

TIPK008

To : DOCUMENT CONTROL DESK
Facility : MP Department : 806
Address : NUC REGULATORY COMMISSION (0140)
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

From : NDS CONT DOCUMENTS
Date/Time : 11/13/02 10:20

Trans No. : 000037280 Transmittal Group Id: 02317KA-7
Total Items: 00001

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5-022B OSC ASSEMBLY AREA BLDG 475 1ST FLOOR		005 01			P	01

Marked (*) documents require your acknowledgement.

Acknowledgement Date : _____ Signature: _____

Please check the appropriate response and return form to sender.

- ☐ All documents received.
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4001

08/20/02
Approval Date

09/03/02
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-22B	Writer: Jean B. Olsen	Rev. No. 005	Minor Rev. 01
Title: OSC Assembly Area, Bldg 475, 1 st floor			
For New Documents Document is QA <input type="checkbox"/> DH Title:			
<input type="checkbox"/> Revision	<input checked="" type="checkbox"/> Minor Revision	<input type="checkbox"/> Cleanup Revision	<input type="checkbox"/> Biennial Review
<input type="checkbox"/> Cancel	<input type="checkbox"/> Void (Do Not Use)	<input type="checkbox"/> Expire	<input type="checkbox"/> Superseded By:
Comments:		<input checked="" type="checkbox"/> Administrative Correction FLS: <u>11/12/02</u>	

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Environmental Screen	<input type="checkbox"/>			
Licensing Basis (50.59 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
(minimum of two)	Print		Sign	Date	Dept
Coordinator					
Member					

Training: ☐ None ☐ Nuclear Training ☐ Briefing ☐ Familiarization

<input type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> <u>N/A</u> (1) SQR Sign/Date (2) Department Head Approval Sign	<input type="checkbox"/> SORC Review and Approval <u>N/A</u> (1) Department Head Sign/Date (2) SORC Meeting Number (3) SORC Approval Sign	<input type="checkbox"/> Department Head Review and Approval <u>N/A</u> (1) Department Head Approval Sign
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Approval Date: 11/12/02

Effective Date: 11/19/02

11/12/02

Approval Date

11/19/02

Effective Date

OSC Assembly Area, Bldg 475, 1st floor

Date: _____

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

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

Emergency Locker				
Source Plaque	1			

Conference Room 475/102				
Area Radiation Monitor Serial No. _____ Date Due _____	1			
Electronic Dosimetry Reader	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____