Air Filters	1 box			
Ring Planchets	10			
Air Sample Collection Envelopes	24			
Sample Location Stakes	12			
High Visibility Vests	3			
Paper Coveralls	4			
Shoe Covers	8 pair			
Rubbers	8 pair			
Folder of Maps	1			
110V Power Supply	1			

REMARKS: _____

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Security Seal No.: _____

_____ Performed by/ Date

_____ Emergency Planning Coordinator / Date

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 12	5	As found Rev. No:		
EAP-5.3, Attachment 13	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry	1	Required Rev No: As found Rev. No:		
EAP-19	1	Required Rev No: As found Rev. No:		
RP-INST-02.09	1	Required Rev No: As found Rev. No:		
Surgeons Gloves	6 boxes			
Masslin	6 packages			
Respirator Cartridges (Iodine)	16	Exp Date:		
Respirator Filters (Particulate)	16			

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DRDs (0-500 mR)	5	Due Date:		
Charger	2			
Dosimeters (0-200 mR)	50	Cal Due Date:		
Hearing Protection	1 set			
Masking Tape	3 rolls			
Pens	6			
Tape Dispenser	1			

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Batteries (D size)	12			
Flashlights	6			
Batteries for RO-5	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 box			
Quart bags	1 box			
Pint bags	1 box			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets	100	Exp Date:		
Disc Smears	4 boxes			
Particulate Samp Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges	20			
Ring Planchets 2"	20			
Hi Vol. Sampler 110 VAC and spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Portable Count Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Portable Dose Rate Meters Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Teletector Inst. No:	1	Cal Due Date:		
Radioactive Sources accounted for per RP-OPS-04.01				
Mini-Scaler with HP210 Probe and spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____		
Disposable White Coveralls	16			
Rainsuits	4			
Plastic shoe covers (high top)	24			
Coveralls	5			
Hoods	5			
Boot Covers	20 pair			
Rubbers	20 pair			
Rubber Gloves	40 pair			

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Cotton liners	40 pair			
Cotton Work Gloves	8 pair			
PAWS	40			
Sampling tools	1 set			
Rope - yellow & magenta - 100'	1			
Radiation warning signs	4			
Stanchions	3			
Collection container (40 gal)	1			
Garden hose	1			
Buckets	2			
Sponges	6			
TLD Labeled "Control" (stored in lead cave)	1	Date Issued:		
TLDs (stored in lead cave)	55	Date Issued:		

REMARKS: _____

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Performed by/ Date

Emergency Planning Coordinator / Date

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

OFFICE SUPPLIES FAX/COPY ROOM	AMOUNT REQUIRED	SAT (✔)	UNSAT (✔)
Pads of Paper	35 each		
Clipboards	6 each		
Pens	50 each		
Dry Erase Markers	24 each		
Xerox Paper	1 case		
Telecopier Paper	6 rolls		
Toner (PC-25 Copier) - *Stock #161183* (Warehouse)	1 cart.		
Toner (LaserJet 2)	1 cart.		
Toner (LaserJet 4))	1 cart.		
Toner (Canon Fax 7000-FX2)	2 cart.		
Xerox Copier 420DC	1 cart.		
Xerox Copier 432ST	1 cart.		
Imaging Cartridge (Xerox Fax)	2 rolls		
708 Okidata Ribbon	6 cart.		
182 Okidata Ribbon - *Stock #651203* (Warehouse)	6 cart.		
Seiko Ribbon (EDAMS & EPIC) - *Stock #411089* (Warehouse)	4 rolls		
OVERHEAD DOOR AREA			
Paper (14-7/8 x 11) - *Stock #560147* (Warehouse)	3 cases		
Paper (9-1/2 x 11)	3 cases		
Paper (12 x 8-1/2)	3 cases		
Seiko Paper - *Stock #561090* (Warehouse)	4 rolls		

Location: EOF

NOTE: Satisfactory applies to quantity and physical / operational condition.

FAX MACHINES (Check for Operability)	SEND (✔)	RECEIVE (✔)	SAT (✔)	UNSAT (✔)
FAX A (593-5951)				
FAX B (593-5952)				
FAX C (593-5953)				
DOSE ASSESSMENT ROOM (593-5992)				
STATE/LOCAL ROOM (593-5975)				
Verify State and County Fax numbers are correctly programmed into Fax "B"				
Verify TSC, JNC and WPO-ERC Fax numbers are correctly programmed into Fax "C"				

COPY MACHINES (Check for Operability)	SAT (✔)	UNSAT (✔)
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM		

PUBLIC ADDRESS	SAT (✔)	UNSAT (✔)
Dial "5899" from any phone		

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

READER PRINTERS - PLANT ASSESSMENT ROOM (Check for Operability)	AMOUNT REQUIRED	SAT (✔)	UNSAT (✔)
Minolta RP600Z (A)	--		
Minolta RP600Z (B)	--		
Toner (PN 8910-404)	2 cart.		
OCE 3600	--		
Dispersant - Stock #28025 (Warehouse)	2 gal.		
Paper	2 rolls		

COMPUTER TERMINALS (Check for Operability)	SAT (✔)	UNSAT (✔)
EPIC		
Technical Liaison		
Dose Assessment Room		
Printer		
EDAMS (Dose Assessment Room)		
North		
South		
Printers		

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

COMPUTER TERMINALS (Check for Operability)	SAT (✔)	UNSAT (✔)
NETWORK COMPUTERS		
Plant Assessment Room - Terminal		
Plant Assessment Room - Printer		
Dose Assessment Room - Computer		
Technical Liaison - Computer		
State/Local Room - Terminal		
Emergency Director - Computer		
Purchasing Accounting - Computer		
NRC Area - Computer		
WEATHER (Dose Assessment Room Mete Advisor)		
Computer		
Printer		

REMARKS: _____

Performed by/ Date

Emergency Planning Coordinator / Date

Location: Closet next to REA and Hallway near X-Ray Department

NOTE: Satisfactory applies to quantity and physical / operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Pre-Cut White Herculite	1			
Pre-Cut Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (NMPC)	1			
Count Rate Meter (JAF) Inst. No.: _____	1	Cal Due Date:		
Dose Rate Meter (JAF) Inst. No.: _____	1	Cal Due Date:		
Dose Rate Meter (NMPC) Inst. No : _____	1	Cal Due Date:		
Extension Cord (for count rate meter)	1			
EAP-2	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04, Attachment 1	10	As Found Rev. No.:		
RP-OPS-03.04, Attachment 6	10	As Found Rev. No.		
RP-INST-02.09	1	Required Rev No. As Found Rev. No.:		
NMPC Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (NMPC) Inst. No.: _____	1	Cal Due Date:		
Mini Scaler with HP 210 Probe (JAF) And spare fuses Inst. No.: _____	1	Cal Due Date:		

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Magnets	6			
Atomic Wipes	50			
Q Tips	1 box			
Markers	2			
Smears	50			
Latex Gloves	1 box			
Sodium Chloride	1 bottle	Exp. Date:		
Betadine	1 bottle	Exp. Date:		
Dosimeters (NMPC)	5			
Dosimetry Issue Log and Cross Reference to Kit # (NMPC)	1			
Protective Clothing Kits (inventory per table below)	10			
Assorted Bags	15			
Radiation Signs	10			
Radiation Tags (tie)	20			
Radiation Tags (adhesive)	20			
RMC Sample Collection Kit	1			
RMC Decontamination Kit	1			
RMC Accident Proc. Poster	1			
Portable Stanchion	2			
Lead Pig	1			
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (located at nurses' station)	1			

PROTECTIVE CLOTHING KITS, each kit contains the following:

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Shoe covers	1 pair			
Long sleeve gowns	2			
Head cover	1			
Mask with shield	1			
Exam gloves	1 pair			
Gauntlet gloves	1 pair			
Tape strips	2			
TLD badges	1			
Self reading dosimeters (low range NIMO)	1			
Self reading dosimeters (high range NIMO)	1			

NOTE: Satisfactory applies to quantity and physical/operational condition.

Location: Room ED-109

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
RMC Decontamination Table Top	1			
Yellow Trash Receptacles	2			
Yellow Water Receptacles	2			
Movable Base for Trash Receptacles	2			
Hose and Nozzle for Decontamination Table Top	2			
Step-off Pads	2			

REMARKS: _____

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Performed by/ Date Emergency Planning Coordinator / Date

- This is a Quality Record -

TRAUMA KIT INVENTORY

(_) CONTROL ROOM (_) OSC (_) WAREHOUSE
(_) RAD WASTE CONTROL ROOM (_) NURSES OFFICE - S&A FACILITY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Nasal Cannula w/tubing	1			
Elong Non-rebreather Mask	1			
Berman Airway Size #3-80mm	1			
Berman Airway Size #4-90mm	1			
Berman Airway Size #5-100mm	1			
Pocket Mask w/valve	1			
Adult Econo. BP Unit	1			
Dual Head Stethoscope	1			
Ammonia Inhalants (10/box)	1			
Stifneck Short Collar	1			
Stifneck Regular Collar	1			
Stifneck Tall Collar	1			
Stifneck NoNeck Collar	1			
Disp. Cerv. Immob. Device	1			
Medic Shears	1			
Disposable Penlight	2			
Cot Blanket Blue, 66x90	1			
7 ft. Patient Restraint Strap	2			
Space Rescue Blanket	2			
Burn Sheet - (60 x 96) Sterile Disposable	1			
Sterile Aluminum Foil	1			
10 x 30 Stle. Multi-Trauma Dressing	3			
Elastic Bandage 3"	1			
Elastic Bandage 4"	2			
1 x 3 Sheer Bandaid	1			

TRAUMA KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Kerlix 2-1/4" Sterile Roller Gauze	1			
Kling Sterile 4" x 5 yd. Roller Gauze	4			
Parr Triangular Bandage	5			
5 x 9 Stle. Surgipad Dressing	5			
4 x 4 Stle. Sponges	14			
Vaseline Gauze Dressing	2			
3 x 4 Stle. Gauze Sponges	10			
X-Large Bandaid 2 x 4	8			
Gloves, Latex Sterile, Lg	4			
Alcohol Prep Pads Medium	10			
Adhesive Tape 1"x5 yd in tin	2			
0.9% Sodium Chloride 500 ML bottle	1	Exp. Date:		
Junior Ice Pack-Unit Size	4			
12 Gal. Red Biohazard Bags	3			
PCR Sheets	2			
Notebook and Pen	1			
Sam Splint roll	3			
Surgeons Gloves	1 box			
Trauma Case - Orange	1			
Sample Kit Box	1			
Back Board	1			
Bloodborne Pathogen Kit	1			

REMARKS: _____

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Security Seal No.: _____

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Performed by/ Date Emergency Planning Coordinator / Date

- This is a Quality Record -

SECURITY BUILDING INVENTORY

Location: Main Security Building

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Coveralls	8			
Booties	8 pair			
Hoods	8			
Cloth Gloves	8 pair			
Rubber Gloves	2 boxes			
Cotton Liners	2 boxes			
Surgeons Gloves	1 box			
PAWS	32			
Resp. Cartridges (Iodine)	16	Exp Date:		
Resp. Cart. (Particulate)	16			
Tape	2 rolls			
Herculite for ambulance	1			
TLDs	50	Date Issued:		
DRDs (0-500 mR)	50	Cal Due Date:		
Rubbers	8 pair			
Dosimeter Charger	1			
Respirators	8	Inspection Due Date:		
Scott Pak	4			
Spare Air Cylinders	4			

REMARKS: _____

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Performed by/ Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Face Masks	5			
Air Bottles (330 cu. ft.)	5			
Air Lines	5			
SCBA	8			
Spare Bottles	4			
Meals (Stored in coffee locker) ~~(key with coffee keys)~~	90			
JAFNPP Emergency Plan and Implementing Procedures (Inside Horseshoe, SE bookshelf)	2			
IAP-1, Attachment 1	20	Required Rev No: As Found Rev No:		
EAP-1.1, Attachment 1	20	Required Rev No. As Found Rev No:		
EAP-1.1, Attachment 4	20	As Found Rev No:		
EAP-1.1, Attachment 5	20	As Found Rev No:		
EAP-1.1, Attachment 6	20	As Found Rev No:		
EAP-2, Attachment 1	20	Required Rev No: As Found Rev No:		
SAP-8, Attachment 1	20	Required Rev No: As Found Rev No:		

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Classification of Emergency Conditions - Figure IAP-2.1	1	Required Rev No: As Found Rev No:		
EDAMS Terminal	1			
LA-100 Terminal	1			
Bottled Water (break room)	8			
Pager number and password activation envelope (in fuse satellite warehouse cabinet)	1 envelope	Unopened		

REMARKS: _____

Performed by/ Date

Emergency Planning Coordinator / Date

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
JAFNPP FSAR (Volumes 1 - 10) (Located With OPS Procedure Writers)	1 set			
JAFNPP Operating Procedures	1			
Wall Map 10 Mile EPZ	1			
Wall Map 50 Mile EPZ	1			
Computer Terminals/PCs/Printers operability check	all			
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size)	1 box			
AMS-3 CAM Inst. No:	1	Cal Due Date:		
Iodine Monitor IM1A Inst No:	1	Cal Due Date:		
Accountability System Operability Test (Contact SAS)	5 card readers			
Fax Machine Operability Check (Date and Time)	3			

DOCUMENT TITLE	QUANTITY	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT (✔)	UNSAT (✔)
JAFNPP Emergency Plan and Implementing Procedures	3		N/A	N/A		
The following documents are located in the Assistant EPC office. * Verify document revision numbers during the first quarter of each calendar year.						
New York State Radiological Plan/Procedures	1			*		
Oswego County Radiological Emergency Plan	1			*		
Onondaga County Radiological Emergency Response Host Plan	1			*		
Nine Mile Point - 1 & 2 Emergency Plan/Procedures	1			*		
Decontamination And Treatment Of Radioactively Contaminated Patient At The Oswego Hospital	1			*		
University Hospital (Upstate) Plan	1			*		

REMARKS: _____

_____ Performed by/ Date

_____ Emergency Planning Coordinator / Date

- This is a Quality Record -

EOF DECONTAMINATION ROOM INVENTORY

Location: Decontamination Room

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Bar soap	2			
Surgical Scrub Brushes	10			
Cotton swabs	300			
Hair Remover	2 cans			
Shaving Cream	2 cans			
Disposable razors	6			
Shampoo (60 ml bottles)	2			
Cotton Gauze Pads	50			
Surgical Tape	2			
Scissors	2			
Plastic wrap	2			
Paper Hand Towels	6			
Plastic Bags	2			
Plastic Rain Suits	2			
Plastic Booties	10 pair			
Masslin	2 boxes			
Surgical Gloves	10			
Coveralls	6 pair			
Cotton Gloves	6 pair			
Step-off pads	2			
Glove liners	10			
Paper Bath Towels	1 carton			

REMARKS: _____

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Performed by/ Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

EMERGENCY KEY INVENTORY

Location: Work ControlCenter ~~Room~~ and EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

WORK CONTROL CNETER ~~ROOM~~

KEY	SAT (✔)	UNSAT (✔)
EMERGENCY VEHICLES (4)		
TSC/OSC DOOR		
METEOROLOGICAL COMPUTER ROOM(AB 286' EL, NE)		
EPIC ROOM		
NURSE/FIRST AID OFFICE		
EMERGENCY CABINETS		
ENVIRONMENTAL STATIONS		
EOF DOOR		
JOINT NEWS CENTER		

EOF

KEY	SAT (✔)	UNSAT (✔)
EMERGENCY VEHICLES (4)		
ENVIRONMENTAL STATIONS (P-5)		
METEOROLOGICAL BUILDINGS		
JOINT NEWS CENTER		

REMARKS: _____

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Performed by/ Date Emergency Planning Coordinator / Date

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Dosimeters (0 - 1 R)	5	Cal Due Date:		
Dosimeters (0 - 5 R)	5	Cal Due Date:		
Dosimeter Charger	1			
Radios - base station	1			
Radios - headsets	5			
Spare AA Batteries	12			
Extension Cord	1			
RAD Rope - 50'	1			
RAD Signs	2			
Absorbent Towels (Kimwipes)	1 box			
Surgeons Gloves	2 bags			
Portable Count Rate Meter Inst. No: _____	1	Cal Due Date:		
Duct Tape	1 roll			
Trash and PC Bags	2 yellow 2 red 2 white			
Plastic Bags	10			
PAWS	40			
Bath Towels	2			
Full Face Respirator	3	Inspection Due Date:		
Finger Ring TLDs	5 sets	Issue Date:		
TLDs	5	Issue Date:		
Control TLD	1	Issue Date:		
Radioactive Sources accounted for per RP-OPS-04.01	N/A			

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Teletector Inst. No.: _____	1	Cal Due Date:		
Booties	10			
Hoods	10			
Surgeon's Caps	10			
Rubbers	10			
Cotton Liners	1 package			
Rubber Gloves (size 9 or med)	1 box			
Rubber Gloves (size 10 or lg)	1 box			
Coveralls	10			
Trash and PC Bag Stands (located behind cabinet)	1			
SOP (behind cabinet)	3			
Stanchions	2			
AMS-3 (in MG Set Room) Inst. No:	1	Cal Due Date:		
Airline 100' (located on reel in MG Set Room)	4			
Airline Triple Connection (located on Cascade System in MG Set Room)	1			

REMARKS: _____

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Security Seal No: _____

_____ Performed by/ Date

_____ Emergency Planning Coordinator / Date

- This is a Quality Record -

DECON SUPPLY INVENTORY

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Bar Soap	1 box			
Shampoo	5 bottles			
Paper Towels	1 roll			
Disposable Razors	50			
Shaving Cream	10 cans			
Scissors	3 pair			
Liquid Hair Remover	5 bottles			
Cotton Gauze Pads	3 boxes			
Scrub Brushes	5			
Glove Liners	1 package			
Surgical Gloves	3 boxes			
Tape (surgical)	6 rolls			
Cotton Swabs	2 boxes			
Plastic Food Wrap	1 box			
Plastic Rain Suits	2 pair			
Towels	1 box			
Nail Clippers	5			
Masking Tape	6 rolls			
Dermatological Sponge	1 box			
50:50 Mixture of Dry Tide Detergent and Cornmeal	1			
Sample Collection Kit	1			

DECON SUPPLY INVENTORY

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Cotton Balls	1 package			
Phisoderm	1 bottle			
Ear Plugs	6 pair			
Irrigating Eye Wash Sterile Solution	3 bottles	Expiration Date:		

REMARKS: _____

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_____ Performed by/ Date

_____ Emergency Planning Coordinator / Date

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Respirator Filters (Particulate)	15			
Respirator Cartridges (Iodine)	25	Expiration Date:		
Respirators	25	Inspection Due Date:		
Scott Pak	2			
Spare Air Cylinders	4			
Clipboard	10			
Pads	20			
Pens	25			
Watch	1			
Pencils	10			
Tweezers	2 pair			
Assorted Plastic Bags	10			
Paper Towels	2 packages			
Surgeons Gloves	1 box			
Dry Erase Markers	10			
Sharpie Markers	5			
Disc Smears	1 box			

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Dosimeters (0-200 mR)	10	Cal Due Date:		
Dosimeters (0-500 mR)	15	Cal Due Date:		
Dosimeters (0-1 R)	15	Cal Due Date:		
Dosimeters (0-5 R)	10	Cal Due Date:		
Dosimeters (0 - 100 R)	10	Cal Due Date:		
Ring Planchets	10			
Particulate Samp Filters	1 box			
EP Vehicle Keys	4 sets			
Teletector Inst. No: _____	1	Cal Due Date: _____		
Dosimeter Charger	1			
Portable Dose Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____		
TLDs	35	Date Issued		

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✔)	UNSAT (✔)
Air Sample Collection Envelopes	25			
Hi Vol Sampler 110 V with spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date: _____ _____ _____ _____ _____ _____ _____		
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries	20			
KI (general use)	100 bottles	Exp. Date:		
RAD Rope	1 spool			
Silver Zeolite Cartridge	24			
Radioactive source accounted for per RP-OPS-04.01	NA			
Step-Off Pads	2			
Portable Count Rate Meter: Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Portable Scalers: Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____ _____		

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Area Radiation Monitor Inst. No: _____	1	Cal Due Date:		
Personal Computer Operability Check	all			
JAF Operating Procedures	1 set			
JAFNPP Emergency Plan & Procedures	1 set			
Radiation Protection Procedures	1 set			
Maintenance Procedures	1 set			
I&C Procedures	1 set			
Hoods	30			
Caps	30			
Booties, Cloth	30 pair			
Cotton Liners	2 packages			
PAWS	120			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
Coveralls	30			
Booties, Plastic	30 pair			
Rubber Shoe Covers	30 pair			
Rubber Gloves (size 9 & 10)	30 pair			
Gore Tex Suits	5			

REMARKS: _____

_____

_____

_____

_____ _____

Performed by/ Date Emergency Planning Coordinator / Date

- This is a Quality Record -

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

DRILL/EXERCISE CONDUCT
SAP-6
REVISION 18

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A DATE: N/A

APPROVED BY: _____ DATE: 11/6/02
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: November 8, 2002

FIRST ISSUE ☐ FULL REVISION ☒ LIMITED REVISION ☐

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PERIODIC REVIEW DUE DATE: NOVEMBER 2007

REVISION SUMMARY SHEET

REV. NO.

18
- Added new step in Attachment 1, DRILL OR EXERCISE CONDUCT CHECKLIST, to evaluate potential adverse affects of the quantity of ERO trainees.
- Added observer form for the Training Building in attachment 2.

17
- Changed Observer to Evaluator throughout the entire procedure.
- In sections 5.2.5 updated the plant personnel's titles
- In section 6.2 reworded information on lead controller being station in the CR.
- Deleted 7.2 section that refers to observer being selected with the concurrence of the Site Ex. Officer.
- Deleted reference to DER's in section 8.2 and referred it to CRs.
- On attachment 1 changed responsibility for resenting the drill EPC rather than the Plant Management.
- Changed any reference to Niagara Mohawk with NMPC.

16
- An adjustment was made to the cover sheet to reflect the Company name change.
- Added Section 9.0 to clarify acceptance criteria for NRC performance indicators.
- In Section 2.2, two additional references were listed.
- Step 4.5 was added; referencing section 9 of this procedure.
- Editorial corrections were made on page 6 acknowledging the resent company change.

15
- Revised Observer Evaluation forms (Attachment 2) to collect NRC performance indicator data points for Drill/Exercise Performance.
- Revised Attachment 1 Drill or Exercise Conduct Checklist, to tabulate and calculate NRC performance indicators for Drill/Exercise Performance.

14
- Attachment 2, pages 46-48: deleted as these Observer Evaluation Forms are no longer required. HQ ERC is being eliminated as part of this revision.
- In section 8.1, 8.2, & 8.3 - added "or designee".
- Added "or designee" to sections 8.1, 8.2, & 8.3.

TABLE OF CONTENTS

SECTION		PAGE
1.0	PURPOSE	4
2.0	REFERENCES	4
3.0	INITIATING EVENTS	4
4.0	PROCEDURE	4
5.0	DRILL CONDUCT	5
6.0	EXERCISE CONDUCT	7
7.0	EVALUATOR CONDUCT	8
8.0	CRITIQUES AND CORRECTIVE ACTIONS	14
9.0	DRILL AND EXERCISE PERFORMANCE INDICATOR (DEP) EVALUATION	15
9.3	Classification	16
9.4	Protective Action Recommendations (PARs)	16
9.5	Notifications	16
10.0	ATTACHMENTS	17
	1. DRILL OR EXERCISE CONDUCT CHECKLIST	18
	2. EVALUATOR EVALUATION FORM	19

1.0 PURPOSE

To establish a procedure for the conduct and evaluation of all Emergency Plan Drills and Exercises at JAFNPP. This procedure also outlines the management controls used to ensure that corrective actions are implemented.

2.0 REFERENCES

2.1 Performance References

None

2.2 Developmental References

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

2.2.2 JAFNPP Emergency Plan and Implementing Procedures, Volumes 1, 2 and 3

2.2.3 SAP-1, MAINTAINING EMERGENCY PREPAREDNESS

2.2.4 AP-02.03, EMERGENCY PREPAREDNESS

2.2.5 AP-02.04, CONTROL OF PROCEDURES

2.2.6 NEI 99-02, Revision 0, Regulatory Assessment Performance Indicator Guideline'

2.2.3 2.2.7 NUREG-0654, Criteria for the Preparation and Evaluation of Radiological Response Plans and Preparedness in Support of Nuclear Power Plants

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 Drill conduct is discussed in Section 5 of this procedure. This section delineates the minimum acceptable activity for a drill at JAFNPP.

4.2 Exercise conduct is discussed in section 6 of this procedure. This section delineates the minimum acceptable activity for an exercise at JAFNPP.

4.3 Evaluator conduct is discussed in Section 7 of this procedure. This section specifies the minimum acceptable, preparation, training and response required for an evaluator of a JAFNPP drill or exercise.

4.4 Critiques and corrective actions are discussed in Section 8 of this procedure. This section specifies the method in which problems with Emergency Preparedness at JAFNPP are handled.

4.5 Drill and Exercise Performance Indicator (PI) evaluation is discussed in Section 9 of this procedure. This section describes the minimum acceptable performance indicator evaluation criteria.

5.0 **DRILL CONDUCT**

5.1 Drills shall be directed with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS.

5.2 Drills shall be directed by a lead controller who shall be responsible for conducting the drill in accordance with the drill scenario and the drill report.

5.2.1 The lead controller may conduct a briefing with drill participants. The intent of such a briefing would be to insure that drill participants understand their function and purpose in the drill. The control room briefing should be similar to a shift turnover briefing.

5.2.2 The lead controller may delegate controller responsibilities to other individuals. Controllers and evaluators can be used for this purpose. A controller shall be called such when that individuals sole responsibility is to assist in the conduct of a drill. An evaluator can function as a controller when assigned the task of providing information or instruction during a certain aspect of a drill.

5.2.3 The lead controller shall insure that plant safety is not compromised by a drill, and may stop a drill at any time if in his opinion plant safety may be affected.

5.2.4 The Lead Controller shall attempt to collect the signatures of as many participants as possible for training documentation. This responsibility can be delegated to other controllers, or evaluator.

5.2.5 The Lead Controller shall commence and end the Drill, upon approval from the JAFNPP Manager of Plant Operations.

5.2.6 The Lead Controller shall ensure that drill evaluators are stationed to properly observe and evaluate the drill.

5.2.7 The Lead Controller should distribute a fact sheet to the emergency response facilities describing plant conditions in effect approximately eight (8) hours prior to drill commencement.

5.3 During a drill, when (public address system) announcements are made, those announcements shall be prefaced or followed by the words "This is a Drill."

5.4 During a drill when contacting any offsite or non-JAF institution, the individual shall insure that the organization fully realizes that no emergency exists onsite and that it is a test of the JAFNPP Emergency Plan.

5.5 Drills shall be conducted using the guidance established by Attachment 1, Drill or Exercise Conduct Checklist.

5.6 The Emergency Planning Coordinator shall conduct an evaluator meeting prior to a drill. The meeting shall be to inform the evaluators of their specific tasks.

5.7 Radiological Emergency Medical Drills are limited in scope and participation by plant personnel. Therefore, only one lead controller is necessary in the Control Room, one evaluator/controller accompanying the victim and one controller at the destination hospital. Each evaluator/controller may be briefed individually. The Control Room controller must be an Entergy employee and the other controllers/evaluators may be medical consultant personnel. Drill documentation will be a combination of Entergy drill report and Control Room Evaluator Evaluation Form (Attachment 2) supplemented by the medical consultant's evaluation of performance.

6.0 **EXERCISE CONDUCT**

An Exercise shall include all items specified for a drill with the following differences:

6.1 Exercises shall be conducted with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS.

6.2 A Lead Controller shall be responsible for conducting the exercise in accordance with the written scenario. As a minimum, controllers shall be present in the Control Room, Technical Support Center, Operational Support Center, and the Emergency Operations Facility.

6.3 Every attempt should be made to include Federal, State and local input into the development of the exercise scenario.

6.3.1 The Exercise scenario shall be developed by a committee headed and organized by the Emergency Planning Coordinator at JAFNPP.

7.0 EVALUATOR CONDUCT

7.1 Evaluators shall be used to record all significant events and the time at which they occur during a drill or exercise using Attachment 2, Evaluator Evaluation Form. The drill or exercise scenario shall state the objectives of the drill or exercise which will determine the major areas for the evaluators to concentrate their observation. Actions to be evaluated include: the ability to control the emergency, timely and proper notification, availability and use of equipment and personnel for control and recovery, assessment of consequences of the emergency actions taken by emergency personnel, and the necessity for off-shift notifications.

7.2 Evaluators and controllers will be assigned as determined by the Emergency Planning Coordinator. The degree of evaluation shall be made based on the extent of the drill or scenario. As a general rule, however, evaluators shall be stationed to observe all expected major actions of the drill expected and as listed in objectives statement of the drill or exercise scenario. At least two evaluators must be available for drills and at least eight evaluators for an exercise.

7.3 In plant evaluators shall be badged following normal plant badging procedures, and are required to participate during accountability drills.

7.4 Evaluators and/or controllers shall be visibly identified as evaluators or controllers, and they should take no part in the action of the drill or exercise except to:

7.4.1 Indicate simulated conditions to the exercise or drill participants, (e.g., survey meter readings, contamination levels, etc.), but only after instructions by the lead controller or individual acting on behalf of lead controller.

7.4.2 Observe poor communication techniques and procedures and note/correct such occurrences when they occur.

7.4.3 Prevent the communication of simulated emergency conditions as actual conditions outside of the exercise or drill area and to ensure that radio or telephone messages are preceded and ended by the statement "This is a Drill."

7.4.4 Prevent actions which might create a hazard to personnel or equipment. In such cases, evaluators shall require personnel participating in the exercise or drill to indicate the action verbally.

7.5 Evaluators shall be briefed as to their duties prior to the commencement of the drill or exercise. Drill evaluators should be briefed within 24-hours of the commencement of a drill. Exercise evaluators should be briefed within 24 hours of the commencement of an exercise and written aids and procedures shall be provided for use by the evaluators. This 24-hour time frame may be adjusted to compensate for unannounced exercises.

7.6 Training shall be provided to evaluators by the JAFNPP Training Department and/or drill/exercise lead controllers. The training provided for evaluators will entail the briefing listed in Section 7.5. The briefing shall include a review of the drill or exercise scenario, the evaluator duties with regard to the assigned areas of evaluation, and the key points to be noted. The Emergency Planning Coordinator shall develop a list of evaluators to be trained. Exceptions to the qualified evaluators list may be made by the Emergency Planning Coordinator.

7.7 At the conclusion of the drill or exercise, the Emergency Planning Coordinator shall collect the completed Evaluation Forms (Attachment 2), compile a list of participants and conduct a critique with the evaluators and supervisors.

7.8 Evaluators shall familiarize themselves with the duties and action requirements of the personnel they are monitoring. The Drill Subject Report, Attachment 1 of SAP-1, Maintaining Emergency Preparedness, shall list evaluator's Name, Organization, and Area of Responsibility. Evaluators shall review applicable procedures. Evaluators shall use the following as guidelines.

7.8.1 Control Room and/or Simulator

The evaluator shall observe the action of personnel assigned to the Control Room and personnel who report to the Control Room for assignment. In addition, special attention will be given to the following:

A. Notifications to onsite personnel and offsite agencies.

B. Request for the call-in of off duty personnel.

C. Operations handling of accident conditions.

D. Instructions given to Search and Rescue, Repair and Corrective Action Teams and H.P. Techs by the Shift Manager (SM), as applicable.

E. Does the SM handle the emergency by directing people or by trying to do the work himself?

F. Are the time frames of actions by the SM reasonable enough?

G. Actions of personnel in the Control Room.

H. Communications with the EOF.

I. Communications with the TSC.

7.8.2 Control Point

It is to be noted that all normal practices such as sign out and use of frisker and the portal monitor are to be accomplished unless the H.P. Technician gives other directions because of radiological conditions. The evaluator will pay special attention to the above along with the following.

A. No one is wearing radiological protection clothing when leaving.

B. All alarms from monitoring equipment are acknowledged.

7.8.3 Assembly Area

Observe the following for assembly area personnel:

A. They seek out their assembly area, generally stay together as a group and remain orderly.

B. Time of assembly and completed accountability.

7.8.4 Emergency Operation Facility

This is the command post for the Emergency and it should seem so to the evaluator. Look for the following things:

A. The Emergency Director is in command of the EOF.

B. Any extra personnel, spectators and those awaiting orders, are quietly standing out of the way.

C. Has the Emergency Director contacted the TSC Manager?

D. The Radiation Protection or Support Personnel are performing duties in an efficient manner and reporting results to the Emergency Director.

E. Instrumentation/equipment in the EOF is placed as not to interfere with movement or cause a safety hazard.

F. How problems with the radio and telephone are handled.

G. Release rates, TEDE doses and CDE Thyroid doses to the offsite population are calculated quickly after the receipt of data from the Control Room or the Offsite Monitoring Team(s).

H. The time frame of updates to offsite agencies and the reporting of exposure data and changes to site meteorological conditions, to those same agencies.

I. The Emergency Director assigns, where possible, the duty of making routine calls to someone else thereby leaving himself free to command the action.

J. How assessment teams make protective actions to offsite populations.

7.8.5 Off-Site Monitoring Teams

The evaluators shall observe the following items:

A. Received KI dose, if necessary.

B. Operational check performed on survey instruments, sample counter and air sampler before leaving the site.

C. Equipment availability verified.

D. Assignment of TLDs and dosimeters before leaving the site.

E. Silver Zeolite Cartridges made available before leaving the site.

F. Survey instrument operationally checked out and turned on prior to leaving to take field readings.

G. Radio checked out by communicating to EOF or TSC before leaving.

H. Beta and gamma field surveys performed on the way to sample point.

I. Sampling and field surveys performed at sample location.

J. Instrument calibration performed and samples counted.

K. Work performed in a professional manner.

7.8.6 On-Site Monitoring Team

On-site monitoring teams may be assigned field survey work along the perimeter of the site. Check on the following items:

A. Where do they receive their instructions?

B. Dosimeter and TLD are being worn.

C. What type of survey instruments used.

D. Do they have radio/cellular phone available?

E. Radio/phone check performed.

F. Field readings taken along the route to the designated area.

G. Work performed in a professional manner.

7.8.7 Security Force

A. Are all security personnel accounted for?

B. Does security direct people to the assembly area for accountability?

C. Are access and egress roads controlled?

7.8.8 Technical Support Center

A. The area maintained as a controlled area.

B. Are communications initiated?

C. Are H.P. Surveys performed and by whom?

7.8.9 Operations Support Center

A. How is it staffed?

B. What and how many teams are brought to the OSC?

C. Are phones continuously manned?

D. Are H.P. Surveys performed and by whom?

E. Who are survey results reported to? (CR and or TSC)

F. Are accurate protective measures taken if an entry into the controlled area is required?

7.8.10 Fire Brigade

A. Do they receive instructions and from whom?

B. Are protective measures taken if an entry into a controlled are is required?

C. Are Fire preplans consulted?

D. Is assistance requested from local support fire departments?

7.8.11 Immediately following the exercise/drill, evaluators/controllers should conduct a short critique for participants in their assigned area.

8.0 CRITIQUES AND CORRECTIVE ACTIONS

8.1 A post exercise/drill critique should be held for evaluators and plant supervision by the Emergency Planning Coordinator or designee. The critique should be held within 48 hours of the drill/exercise, at a time and place specified by the Emergency Planning Coordinator or designee. This meeting shall be held to help resolve questions raised by various evaluators and plant supervisors and to develop a list of corrective actions as necessary. The observations should include those actions noted by the evaluators which were not in accordance with approved procedures. In addition, the exercise/drill evaluators should identify any areas which require clarification, development or revision of procedures.

8.2 Emergency Plan Improvement Items/Lessons Learned Report

Following the critique, the Emergency Planning Coordinator or designee shall develop a list of Condition Reports (CRs), improvement items and lessons learned as a result of the drill or exercise. These items may be generated as a result of comments made at the critique, comments made by evaluators and controllers, or comments made by drill/exercise participants. The Emergency Planning Coordinator or designee shall review these comments and categorize significant comments into "CRs", "Lessons Learned" or "Improvement Items." The Emergency Planning Coordinator shall decide which of these items warrant entry into the JAFNPP Paperless Condition Reporting system (PCRS) and/or Action Commitment Tracking System (ACTS) and assign a completion date.

8.3 The Emergency Planning Coordinator or designee shall, after the preparation and review of the Emergency Plan Improvement Items/Lessons Learned listing, present the listing to responsible plant management staff for correction.

8.4 Any items identified during the critique that pertain to the scenario package used for the drill/exercise shall also be used to improve the package for future use. Scenario packages do not need to be updated until subsequent use.

9.0 **DRILL AND EXERCISE PERFORMANCE INDICATOR (DEP) EVALUATION**

9.1 This indicator monitors timely and accurate JAF performance in drills, exercises and actual events when presented with opportunities for classification of emergencies, notification of offsite authorities, and development of protective action recommendations (PARs).

This section provides guidance to determine success of applicable emergency planning NRC Performance Indicator (PI) data points.

9.2 The following will be included in the DEP indicator:

9.2.1 Evaluated exercises;

9.2.2 Actual emergency declarations;

9.2.3 And/or selected performance enhancing drills as determined by the EPC. The selection must be made in advance and documented.

9.3 **Classification**

9.3.1 A classification opportunity exists when plant parameters (observable and verifiable indications) reach an Emergency Action Level (EAL). This includes changes in classifications.

9.3.2 Timely is when the classification is declared in 15 minutes or less from the time the opportunity existed.

9.3.3 Accurate is when the correct classification is declared per IAP-2.

9.4 **Protective Action Recommendations (PARs)**

9.4.1 A PAR opportunity exists when criteria in applicable EP procedures require a PAR to be developed and/or made. This includes initial PARs and any PAR changes.

9.4.2 Timely is when the PAR is developed/made in 15 minutes or less from the time the opportunity existed.

9.4.3 Accurate is when the correct PAR is developed as required by procedure, subject to information available at the time of the PAR.

9.5 **Notifications**

9.5.1 A classification notification opportunity exists when an emergency classification is declared.

9.5.2 A PAR notification opportunity exists when a PAR is required.

9.5.3 Timely is when offsite notification are initiated (contact) in 15 minutes or less from event classification and/or PAR development.

9.5.4 Accurate is when the following information is completed on the New York State Part I form and approved, as applicable:

A. Item #2 - Designation of exercise or not;

B. Item #3 - Facility;

C. Item #4 - Event classification, as declared (e.g. NUE, Alert, SAE, GE);

D. Item #5 - Date and time of classification;

E. Item #6 - Radioactive release status;

F. Item #7 - PAR as determined (eg ERPAs, Sheltering) and effected population (ERPAs);

G. Item #8 - Applicable EAL #;

H. Item #11 and 12 - Wind speed and direction if PAR is made.

10.0 ATTACHMENTS

1. DRILL OR EXERCISE CONDUCT CHECKLIST

2. EVALUATOR FORM

DRILL OR EXERCISE CONDUCT CHECKLIST

_____ 1. Prepare a drill or exercise scenario.

_____ 2. Prepare a drill or exercise report.

_____ 3. Evaluate the quantity of ERO trainees for potential impact on a successful drill or exercise.

_____ 4. Present the drill or exercise to EPC for approval.

_____ 5. Brief evaluators on the entire drill or exercise.

_____ 6. Brief the individual evaluators on specified tasks.

_____ 7. Issue evaluator Aids and Drill/Exercise Observation Sheet.

_____ 8. Initiate the drill or exercise.

_____ 9. Ensure the "flow" of activity throughout the drill or exercise.

_____ 10. Terminate the drill or exercise when it's purpose is accomplished.

_____ 11. Conduct a critique with participants or evaluators.

_____ 12. Collect Drill/Exercise Observation Sheets.

_____ 13. Complete a list of all deficiencies and recommendations.

_____ 14. Tabulate PERFORMANCE INDICATOR (PI) data points for:

- Number of successful emergency classifications
- Number of timely notifications once classified/reclassified
- Number of PARs (initial and PAR changes) This information can be obtained from observation sheets, Shift Manager logs, Emergency Director logs, NRC event notification forms, etc., depending on extent of drill or exercise and participating facilities.

_____ 15. Complete action required on deficiencies.

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: CONTROL ROOM

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did the Shift Manager/ED demonstrate he is in charge?	___	___
2. Did the Control Room classify the emergency correctly in accordance with IAP-2?	___	___*
3. Were notifications made to NYS and Oswego County within 15 minutes of event classification?	___	___*
Were updates timely?	___	___
4. Were Protective Action Recommendations made to NYS and Oswego County?	___	___*
5. Was timely notification made to the NRC (must be completed within one hour from event classification)?	___	___*
6. Were communications prefaced with "This is a drill?"	___	___

7. Log the following times for event classification and notifications:

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time
NUE	_____	_____	_____	_____*
ALERT	_____	_____	_____	_____*
SAE	_____	_____	_____	_____*
GE	_____	_____	_____	_____*

Did the SM/ED direct Security to initiate call outs? (Not necessary during normal working hours.	___	___
8. Were timely briefings given to plant staff?	___	___
9. Was the ENS phone manned?	___	___

EVALUATOR EVALUATION FORM
(Control Room Continued)

		YES	NO
10.	Did the Control Room experience any emergency plan equipment failures?	___	___
	If yes what were the failures and how was the problem addressed: _____ _____		
11.	Did Control Room personnel adhere to procedures (EOPs, AOPs, Tech. Specs., etc.)?	___	___
12.	Was staffing level adequate?	___	___
13.	Was Emergency Director turnover from the SM thorough?	___	___
	Was plant staff advised of this transfer of responsibility?	___	___
14.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
15.	Was shift turnover demonstrated?	___	___
16.	Were logs properly maintained by key personnel?	___	___
17.	Was the plant staff adequately informed regarding plant status?	___	___
18.	Was data flow between facilities and teams accurate, timely and complete?	___	___
19.	Was habitability performed in accordance with EAP-14.6?	___	___

EVALUATOR EVALUATION FORM
(Control Room Continued)

	YES	NO
20. Were all objectives met?	___	___

If not, explain: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(Control Room Continued)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: TSC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the TSC activation process timely?	___	___
	Time TSC was called for activation _____ Time TSC was staffed _____ Time TSC declared themselves operational _____		
2.	Was the TSC set-up in accordance with EAP-14.1?	___	___
3.	Did the TSC Manager demonstrate he is in charge?	___	___
4.	Were offsite notifications made in accordance with EAP-1.1?	___	___
5.	Were onsite notifications made in accordance with EAP-1.1?	___	___
6.	Were communications prefaced with "This is a drill?"	___	___
7.	Log the following times for event classification and notifications (if applicable):		

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time
NUE	_____	_____	_____	_____*
ALERT	_____	_____	_____	_____*
SAE	_____	_____	_____	_____*
GE	_____	_____	_____	_____*

		YES	NO
8.	Was staff familiar with their equipment and responsibilities?	___	___
9.	Was the staffing level adequate?	___	___
10.	Were periodic briefings held on plant status?	___	___
11.	Were plant staff aware of changes in emergency classification?	___	___
12.	Were status boards updated in a timely manner?	___	___

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

		YES	NO
13.	Were logs properly maintained by key personnel?	___	___
14.	Did the technical staff support the Control Room?	___	___
15.	Were corrective actions/solutions well thought out?	___	___
16.	Did the TSC experience any emergency plan equipment failures?	___	___
	If yes, what were the failures and how was the problem addressed:	___	___
17.	Did the Emergency Director classify/re-classify the emergency correctly?	___	___*
	If reclassified, were offsite notifications made to NYS/Oswego County within 15 minutes and NRC within one (1) hour?	___	___*
18.	Were protective action recommendations made to NYS/Oswego County?	___	___*
19.	Was a site evacuation called for?	___	___
	If yes, were local authorities and NMPC notified?	___	___
20.	Was the transfer of the Emergency Director and his responsibilities from the TSC to the EOF smooth and complete?	___	___
21.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
22.	Was shift turnover demonstrated?	___	___
23.	Was data flow between facilities and teams accurate, timely and complete?	___	___
24.	Was habitability performed in accordance with EAP-14.6?	___	___

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

	YES	NO
25. Were all objectives met?	___	___

If not, explain: _____

_____

_____

_____

_____

_____

_____

* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

26. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: OSC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the OSC activation process timely?	___	___
	a. Time OSC was called for activation _____		
	b. Time OSC was staffed _____		
	c. Time OSC declared operational _____		
2.	Was the OSC set up in accordance with EAP-14.5?	___	___
3.	Did the OSC Manager demonstrate he is in charge?	___	___
4.	Was the staffing level adequate?	___	___
5.	Was shift turnover demonstrated?	___	___
6.	Were logs properly maintained by key personnel?	___	___
7.	Were status boards updated in a timely manner?	___	___
8.	Log the following times OSC became aware of event classification.		
	NUE _____ Alert _____ SAE _____ GE _____		
9.	Were periodic briefings conducted in the OSC regarding plant status?	___	___
10.	Was data flow between facilities and teams accurate, timely and complete?	___	___
11.	Did the OSC experience any emergency plan equipment failures?	___	___

If yes, what were the failures and how was the problem addressed:

_____

_____

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EVALUATOR EVALUATION FORM
(OSC CONTINUED)

		YES	NO
12.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
13.	Was habitability performed in accordance with EAP-14.6?	___	___
14.	Were repair team briefings adequate and timely?	___	___
15.	Were repair team debriefings adequate and timely?	___	___
16.	Were emergency exposure authorizations necessary?	___	___
	If yes, were actions consistent with procedures?	___	___
17.	Were individual personnel exposure histories obtained in a timely manner for repair team personnel availability?	___	___
18.	Was status of repair teams adequately maintained?	___	___
19.	Were emergency tasks prioritized and acted upon in assigned priority?	___	___
20.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(OSC CONTINUED)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: REPAIR & CORRECTIVE ACTION TEAMS

EVALUATOR: _____ CONTROLLER: _____

TEAM ACTIVITY: _____

	YES	NO
1. Did the team consist of a minimum of two individuals?	___	___
2. Was a briefing conducted?	___	___
If so, did it include:		
a. most direct route	___	___
b. proper tools	___	___
c. tasks understanding	___	___
d. visual aids (maps, drawings, etc.)	___	___
e. simulations	___	___
f. radiation area dose rates	___	___
3. Were the OSC Manager and Emergency Maintenance Coordinator cognizant of all Repair and Corrective Action Team efforts?	___	___
4. Did SM approve work on safety related items?	___	___
5. Was TSC direction obtained for engineering repair work?	___	___
6. Was RWP or Emergency Plant Entry Form prepared? (circle one)	___	___
7. Was dosimetry, protective clothing, etc. issued in accordance with the above form?	___	___
8. Were there any Emergency Plan equipment failures?	___	___

If so, what were they and how was problem addressed?

_____

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EVALUATOR EVALUATION FORM
(REPAIR & CORRECTIVE ACTION TEAMS CONTINUED)

		YES	NO
9.	Was a debrief conducted?	___	___
10.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM

(REPAIR & CORRECTIVE ACTION TEAMS CONTINUED)

11. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: FIRE BRIGADE

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Time Control Room notified of fire _____ Time fire alarm sounded _____ Time fire brigade dispatched _____ Time fire brigade responded to scene _____		
2.	Was fire alarm sounded and the announcement properly made over the plant page?	___	___
3.	Was offsite assistance requested?	___	___
	If yes, was Security directed to:		
	a. allow immediate access	___	___
	b. provide dosimetry	___	___
	c. direct and escort fire company	___	___
	d. collect dosimetry upon exit	___	___
4.	Were all unnecessary personnel evacuated from the fire area?	___	___
5.	Was Rad Protection requested to perform a survey?	___	___
6.	Were radiological conditions properly assessed?	___	___
7.	Was emergency exposure criteria addressed and implemented?	___	___
8.	Were all communications preceded with "This is a Drill?"	___	___
9.	Were fire brigade members familiar with their duties?	___	___
10.	Was the emergency classified correctly?	___	___
11.	If the OSC was activated, was the fire brigade dispatched from the OSC with a radiation protection technician?	___	___
12.	Were all objectives met?	___	___

If not, explain: _____

_____

_____

EVALUATOR EVALUATION FORM
(FIRE BRIGADE CONTINUED)

13. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: SECURITY/ACCOUNTABILITY

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Was the emergency classification posted at main security?	___	___
2. Were call-outs performed as directed by the SM/ED? (Not required during normal working hours.)	___	___
3. Was site access controlled?	___	___
4. Were guards dispatched to access roads?	___	___
5. If accountability was called for:		
a. Time site access/egress was restricted	___	___
b. Time accountability was initiated	___	___
c. Time accountability completed	___	___
6. Did accountability clerks report to their assigned assembly areas when directed?	___	___
7. Were accountability readers and sign-in sheets used?	___	___
8. Did accountability clerks experience any emergency plan equipment failures?	___	___

If yes, explain:

_____

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_____

9. Was movement of personnel between onsite facilities adequately controlled?	___	___
10. Was movement of personnel badging offsite timely and orderly?	___	___

EVALUATOR EVALUATION FORM
(SECURITY/ACCOUNTABILITY CONTINUED)

		YES	NO
11.	Was assembly in the Training Building auditorium controlled?	___	___
	Were personnel updated regarding plant conditions?	___	___
12.	Was continuous accountability maintained for the remainder of the emergency?	___	___
13.	Was site evacuation called for?	___	___
	If yes, were personnel directed to proceed to the Howard Road remote assembly area?	___	___
	If yes, did the maps distributed to evacuating personnel coincide with the selected evacuation route?	___	___
14.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(SECURITY/ACCOUNTABILITY CONTINUED)

15. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: CHEMISTRY TECHNICIAN

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did he/she report to Control Room upon implementing the Emergency Plan?	___	___
2. What tasks were required by the ED for the Chemistry Technician?		
_____		
_____		
_____		
3. Was the technician familiar with the procedures for the tasks? ___	___	
4. What tasks were required by the Chemistry Supervisor for the technicians?		
_____		
_____		
_____		
Were they familiar with the procedures for the tasks?	___	___
5. Did any emergency plan equipment fail to operate?	___	___
If yes, what were the failures and how was the problem addressed?		
_____		
_____		
_____		

EVALUATOR EVALUATION FORM
(CHEMISTRY TECHNICIAN CONTINUED)

	YES	NO
6. If PASS was demonstrated, was the above 3-hour time commitment met?	___	___

7. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: FIELD MONITORING

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Were teams assembled in a timely manner?	___	___
2.	Were teams familiar with procedures?	___	___
3.	Time the team was dispatched: _____ Team was dispatched from OSC/EOF (circle one)		
4.	Did team obtain the proper equipment prior to leaving?	___	___
5.	Were equipment checks performed prior to departure?	___	___
6.	Were calibration dates current?	___	___
7.	Were communication checks conducted prior to departure?	___	___
8.	Was a vehicle/110V power supply check conducted?	___	___
9.	Was the team briefing adequate?	___	___
10.	Did the briefings include:		
	a. Plant conditions/nature of release?	___	___
	b. Meteorological conditions?	___	___
	c. Projected dose rates/stay time	___	___
	d. Protective measures?	___	___
	e. Use of KI?	___	___
	f. Dosimetry recording?	___	___
	g. Types of readings/samples to be obtained?	___	___
	h. Means of communication?	___	___
	i. Emergency exposure limits?	___	___
11.	Was the communications flow between team and dispatcher timely and accurate and complete?	___	___
12.	Were teams briefed frequently by the dispatcher?	___	___
13.	Were survey results properly relayed to the dispatcher?	___	___

EVALUATOR EVALUATION FORM
(FIELD MONITORING CONTINUED)

		YES	NO
14.	Were communications prefaced with "This is a Drill?"	___	___
15.	Were teams proficient in proper survey/sampling techniques?	___	___
16.	Were proper plume traversing techniques demonstrated?	___	___

If no, explain: _____

_____

_____

17.	Were vehicles and equipment checked for contamination upon return?	___	___
18.	Was shift turnover demonstrated?		
19.	Did teams experience any Emergency Plan equipment failures?	___	___

If yes, explain: _____

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20.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(FIELD MONITORING CONTINUED)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: _____ EOF _____

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the EOF activation process timely?	___	___
	a. Time EOF was called for activation _____		
	b. Time EOF was staffed _____		
	c. Time EOF declared themselves operational _____		
2.	Was the EOF activated in accordance with EAP-14.2?	___	___
3.	Did the EOF Manager demonstrate he is in charge?	___	___
4.	Was the transfer of command and control from the TSC to the EOF adequate?	___	___
	Time ED assumed duties at the EOF _____		
5.	Were offsite notifications made in accordance with EAP-1.1?	___	___
	(Note the time forms are issued in comments section.)		
6.	Were communications prefaced with "This is a Drill?"	___	___
7.	Log the following times for event classification and notifications (if applicable):	___	___

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time
NUE	_____	_____	_____	_____ *
ALERT	_____	_____	_____	_____ *
SAE	_____	_____	_____	_____ *
GE	_____	_____	_____	_____ *

8.	Was staff familiar with their equipment and responsibilities?	___	___
9.	Was the staffing level adequate?	___	___
10.	Were periodic briefings held on plant status?	___	___

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

		YES	NO
11.	Was EOF staff aware of changes in emergency classification	___	___
12.	Were EALs classified correctly?	___	___*
13.	Were status boards updated in a timely manner?	___	___
14.	Were logs properly maintained by key personnel?	___	___
15.	Did the EOF experience any emergency plan equipment failures:		
	If yes, what were the failures and how was the problem addressed:	___	___
	_____		
	_____		
	_____		
	_____		
	_____		
16.	Did the ED consult with state and county representatives regarding protective action recommendations?	___	___
17.	Were protective action recommendations made to NYS/Oswego County?	___	___*
18.	Was long term facility staffing considered in accordance with EAP-43?	___	___
19.	Was shift turnover demonstrated?	___	___
20.	Was data flow between facilities accurate, timely and complete?	___	___
21.	Was the ED aware of plant decisions?	___	___
22.	Was access control adequate?	___	___

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

	YES	NO
23. If a release was in progress, were incoming personnel monitored to prevent spread of contamination?	___	___

24. Were all objectives met?

If not, explain: _____

_____

_____

* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

25. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: DOSE ASSESSMENT

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did dose assessment personnel perform equipment checks upon arrival?	___	___
2. Were personnel familiar with the equipment?	___	___
3. Was the transfer of activities from the TSC to the EOF timely and complete?	___	___
4. Were meteorological forecasts obtained?	___	___
5. Were status boards updated and utilized?	___	___
6. Were Part II forms completed accurately and on time?	___	___
7. Were EAP-4 forms properly completed and utilized?	___	___
8. Was field survey data utilized for comparison with computer projected doses?	___	___
Were discrepancies resolved?	___	___
9. Were field teams briefed periodically regarding plant status?	___	___
10. Were dose calculations and the determination of protective action recommendations performed efficiently and in a timely manner?	___	___
11. Was the interface with TSC radiological personnel (re: effluent monitor readings, effluent sample results, PASS samples, etc.) adequate?	___	___
12. Were offsite liaisons utilized for the exchange and comparison of field survey data and dose projections?	___	___
13. Was there someone available to interface with and answer questions for offsite liaisons?	___	___

EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

		YES	NO
14.	Were offsite liaisons included in discussions regarding PARs?	___	___
15.	Were the results of dose calculations and protective action recommendations correct and in accordance with established procedures?	___	___
16.	Were all communications prefaced with "This is a Drill?"	___	___
17.	Was shift turnover demonstrated?	___	___
18.	Did any emergency plan equipment fail to operate?	___	___

If yes, what were the failures and how was the problem address? _____

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19.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

20. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: JNC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the JNC activated in a timely manner?	___	___
	a. Time JNC was called for activation _____ b. Time JNC was operational _____		
2.	Was the JNC set up in accordance with JNC procedures?	___	___
3.	Was information flow between the plant, EOF and JNC accurate, timely and complete?	___	___
4.	Did the utility effectively share information with state and county public information staff?	___	___
5.	If technical information was required, was the information obtained from appropriate personnel?	___	___
6.	Were briefing notes reviewed by designated personnel prior to their release to the media?	___	___
7.	Were news briefings and summary notes timely, accurate and complete?	___	___
8.	Was county activation of the EAS system timely?	___	___
9.	Were county EAS messages appropriate, timely, and complete?	___	___
10.	Was information provided to the media consistent with the EAS messages?	___	___
11.	Was information released understandable to the public?	___	___
12.	If protective actions were implemented, were affected areas appropriately specified?	___	___
13.	Were press briefings held frequently to give available information as conditions changed?	___	___

EVALUATOR EVALUATION FORM
(JNC CONTINUED)

		YES	NO
14.	When conditions were static, were briefings held frequently to keep the media updated?	___	___
15.	Did the media spokesperson present material effectively?	___	___
16.	Were questions by the media handled properly by the media spokesperson?	___	___
17.	Were status boards and displays updated accurately and timely?	___	___
18.	Was the JNC staff aware of changes in emergency classification?	___	___
19.	Did the rumor control staff respond promptly and accurately to calls?	___	___
20.	Were measures taken to control the spread of rumors that threaten to have an adverse effect on adherence to protective actions?	___	___
21.	Were support functions such as registration and security performed effectively?	___	___
22.	Did the JNC experience any emergency plan equipment failures?	___	___

If yes, explain: _____

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23.	Were communications prefaced with "This is a Drill?"	___	___
24.	Was shift turnover demonstrated?	___	___

EVALUATOR EVALUATION FORM
(JNC CONTINUED)

	YES	NO
25. Were all the objectives met?	___	___

If not, explain: _____

_____

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EVALUATOR EVALUATION FORM
(JNC CONTINUED)

26. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: TRAINING BUILDING

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Time the Training Building was called for activation	___	___
2.	Did the Training Building Accountability Supervisor demonstrate their being in charge?	___	___
3.	Were communications prefaced with "This is a drill?"	___	___
4.	Did the proper non-essential personnel sign in?	___	___
5.	Was staff familiar with their responsibilities?	___	___
6.	Were periodic announcements made to the personnel?	___	___
7.	Were logs properly maintained by key personnel?	___	___
8.	Did the Training Building experience any building equipment failures?	___	___
9.	If yes, what were the failures and how was the problem addressed:	___	___
10.	Was personnel notified of when to return to their work stations?	___	___
11.	Was habitability performed in accordance with EAP-14.6?	___	___

12. Miscellaneous Comments and Notes:

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