		INFO	CTRL
*Backup TSC,NOB-3	B. Siebler	—	1
*Bureau of Rad Protection	M. Vyenielo	—	1
Central File	D. Marshbank	Plain	Copy
*Control Rm-U/1 File Copy, OOB-1	S. Van Ormer	—	1
Control Rm - Shift Mgrs Office, OOB	S. Van Ormer	—	—
*Control Rm - CRS Workstation, OOB-1	S. Van Ormer	—	1
Coatesville EOF, Kennett Square	R. Rogers	—	1
*Document Center, NOB-2	IKON	—	1
*Document Control Desk, Label	NRC	1	1
EACC, EOF	IKON	—	—
*EP - NDB, Trng. Bldg. #2	N. D. Brown	—	1
*Emerg. Prep. Dept.	D. Light	1	—
*EOF	IKON	—	1
EOF Communicator, EOF	IKON	—	—
EOF (PEMA Area), EOF	IKON	—	—
*EP Drills, Trng. Bldg.	N. D. Brown	—	1
EP Rep, EOF	IKON	—	—
ESD, EOF	IKON	—	—
ESD Asst., EOF	IKON	—	—
Environ. Affairs-TMI, NOB-1	W. Ressler	—	—
GLRE&C, EOF	IKON	—	—
Kennett EOF, Kennet Square	R. Rogers	—	1
Logisitcal Support, EOF	IKON	—	—
*NRC - Onsite, Service Bldg.	P. Sauder	—	1
*NRC - Region 1, (Chief EP Section)	N. McNama	—	2
*PEMA - Bureau of Plans	D. Fleck	—	1
PI Rep, EOF	IKON	—	—
Personnnel/Vehicle Monitor Kit Trng Ctr.	T. Berstler	—	—
*Plant Maint. (Library), Serv. Bldg.	J. Eckroth	—	1
RLM, Rad Field Ops.	T. Berstler	—	1
Rad Con -RAC Locker, Rad Field Ops.	T. Berstler	—	—
Rad Con -Kit 1 PC, Rad Field Ops.	T. Berstler	—	—
Rad Con -Kit 2 PC, Rad Field Ops.	T. Berstler	—	—
Rad Con-Kit 3 EOF Bldg Rad Field Ops	T. Berstler	—	—
Rad Con-Kit 4 EOF Bldg Rad Field Ops.	T. Berstler	—	—
Rad Con-Kit 5 EOF Bldg Rad Field Ops.	T. Berstler	—	—
Rad Con-Simulator Locker,Rad Field Ops	T. Berstler	—	—
*Rad Engineers-U1, OOB	T. Griffith	—	1
*Rad Instrument, Bldg. 159	T. Griffith	—	1
Secondary Chem Lab-, OOB-1	S. Van Ormer	—	1
*Security Mgr., PC	M. Bruecks	—	1
Security U-1, PC	M. Bruecks	—	—
*Simulator Rm/File Copy	IKON	—	1
Simulator Rm - Shift Mgrs Office	IKON	—	—
*Simulator Rm - CRS Workstation	IKON	—	1
Tech Support Rep	N. D. Brown	—	—
*TSC - Unit 1, NOB-3	B. Siebler	—	1
*Training Dept. Library, Trng	C. Flory	—	1
*OSC, Rad Field Ops..	T. Berstler	—	1
Record Box, SOB + History Package	S. Zimmerman	Plain	Copy

94

EPIP/TEP Instruction Memo

Date 11-22-02 Verif: DKB Box No. 20020515 T1 ✓ T2 —

Please update your file with the attached listed below, destroy the superseded/cancelled document(s). Also, if Controlled Documents please sign the acknowledgment at the bottom of this memo and return to Debbie Marshbank, Configuration Cntrl., Rm. 135, SOB

Document Number	Rev	TC NUMBER	Page Replac.	Entire	TC/PROC Cld	Level
TEP-ADM-1300.05	11			✓		2

ADDITIONAL DISTRIBUTION:

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I hereby acknowledge receipt of this memo and have complied with the instructions. Signature and returned memo required ONLY if CONTROLLED.

Signature _____ Date _____

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A045

09/06/02

FOR INFORMATION ONLY

AmerGen	TMI – Unit 1 Emergency Plan Implementing Document	Number TEP-ADM-1300.05
Title **Emergency Equipment Readiness**		Revision No 11
Applicability/Scope Applies to emergency equipment designated for use in implementing the Emergency Plan	USAGE LEVEL 2	Effective Date 11/22/02

This document is within QA plan scope	X	Yes		No
50 59 Applicable		Yes	X	No

List of Effective Pages

Page	Revision	Page	Revision	Page	Revision	Page	Revision
1	11	41	11				
2	11	42	11				
3	11	43	11				
4	11	44	11				
5	11	45	11				
6	11	46	11				
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40	11						

DOCUMENT HISTORY

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY. REVIEWED BY: APPROVED BY:
0		- Update department names and position titles - Add TMI-based Env. Affairs Kit - Add "Expiration Date" for Silver Zeolite cartridges - Correct typographical errors - Add logsheets & procedure to Control Room/Simulator locker - Add Site Protection emergency respirators - Remove reference to EACC dose projection computer. - Change 6410 to TEP to reflect home base change for E.P. - Remove High Range Digital Dosimeters from RC Lab Locker (New PD-3's in routine use have equivalent capability)	
1	11/11/96	- Clarify the quantity of each type of equipment required in each kit/locker. - Change actual quantities required based on experience. - Account for Env. Affairs kits and on-site Rad Controls kits on one common inventory form. - Eliminate TSC locker. - Correct titles.	
2	01/27/97	- Eliminate references to the AEOF. - Equip the Training Center to be the primary Remote Assembly Area (RAA). - Equip the EOF to be the alternate RAA.	

DOCUMENT HISTORY (Cont'd)

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY: REVIEWED BY: APPROVED BY:
3	1/19/98	- Add requirement to complete inventories 10 days prior to the end of the calendar quarter. - Add provision to allow identical items labeled and sealed in a clear container (e.g., a bag or pouch) - Add requirement that tamper seals be of a unique design - Remove the reference to the portable generator. - Correct the reference to the Emergency Plan. - Eliminate the requirement to maintain "drill use only" equipment in kits. - Revise the requirements for protective clothing in kits and lockers to address changes in protective clothing usage in the plant - Correct the references to procedures and procedure exhibits on kit and locker inventory forms - Add a reminder regarding the inventory requirements for the OSC facility and RAC area. - Add an extension cord to the Control Room locker to allow emergency power to be connected to the RAC computer. - Clarify the requirements for quantities of hand cleaner and shampoo in decon lockers. - Add signs and step off pads to decon lockers. - Remove requirements for stanchions in the Training Center decon locker. - Add wrist and finger TLDs to the plant Chemistry locker. - Clarify the location of equipment stored at the EOF. - Add blanks for "month" and "year" on each page of the attachment for the monthly check of emergency equipment.	

DOCUMENT HISTORY (Cont'd)

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY: REVIEWED BY: APPROVED BY:
4	10/30/98	- Add a column for "calibration due date" for the listing of optional equipment - Clarify the steps for rotating and maintaining batteries for portable radios. - Revise, clarify and expand the table for documenting the results of monthly radio tests. - Clarify the meaning of "Low Range" and "High Range" in regards to pocket dosimeters on Attachment 1. - Provide a space for recording the revision # for TLD issue forms on Attachment 2. - Add a stapler and staples to the Control Room and Simulator lockers, Attachment 8. - Delete Rad. Eng. Calc's that are now part of the EDCM from Attachment 8. - Correct the title of a sign listed in Attachment 10. - Update equipment list for the Sample Analysis Lab and Sample Transfer Cart, Attachment 11. - Add signs/equipment for personnel decon to the EOF locker, Attachment 13. - List sizes for silicone SCBA facepieces and add silicone SCBA facepieces for the Control Room to Attachment 15. - Add a portable air sampler to the inventory for the Rad Con Lab/Control Point Locker.	
5	03/17/99	- Update department/section names and titles. - Change reference to the Emergency Plan to remove references to GPU Nuclear and to Oyster Creek - Add provisions for the new Environmental And Radiological System (EARS) radios and battery analyzers. - Add space for recording the "CAL DUE DATE" and "S/N" for both teletectors on the Rad Con Lab/Control Point Locker inventory checklist, Attachment 4.	

DOCUMENT HISTORY (Cont'd)

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY: REVIEWED BY: APPROVED BY:
6	10/14/99	- Add a requirement to "verify that the time from calibration date to the calibration due date is less than 24 months" to part 1, section 1 of the Monthly Check of Emergency Equipment, Attachment 14 - Change part 1, section 3 of the Monthly Check of Emergency Equipment, Attachment 14 to require that Rad Con Field Ops "provide I&C a list of instruments..." rather than "Inform the Rad Inst. Shop of instruments..." requiring calibration during the present or next calendar month. - Replace part 1, section 5 of the Monthly Check of Emergency Equipment, Attachment 14 with instructions that take into account the new EARS radios and battery analyzers. Additionally the new instructions clearly delineate between the "required" and "additional" radios/batteries and specify the acceptable entries in the various spaces of the monthly radio/battery test forms. - Change the specification for "normal workday" from "Monday through Friday except holidays" to "Tuesday through Friday except holidays " - Revised the listing of emergency equipment locations - Clarified the intended meaning of "repair/calibration" in Step 4.1.4 and "Equipment found UNSAT" in the Note on Attachment 14. - Corrected references. - Changed the term "Env. Affairs Garage" to "Env. Affairs Boat Garage". - Deleted the reference to vehicle mounted radios All rad/env monitoring radios are portables. - Eliminated the requirement to store battery analyzers in the P.C., Env. Affairs Boat Garage and EOF. Replaced the battery analyzers with battery chargers.	

DOCUMENT HISTORY (Cont'd)

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY: REVIEWED BY: APPROVED BY:
		- Added EPIP-TMI-.06 to the list of procedures required for the Control Room/Simulator Lockers, Attachment 8. - Removed the requirement to stock copies of Attachment 13 of EPIP-TMI-.36 in the Personnel/Vehicle Monitoring Kit at the Training Center, Attachment 10. Attachment 13 was eliminated from EPIP-TMI-.36 in a recent revision. - Added a number of items to the Sample Analysis Lab and Sample Transfer Cart inventory, Attachment 11 at Chemistry Dept. request. - Removed the requirement on Attachment 14 that E520 source check be performed by I&C personnel - Clarified that the term "normal workday" on Attachment 14 includes the days of the plant's scheduled daylight work week. - Rewrote the Portable Radio Battery Maintenance instructions on Attachment 14. - Replaced references to "Iodine Canisters and Hepa Pre-Filters" with "GMRI Canisters" on Attachment 17. Removed references to "Tear Gas Canisters" also on Attachment 17. The GMRI canister is an "all in one" canister	
7	05/31/00	Clarified • Respiratory protection equipment inspection requirements • Document retention requirements. • Requirements for post-use inventories • Method of protecting kits/lockers from tampering - i e., kits/lockers are sealed and not locked. Reduced: • The number of kits/lockers • The number of kit/locker locations • Monthly equipment check requirements to seal check, radio check and Tech Spec required battery check of portable radiation instruments	

DOCUMENT HISTORY (Cont'd)

REVISION	EFFECTIVE DATE	DESCRIPTION OF CHANGE	PREPARED BY: REVIEWED BY: APPROVED BY:
		• Quantity and location of SCBA, SCBA cylinders and neg. press. Respirators based on site needs Combined certain kits and lockers. Revised kit and locker contents based on site needs. Added quarterly operational test for battery powered equipment.	
8	10/26/00	Comply with new procedure utilization guidance in AP 1001G	
9	11/16/00	• Correct requirements for RAC printer supplies. • Correct the designation of SCBA kits. • Add respirators at Sewage Treatment Plant.	
10	04/06/01	• Replace self reading pocket dosimeters & dosimeter chargers in field monitoring kits with electronic dosimeters • Remove requirements for respirators in field monitoring kits. • Add thyroid blocking agent to the Rad Con Lab locker inventory. • Identify procedure exhibits stored in kits & lockers by both exhibit title and number. • Add EPIP-TMI-.16 to Rad Con Lab locker.	J. L. Whitehead N. D. Brown
11	11/22/02	• Modify requirements for routing and storage of completed inventory, check and inspection forms. • Delete unnecessary equipment (i.e., dosimeter charger, 50 ml centrifuge tubes). • Add blank inventory form to EOF locker. • Correct formatting of attachments. • Revise location of Security respirators.	N. D. Brown R. R. Brady

1.0 PURPOSE

1.1 This procedure delineates the requirements to maintain availability and reliability of emergency equipment.

2.0 APPLICABILITY/SCOPE

2.1 This procedure applies to the emergency equipment designated for use in implementing the Emergency Plan.

NOTE

Fire fighting emergency equipment used in implementing the Emergency Plan is listed in Fire Protection Procedures, 1104-45A through Q and in procedure 1038. Inventories and operational testing of this equipment is performed under the Operations Surveillance, Technical Specification, and Preventive Maintenance Programs and is beyond the scope of this procedure.

NOTE

Emergency Plan and Implementing Procedure binders issued by Document Controls are not listed in this procedure as they are maintained by the Document Controls Group

NOTE

The locker in the simulator is provided for drill use only; it is not required by Tech. Specs. Therefore, failure to properly maintain this locker does not constitute a Tech. Spec. violation

3.0 DEFINITIONS

3.1 None

4.0 **PROCEDURE**

> **NOTE**
>
> The steps in this section delineate the various requirements related to maintaining the readiness of emergency equipment used to support the emergency plan. The requirements stated in these steps need not be met in the sequence in which they are listed.

A. Inspections, Tests and Calibrations

- Emergency kits/lockers shall be inventoried (per Attachments 1 through 10) once each calendar quarter and after use during drills, exercises, training or actual emergencies An inventory performed after use during drills, exercises, training, or actual emergencies may be used to satisfy the quarterly requirement also.
  - ♦ Quarterly inventories should be scheduled such that they can be completed, reviewed and forwarded to Emergency Preparedness at least 10 days prior to the end of the quarter.
- Respiratory protection equipment shall be inspected once each calendar month and after each use per Reference 6.4. Attachments 12 through 14 shall be completed during inspection. A check performed after use of respiratory protection equipment may be used to satisfy the monthly requirements.
- Emergency equipment listed in Attachment 11 shall be checked once each month in accordance with the plant P.M. schedule.
- When removing an instrument for repair/calibration from any emergency equipment storage location, an alternate equivalent instrument shall be provided as soon as possible but prior to the end of the shift.
- Calibrations of emergency instrumentation shall be performed in accordance with Reference 6.6.
- Emergency lockers/kits shall be visually inspected for seal integrity monthly. Lockers or kits with suspect integrity shall be inventoried.

> **NOTE**
>
> Seal integrity shall be checked prior to opening lockers/kits for operational check of portable equipment Locker/kits may be resealed immediately after operational checks are complete and equipment returned.

- Perform an inventory/inspection or calibration at any time as directed by the Manager, Radiological Controls Field Operations, or Manager, Radwaste and Chemistry.
- Emergency equipment shall be restored/restocked and inventoried by the end of the following working day after the end of its usage.

B Details

- Emergency Radiological Controls/Radiological Monitoring/Post Accident Sampling Equipment shall be located in the following areas in accordance with the TMI Emergency Plan to allow protection of emergency personnel, radiological/environmental monitoring and availability of other equipment and supplies needed during emergencies:

  - Security Processing Center (P.C.)
  - Rad Con Lab/Control Point
  - Reactor Building Personnel Access Hatch
  - Reactor Building Equipment Hatch
  - Control Room
  - Simulator
  - Warehouse #1
  - Warehouse #3
  - Training Center/Remote Assembly Area
  - Sample Analysis Lab
  - Plant Chemistry Locker
  - Emergency Operations Facility (EOF)

- Inventories shall only be considered complete when all required items are present in the kit/locker, all equipment/instruments in the kit/locker are within expiration date/calibration as applicable.

  - Some inventory forms require large quantities of an identical item to be stored in the kit or locker (e.g., procedure exhibits, rad warning sign inserts, etc.) In such cases:

    - Identical items may be sealed in a clear bag, pouch or container and labeled with the contents and quantity.
    - If the item has a revision number or expiration date, it must be visible through the container and/or stated on the label
    - Such items, need not be individually counted during the performance of an inventory so long as the seal is not broken and the items are not out of date.

- All emergency kits and lockers shall be sealed. Seals shall be unique in color or design so as to be easily distinguished from tamper seals commonly available on-site.

  - Certain equipment is stored nearby or in the vicinity of (i e., within the same room) certain kits or lockers. Some equipment is too bulky (e.g., air samplers) to store in a kit. Some equipment must be in a ventilated area (e.g , radios with batteries on charge, etc.).

- All completed inventory forms shall be forwarded to the following personnel for review:

  - Group Rad Controls Supervisor - Att. 1 through 7, Att. 10, and Att. 11 (R.C. Section)

  - Group Supervisor, Radwaste - Att 12 through 14

  - Manager, Radwaste & Chemistry (or designee) - Att. 8, Att. 9, and Att. 11 (Chem. Section)

  The Inventory, Check and Inspection Forms (originals) shall be forwarded with applicable plant surveillance requirements Copies of the Inventory, Check and Inspection Forms shall be forwarded to the Emergency Preparedness' Department for review. Forms are to be retained for the life of the plant in accordance with Ref. 6.9

C. Final Conditions

- All equipment/instruments have been inventoried and checked as required, and inventory forms/operational test forms have been reviewed by the Group Radiological Controls Supervisor, Group Supervisor, Radwaste or Manager, Radwaste & Chemistry (or designee) as appropriate, and copies forwarded to the Emergency Preparedness Department

- Used kits/lockers are reinventoried, resupplied and sealed

5.0 RESPONSIBILITIES

NOTE

The steps in this section assign responsibilities to various persons for maintaining the readiness of emergency equipment used to support the emergency plan. The responsibilities stated in these steps need not be accomplished in the sequence in which they are listed.

A. The Rad Health & Safety Director has the ultimate responsibility for all radiological control emergency equipment and its availability and reliability with the exception of equipment stored at the Sample Analysis Laboratory

B. The Manager, Radwaste & Chemistry has the ultimate responsibility for all Reactor Coolant System Post Accident Sampling equipment located in the Sample Analysis Laboratory. He/she is responsible for its availability and reliability.

C. The Group Radiological Controls Supervisor and the Manager, Radwaste & Chemistry, or their designees, shall assign appropriate personnel to perform inventory and operational checks on the emergency kits and lockers under their jurisdiction.

D. The Group Radiological Controls Supervisor, and the Manager, Radwaste & Chemistry, or his/her designee, as appropriate shall ensure that the following items are performed during an inventory:

- Complete the inventory form for that kit/locker.
- Verify all equipment is in working order.
  - ♦ Perform an operational test of equipment such as flashlights, megaphones, etc., by energizing each item and checking for normal operation.
  - ♦ Portable radiological instrumentation shall be battery checked and, if the kit/locker is being inventoried after use, a response check shall be performed to verify operability.
  - ♦ For portable air samplers, disconnect the sampler from the charger and energize to check for normal operation. Reconnect the charger after testing.
- Replace all missing items.
- Remove all outdated items.
- Ensure that the kit or locker is organized, orderly and clean
- Ensure that the kit or locker contains no extra tamper seals.
- Ensure that the kit/locker contains the required controlled copy procedures and that the required forms in the kit/locker are the current revision.
- Ensure that instruments and air samplers contained in emergency kits and lockers are within proper calibration frequency.
- Note discrepancies on inventory form, and notify the Manager, Radiological Controls Field Operations, or Manager, Radwaste & Chemistry or their designees, as appropriate, of these discrepancies and/or broken locks or seals
- Emergency instrumentation removed from lockers/kits shall be replaced prior to end of working shift except during actual emergencies or extended drills/exercises.

E. The Group Supervisor, Radwaste or his/her designee, shall conduct the required inspections for all respiratory protective equipment. This will be accomplished by ensuring completion of the following:

- Replace any equipment which is missing or requires maintenance.
- Inspect each item per the requirements of Reference 6 4

- Place an Emergency Respiratory Equipment Inspection tag with each piece of equipment found acceptable.

- Complete the Inventory Form for Full Face Respirators w/Canisters (Attachment 14), the Inspection of Emergency Respiratory Equipment for SCBA's (Attachment 12), and the Inspection of Emergency Respiratory Equipment for SCBA Cylinders (Attachment 13). Forward completed originals to the Site Emergency Preparedness Manager for review and filing.

F. Individuals shall notify the Group Radiological Controls Supervisor, or Manager Radwaste & Chemistry as appropriate, of all emergency equipment usage at the end of its usage. Emergency equipment shall be restored/restocked and inventoried by the end of the next normal workday following the end of its usage ("normal workdays" are the days of the plants scheduled daylight work week). Emergency Preparedness Department shall be informed if equipment cannot be restored/restocked as required above.

6.0 REFERENCES

6.1 Procedure 1092, Emergency Plan for Three Mile Island Nuclear Station

6.2 Procedure 1038, Administrative Controls-Fire Protection Program

6.3 Procedures 1104-45A through Q, Fire Protection

6.4 Procedure 6610-OPS-4510.03, Inspection and Maintenance of Respiratory Protection Equipment

6.5 Procedure 6610-PLN-4200.02, TMI Emergency Dose Calculation Manual (EDCM)

6.6 Procedure 6610-PMI-4221.XX, Series Calibration Procedures

6.7 Procedure 1301-13.1, Emergency Plant Radiation Instruments

6.8 Corrective Action Program (CAP) Procedure, LS-AA-125

6.9 Procedure 1064, TMI Records Management Program

7.0 EXHIBITS

NOTE

The attachments listed below can be completed in any order. Additionally attachments can be completed individually without completing the entire set of attachments.

7.1 Attachment 1, Rad/Env. Monitoring Kits

7.2 Attachment 2, Processing Center Locker Inventory Form

7.3 Attachment 3, Rad Con Lab/Control Point Locker Inventory Form

7.4 Attachment 4, Reactor Building Access Points Lockers Inventory Form

7.5 Attachment 5, Control Room/Simulator Lockers Inventory Form

7.6 Attachment 6, Warehouse #1/#3 Lockers Inventory Form

7.7 Attachment 7, Training Center/RAA Personnel/Vehicle Monitoring Kit Inventory Form

7.8 Attachment 8, Sample Analysis Lab/Locker and Sample Transfer Cart Inventory Form

7.9 Attachment 9, Plant Chemistry Locker Inventory Form

7.10 Attachment 10, Emergency Ops. Facility (EOF) Locker Inventory Form

7.11 Attachment 11, Monthly Check of Emergency Equipment

7.12 Attachment 12, SCBA Inspection Form

7.13 Attachment 13, SCBA Cylinder Inspection Form

7.14 Attachment 14, Full Face Respirator Inventory Form

ATTACHMENT 1

Inventory Form - Emergency Equipment
Rad/Env. Monitoring Kits

KIT NO 1 / 2 / 3 / 4 (circle one)
INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY.
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT			
Emergency Planning Zone Map	1				
Site Map	1				
Pens	2				
Clipboard	1				
Scissors	1 pair				
Surgeon's Gloves	20 pairs				
Tweezers	1 pair				
Smear/Air Sample Envelopes	25				
Particulate Air Sample Filters	1 full box				
Small Ziplock Bags w/Sample Labels	25				
Disc Smears	1 full box				
Absorbent Towels	1 full bundle				
Sample Bottles (500 ml or larger)	2				
Compass	1				
Mag Signs "Env Sampling in Progress"	2				
HP 260 (or equiv) Probe w/Cable (spare)	1				
Two-Way Radio	1**				
Radio Battery Charger (vehicle powered)	1**		OP TEST		
Flashlight w/Spare Bulb	1				
Amber Strobe Light	1				
			EXPIRATION DATE		
Silver Zeolite Cartridges (Sealed in Plastic)	10				
D-Cell Batteries (spares)	6				
Thyroid Blocking Agent	2 vials				
Drinking Water Bottles 10 oz. larger	2				
			REVISION #		
Procedure EPIP-TMI- 10	1				
Exhibits EPIP-TMI- 10					
Sample Log Exhibit 5	5				
Dose Log Exhibit 6	5				
Activities Log Exhibit 7	5				
Thyroid Blocking Form Exhibit 9	2				
Blank Inventory Sheet TEP-ADM-1300 05, Attachment 1	1				
			CAL DUE DATE		
Electronic Dosimeters, with batteries	3			S/N	OP TEST
Survey Meter (E520/Equiv)	1				
E140N W/HP 260 Probe (or Equiv)	1				
Portable Air Sampler (Battery Powered)	1**				

Emergency Kit Sealed _____
Emergency Prep Dept Review _____ / _____
Initials Date

REMARKS
Except as noted below, four kits, each containing the material listed, are maintained. Kits #1 & #2 are stored in the Processing Center.

* Inventories performed after a kit has been used must include a response check of radiological instruments
**May be stored in the vicinity of the kit

ATTACHMENT 2

Inventory Form - Emergency Equipment
Processing Center

INVENTORY PERFORMED BY _____ Date _____

REVIEWED BY _____ Date _____

REASON FOR INVENTORY:

QUARTERLY_____, POST USE_____, OTHER (EXPLAIN IN REMARKS)_____

PROCESSING CENTER:

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT	
Battery Charger for Portable Radio Batteries*	1		
Emergency TLD's (not counting background TLD's)	25		REVISION #
TLD Issue Forms, EPIP-TMI-.19, Exhibit 1	5		
Emer Response Info Forms, EPIP-TMI-.19, Exhibit 2	25		

* Stored with Rad/Env Monitoring Equipment

Emergency Locker Sealed:_____

Emergency Prep Dept Review: _____ / _____
Initials Date

ATTACHMENT 3
Inventory Form - Emergency Equipment
Rad Con Lab/Control Point Locker

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT			
Protective Clothing - Coveralls	10				
Hoods or Caps	10				
Gloves	10 pairs				
Booties	10 pairs				
Poly Bags (Assorted Sizes)	5**				
Pens and Tablets	2 each**				
Disc Smears	1 full box**				
Disposable Coveralls	2 sets**				
Surgeon's Gloves with Cloth Liners	20 pair**				
Disposable Booties	5 pairs**				
Masking Tape	1 full roll**				
Radioactive Material Tags	10**				
Personnel Contam Report Forms	10**				
Large Yellow Bags w/Bag Holders	4				
Step Off Pads	4				
Rad Warning Signs	20				
Rad Warning Sign Inserts:					
RWP Required for Entry	20				
Contamination Area	20				
Radiation Area	20				
High Radiation Area	20				
Airborne Contamination Area	20				
TLD Required for Entry	20				
No Entry or Keep Out	20				
Rad Warning Rope or Ribbon (may be pre-cut lengths)	100 ft		OP TEST		
Flashlights	10				
			EXPIRATION DATE		
Thyroid Blocking Agent	50 vials				
Silver Zeolite Cartridges (sealed in plastic)	20				
AA Cell Batteries (spares)	40				
C Cell Batteries (spares)	6				
D Cell Batteries (spares)	4				
			REVISION #		
Procedure EPIP-TMI- 16	1**				
Exhibits EPIP-TMI- 29					
Team Dispatch Checklist Exhibit 5	10				
Team Status Form Exhibit 11	10				
Blank Inventory Sheet TEP-ADM-1300.05, Attachment 3	1				
			CAL DUE DATE	S/N	OP TEST
Survey Meter (R02A/Equiv)	1				
Frisker (E140N/Equiv)	1				
Teletector or equiv	1				
Portable Air Sampler	1				

Emergency Locker Sealed: _____

Emergency Prep Dept Review _____ / _____
Initials Date

REMARKS. Inventory requirements for the Operations Support Center Facility are contained in Procedure TEP-ADM-1300.01, Maintaining Emergency Preparedness
* Inventories performed after a kit/locker has been used must include a response check of radiological instruments
** Items marked with a double asterisk are stored in the ambulance response bag

ATTACHMENT 4

Inventory Form - Emergency Equipment
Reactor Building Access Points Lockers
Personnel Access/Equipment Hatch (Circle One)

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT		
Neutron TLD	1		REVISION #	
Blank Inventory Sheet TEP-ADM-1300.05, Attachment 4	1			
[illegible]	[illegible]	[illegible]	Key #	
Locked High Rad Area Key	1			
[illegible]	[illegible]	[illegible]	CAL DUE DATE	S/N
Digital Dosimeter	1			

Emergency Locker Sealed: _____
Emergency Prep Dept Review: _____ / _____
Initials Date

REMARKS:
Two (2) lockers, each containing the material listed, are maintained. One is kept near each Reactor Building Access Point.

ATTACHMENT 5

Inventory Form - Emergency Equipment
Control Room/Simulator Lockers (Circle One)

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT			
Protective Clothing: Coveralls	5				
Gloves	5 pairs				
Booties	5 pairs				
Masking Tape	1 full roll				
Site Map	1				
Pens, Wax Pencils	4 each				
Copier Paper (for Printer)	1 full ream				
Electrical Extension Cord (50 ft. or longer)	1				
HP 260 (or equiv) Probe w/Cable (spare)	1		EXPIRATION DATE		
D Cell Batteries (spares)	2				
Spare Cartridges for RAC Computer Printer	1 Black 1 Color				
			REVISION #		
Procedures EPIP-TMI- 05	1 each				
EPIP-TMI-.06					
EPIP-TMI-.07					
EPIP-TMI-.29					
EPIP-TMI- 10					
EPIP-TMI- 36					
6610-PLN-4200 02					
Logsheets, EPIP-TMI- 05, Exh 1	25				
Blank Inventory Sheet TEP-ADM-1300 05, Attachment 5	1				
			CAL DUE DATE	S/N	OP TEST
Frisker (E140N/RM-14)	1				

Emergency Locker Sealed _____
Emergency Prep Dept Review _____ / _____
Initials Date

* Inventories performed after a kit/locker has been used must include a response check or radiological instruments

REMARKS: Inventory requirements for the Control Room RAC Area are contained in procedure TEP-ADM-1300.01, Maintaining Emergency Preparedness

NOTE

The locker in the simulator is provided for drill use only, it is not required by Tech Specs. Therefore, failure to properly maintain this locker does not constitute a Tech. Spec. Violation.

ATTACHMENT 6

Inventory Form - Emergency Equipment
Warehouse #1/Warehouse #3 Lockers (Circle One)

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT			
Tablets, Pens, Pencils	4 each		OP TEST		
Flashlight w/Spare Bulb	1				
Megaphones	2				
			EXPIRATION DATE		
C Cell Batteries (spares)	8				
D Cells Batteries (spares)	2				
			REVISION #		
Procedure EPIP-TMI-.36	1				
Muster Log EPIP-TMI-.36, Exh. 6	25				
Evac Route Maps (from EPIP-TMI-.36)					
Exhibit 8 North Gate to T.C	250				
North Gate to EOF	250				
South Gate to T C	250				
South Gate to EOF	250				
Blank Inventory Sheet EP-ADM-1300.05, Attachment 6	1				
			CAL DUE DATE	S/N	OP TEST
Frisker (RM14/Equiv)	1				

Emergency Locker Sealed: _____
Emergency Prep Dept Review: _____ / _____
Initials Date

*Inventories performed after a kit/locker has been used must include a response check of radiological instruments.

REMARKS:
Two Lockers containing the listed equipment are maintained:
One is in Warehouse #1, the other is in Warehouse #3.

ATTACHMENT 7

Inventory Form - Emergency Equipment
Personnel/Vehicle Monit. Kit - Training Center/RAA

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT			
Disposable PC's Coveralls	10				
Gloves	20 pairs				
Booties	20 pairs				
Pens	4 each				
Masking Tape	1 full roll				
Disc Smears	1 full box				
Smear Envelopes	1 full box				
Absorbent Towels	2 full bundles				
Nasal Swabs	1 full pack				
Waterless Hand Cleaner	1 full can/jar of at least 10 oz				
Wash Basin	1				
Bath Soap	2 unused bars				
Shampoo	1 full bottle of at least 8 oz.				
Scrub Brushes	5				
Disposable Bath Towels	50				
Finger Nail Clippers	1 pair				
Barber Scissors	1 pair				
"Evacuees Enter Here" Sign	1				
"Clean Personnel Exit" Signs	2				
Rad Warning Signs	5				
Rad Warning Ribbon or Rope	100 ft.				
Rad Warning Sign Inserts					
Contamination Area	5				
Radioactive Materials Area	5				
No Entry or Keep Out	5		OP TEST		
Flashlights w/spare bulbs	2				
Step Off Pads	2		EXPIRATION DATE		
D Cells Batteries (spares)	4				
Polyethylene Bags (Assorted Sizes)	12		REVISION #		
Procedures EPIP-TMI-.36	1				
RP-AA-350	1				
Personnel Contamination Report forms, RP-AA-350, Attachment 1 & 2	25				
Vehicle Contamination Report forms, EPIP-TMI- 36, Exhibit 11	25				
Evacuation Instructions, EPIP-TMI- 36, Exhibit 12	250				
Remote Assembly Area Sign-In Sheets, EPIP-TMI- 36, Exhibit 13	20				
Telephone Logsheets, EPIP-TMI- 05, Exhibit 2	10				
Blank Inventory Sheet TEP-ADM-1300 05, Attachment 7	1				
			CAL DUE DATE	S/N	OP TEST
E140N w/HP210 Probe (or Equiv)	2				

Emergency Locker Sealed _____
Emergency Prep Dept Review _____ / _____
Initials Date

REMARKS *Inventories performed after a kit/locker has been used must include a response test of radiological instruments

ATTACHMENT 8

Inventory Form - Emergency Equipment
Sample Analysis Lab and Sample Transfer Cart

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT	
Spill Catch Pan (24" x 24" x 2")	1		
Lead Pig w/Insert for Liquid Sample Bottle	1*		
Lead Pig for Gas (Syringe) Sample	2*		
Magnetic Stirrer Base	2		
1 liter poly bottle w/stirring bar	2		
70 ml Sample Bottle	1		
30 ml Counting Bottle	2		
20 ml Gas Vial	1		
Cut Glass Vial w/Shield Brick	1		
Eppendorf Pipets	4		
Eppendorf Pipet Tips - 1.0 ml	6		
Eppendorf Pipet Tips - 0.1 ml	6		
MLA Pipet Tips 1-5 ml	6		
Lead Pig for pipet tips and syringe	1		
MLA Pipet 2.0 ml	1		
MLA Pipet 5.0 ml	1		
Marinelli Beaker, 1640 cc w/Septum	1		
Permanent Marker	1		
Sample Handling Tool	1		
Pressure-LOK Series A-2, 2 cc Syringes w/8.5 inch or longer needles	5		
Pressure-LOK Series A-2, 10 cc Syringe	1		
Pressure-LOK Series A-2 Syringe Size 0.1cc to 0.5 cc	1		
Pressure-LOK Series A-2 Syringe Size 1.0 cc to 2.0 cc	1		
Boron Titration Beaker	2		
Poly Bags (Zip-lock)	10		
Masking Tape	2 full rolls		
Lead Bricks	2		REVISION #
Blank Inventory Sheet TEP-ADM-1300.05, Attachment 8	1		

Emergency Locker Sealed: _____
Emergency Prep Dept Review: _____ / _____
Initials Date

REMARKS:
*Sample pigs are stored on the sample transfer cart which is kept in the Sample Analysis Lab/Nuclear Sampling Room area.

ATTACHMENT 9

Inventory Form - Emergency Equipment
Plant Chemistry Locker

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT	
Pressure-Lok Series A-2, 2 cc syringes w/6 inch or longer needles	5		
Spare septums for catpass system	12		
Wrist TLDs and Finger TLDs	10 sets		
Map-5 cartridges holders	6		REVISION #
Blank Inventory Sheet TEP-ADM-1300.05, Attachment 9	1		

Emergency Locker Sealed: _____
Emergency Prep Dept Review: _____ / _____
Initials Date

REMARKS:

ATTACHMENT 10

Inventory Form - Emergency Equipment
Emer. Ops. Facility (EOF) Locker

INVENTORY PERFORMED BY _____ Date _____
REVIEWED BY _____ Date _____
REASON FOR INVENTORY:
QUARTERLY_____, POST USE_____*, OTHER (EXPLAIN IN REMARKS)_____

ITEM	MINIMUM QUANTITY REQUIRED	QUANTITY PRESENT
Disposable PC's: Coveralls	10	
Gloves	20 pairs	
Booties	20 pairs	
Masking Tape	1 full roll	
Disc Smears	1 full box	
Smear Envelopes	1 full box	
Absorbent Towels	2 full bundles	
Nasal Swabs	1 full pack	
Waterless Hand Cleaner	1 full can/jar of at least 10 oz.	
Wash Basin	1	
Bath Soap	2 unused bars	
Shampoo	1 full bottle of at least 8 oz.	
Scrub Brushes	5	
Disposable Bath Towels	50	
Finger Nail Clippers	1 pair	
Barber Scissors	1 pair	
"Evacuees Enter Here" Sign	1	
"Clean Personnel Exit" Signs	2	
"TMI Site Evacuees – Use Garage Entrance" Signs mounted on safety cones	2**	
Rad Warning Signs	5	
Rad Warning Ribbon or Rope	100 ft	
Rad Warning Sign Inserts		
Contamination Area	5	
Radioactive Materials Area	5	
No Entry or Keep Out	5	
Step Off Pads	2	
Stanchions for Rad Warning Signs	4**	
Emergency TLD's (not counting background TLD's)	275	
Polyethylene Bags (Assorted Sized)	12	
Procedures EPIP-TMI- 36	1	
RP-AA-350	1	
TLD Issue Forms, EPIP-TMI- 19, Exhibit 1	275	
Personnel Contam. Report Forms, RP-AA-350, Attachment 1 & 2	25	
Vehicle Contam. Report Forms, EPIP-TMI- 36, Exhibit 11	25	
Remote Assembly Area Sign-In Sheets, EPIP-TMI-.36, Exhibit 13	20	
Blank Inventory Sheet TEP-ADM-1300 05, Attachment 10	1	

REVISION #	CAL DUE DATE	S/N	OP TEST

Fnsker (RM-14/Equiv) (Kept in the EOF lobby)	1		
Fnsker (E140N/Equiv) (Kept in the locker)	1		

Emergency Locker Sealed _____
Emergency Prep Dept Review _____ / _____
Initials Date

REMARKS *Inventories performed after a kit/locker has been used must include a response test of radiological instruments
** Stored in vicinity of the locker.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

Check seal integrity per Page 27 (see Section 4.0, Part A, 6th bullet also) prior to opening kits/lockers

A. Battery Check and Calib Due Data Check of Portable Radiological Instruments Month: _____ Year: _____

Enter the serial number and perform battery check, then initial and date.

If battery check is unsat., replace batteries with the spares in the kit/locker and recheck, then place new spares in the kit/locker.

Verify that the time from calibration date to the calibration due date is less than 24 months (as required in reference 6.7).

If the time from calibration date to calibration due date is 24 months or greater for any instrument – notify the Group Supervisor – I&C

Location and Equipment Type		Serial No	Battery Check	Calib Due Date	Initial/Date
Rad/Env Monit Kit #1 (stored on-site)	E520 or Equiv.				
	E140N w/HP260 (Equiv)				
	Digital Dosimeter				
	Digital Dosimeter				
	Digital Dosimeter				
Rad/Env Monit. Kit #2 (stored on-site)	E520 or Equiv.				
	E140N w/HP260 (Equiv)				
	Digital Dosimeter				
	Digital Dosimeter				
	Digital Dosimeter				
Rad Con Lab/Control Point	R02A or Equiv.				
	Teletector or equiv.				
	E140N or Equiv.				
Reactor Building Personnel Access	Digital Dosimeter				
Reactor Building Equipment Hatch	Digital Dosimeter				

NOTE

Equipment found to be UNSAT during a monthly check must be repaired and returned to the kit/locker OR replaced by equivalent equipment by the end of the next normal workday ("normal workdays" are the days of the plant's scheduled daylight work week).

If repair or replacement cannot be accomplished within the time limit, an explanation must be provided in writing. If repair or replacement cannot be accomplished within 7 calendar days, a CAP must be initiated.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

Month: _____ Year: _____

Location and Equipment Type		Serial No.	Battery Check	Calib. Due Date	Initial/Date
Warehouse #1	Frisker (RM14/Equiv)				
Warehouse #3	Frisker (RM14/Equiv)				
Personnel/Vehicle Monit. Kit, Training Center	E140N w/HP260 (Equiv)				
	E140N w/HP260 (Equiv)				
Control Room Area	RM-14 or Equiv				
EOF Locker	E140N w/HP260 (Equiv.)				
EOF Lobby	RM14 or Equiv.				
Rad/Env. Monit. Kit #3 (stored on-site)	E520 or Equiv.				
	E140N w/HP260 (Equiv.)				
	Digital Dosimeter				
	Digital Dosimeter				
	Digital Dosimeter				
Rad/Env. Monit. Kit #4 (stored on-site)	E520 or Equiv.				
	E140N w/HP260 (Equiv.)				
	Digital Dosimeter				
	Digital Dosimeter				
	Digital Dosimeter				

NOTE

Equipment found to be UNSAT during a monthly check must be repaired and returned to the kit/locker OR replaced by equivalent equipment by the end of the next normal workday ("normal workdays" are the days of the plant's scheduled daylight work week).

If repair or replacement cannot be accomplished within the time limit, an explanation must be provided in writing. If repair or replacement cannot be accomplished within 7 calendar days, a CAP must be initiated.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

B. Visual Inspection of Seal Integrity: Month: _____ Year: _____

LOCATION	SAT	UNSAT INVENTORY PERFORMED	TECH. INITIALS/DATE
Rad/Env Monitoring Kit #1 (P.C.)			
Rad/Env Monitoring Kit #2 (P.C.)			
Rad/Env Monitoring Kit #3 (P.C.)			
Rad/Env Monitoring Kit #4 (P.C.)			
Processing Center Locker			
Rad Controls Lab/Control Point Locker			
Personnel Access Hatch Locker			
Reactor Building Equipment Hatch Locker			
Control Room Locker			
Simulator Locker			
Warehouse #1 Locker			
Warehouse #3 Locker			
Training Center/RAA Kit			
Emer. Ops Facility (EOF) Locker			

C. Provide Rad I&C a list of instruments requiring calibration during present or next calendar month

Rad I&C Notified _____ / _____
Initials Date

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

D. Portable Radio Checks: Month: _____ Year: _____

- Portable Radio Battery Maintenance:

  - ♦ Exercise all available portable EARS radio batteries using the battery analyzer(s) in the Rad Con Field Ops office area. The steps for exercising batteries are:

    (1) Three batteries can be evaluated at a time on each analyzer.

    (2) Insert the battery into the battery well on the analyzer.

    (3) While the word "CHARGE" is flashing on the display below the battery, press the "FUNCTION" button below the display 2 times. The display should read "CYCLE: 1". This battery will now undergo a Charge-Discharge-Recharge process to exercise it This process will take several hours to complete. When completed, the analyzer will display the battery's capacity in MILLIAMP HOURS.

    (4) When the batteries have completed the exercise sequence, the analyzer will display "READY" and the battery's capacity value.

    (5) Write the battery capacity and date of test in grease pencil on the battery's capacity label.

    (6) If a battery's capacity is 1280 MILLIAMP HOURS or greater, this battery is satisfactory for use.

    (7) If the capacity is less than 1280 MILLIAMP HOURS after exercising is complete (i e., "READY" is displayed with the capacity value):

      (7.1) Momentarily lift the battery from the analyzer and then place it back into the battery well.

      (7.2) While the work "CHARGE" is flashing on the display below the battery, press the "FUNCTION" button below the display 5 times. The display should read "CYCLE: 4". This battery will now undergo a repetitious Charge-Discharge-Recharge process to attempt to recondition it. This process will take up to 2 days.

      (7.3) Re-check this battery after reconditioning is complete. If it displays 1280 MILLIAMP HOURS or greater, this battery is satisfactory for use.

        - Write the battery capacity and date of test in grease pencil on the battery's capacity label.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

(7.4) If a battery's capacity is less than 1280 MILLIAMP HOURS after reconditioning is complete (i.e., "READY" is displayed with the capacity value):

- Remove the battery from service.
- Request that a replacement battery be ordered

(8) Exchange the batteries that are stored with the emergency field monitoring kits at the Processing Center with freshly exercised batteries

(9) Fill in the information on the table below for batteries that have been placed with the field monitoring kits.

(10) Batteries stored with the field monitoring kits should be placed on charge if space is available in the charger(s) at these locations

(11) Bring any batteries that have been removed from the kit locations back to the Rad Con Field Ops office for exercising.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

Month: _____ Year: _____

Minimum Required Batteries:

Location	Battery # (on bottom of battery)	Capacity (MILLIAMP HOURS)	Date Exercised	Remarks	Initials/Date
P C					
P.C					
P C					
P.C					
P C					
P.C.					
P.C.					
P.C.					

Additional Batteries:

Location	Battery # (on bottom of battery)	Capacity (MIILLIAMP HOURS)	Date Exercised	Remarks	Initials/Date

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

Month: _____ Year: _____

- Portable Radio Operability Test: Check the operability of each of the portable EARS radios by establishing communication with the Rad Con Lab or EACC as follows:

(1) Turn on the portable radio by rotating the "power on-off/volume" knob clockwise.

(2) The radio will perform a "power up self test" and then display.

- ♦ Its unit number (e.g. "TMI P 1" is portable radio #1) and
- ♦ Either "EARS" or "CC SCAN" depending on whether the radio is receiving the system Control Channel signal or not (i.e. if "CC SCAN" appears, the radio is probably in a bad location and should be moved outdoors for the test).

(3) Write the portable radio's number (e g. "TMI P 1") in the space provided on the table below.

(4) To transmit·

Ensure that the word "EARS" appears in the radio's display and then press the Push-To-Talk (PTT) button (elongated button on the left side of the radio).

- ♦ When the short, medium pitch beep is heard, call for the TMI Rad Con Lab or EACC.
  - If a high pitch beep is heard, the system is temporarily busy. Don't release the PTT button- continue pressing it and wait for the short, medium pitch beep before starting to speak. The delay should typically be no more than a few seconds.
- ♦ When speaking, hold the radio approximately 3 inches from the mouth and speak in a normal voice.

(5) If communication with the TMI Rad Con Lab or EACC is made successfully, circle "YES" in the appropriate space on the table below.

(6) If communication with the TMI Rad Con Lab or EACC is not successful, circle "NO" in the appropriate space on the table below.

(7) Repeat the above steps ((1) through (6))for each portable radio.

(8) Report any communication failures to the GRCS upon completion of the test.

(9) Document action taken to correct problems in the remarks section of the table below.

ATTACHMENT 11 (Part 1)
Monthly Check of Emergency Equipment
(Rad. Controls)

Month: _____ Year: _____

Minimum Required Radios:

Location	Radio # (in radio display screen)	Communication Established (circle one)	Remarks	Initials/Date
P.C	TMI-P-_____	YES/NO		
P.C.	TMI-P-_____	YES/NO		
P.C	TMI-P-_____	YES/NO		
P.C.	TMI-P-_____	YES/NO		

PERFORMED BY _____
PRINT/SIGN DATE

REVIEWED BY _____
PRINT/SIGN DATE

Emergency Preparedness Department Review _____ / _____
Initials Date

ATTACHMENT 11 (Part 2)
Monthly Check of Emergency Equipment
(Chemistry)

A. Visual Inspection of Lock/Seal Integrity:

LOCATION	SAT	UNSAT INVENTORY PERFORMED
Sample Analysis Laboratory Locker/Sample Transfer Cart		
Plant Chemistry Locker		

PERFORMED BY _____
PRINT/SIGN DATE

REVIEWED BY _____
PRINT/SIGN DATE

Emergency Preparedness Department Review _____/_____
Initials Date

ATTACHMENT 12
Inspection of Emergency Respiratory Equipment

Month _____

Year _____

SELF CONTAINED BREATHING APPARATUS

Kit Number*	Location	Cylinder Number	Cylinder Hydro Date	Cylinder Pressure	Regulator Equipment Number	Regulator Calibration Date	Facepiece Equip. Number	Visual and Functional Check	Comments	Date/Signature
1	Unit 1 Control Room									
2	Unit 1 Control Room									
3	Unit 1 Control Room									
4	Unit 1 Control Room									
5	Unit 1 Control Room									
6	Unit 1 Control Room									
7	Unit 1 Control Room									
8	Unit 1 Control Room									
9	Unit 1 Control Room									
10	Unit 1 Control Bldg. 338' elev. (stairway outside E.S. Swgr. Room)									
11	Unit 1 Control Bldg. 338' elev. (stairway outside E.S. Swgr. Room)									
12	Unit 1 Turbine Bldg 322' elev. (adjacent elevator door)									
13	Unit 1 Turbine Bldg. 322' elev. (adjacent elevator door)									
14	Unit 1 Turbine Bldg. 305' elev. (adjacent elevator door)									
15	Unit 1 Turbine Bldg 305' elev. (adjacent elevator door)									
16	Unit 1 Rad Con (locker room area)									
17	Unit 1 Rad Con (locker room area)									
18	Unit 1 Reactor Bldg. (outside personnel hatch)									
19	Unit 1 Reactor Bldg. (outside personnel hatch)									
20	Unit 1 Aux. Bldg. 305' elev. (operator's station)									
21	Unit 1 Aux Bldg 305' elev. (operator's station)									
22	Unit 1 Aux. Bldg. 281' elev (outside MU-P "B" cubicle)									
23	Unit 1 Aux. Bldg. 281' elev. (outside MU-P "B" cubicle)									

ATTACHMENT 12
Inspection of Emergency Respiratory Equipment

Month _____

Year _____

SELF CONTAINED BREATHING APPARATUS

Kit Number*	Location	Cylinder			Regulator		Facepiece Equip. Number	Visual and Functional Check	Comments	Date/Signature
		Number	Hydro Date	Pressure	Equipment Number	Calibration Date				
24	Unit 1 Turbine Bldg 305' elev. (north wall)									
25	Unit 1 Turbine Bldg 305' elev (north wall)									
26	Fire Brigade Truck									
27	Fire Brigade Truck									
28	Fire Brigade Truck									
29	Fire Brigade Truck									
30	Fire Brigade Equipment Building									
31	Fire Brigade Equipment Building									
32	Fire Brigade Equipment Building									
33	Fire Brigade Equipment Building									
34	Fire Brigade Equipment Building									
35	Fire Brigade Equipment Building									
36	Unit 1/Unit 2 Hallway Fire Equipment Locker									
37	Unit 1/Unit 2 Hallway Fire Equipment Locker									
38	Unit 1/Unit 2 Hallway Fire Equipment Locker									
39	Unit 1/Unit 2 Hallway Fire Equipment Locker									
40	Unit 1 Rad Con Lab (OSC)									
41	Unit 1 Rad Con Lab (OSC)									
42	Unit 1 Rad Con Lab (OSC)									

*NOTE: Kit numbers on this attachment reflect the actual numbering and location of the SCBA kits in the plant. The numbers do not indicate the order in which the kits are to be inspected or used.

ATTACHMENT 12
Inspection of Emergency Respiratory Equipment

Month _____

Year _____

SELF CONTAINED BREATHING APPARATUS

Kit Number*	Location	Cylinder			Regulator		Facepiece Equip Number	Visual and Functional Check	Comments	Date/Signature
		Number	Hydro Date	Pressure	Equipment Number	Calibration Date				
Additional Silicone SCBA Facepieces**:										
1	Rad Con Lab								Size – Small	
2	Rad Con Lab								Size – Medium	
3	Rad Con Lab								Size – Large	
1	Fire Equipment Locker								Size – Small	
2	Fire Equipment Locker								Size – Medium	
3	Fire Equipment Locker								Size – Large	
1	Control Room								Size – Medium	
2	Control Room								Size – Medium	
1	Fire Brigade Van								Size - Small	
2	Fire Brigade Van								Size - Medium	
3	Fire Brigade Van								Size - Large	

* NOTE: Kit numbers on this attachment reflect the actual numbering and location of the SCBA facepieces in the plant. The numbers do not indicate the order in which the kits are to be inspected or used.

**NOTE: The silicone facepieces listed here are the minimum required facepieces. Additional facepieces can be stored, if desired.

ATTACHMENT 13
Inspection of Emergency Respiratory Equipment
Self-Contained Breathing Apparatus Cylinders

Month _____
Year _____

Location: Unit 1 Control Room Minimum Quantity Required. 9 Cylinders

Cylinder Number	Hydro Date	Pressure	Visual and Functional Check	Comments

_____ _____
Signature Date

Location: Unit 1 Control Tower Stairway 306' Minimum Quantity Required: 10 Cylinders

Cylinder Number	Hydro Date	Pressure	Visual and Functional Check	Comments

_____ _____
Signature Date

ATTACHMENT 13

Inspection of Emergency Respiratory Equipment
Self-Contained Breathing Apparatus Cylinders

Month _____
Year _____

Location: Unit 1 C W Pumphouse

Minimum Quantity Required: 20 Cylinders

Cylinder Number	Hydro Date	Pressure	Visual and Functional Check	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Control Tower Stairwell (Serves OSC and TSC)
Minimum Quantity: 50

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments	Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Control Room
Minimum Quantity: 25

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments	Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Central Alarm Station
Minimum Quantity: 3 medium silicone
3 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Turbine Building 4th Floor (Old AO Central)
Minimum Quantity. 3 medium silicone
3 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

_____ _____
Signature Date

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Control Tower 2nd Floor (Old TSC)
Minimum Quantity: 3 medium silicone
3 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Door 72 Chem Add. Area
Minimum Quantity: 1 medium silicone
1 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

_____ _____
Signature Date

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Telephone Equipment Room
Minimum Quantity: 1 medium silicone
1 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

Signature _____ Date _____

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: 601 Security Supervisors Office - Service Building
Minimum Quantity. 2 medium silicone
2 medium black

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

_____ _____
Signature Date

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Secondary Alarm Station
Minimum Quantity: 1 medium silicone
1 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

_____ _____
Signature Date

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Intermediate Bldg
Minimum Quantity: 1 medium silicone
1 medium black
1 small silicone

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	GMRI Canister Due Date	Comments

_____ _____
Signature Date

ATTACHMENT 14

Inspection of Emergency Respiratory Equipment
Full Face Respirators with Canisters

Month _____
Year _____

Location: Sewage Treatment Plant
Minimum Quantity: 2

Model Facepiece
Quantity Each

Equip. Number	Visual (V) or Functional (F) Check	Chlorine Canister Due Date	Comments

_____ _____
Signature Date

Emergency Preparedness Department Review _____ / _____
Initials Date