

Southern Nuclear  
Operating Company, Inc.  
Post Office Drawer 470  
Ashford, Alabama 36312

Date: June 6, 2003



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FNP-198-DC

Director, Office of NRC  
Att: Document Control Desk  
C/O Jim McKnight  
US Nuclear Regulatory Commission  
Washington, DC 20555

Dear Sir:

ENCLOSED IS THE LATEST REVISION FOR FARLEY NUCLEAR PLANT EMERGENCY  
PLAN IMPLEMENTING PROCEDURE 8.0.

**FNP-0-EIP-16.0 REVISION 41 EMERGENCY EQUIPMENT AND SUPPLIES  
(1 COPY)**

PLEASE REPLACE YOUR COPY WITH THE ATTACHED REVISED COPY.  
IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT 334-899-5156 EXTENSION 3439.

Sincerely,

A handwritten signature in cursive script that reads "Joey Hudspeth".

Joey Hudspeth  
Document Control Supervisor

05/27/03 15:02:29

SHARED

FNP-0-EIP-16.0  
May 22, 2003  
Version 41

FARLEY NUCLEAR PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE  
FNP-0-EIP-16.0

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EMERGENCY EQUIPMENT AND SUPPLIES

PROCEDURE USAGE REQUIREMENTS - PER FNP-0-AP-6	SECTIONS
Continuous Use	
Reference Use	All Checklist
Information Use	Procedure Body pp. 1-11

Approved:



Nuclear Plant General Manager



Date Issued 5-30-03

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**CAUTION:** This copy is not maintained  
current. Do not use in a Safety Related Activity.

LIST OF EFFECTIVE PAGES

PROCEDURE CONTAINS

NUMBER OF PAGES

Body.....11

Checklist A.....2

Checklist B.....4

Checklist C.....1

Checklist D.....1

Checklist E.....1

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Checklist X.....1

Checklist Y.....1

Checklist Z.....1

Checklist AA.....1

Checklist BB.....4

Checklist CC.....2

Checklist DD.....1

Checklist EE.....1

Checklist FF.....1

Checklist GG.....2

Checklist HH.....1

Checklist II.....1

Checklist JJ.....2

Checklist KK.....2

Checklist LL.....1

**LIST OF EFFECTIVE PAGES**

**PROCEDURE CONTAINS**

**NUMBER OF PAGES**

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- Checklist EE - Chemisty Eyewash/Shower Stations (CHM)
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- Checklist VV - Alternate EOF Headland (EP)
- Checklist WW - Maintenance Vehicle Designated for EP Support, Identification # Can be Found on Key in EP TSC /EOF Key Lockers (MM)
- Checklist XX - Fire Fighting Equipment SCBAs (EP)
- Checklist YY - Intentionally Blank
- Checklist ZZ - Material Department Eyewash/Shower Stations (STR)

**EMERGENCY EQUIPMENT AND SUPPLIES****1.0 Purpose**

This procedure establishes the actions to be taken to ensure the operational readiness of emergency equipment and supplies.

**2.0 References**

- 2.1 Joseph M. Farley Nuclear Plant Emergency Plan
- 2.2 FNP Response (FNP-88-0442) to NRC Information Notice 88-15 Concerning Use of Potassium Iodide as a Thyroid Blocking Agent
- 2.3 FNP-0-CCP-333 Inspection of Safety Showers and Eye Wash.
- 2.4 FNP-0-EMP-1802.1, Battery Equipment Safety Check.
- 2.5 FNP-0-RCP-107, Use and Operation of Self Contained Breathing Apparatus (Pressure Tank Type)

**3.0 General**

- 3.1 This procedure applies only to equipment and supplies stored for emergency use and specifically listed in this procedure.
- 3.2 Any person utilizing emergency equipment stored in emergency lockers or cabinets shall promptly notify the Emergency Planning Coordinator of such use. Users of such items are to return non-expendable items to designated storage locations and properly dispose of expendable items.
- 3.3 The Emergency Planning Coordinator is responsible for ensuring that the Document Control procedure and drawing inventory sheets that are specified in the checklists contain the required procedures for the individual at the specified location to perform the required tasks during an emergency or emergency drill.
- 3.4 The Emergency Planning Coordinator is responsible for ensuring that any group that is required to perform a checklist due to drill or emergency use, a broken seal, routine inventory or other reasons has been informed.
- 3.5 Operability of equipment that is tested by FNP-0-STP-60.0, 60.11, 60.12 is verified during the performance of the STP on a monthly basis.

- 3.6 All emergency plan equipment storage locations should have inventory checklists displayed. Checklists H, O, P, Q, S, T, Z, DD, EE, FF, HH, II, LL, MM, RR, UU, WW, XX, YY, and ZZ are specifically excluded from this requirement.
- 3.7 The Maintenance Manager is responsible for preventive maintenance activities of the automotive portions of the vehicles specified in checklists P, DD, FF, HH, II, MM, TT, and WW.
- 3.8 The Fire Marshal is responsible for completion of the following checklists:
- 3.8.1 Checklist CC - Fire Fighting Equipment (FM)
  - 3.8.2 Checklist GG - Fire Brigade Equipment (FM)
  - 3.8.3 Checklist SS - Fire Tanker Truck Equipment (FM)
  - 3.8.4 Checklist UU - Smoke Removal Equipment (FM)
- 3.9 The Security (Site) Manager is responsible for the following checklists and daily and weekly responsibilities:
- 3.9.1 Checklist DD - Plant Emergency Vehicle (PEV) (SEC)
  - 3.9.2 Checklist HH - Fire Brigade Van (FBV) (SEC)
  - 3.9.3 Checklist TT - Fire Tanker Truck (FTT) (SEC)
  - 3.9.4 General visual inspection of the PEV and FBV.
  - 3.9.5 Daily perform general inspection of the Fire Tanker Truck.
  - 3.9.6 Weekly test drive the Fire Tanker Truck.
  - 3.9.7 Weekly perform a 20 to 30 minute test drive of the PEV.
- 3.10 The Chemistry Superintendent is responsible for completion of the following checklist:
- 3.10.1 Checklist P - Chemistry Vehicle (CHEM)
  - 3.10.2 Checklist EE - Chemistry Eyewash/Shower Stations (CHEM)
  - 3.10.3 Checklist II - Environmental Vehicle (ENV)
- 3.11 The Operations Unit Superintendent is responsible for completion of the following checklists:

- 3.11.1 Checklist JJ - Unit 1 Cable Spreading Room Fire Emergency Equipment (OPS)
- 3.11.2 Checklist KK - Unit 2 Cable Spreading Room Fire Emergency Equipment (OPS)
- 3.12 The Material Department is responsible for completion of the following checklists:
  - 3.12.1 Checklist ZZ - Material Department Eyewash/Shower Stations (STR)
- 3.13 This step intentionally left blank.
- 3.14 Safety and Health is responsible for completion of the following checklists:
  - 3.14.1 Checklist G - Plant Emergency Vehicle Equipment (SH)
  - 3.14.2 Checklist H - FNP Stretcher Cabinets (SH)
  - 3.14.3 Checklist I - Central Security Control Building, Ambulance Kit (SH)
  - 3.14.4 Checklist J - Nurses Station (SH)
- 3.15 The Maintenance Manager is responsible for completion of the following checklists:
  - 3.15.1 Checklist WW - Maintenance Vehicle Designated for EP Support, Identification # Can be Found on Key in EP TSC /EOF Key Lockers (MM)
- 3.16 The Emergency Planning Coordinator is responsible for completion of the following checklists and for tracking the completion of all checklists:
  - 3.16.1 Checklist A - Control Room (EP)
  - 3.16.2 Checklist B - Operations Support Center (EP)
  - 3.16.3 Checklist C - Central Security Control Building, Fire Department (EP)
  - 3.16.4 Checklist D - Aux Bldg El 155, Unit 2 Rad Side Near East Stairwell (EP)
  - 3.16.5 Checklist E - Auxiliary Building, El. 121, Unit 2 Rad Side Near East Stairwell (EP)

- 3.16.6 Checklist F - Auxiliary Building, El. 83, Unit 1 Rad Side West Stairwell (EP)
- 3.16.7 Checklist K - EOF Air Compressor Shed, Radiation Monitoring Team Kits (EP)
- 3.16.8 Checklist L - Emergency Operations Facility (EP)
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- 3.16.12 Checklist Q - Auxiliary Building Entrance West, Non-Rad Hallway, Unit 1 (EP)
- 3.16.13 Checklist R - Service Bldg. Maintenance Shop (EP)
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- 3.16.15 Checklist T - HVAC System EOF (EP)
- 3.16.16 Checklist U - Auxiliary Building, El. 139, Unit 1 Rad Side Hallway by Counting Room (EP)
- 3.16.17 Checklist V - Auxiliary Building, El. 100, Unit 1 Rad Side Hallway (EP)
- 3.16.18 Checklist W - Auxiliary Bldg., El. 83, Unit 2 Rad Side Hallway (EP)
- 3.16.19 Checklist X - Hot Shutdown Panels, Unit 1 (EP)
- 3.16.20 Checklist Y - Hot Shutdown Panels, Unit 2 (EP)
- 3.16.21 Checklist Z - CSC Guard Tower Emergency Cellular Telephone (EP)
- 3.16.22 Checklist AA - Auxiliary Building, El. 83, Unit 2 Rad Side West Stairwell (EP)
- 3.16.23 Checklist BB - Technical Support Center (EP)
- 3.16.24 Checklist FF - Training Center Vehicle (EP)
- 3.16.25 Checklist LL - Canister Respirators
- 3.16.26 Checklist MM - Visitor Center Vehicle (EP)

- 3.16.27 Checklist NN - Auxiliary Bldg., El. 139, Unit 1 Rad Side Outside Elevator (EP)
- 3.16.28 Checklist OO - Auxiliary Building, El. 139, Unit 2 Rad Side Pass Sample Area (EP)
- 3.16.29 Checklist PP - Post Accident Sample Area Auxiliary Building, El. 139, Unit 1 Radside (EP)
- 3.16.30 Checklist QQ - Post Accident Sample Area Auxiliary Building, El. 139 Unit 2 Radside (EP)
- 3.16.31 Checklist RR - RMT Southern Linc and Kenwood Radios (EP)
- 3.16.32 Checklist VV - Alternate EOF, Headland (EP)
- 3.16.33 Checklist XX - Fire Fighting Equipment SCBAs (EP)

4.0 An inventory shall be performed:

4.1 Weekly for the following checklists:

DD, HH and TT

4.2 Monthly for the following checklists:

F, P, Q, S, AA, EE, FF, II, LL, MM, NN, OO, RR, WW, XX, and ZZ

4.3 Quarterly for the following checklists:

A, B, C, D, E, G, H, I, J, K, L, M, N, O, R, S, T, U, V, W, X, Y, Z, BB, CC, GG, JJ, KK, PP, QQ, SS, UU and VV

4.4 Semi-annually for the following checklist:

NONE

4.5 Yearly for the following checklist:

NONE

4.6 After each emergency or drill during which the emergency equipment storage location is opened or equipment used.

**NOTE: THE EMERGENCY PLAN SEALS ARE RED IN COLOR AND ARE STAMPED E. P. WITH THE CONTACT PAX EXTENSION. THIS IS AN ANSWERING MACHINE EXTENSION. LEAVE A MESSAGE AS TO WHICH SEAL HAS BEEN BROKEN.**

- 4.7 Any time the seal on a storage location is found to be broken or tampered with by persons other than Emergency Planning personnel.
  
- 5.0 The following actions are to be performed daily.
  - 5.1 Perform a general visual inspection of the PEV and FBV and FTT to include:
    - 5.1.1 Adequate tire inflation
    - 5.1.2 Gas tank over 3/4 full
    - 5.1.3 Verify that external compartment doors are properly latched.
    - 5.1.4 Initiate appropriate corrective action to eliminate any identified deficiencies.
  
- 6.0 The following actions are to be performed weekly:
  - 6.1 Test drive the PEV for a minimum of 20 to 30 minutes at highway speeds. The PEV may be driven off-site to facilitate driving at highway speeds.
  - 6.2 Test drive the Fire Tanker Truck.
  
- 7.0 Semi-annually, perform the following:
  - 7.1 Insure pocket dosimeters are within calibration and replace as required.
  - 7.2 Ensure that each pocket dosimeter is zeroed.
  
- 8.0 Annually, perform the following:
  - 8.1 Replace all thermoluminescent dosimeters.
  - 8.2 Replace all tape, pens and latex gloves with fresh stock.

## 9.0 Expiration and Calibration Due dates

When an inventory is performed, the expiration date on consumables and the calibration due date shall be verified to be valid until the next scheduled inventory or other arrangements are made to replace or calibrate the equipment. A list of the expiration dates and calibration due dates may be posted on the outside of the storage location to expedite future inventories.

## 10.0 Respiratory Protection Equipment Requirements

### 10.1 Canister type respirators

- 10.1.1 Monthly, check the expiration date on the filter cartridge. Ensure that the filter's expiration date is at least beyond the last day of the next inventory period. (NUREG-0041, 29CFR1910)
- 10.1.2 Monthly, ensure that the seal of the protective bag containing the respirator is not broken. If the seal is broken, have the respirator recertified or replaced. The seal serves to verify that the respirator has not been worn since certification. (NUREG-0041, 29CFR1910)
- 10.1.3 If the above are acceptable, initial and date the respirator certification tag.
- 10.1.4 Fully inspect the respirators during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag, and seal the bag. (10CFR20 and Reg. Guide 8.15 for Respiratory Protection)
- 10.1.5 Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

### 10.2 Self-Contained Breathing Apparatus (SCBA)

- 10.2.1 Check the pressure in the air tank. If the tank pressure is less than 2000 psig, initiate corrective action.
- 10.2.2 Ensure that the seal of the protective bag containing the SCBA mask is not broken. The seal serves to verify that the mask has not been worn since certification. If the above are acceptable, initial and date the respirator certification tag. If the seal is broken, have the mask recertified or replaced.
- 10.2.3 Fully inspect the respirators for SCBAs during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag

and seal the bag. (10CFR20 and Reg. Guide 8.15 for Respiratory Protection)

- 10.2.4 Verify the regulator main-line (yellow) valve is closed.
- 10.2.5 Verify the regulator bypass (red) valve is closed.
- 10.2.6 Open cylinder valve to pressurize regulator and hose.
- 10.2.7 Place hand over the regulator outlet to block it leaktight.
- 10.2.8 Open the regulator main-line (yellow) valve and check that the regulator pressure gauge does not rapidly drop indicating a leak in the regulator.
- 10.2.9 Compare the cylinder pressure gauge to the regulator pressure gauge, the allowable tolerance is plus or minus 10% and both gauges greater than 2000 psi.
- 10.2.10 Close the cylinder valve and check that the regulator pressure gauge does not rapidly drop, indicating a leak in the hose or regulator.
- 10.2.11 Take hand from regulator outlet and check the alarm as pressure goes down below approximately 500 psig.
- 10.2.12 Cycle the regulator bypass (red) valve, to ensure proper operation.
- 10.2.13 Verify the regulator main-line (yellow) valve is closed.
- 10.2.14 Verify the regulator bypass (red) valve is closed.

## 11.0 Portable instrumentation requirements

- 11.1 Insure portable radiological survey instruments and air samplers are within calibration, using manufacturer's recommendations as guidelines.
  - 11.1.1 A calibration schedule shall be maintained with all of the Emergency Planning portable instruments, air samplers, digital alarming dosimeters, self reading pocket dosimeter and any other equipment that requires periodic calibration.
- 11.2 Pocket dosimeter charger
  - 11.2.1 Check battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.

- 15.6 Utilize the "COMMENTS" section to provide appropriate information regarding checklist items.
  - 15.7 Whenever thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator who will immediately notify the Assistant General Manager - Operations.
  - 15.8 Initiate needed corrective action.
  - 15.9 Notify the Emergency Planning Coordinator of any missing or inoperable equipment.
  - 15.10 The Emergency Planning Coordinator shall have a placard placed at the storage location indicating what equipment is missing or inoperable and steps being taken to return equipment back to operable status.
  - 15.11 Upon closing the storage location, affix a seal or a lock to the door, if so equipped.
  - 15.12 Sign and date the checklist.
  - 15.13 Route the checklist to the Emergency Planning Nuclear Specialist (EPNS).
  - 15.14 The EPNS is to review the checklist and route them to the Emergency Planning Coordinator.
  - 15.15 The Emergency Planning Coordinator is to review the checklists and route them to Document Control.
- 16.0 Desk Pack Contents
- 16.1 Each location that has a need for desk or administrative materials has been assigned a desk pack. Each desk pack will normally contain the minimum following materials: clip board, lined paper, phone memo pad, black pens, red pen, pencils, hi-liters, paper clips, stapler, staple puller, ruler tape dispenser, liquid paper.
  - 16.2 Desk packs listed for status board keepers will, in addition, include markers and cleaner for status boards.
  - 16.3 The supplies in desk packs that could deteriorate with time, such as pens, will be replaced annually.

## 17.0 Personnel Emergency Equipment

17.1 The following personnel emergency equipment will be maintained in accordance with the applicable checklist:

Checklist H - FNP Stretcher Cabinets

Checklist EE - Chemistry Eyewash/Shower Stations

Checklist ZZ - Material Department Eyewash/Shower Stations

17.2 The Maintenance controlled eyewash stations are covered under the PM program. The PM TPNS for this system is NSR4250002, "Battery Safety Equipment Check." This is performed and documented monthly.

17.3 Routine inspections performed using the checklist will include the following items as applicable:

Operability - Maintained per the checklist

Accessibility - Clear access to the equipment will be verified to ensure it can be reached for emergency use. To aid in maintaining clear access, a floor marking or sign may be used.

Location - Placement of the emergency equipment in the designated location specified by the checklist will be verified.

Posting - Each location will be marked to help locate it in an emergency and to aid in returning portable equipment to the proper location if it has been moved.

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## EMERGENCY EQUIPMENT AND SUPPLIES

**LARGE STORAGE LOCKER AND SOUND POWERED PHONE CABINET.....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Air sampler filter paper (box)	1
_____	Silver Zeolite, individual cartridge (OR-1-99-383)	25
	Expiration Date _____	
	Expiration after next inventory Yes____ No____	
_____	Potassium Iodide, Bottle (OR-1-99-383)	150
	Expiration Date _____	
	Expiration after next inventory Yes____ No____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Asst. General Manager - Operations	
_____	Twirl Packs (box) .	1
_____	Polybags	20
_____	Polysheets, package	1
_____	Absorbent wipes, package	1
_____	Knife, Razor	1
_____	Scissors	2
_____	Flashlights...Battery Compartment Operational	10
_____	Tape, Electrical	2
_____	Tape, Masking	2
_____	Coveralls, Work Type	4
_____	Gloves, disposable package	1
_____	Tool Kit containing:	1
	channel locks, hacksaw, carpenters hammer, sledge hammer, pliers, screwdriver set, side cutters, pipe wrench, large adjustable wrench, small adjustable wrench	
_____	First Aid Kit	1
_____	Kenwood Radio with Charger:	3
_____	Cord, sound powered phone, 600'	1
_____	Electrical jumper for FRP-H.1 (ea)	6
_____	Hose couplings for fire water supply to DG's (ref: FNP-0-AOP-49)	4

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EMERGENCY EQUIPMENT AND SUPPLIES

LARGE STORAGE LOCKER AND SOUND POWERED PHONE CABINET.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CONTROL ROOM SOUND POWERED PHONE CABINETS</b>		
_____	Headsets, Sound Powered Phone....Operational	2
<b>PORTABLE SURVEY INSTRUMENTS</b>		
Verify the following portable instruments per calibration schedule.		
_____	Dose rate meter	1
_____	Contamination meter	1
_____	Air sampler	1
<b>ENN CR FNP SOUTHERN LINC RADIO</b>		
_____	Shift Foreman's Office.....Operational	1
_____	U-2 Shift Supervisor Desk.....Operational	1

**NOTES:**

If the Silver Zeolite cartridges, Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

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## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST B

### OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PROCEDURES AND DRAWINGS</b>		
	Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory	
_____	EP-OSC-OSC MANAGER	
_____	EP-OSC-P.A.S.S. CABINET	
<b>HEALTH PHYSICS/HP SUPPORT CABINET</b>		
_____	First Aid	1
_____	Flashlights....Battery Compartment Operable	2
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Radiation barrier tape or rope	100 ft
_____	Scissors, pr.	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Tape, Duct, roll	2
_____	Detergent, package	2
_____	Extension cord for chemistry lab	1
_____	Applicators, Cotton Tufted, package	1
_____	Bags, plastic	20
_____	Brushes, Hand	2
_____	Clippers, Hair	1
_____	CST flange, tygon, tie wraps, 1 1/4" wrench (ea)	2
_____	Swabs, Nasal	20
_____	Tweezers	2
_____	Wristbands	10
_____	Digital Alarming Dosimeters listed below check fast entry mode	
_____	Fast entry settings and count for OSC DAD'S	
_____	Leak search/Re-Entry disconnects: 100R/hr dose rate; 10 Rem dose	20
_____	Drawing PASS: 20R/hr dose rate; 5 Rem dose	10
_____	Relocation sample prep/disconnects: 5R/hr dose rate; 1 Rem dose	14
_____	Area monitors: 40 mrem/hr dose rate; 100mrem dose	6
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	
_____	Twist-Lock Adapter (Construction Male/Household Female)	3

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**OPERATIONS SUPPORT CENTER....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>POST ACCIDENT SAMPLE CABINET</b>		
_____	<b>Gaseous Effluent Sample Bags..Each bag contains 2-14 mv glass vials with rubber septums, syringe with needle, filter paper and 3' tygon tubing, silver zeolite cartridge (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes____ No____</b>	<b>6</b>
_____	<b>RCS Sample Bags ... Each bag contains 2 sample bottles, 2-14 mv vials with rubber septums, 4 planchets, syringe with needle</b>	<b>6</b>
_____	<b>5 cc gas syringe</b>	<b>10</b>
_____	<b>10cc gas syringe</b>	<b>5</b>
_____	<b>1 cc gas syringe</b>	<b>2</b>
_____	<b>0.5 cc gas syringe</b>	<b>30</b>
_____	<b>Needles for gas syringe</b>	<b>21</b>
_____	<b>Particulate filters</b>	<b>200</b>
_____	<b>Labels for gas release samples</b>	<b>100</b>
_____	<b>14 mv vials</b>	<b>50</b>
_____	<b>14 mv septa</b>	<b>100</b>
_____	<b>Plastic bags</b>	<b>50</b>
_____	<b>Petri dishes</b>	<b>60</b>
_____	<b>Forceps</b>	<b>3</b>
_____	<b>75 ml Plastic Vials</b>	<b>24</b>
_____	<b>Plastic funnels (small)</b>	<b>24</b>
_____	<b>30 ml Plastic bottles</b>	<b>28</b>
_____	<b>Planchets (2" x 5/16")</b>	<b>75</b>
_____	<b>Latex gloves (package)</b>	<b>1</b>
_____	<b>Safety glasses</b>	<b>2</b>
_____	<b>1 liter Marinelli (liquid)</b>	<b>1</b>
_____	<b>1 liter Marinelli (gas)</b>	<b>6</b>
_____	<b>250 ml bottles</b>	<b>12</b>
_____	<b>Charcoal Cartridge (box) (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes____ No____</b>	<b>2</b>
_____	<b>Silver Zeolite, individual cartridge (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes____ No____</b>	<b>50</b>
_____	<b>Small bags</b>	<b>20</b>
_____	<b>Air sample labels</b>	<b>20</b>
_____	<b>Microprobe pH electrodes</b>	<b>2</b>
_____	<b>Stirring bar, magnetic</b>	<b>1</b>
_____	<b>Buret, piston</b>	<b>2</b>

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**OPERATIONS SUPPORT CENTER....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>POST ACCIDENT SAMPLE CABINET</b>		
_____	Pipets, 1, 2, 5, 10 mls	1 ea.
_____	Flexible arm electrode holder	1
_____	Stirring rods	4
_____	Shortened 10 ml graduated cylinder	1
_____	Labels for sample containers	1 pack
_____	Logbook	1
_____	Electrode extensions	1
_____	1/4" tygon tubing	20 ft
_____	15 ml vials	3
_____	3/8" tygon tubing	40 ft
_____	Tie wraps (bag)	1
_____	Knife (razor)	2
<b>RE-ENTRY CABINET</b>		
_____	Extremity TLDs.....annual replacement	60 ea.
_____	Coveralls, plastic (box)	2
_____	Plastic Shoe Covers (CS)	1
_____	Tape, Masking (roll)	5
_____	Coveralls, disposable, white (CS)	3
_____	Latex "Steeleboot" or Rubber Shoe Covers (CS)	1
_____	Hood, Tyvek (CS)	1
_____	Surgeon's cap, Tyvek (CS)	1
_____	Surgeon's gloves (CS)	1
_____	Glove liners (CS)	1
_____	Rubber gloves (CS)	1
<b>OSC MANAGER'S DESK</b>		
_____	Re-entry log book....contents per cover sheet	1
_____	Portable PA system...operation....battery compartment O.K.	1
_____	Desk pack	1
_____	flashlights...operational...battery compartment OK	2
_____	TSC intercom Gaitronics...operational	1
_____	Phone...6074...operational	1
_____	Phone...2448...operational	1
_____	Phone...2416...operational	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>PORTABLE SURVEY INSTRUMENTS</b>		
Verify the following portable instruments per calibration schedule.		
_____	Pole detector-dose rate meter	3
_____	Low range dose rate meter	5
_____	High range dose rate meter	1
_____	Contamination meter	5
_____	Air sampler	5
<b>HP OFFICE AREA</b>		
_____	Portable Trauma Kit	1
_____	First Aid Supplies, set	1

**NOTES:**

If the Silver Zeolite cartridges or charcoal cartridges expire before the next inventory, change them out at this time.

**COMMENTS** \_\_\_\_\_

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**REASON FOR INSPECTION**

Seal Broken \_\_\_\_\_

Quarterly Post Drill Emergency Use \_\_\_\_\_

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)....Calibration O.K.	5
_____	Fire Rescue Suit	1
_____	Gloves, pr	5
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Gloves, Disposable, package	1
_____	Safety Glasses (pr)	5

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	1
_____	Air sampler	1
_____	RMT's DAD's (fast entry mode) 1R/hr dose rate; 1 Rem dose	2

**COMMENTS** \_\_\_\_\_

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**REASON FOR INSPECTION**

Seal Broken \_\_\_\_\_

Quarterly Post Drill Emergency Use \_\_\_\_\_

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

AUX BLDG EL 155 UNIT 2 RAD SIDE BY LAUNDRY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blankets	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable, white	3
_____	Surgeon Gloves, pr	6
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr	3
_____	Plastic Shoe Covers, pr	6
_____	Hood	3
_____	Surgeon's cap	3
_____	Radiation barrier tape or tope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight....battery compartment operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26.	

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 121 UNIT 2 RAD SIDE NEAR EAST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blankets	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Gloves, Disposable, package	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls	3
_____	Cloth Gloves, pr	3
_____	Rubber Gloves, pr	3
_____	Cloth Shoe Covers, pr	3
_____	Rubber Shoe covers, pr	3
_____	Hood	3
_____	Surgeon's cap	3
_____	Radiation barrier tape or rope	100 ft
_____	Airborne Radioactivity Area sign	3
_____	Contaminated Area sign	3
_____	High Radiation Area sign	3
_____	Radiation Area sign	3
_____	Tape, Masking, roll	2
_____	Flashlight...battery compartment operational	1
_____	Scissors (pr)	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26.	

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
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REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 1 RAD SIDE WEST STAIRWELL....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP.	

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_

Monthly Post Drill   Emergency Use                      TITLE: \_\_\_\_\_

Other \_\_\_\_\_                      DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST G

### PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Oxygen masks	4
_____	Suction catheter, each	4
_____	Gauze bandage 4" x 5 yards, boxes	2
_____	Large eye pads, boxes	2
_____	Rescue mask, each	4
_____	Penlights, each	6
_____	Non-adhering dressing 3" x 8", boxes	2
_____	Bandage scissors, each	2
_____	Hypo-allergenic tape, boxes	2
_____	Band aids, boxes	2
_____	Gauze sponges 4" x 4", packs	4
_____	Gauze sponges 3" x 3", packs	4
_____	Butterfly closures, boxes	2
_____	Burn sheets, each	5
_____	Airway kits, each	2
_____	Air splint kits, each	2
_____	Trauma dressing 30" x 10", each	4
_____	Elastic bandage, each	6
_____	Sodium Chloride solution, bottle (OR-1-99-383)	1
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Neck collars, each	4
_____	Wound wipes, boxes	3
_____	Gauze scissors, each	1
_____	Surgipads, each	10
_____	CPR board, each	1
_____	Laerdal portal suction unit, each	1
_____	Portable oxygen kit, each...tank pressure $\geq 1/4$ full scale	1
_____	1/2" hypo-allergenic cloth tape, boxes	1
_____	Cold packs, each	8
_____	Long back board, each	1
_____	Short back board, each	1
_____	Stretcher, each	2
_____	Scoop stretcher, each	1
_____	Breathing air bottle, each ...tank pressure $\geq 50$ psig	1
	Hospital radio operability check, circle one	SAT/UNSAT
_____	Blood pressure kit, each	1
_____	Ambu Bag	1
_____	Trauma kit	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, Plastic	10
_____	Blankets	2
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)...calibration O.K.	2
_____	First Aid Kit	1
_____	Gloves, disposable, package	1
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead Covering Material, sheet	1
_____	Coveralls, disposable, white	4
_____	Surgeon gloves, pr	8
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr	4
_____	Plastic Shoe Covers, pr.	12
_____	Hood, Tyvek	4
_____	Surgeon cap, Tyvek	4
_____	Decon Solution (bottle)	1
_____	Airborne Radioactivity Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	1
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Wristbands	10
_____	Absorbent wipes, package	1
_____	Flashlight...Battery compartment operable	1

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

_____	Contamination meter	1
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**NOTES:**

If the Sodium Chloride Solution expires before the next inventory, change it out at this time.

**COMMENTS**

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05/27/03 15:02:29

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST G**

**PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)**

**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP STRETCHER CABINETS....(SH)**

**NOTE:** Inspection includes verifying accessibility and posting per step 18.0.

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	<b>UTILITY BUILDING</b>	
	_____ Pole Stretcher...Blanket	1
	<b>WATER TREATMENT PLANT</b>	
	_____ Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>SRV.BLDG.MAINTENANCE SHOP</b>	
	_____ Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>C.S.C. BUILDING</b>	
	_____ Pole Stretcher...Blanket	1
	<b>SWITCHHOUSE</b>	
	_____ Pole Stretcher....Blanket	1
	<b>CONTROL ROOM</b>	
	_____ Pole Stretcher....Blanket	1
	<b>UNIT I AUX-RCA 155' W. STAIRS</b>	
	_____ Stretcher, basket....with 4 point sling, 4 body straps, 2 blankets	1
	<b>UNIT 1 AUX-RCA 139' W. STAIRS</b>	
	_____ Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 121' E. HALL</b>	
	_____ Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 100' W. STAIRS</b>	
	_____ Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-RCA 83' W STAIRS</b>	
	_____ Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
	<b>UNIT 1 AUX NON-RAD 139' STAIRS</b>	
	_____ Pole Stretcher...Blanket	1
	<b>UNIT 1 AUX-NON-RAD 121' STAIRS</b>	
	_____ Pole Stretcher....Blanket	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP STRETCHER CABINETS...(SH)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT 1 AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 189' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 137' S. STAIRS _____ Pole Stretcher....Blanket	1
	SRV.WTR. NE ENTRANCE _____ Pole Stretcher....Blanket	1
	RIVER WTR. S. COMPARTMENT _____ Pole Stretcher....Blanket	1
	DIESEL GEN BLDG W. ENTRANCE _____ Pole Stretcher....Blanket	1
	FIRE PROTECTION BUILDING _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II TURBINE BLDG EL. 155' _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II AUX-RAD 155' E. _____ Stretcher Basket,....Blanket	1
	UNIT II TURBINE BLDG. 189' N. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 139' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 121' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II TURBINE BLDG. 137' N. STAIRS _____ Pole Stretcher....Blanket	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP STRETCHER CABINETS...(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT II AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 139' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 121' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 100' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 83' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II CL <sub>2</sub> HOUSE/COOLING TOWER _____ Pole Stretcher....Blanket	1
	EOF _____ Pole Stretcher....Blanket	1

COMMENTS \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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REASON FOR INSPECTION  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, AMBULANCE KIT....(SH)  
(Stored in Fire Protection Cabinet)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, Plastic	10
_____	Blanket	1
_____	Charger, Dosimeter...Battery Compartment Operational	1
_____	Dosimeters, Pocket (5R)...Calibration O.K.	4
_____	Labels, "CAUTION RADIOACTIVE MATERIAL"(roll)	1
_____	Lead Covering Material, sheet	1
_____	Desk pack	1
_____	Lab Coats	4
_____	Cloth Gloves, pr	4
_____	Rubber Gloves, pr	4
_____	Cloth Shoe Covers, pr	4
_____	Rubber Shoe Covers, pr	4
_____	Hood	4
_____	Surgeons Caps	4
_____	Airborne Radioactive Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	2
_____	TLDs....3 background/4 for use.....annual replacement	7
_____	Gloves, disposable, package	1
_____	Wristbands	10

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

NURSES STATION...(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Decon solution (bottle)	1
_____	Detergent (package)	1
_____	Hand brushes	2
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
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REASON FOR INSPECTION  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST K

### EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u> <u>Kit 2</u> <u>Kit 3</u>		

#### PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets.  
Verify procedures per the DC inventory.

	EP-EOF-RMT KIT 1
	EP-EOF-RMT KIT 2
	EP-EOF-RMT KIT 3

#### SMALL CASE:

			Air Sampling Package (Silver Zeolite) (OR-1-99-383)	6
			Expiration Date _____	
			Expiration after next inventory Yes _____ No _____	
			Compass	1
			Flashlight...Battery Compartment Operational	2
			RMT Keys (set)	1
			Desk pack	1
			Survey Forms (EIP-4, Fig. 4)	5
			TLDs...3 background /4 for use...replace annually (Background TLD's in Cabinet and are not in each case)	7
			Tweezers	1
			Safety Glasses (pr)...clear	2
			Safety Glasses (pr)...tinted	2
			Smears, box	1
			Radio Area Coverage Map	1
			Gloves, disposable, package	1
			Tape, masking (roll)	1
			Labels, "Caution-Radioactive Material" (roll)	1
			Filters for Environmental Air Samplers	15 each

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)**

<u>INITIALS</u>			<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u>	<u>Kit 2</u>	<u>Kit 3</u>		
<b>LARGE CASE</b>				
_____	_____	_____	Absorbent Paper (package)	1
_____	_____	_____	Bags, plastic	10
_____	_____	_____	Flashlights (spotlights)..Battery compartment operational	2
_____	_____	_____	Coveralls (disposable)	4
_____	_____	_____	Rubber Gloves (pr) (disposable)	8
_____	_____	_____	Latex "Steeleboot" or Rubber Shoe Covers , pr (disposable)	4
_____	_____	_____	Hood (disposable)	4
_____	_____	_____	RMT Vehicle Signs (Stored in Room 118)	3
_____	_____	_____	Gloves, package (disposable)	1
_____	_____	_____	Cubitainer (at least 1 gal. capacity)	3
_____	_____	_____	Grass clippers (pr)	1
_____	_____	_____	Small shovel	1
_____	_____	_____	Tape, duct (roll)	1
_____	_____	_____	Weighted Sample Bottle and Rope	1
_____	_____	_____	Sample Pump and Tubing	1
<b>EOF RMT CABINET:</b>				
_____	_____	_____	Plot Board	1
_____	_____	_____	Rain Coats	2
_____	_____	_____	Rain Pants	2
_____	_____	_____	Rain Boots	2
<b>EOF RMT GENERATOR CABINET:</b>				
_____	_____	_____	Portable electric generator...Operable	1
_____	_____	_____	1/2 gallon gas can...(empty or treated)	1
_____	_____	_____	Funnel	1
_____	_____	_____	Hand pump for gas removal	1

**NOTES:**

If the Silver Zeolite cartridges or charcoal cartridges expire before the next inventory, change them out at this time.

05/27/03 15:02:29

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FNP-0-EIP-16.0**  
**CHECKLIST K**

**EOF AIR COMPRESSOR SHED, RADIATION MONITORING TEAM KITS...(EP)**

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST L

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

#### PROCEDURES

Obtain the following Document Control procedure. Verify procedures per the DC inventory.

_____	EP-EOF-RECOVERY MANAGER	
_____	EP-EOF-REC. MGR. ASSISTANT	
_____	EP-EOF-ENV. SUPERVISOR	
_____	EP-EOF-REACTOR ENGINEER	
_____	EP-EOF-COMP SERV SUPPORT	
_____	EP-EOF-QC SUPPORT	
_____	EP-EOF-DAD	
_____	EP-EOF-ACCESS CONTROL	
_____	EP-EOF-STATUS BD KEEPER	
_____	EP-EOF-RMT CONTROLLER	
_____	EP-EOF-KEY LOCKER	
_____	EP-EOF-GOP-RECOVERY MANAGER	
_____	EP-EOF-GOP-REC. MGR ASSISTANT	

#### CABINET 1L DESK

_____	TSC/EOF Gaitronics	1
_____	Telephone...1611...operational	1
_____	Telephone...6156...operational	1
_____	FNP RMA Southern Linc Radio.....operational	1

#### CABINET 1L DRAWER A - RECOVERY MANAGER

_____	Log Book	1
_____	In Boxes	1
_____	Desk Pack	1

#### CABINET 1L DRAWER B

_____	10CFR parts 0-99	1
_____	S.R.O.O.I.R.A.P.	1
_____	Nureg - 0845	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CABINET 1L DRAWER C/D - RECOVERY MANAGERS ASSISTANT</b>		
_____	Desk Pack	1
_____	Loud Speaker	1
<b>CABINET 2L DESK</b>		
_____	FTS Phone...HPN	1
_____	FTS Phone...RSCL	1
_____	FTS Phone...ENS	1
_____	Tone Alert Radio...operational	1
<b>CABINET 2L DRAWER A - DOSE ASSESSMENT DIRECTOR</b>		
_____	Log Book	1
_____	Desk Pack	1
<b>CABINET 2L DRAWER B</b>		
_____	Dothan telephone book	1
_____	Birmingham telephone book	1
<b>CABINET 2L DRAWER C - ENVIRONMENTAL SUPERVISOR</b>		
_____	Log Book	1
_____	Solar Calculator	1
_____	Desk Pack	1
<b>CABINET 2L DRAWER D...no inventoried items</b>		
<b>CABINET 3L DESK</b>		
_____	FTS phone...HPN	2
_____	FTS phone...PMCL	2
_____	Wireless Headset	1
<b>CABINET 3L DRAWER A - STATUS BOARD KEEPER</b>		
_____	Wipe-alls (pkg)	2
_____	Markers	4
_____	Marker Board Cleaner (bottles)	3

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST L

### EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	<b>CABINET 3L DRAWER A - STATUS BOARD KEEPER</b>	
	NOUE sign	1
	Alert sign	1
	Site sign	1
	General sign	1
	Unit 1 sign	1
	Unit 2 sign	1
	Unit 1, 2 sign	1
	Desk Pack	1
	<b>CABINET 3L - DRAWER B...no inventoried items</b>	
	<b>CABINET 4L - COMMUNICATION AREAS</b>	
	GEMA Fleet Southern Linc Radio...Operational	
	AEMA Fleet Southern Linc Radio...Operational	
	ENN EOF FNP Southern Linc Radio ...Operational	
	<b>CABINET 5L COMMUNICATIONS AREA</b>	
	ENN	1
	Telephone...6154...Operational	1
	Telephone...4659...Operational	1
	<b>CABINET 6L COMMUNICATIONS AREA</b>	
	Telephone...4662 (GA call-in)..Operational	1
	Telephone...4663 (AL call-in)...Operational	1
	Desk Pack	2
	FAX Instruction Book	1
	<b>CABINET 7L</b>	
	Extension Cords	6
	Ground Fault Interrupter	1
	Phone Extension Cords	9
	<b>CABINET 8L - FORMS DRAWER</b>	
	Verify correct forms per drawer index	
	<b>CABINET 9L....No inventoried items</b>	

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>CABINET 10L - COMMUNICATION AREA</b>		
	Fax Machine (Ga.Fax) 814-4653	1
	Fax Machine (Ala.Fax) 257-1035	1
	Log Book	1
	Telephone...6200...operational	1
	TLDs...3 background/50 for use..replaced annually	53
	Digital Alarming Dosimeters listed below...check fast entry mode	
	Fast entry settings and count for EOF DADs	
	EOF staff and area monitors: 40 mrem/hr dose rate; 100 mrem dose	42
	RMTs (Rm. 118): 1R/hr dose rate; 1 rem dose	6
	Printer Paper (8-1/2 x 11) (pks)	8
	Printer Cartridge (ERDS/ARDA/RMDA printer)	1
	Printer Cartridge, black ink (Midas/EIP29/30)	2
	Printer Cartridge, color ink (EIP29/30)	1
	Printer Cartridges, color ink (Midas)	1
	Printer Cartridge (Fax Machines)	2
<b>DOSE ASSESSMENT AREA</b>		
	MIDAS Computer	1
	MIDAS Printer	1
	ERDS Computer	1
	ERDS Printer	1
	EIP-29/30 Computer	1
	EIP-29/30 Printer	1
	Desk Packs	2
	Telephone...6130...operational	
	Telephone...6121...operational	
<b>ROOM 118</b>		
	Potassium Iodide, bottle (OR-1-99-383)	150
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Assistant General Manager-Operations.	n/a

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>ROOM 118</b>		
	Flashlights	2
	First Aid Kit	1
	Tool Kit...containing channel locks, hacksaw, carpenters hammer, pliers, screwdriver set, pipe wrench, large adjustable wrench, small adjustable wrench	1
	Telephone...6120...operational	1
	EOF RMT Control Southern Linc Radio.....operational	
	Alabama radio base station.....operational	1
	Georgia radio base station.....operational	1
	Desk Pack	1
	EOF RMT Control Kenwood portable radio	1

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

	Dose rate meter	4
	Contamination meter	4
	Air sampler	4

**ROOM 118 KEY CABINET**

	Key 1 EOF master...MD-23	1
	Key 2 EOF master...MD-22	1
	Key 3 EOF master...MD-21	1
	Key 4 EOF master...MD-25	1
	Key 11 Vis. Center Storage Rm. 263...VIS 3	1
	Key 12 Comm. Rm. 108...2GC-600	1
	Key set Chemistry Truck	1 set
	Key set Maintenance Vehicle	1 set
	Key set Env. Truck	1 set
	Key set Training Center Van	1 set
	Key set Visitor Center Van	1 set
	Side Cutters (for cutting red seals) pr	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>NRC CART 105</b>		
_____	Telephone...4660...operational	1
_____	Telephone...MCL...FTS	1
_____	Telephone...ENS...FTS	1
_____	Logbook	1
_____	Desk Pack	1
_____	Telephone...6119 (room 103)...operational	1
_____	Telephone...6122 (room 104)...operational	1
_____	Telephone...6131 (room 105)...operational	1
<b>PHONE CART 1 AND 2</b>		
_____	Telephone...6135...operational	1
_____	Telephone...8-257-1603...operational	1
_____	Telephone...6145/6156...operational	1
_____	Telephone...8-257-1611...operational	1
_____	Telephone...4678...operational	1
_____	Telephone...4658...operational	1
_____	Telephone...4676...operational	1
_____	Telephone...6155...operational	1
_____	Telephone...4677...operational	1
_____	Telephone...4657...operational	1
_____	Telephone...4656...operational	1
_____	Telephone...6133...operational	1
_____	Telephone...4203...operational	1
_____	Telephone...4204...operational	1
_____	Telephone...3355...operational	1
_____	Telephone...3387...operational	1
<b>HP CABINET #L-11 HALLWAY ACROSS FROM RM 119</b>		
_____	Safety Glasses (20 pr)	1 pk
_____	Plastic Booties (20 pr)	1 pk
_____	Tyvek Hoods (15 each)	1 pk
_____	Latex "Steeleboot" or Rubber Shoe Covers (5 pr)	1 pk
_____	Coveralls (5 pr)	3 pk
_____	Surgeon's gloves (box)	2
_____	Silver Zeolite...individual cartridge (OR-1-99-383)	20 pk
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**EMERGENCY OPERATIONS FACILITY...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	<b>HP CABINET #L-11 HALLWAY ACROSS FROM RM 119</b>	
_____	Masking Tape (roll)	2
	<b>HP CABINET #L-12 HALLWAY ACROSS FROM JANITOR'S CLOSET</b>	
_____	Decon Solution (bottle)	2
_____	Tape, electrical (roll)	2
_____	Lead pigs	2
_____	Smears (box)	2
_____	Rope, Radiation	100 ft
_____	Sample bottle 1 ltr (small mouth)	4
_____	Sample Bottle 9 ltr (large mouth)	4
_____	Petri dish (20/pk)	5
_____	Planchettes (100/pk)	1
_____	Step-off pads	5
_____	Wipe Alls (pk)	1
_____	Marinelli 1 ltr w/lids	8
_____	Marinelli 4 ltr w/lids	8
_____	Sample bottle, 30 ml. (20/pk)	1
_____	Lab paper	50 ft
_____	Signs "Caution Radiation Controlled Area"	3
_____	Rad. Area, sign	6
_____	Rad. Materials sign	6
_____	Contaminated Area sign	6
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	
	<b>MECHANICAL EQUIPMENT ROOM 113 - NRC CABINET</b>	
_____	NRC Trainer Extension Cords (30')	3
	<b>SIMULATOR</b>	
_____	ENN Sim FNP Southern Linc Radio.....Operational	1

**NOTES:**

If the Silver Zeolite cartridges or Potassium Iodide expire before the next inventory, change them out at this time.

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION  
Seal Broken  
Quarterly Post Drill Emergency Use  
Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**SOUTHEAST ALABAMA MEDICAL CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

	EP-MORGUE-S.A.M.C.	
_____	Bags, Plastic	20
_____	Charger, Dosimeter...Battery compartment operational	1
_____	Dosimeter, Pocket (5R)...Calibration O.K.	10
_____	Dosimeter, Pocket (200 mrem)...Calibration O.K.	20
_____	Clippers, Hair	1
_____	Decon. Solution (bottle)	1
_____	Detergent Soap, package	1
_____	Drums, Waste	3
_____	Filter Paper, Package	2
_____	Charcoal Cartridge (OR-1-99-383)	10
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead pig	1
_____	Paper, Absorbent, package	1
_____	Rubber Gloves, pr	20
_____	Surgeon's gloves, pr	8
_____	Plastic shoe covers, pr	20
_____	Desk Pack	1
_____	Survey Forms (set)	1
_____	Radiation rope or barrier tape	100 ft
_____	Radiation Area signs	10
_____	Contaminated Area signs	10
_____	Radioactive Materials signs	10
_____	High Radiation Area signs	5
_____	Smears, box	1
_____	Negative Pressure Unit	1
_____	Tape, duct, roll	6
_____	TLDs...3 background/18 for use..replace annually	21
_____	Extremity TLDs, pr.....replace annually	5
_____	Rad bags	4
_____	Step-off pads	2
_____	Herculite	1
_____	Tyveks coveralls (white) case	2
_____	Sample bucket	1
_____	Sample bottle	4

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**SOUTHEAST ALABAMA MEDICAL CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Scotch Brite pads (or similar product)	10
_____	Hospital decontamination table	1
_____	20 gal. container for hospital decontamination table	4
_____	Portable hospital decontamination table	2
_____	5 gal. container for portable hospital decontamination table	4
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

**PORTABLE SURVEY INSTRUMENTS**

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	2
_____	Air sampler	1

**NOTES:**

If the Charcoal cartridges expire before the next inventory, change them out at this time.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION** \_\_\_\_\_ **CHECKED BY:** \_\_\_\_\_

Quarterly Post Drill Emergency Use **TITLE:** \_\_\_\_\_

Other \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**CONTROL ROOM EMERGENCY FOOD SUPPLY....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Case #1 of 16 Accessary Kit	1
_____	Case #2 of 16 Miscellaneous Foods	1
_____	Case #3 of 16 Milk	1
_____	Case #4 of 16 Meat Substitutes	1
_____	Case #5 of 16 Miscellaneous Foods	1
_____	Case #6 of 16 Milk	1
_____	Case #7 of 16 Cooking Aids	1
_____	Case #8 of 16 Vegetables	1
_____	Case #9 of 16 Vegetables	1
_____	Case #10 of 16 Fruits	1
_____	Case #11 of 16 Miscellaneous Grains	1
_____	Case #12 of 16 Miscellaneous Grains	1
_____	Case #13 of 16 Miscellaneous Grains	1
_____	Case #14 of 16 Miscellaneous Grains	1
_____	Case #15 of 16 Miscellaneous Grains	1
_____	Case #16 of 16 Miscellaneous Grains	1
_____	Case #1 of 3 Starter Kits	1
_____	Case #2 of 3 Starter Kits	1
_____	Case #3 of 3 Starter Kits	1

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**  
 Seal Broken \_\_\_\_\_  
 Quarterly Post Drill Emergency Use \_\_\_\_\_  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

ASSEMBLY AREAS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

- \_\_\_\_\_ EP-ASSEMBLY AREA-VCA
- \_\_\_\_\_ EP-ASSEMBLY AREA-SBA
- \_\_\_\_\_ EP-ASSEMBLY AREA-FABRICATION SHOP
- \_\_\_\_\_ EP-ASSEMBLY AREA-WAREHOUSE
- \_\_\_\_\_ EP-ASSEMBLY AREA-OSB

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_

Quarterly Post Drill Emergency Use                      TITLE: \_\_\_\_\_

Other \_\_\_\_\_                      DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**CHEMISTRY VEHICLE...(CHEM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

05/27/03 15:02:29

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST Q**

**AUXILIARY BUILDING ENTRANCE WEST NON-RAD HALLWAY UNIT 1...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus air bottles (upper rack), pressure $\geq$ 2000 psig	48
_____	Self Contained Breathing Apparatus air bottles (lower rack), pressure $\geq$ 2000 psig	48

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**                      **CHECKED BY:** \_\_\_\_\_  
 Monthly Post Drill Emergency Use                      **TITLE:** \_\_\_\_\_  
 Other \_\_\_\_\_                      **DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

SERVICE BUILDING MAINTENANCE SHOP....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Applicators, cotton tufted, package	1
_____	Bags, plastic	20
_____	Blankets	4
_____	Brushes, hand	2
_____	Clippers, hair	1
_____	Decon. Solution, bottle	2
_____	Detergent Soap package	1
_____	First Aid Kit	1
_____	Cold Packs	2
_____	Pen	1
_____	Coveralls disposable	25
_____	Surgeon Gloves, pr	25
_____	Latex "Steeleboot" or Rubber Shoe Covers , pr	25
_____	Plastic Shoe covers	25
_____	Hood, Tyvek	25
_____	Surgeon Cap, Tyvek	25
_____	Scissors	1
_____	Splints, Air, kit	2
_____	Splints, arm	2
_____	Smears, package	1
_____	Swabs, nasal	20
_____	Tape, masking, roll	6
_____	Tweezers	2
_____	Wristbands	10
_____	Absorbent wipes, package	1
_____	Flashlight...Battery Compartment, Operable	1
_____	Verify that the labeling is legible and correct per SHP-26 on all chemical products.	

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION	CHECKED BY: _____
Seal Broken	
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**SATELLITE TELEPHONE...(EP)**
**INITIALS      DESCRIPTION**

**NOTE: Steps 1, 2, 3 and 11 marked with a M are to be performed on a monthly basis. The remaining steps marked with a Q are to be performed during the first month of each quarter.**

- \_\_\_\_\_ 1M.    Setup the phone by performing step 18.2 of FNP-0-EIP-8.3.
- \_\_\_\_\_ 2M.    Place a call from the satellite phone per step 18.3 of FNP-0-EIP-8.3 to any convenient telephone number to verify operability and voice quality.
- \_\_\_\_\_ 3M.    Place a call to the satellite phone (888-863-3170) from any convenient telephone to verify operability and voice quality.
- \_\_\_\_\_ 4Q.    Leave phone turned on in standby for eight hours or until a low battery indication is received.
- \_\_\_\_\_ 5Q.    Refer to satellite telephone users manual in the accessories case pages 89 to 100 for specific instructions on maintaining and charging the batteries.
- \_\_\_\_\_ 6Q.    While the installed battery is being discharged, charge the spare battery for approximately four hours using the rapid charging function of the battery charger.
- \_\_\_\_\_ 7Q.    After eight hours or a low battery indication, turn off the phone per step 18.4 of FNP-0-EIP-8.3.
- \_\_\_\_\_ 8Q.    Remove the installed battery and install the freshly charged spare battery.
- \_\_\_\_\_ 9Q.    Set up the phone by performing step 18.2 of FNP-0-EIP-8.3 and check function 51 to verify the newly installed battery is operating properly.
- \_\_\_\_\_ 10Q.    Charge the depleted battery for at least four hours but less than 24 hours using the rapid charging function of the battery charger.
- \_\_\_\_\_ 11M.    Verify that the phone is turned off per step 18.4 of FNP-0-EIP-8.3. Return the phone and accessories to the storage location in the EP office storeroom, ensuring that the batteries are stored in the proper long term storage position per the users manual illustration page 89.

05/27/03 15:02:29

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FNP-0-EIP-16.0**  
**CHECKLIST S**

SATELLITE TELEPHONE...(EP)

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Monthly Quarterly Post Drill Emergency Use

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

HVAC SYSTEM - EOF....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Align and operate EOF HVAC system in Outside Air Filtration Mode per FNP-0-EIP-27.0, Attachment 3, for 30 minutes	
_____	Align and operate EOF HVAC system in Isolation Mode per FNP-0-EIP-27.0, Attachment 3, for 30 minutes	
_____	Restore EOF HVAC system to Normal Mode per FNP-0-EIP-27.0, Attachment 3	

COMMENTS \_\_\_\_\_  
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 \_\_\_\_\_  
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REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_  
 Quarterly Post Drill Emergency Use      TITLE: \_\_\_\_\_  
 Other \_\_\_\_\_                                  DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE HALLWAY BY  
COUNTING ROOM.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution, (bottle)	1
_____	First Aid Kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber Gloves, pr.	3
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr.	3
_____	Plastic Shoe Covers, pr.	3
_____	Hood, Tyvec	3
_____	Surgeons Cap, Tyvek	3
_____	Radiation barrier tape or rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight...Battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
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REASON FOR INSPECTION	CHECKED BY: _____
Seal Broken	
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 100 UNIT 1 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid Kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber gloves, pr.	3
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr	3
_____	Plastic shoe covers, pr	3
_____	Hood, Tyvek	3
_____	Surgeons Cap, Tyvek	3
_____	Radiation barrier, tape or tope	100 ft
_____	Scissors, pr.	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_

Seal Broken

Quarterly Post Drill Emergency Use                      TITLE: \_\_\_\_\_

Other \_\_\_\_\_                      DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Blanket	2
_____	Bucket	1
_____	Decon. Solution (bottle)	1
_____	First Aid kit	1
_____	Absorbent wipes, package	1
_____	Mop	1
_____	Polysheets, package	1
_____	Coveralls, disposable	3
_____	Rubber Gloves, pr.	3
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr.	3
_____	Plastic shoe covers, pr	3
_____	Hood, Tyvek	3
_____	Surgeons cap, Tyvek	3
_____	Radiation Barrier Tape or Rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**HOT SHUTDOWN PANELS UNIT 1....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

\_\_\_\_\_ EP-UNIT 1-HOT SHUT DOWN PANEL

**HOT SHUTDOWN PANEL CORRIDOR UNIT 1**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

**HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 1**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

**COMMENTS** \_\_\_\_\_  
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**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**HOT SHUTDOWN PANELS UNIT 2....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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**PROCEDURES AND DRAWINGS**

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

\_\_\_\_\_ EP-UNIT 2-HOT SHUT DOWN PANEL

**HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 2**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

**HOT SHUTDOWN PANEL CORRIDOR UNIT 2**

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

**COMMENTS** \_\_\_\_\_  
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**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SHARED**  
EMERGENCY EQUIPMENT AND SUPPLIES

**CSC GUARD TOWER EMERGENCY CELLULAR TELEPHONE....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Verify phone can place a call on System B (334-797-4336)	
_____	Verify phone can receive a call on System B (334-797-4336)	
_____	Verify phone can place a call on System A (334-790-3381)	
_____	Verify phone can receive a call on System A (334-790-3381)	
_____	Disconnect phone from power supply with the phone on for six hours to discharge battery	
_____	Re-connect phone to power supply	

**INSTRUCTIONS FOR SWAPPING PHONE FROM A to B:**

- (1) To display the system on which the phone is operating, press "recall" and #. The number should appear. Press end/clear to clear the number.
- (2) To swap to the other system, press "recall", # and "store". The new number should appear.

**COMMENTS** \_\_\_\_\_  
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**REASON FOR INSPECTION** \_\_\_\_\_ **CHECKED BY:** \_\_\_\_\_  
 Quarterly Post Drill Emergency Use \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
 Other \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE WEST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP	

COMMENTS \_\_\_\_\_  
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REASON FOR INSPECTION \_\_\_\_\_ CHECKED BY: \_\_\_\_\_  
 Monthly Post Drill Emergency Use \_\_\_\_\_ TITLE: \_\_\_\_\_  
 Other \_\_\_\_\_ DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST BB

### TECHNICAL SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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#### PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

_____	EP-TSC-EMERGENCY DIRECTOR	
_____	EP-TSC-TECHNICAL MANAGER	
_____	EP-TSC-OPS MANAGER	
_____	EP-TSC-MAINTENANCE MANAGER	
_____	EP-TSC-HP MANAGER	
_____	EP-TSC-CHEM. SUPERVISOR	
_____	EP-TSC-SHIFT RADIO CHEMIST	
_____	EP-TSC-RMT CONTROLLER	
_____	EP-TSC-LICENSING ENGINEER	
_____	EP-TSC-SYSTEMS ENGINEER	
_____	EP-TSC-NRC	
_____	EP-TSC-DOCUMENT ROOM-DRAWINGS	
_____	EP-TSC-GOP-EMERGENCY DIRECTOR (obtain from B'ham DC)	
_____	EP-TSC-GOP-TECHNICAL MANAGER (obtain from B'ham DC)	

#### COMMUNICATIONS AREA

_____	Ericsson portable phone (ext. 4988)	1
_____	Fax Machine (Ga. Fax) (814-4665)	1
_____	Fax Machine (Al. Fax) (257-1155)	1
_____	General Emergency sign	1
_____	Site Area Emergency sign	1
_____	Alert sign	1
_____	NOUE sign	1
_____	Unit 1 sign	
_____	Unit 2 sign	
_____	Unit 1 and 2 sign	
_____	Headsets, sound powered phone operational	2
_____	Forms book...verify forms in book per index	
_____	Desk Pack	2
_____	Printer cartridge...AL/GA FAX machine...	2
_____	Printer cartridge...Back up MIDAS	1
_____	Printer cartridge...SPDS/PPC/ERDS/ARDA	1
_____	8 1/2 x 11 paper...packs	8
_____	Printer cartridges...MIDAS, color cartridges	1 ea.

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**TECHNICAL SUPPORT CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>TSC KEY LOCKER</b>		
	ENN	1
	Telephone 814-4666...operable	1
	Telephone 257-1601...operable	1
	Telephone FTS ENS	1
	Telephone FTS HPN	1
	TSC Radio Cabinet key	1
	Emergency Director Desk key	1
	Technical Manager Desk key	1
	OPS Manager Desk key	1
	Maintenance Manager Desk key	1
	MIDAS Computer Cabinet key	1
	RMT Controller Desk key	1
	NRC Desk key	1
	Document Room key	1
	RMT Radio Cabinet key	1
	TSC Southern Linc ENN key	1
	Control Room Remote Southern Linc key	1
	Southern Linc Radio Cabinet	1
	Key set Chemistry Truck	1
	Key set Maintenance Vehicle	1
	Key set Env. Truck	1
	Key set Training Center van	1
	Key set Visitor Center van	1
<b>TSC RADIO CABINET</b>		
	Kenwood handheld radio and charger	1
<b>SOUTHERN LINC RADIOS</b>		
	TSC RMT Control...Operational Southern Linc Radio	
	ENN TSC...FNP Operational Southern Linc Radio	
	FNP ED/EDA Southern Linc Radio...Operational	
	GEMA Fleet Southern Linc Radio ...Operational	
	AEMA Fleet Southern Linc Radio ...Operational	

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**TECHNICAL SUPPORT CENTER...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>EMERGENCY DIRECTOR DESK</b>		
_____	Portable public address	1
_____	Telephone 6016...Emergency Director...operable	1
_____	Telephone 4662...Alabama Liaison...operable	1
_____	Telephone 4663...Georgia Liaison...operable	1
_____	Desk Pack	1
_____	S.R.O.O.I.R.A.P.	1
<b>TECHNICAL MANAGER DESK</b>		
_____	Telephone 6010...Operable	1
_____	Nureg - 0845	1
_____	Desk Pack	1
<b>OPS MANAGER DESK</b>		
_____	Telephone 6017...Operable	1
_____	Desk Pack	1
<b>MAINTENANCE MANAGER DESK</b>		
_____	Telephone 6018...Operable	1
_____	Desk Pack	2
<b>MIDAS COMPUTER CABINET</b>		
_____	MIDAS computer	1
_____	Calculators	2
_____	Desk Pack	1
_____	Telephone 6011...Operable	1
<b>HP MANAGER DESK</b>		
_____	Telephone 6012...Operable	1
_____	Telephone FTS HPN	1
_____	10CFR parts 0-99	1
_____	Desk Pack	1
<b>RMT CONTROLLER DESK</b>		
_____	Telephone 6013...Operable	1
_____	Desk Pack	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
NRC DESK		
_____	Telephone 4664...Operable	1
_____	Telephone FTS ENS	1
_____	Telephone FTS RSCL	1
_____	Telephone FTS PMCL	1
_____	Telephone FTS MCL	1
_____	Desk Pack	1

DOCUMENT ROOM

_____	First Aid Kit	1
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Visually inspect the door seals of door 453 (TSC to Control Room) and door 2480 (TSC to OSC) for deterioration or other signs of leakage such as abnormal high noise levels. A Deficiency Report will be written if problems are found.

DR# \_\_\_\_\_

\_\_\_\_\_ Door #453 TSC to Control Room

\_\_\_\_\_ Door #2480 TSC to OSC

COMMENTS \_\_\_\_\_

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REASON FOR INSPECTION

Seal Broken  
Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST CC

### FIRE FIGHTING EQUIPMENT...(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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#### UNIT #1 AUX BLDG. HALLWAY OUTSIDE OF HEALTH PHYSICS OFFICE

There are five lockers in which the following are distributed:

<u>          </u>	Crowbar	1
<u>          </u>	Fire Axes	2
<u>          </u>	Fire Rescue Suit	1
<u>          </u>	Hand Lantern...battery compartment, operable	1
<u>          </u>	Rope (1/2 dia.)	100'coil
<u>          </u>	Coat	5
<u>          </u>	Helmet	5
<u>          </u>	Gloves (pr)	5
<u>          </u>	Boots (pr)	5
<u>          </u>	Trousers	5

#### UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2 TURBINE BLDG.

This storage location has 5 lockers in which the following are distributed:

<u>          </u>	Coat	5
<u>          </u>	Helmet	5
<u>          </u>	Gloves (pr)	5
<u>          </u>	Boots (PR)	5
<u>          </u>	Hand Lantern...battery compartment, operable	1
<u>          </u>	Foam cart with foam (stored adjacent to the lockers)	1
<u>          </u>	Trousers	5



# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**PLANT EMERGENCY VEHICLE....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Emergency sound equipment	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Dual batteries (corrosion)	sat / unsat
_____	Interior clean, patient compartment clean, cot made up	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Trauma kit present	sat / unsat
_____	Dual fuel tanks near full	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist
- 4) Plant Emergency Vehicle to be parked near CSC when not in use, with the keys in the CSC key locker.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**REASON FOR INSPECTION**

Weekly  
Post Drill  
Emergency Use

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**Other** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**CHEMISTRY EYEWASH/SHOWER STATIONS...(CHEM)**

**LOCATIONS:**

See list in FNP-0-CCP-333

<u>INITIALS</u>	<u>DESCRIPTION</u>
_____	Verify operability of station per FNP-0-CCP-333
_____	Verify accessibility per FNP-0-CCP-333
_____	Verify equipment is in the proper location per FNP-0-CCP-333
_____	Verify the location is posted as an emergency location per FNP-0-CCP-333

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**                      **CHECKED BY:** \_\_\_\_\_

**MONTHLY**    **TITLE:** \_\_\_\_\_

**Other** \_\_\_\_\_                                      **DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

TRAINING CENTER VEHICLE.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION \_\_\_\_\_ CHECKED BY: \_\_\_\_\_  
 Monthly \_\_\_\_\_ TITLE: \_\_\_\_\_  
 Other \_\_\_\_\_ DATE: \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE BRIGADE EQUIPMENT....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>FIRE BRIGADE VAN VEHICLE</b>		
_____	CO <sub>2</sub> fire extinguishers	2
_____	Dry chemical fire extinguishers	3
_____	boots	5 pr
_____	helmet	5
_____	coats	5
_____	gloves	5 pr
_____	Trousers	5
_____	1 1/2" hose (100 ft. section)	1
_____	1 1/2" hose nozzle	1
_____	Pressurized water fire extinguisher	2
_____	First Aid Kit (Burn Kit)	1
_____	Hand Lantern...battery compartment, operable	1
_____	2 1/2 inch hose (50 ft. section)	20
_____	1 1/2 inch hose (50 ft. section)	8
_____	Spanner wrench	16
_____	Hydrant wrench	12
_____	Foam Eductor	1
_____	AFFF Foam container	3
_____	Fire hose clamp	1
_____	Fire axes	5
_____	Pry bar	5
_____	2 1/2 in. nozzle	10
_____	1 1/2 in. nozzle	10
_____	2 1/2 in. to 1 1/2 in. gated wye	5
_____	2 1/2 in. 1 1/2 inch reducers	5
_____	2 1/2 in. double male	1
_____	2 1/2 in. double female	1
<b>HELIPORT CABINET</b>		
_____	Dry chemical fire extinguishers	1
_____	boots	1 pr
_____	helmet	1
_____	coats	1
_____	gloves	1 pr
_____	Pry bar	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE BRIGADE EQUIPMENT....(FM)**

- 1) Fire Brigade Van is to be parked near the CSC when not in use, with the keys stored in the CSC keylocker.
- 2) Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor.
- 3) Return complete checklists to the Emergency Planning Nuclear Specialist.

COMMENTS \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION**  
 Seal Broken  
 Quarterly Post Drill Emergency Use  
 Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE BRIGADE VAN....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Interior clean	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Fuel tank near full	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.
- 4) Fire Brigade van is to be parked near CSC when not in use, with the keys stored in the CSC key locker.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

Weekly \_\_\_\_\_

Post Drill \_\_\_\_\_

Emergency Use \_\_\_\_\_

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**ENVIRONMENTAL VEHICLE....(ENV)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR INSPECTION** \_\_\_\_\_ **CHECKED BY:** \_\_\_\_\_  
 Monthly \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
 Other \_\_\_\_\_ **DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0**  
**CHECKLIST JJ**

### UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

Gang Box, Mechanical Maint. Cage, Unit 1 155' Turbine Bldg.. Obtain key QA-01 and DA3 from Ops.

#### Tool Bag

_____	6" Screw Starter	1
_____	Phillips Head Screwdriver	1
_____	Clutch Head Screwdriver	2
_____	Flatblade Screwdriver	4
_____	Wrench Adjustable 10"	1
_____	Nutdriver 5/16" Insulated	1
_____	Fuse Puller	1
_____	Channel Locks	1
_____	Side Cutting Pliers	1
_____	Diagonal Cutting Pliers	1
_____	Needle Nose Pliers	1
_____	Wire Stripper	1
_____	Flashlight...battery compartment, operational	5
_____	Electrical Tape (roll)	2
_____	2 AMP Control Power Fuse	5
_____	3 AMP Control Power Fuse	10

#### JUMPERS

_____	3 inch	4
_____	6 inch	3
_____	12 inch	1
_____	16 inch	2
_____	22 inch	2

#### CABLES

_____	100 foot	2
_____	125 foot	4
_____	200 foot	1
_____	220 foot	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>MISCELLANEOUS</b>		
_____	Emergency Switch Box with cable attached	1
_____	RHR HX AOV Airline Rig	1
_____	Power cords for battery room exhaust fans	2
_____	Nitrogen bottle tank...pressure 1000psig (located on the 155 foot in the Turbine Building)	1

**NOTES:**

Return completed checklist to the Emergency Planning Nuclear Specialist via the Operations Unit Supervisor.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REASON FOR INSPECTION</b>	<b>CHECKED BY:</b> _____
Seal Broken	
Quarterly Post Drill Emergency Use	<b>TITLE:</b> _____
Other _____	<b>DATE:</b> _____

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST KK

### UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

Gang Box, Mechanical Maint. Cage, Unit 2 155' Turbine Bldg. Obtain key QA-01 from Ops.

#### Tool Bag

	6" Screw Starter	1
	Phillips Head Screwdriver	1
	Clutch Head Screwdriver	2
	Flatblade Screwdriver	4
	Wrench Adjustable 10"	1
	Nutdriver 5/16" Insulated	1
	Fuse Puller	1
	Channel Locks	1
	Side Cutting Pliers	1
	Diagonal Cutting Pliers	1
	Needle Nose Pliers	1
	Wire Stripper	1
	Flashlight...Battery compartment, operational	5
	Electrical Tape (Roll)	2
	2 AMP Control Power Fuse	5
	3 AMP Control Power Fuse	10

#### JUMPERS

	4 inch	4
	30 inch	4
	60 inch	4

#### CABLES

	50 foot	1
	100 foot	5
	160 foot	1
	200 foot	1

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

**MISCELLANEOUS**

<u>          </u>	Emergency Switch Box with cable attached	1
<u>          </u>	RHR HX AOV Airline Rig	1
<u>          </u>	Power Cords for Battery Room Exhaust Fans	2
<u>          </u>	Nitrogen bottle Tank...pressure ≥1000 psig (located on the 155 foot in the Turbine Building)	1

**NOTES:**

Return completed checklist to the Emergency Planning Nuclear Specialist via the Operations Unit Supervisor.

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REASON FOR INSPECTION</b>	<b>CHECKED BY:</b> _____
Seal Broken	
Quarterly Post Drill Emergency Use	<b>TITLE:</b> _____
Other _____	<b>DATE:</b> _____

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**CANISTER RESPIRATORS**

**CANISTER RESPIRATORS IN ROOM 118 AT THE EOF**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Half Face Respirators with Filter Cartridges	6
_____	Full Face Respirators	8
_____	Iodine Canister (Full Face)-Protective Seal Unbroken (OR-1-99-383)	8
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Potassium Iodide, Bottle (OR-1-99-383)	6
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Asst. General Manager - Operations.	

**CANISTER RESPIRATORS IN THE CONTROL ROOM LARGE EP STORAGE LOCKER**

_____	Full Face Respirators	2
_____	Iodine Canister---Protective Seal Unbroken (OR-1-99-383)	2
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	

**NOTES:**

Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

If the Silver Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REASON FOR INSPECTION</b> Seal Broken Monthly Post Drill Emergency Use Other _____	<b>CHECKED BY:</b> _____  <b>TITLE:</b> _____  <b>DATE:</b> _____
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# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**VISITOR CENTER VEHICLE....(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

**CHECKED BY:** \_\_\_\_\_

Monthly

**TITLE:** \_\_\_\_\_

Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

05/27/03 15:02:29

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FNP-0-EIP-16.0**  
**CHECKLIST NN**

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE OUTSIDE ELEVATOR...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	Breathing Air bottle with regulator...pressure $\geq$ 2000 psig	1
	Perform visual inspection of airline hoses in drum	2

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_  
 Monthly Post Drill Emergency Use                      TITLE: \_\_\_\_\_  
 Other \_\_\_\_\_                      DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 2 RAD SIDE PASS SAMPLE AREA...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Breathing Air bottle with regulator....pressure $\geq$ 2000 psig	1
_____	Perform visual inspection of airline hoses in drum	2

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION	CHECKED BY: _____
Monthly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 1  
RADSIDE....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR INSPECTION \_\_\_\_\_ CHECKED BY: \_\_\_\_\_  
 Quarterly Post Drill Emergency Use TITLE: \_\_\_\_\_  
 Other \_\_\_\_\_ DATE: \_\_\_\_\_

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 2**  
**RADSIDE...(EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>REASON FOR INSPECTION</b>	<b>CHECKED BY:</b> _____
Quarterly Post Drill Emergency Use	<b>TITLE:</b> _____
Other _____	<b>DATE:</b> _____

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**RMT SOUTHERN LINC AND KENWOOD RADIOS...(EP)**

Check the operability of each RMT portable radio.  
Notify IR Customer Support for the radios that are inoperable.

**RMT KENWOOD SUITCASE RADIOS**

<u>INITIALS</u>	<u>DESCRIPTION</u>	
_____	RMT 1	sat/unsat
_____	RMT 2	sat/unsat
_____	RMT 3	sat/unsat

**RMT Southern Linc Portable Radios**

_____	FNP RMT 1-1321	sat/unsat
_____	FNP RMT 2-1322	sat/unsat
_____	FNP RMT 3-1323	sat/unsat
_____	FNP RMT SPARE-1324	sat/unsat
_____	FNP VEHICLE-1325	sat/unsat

FNP RMT 1 and FNP VEHICLE Southern LINC are located in the fire cabinet located at lower level security. All Kenwoods and FNP RMT 2, FNP RMT 3 and FNP RMT SPARE Southern LINC are located in room 118 at the EOF.

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**

Monthly

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE TANKER TRUCK EQUIPMENT....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	1 1/2" x 50' Fire Hose	3
_____	1 1/2" x 100' Fire Hose	1
_____	2 1/2" x 50' Fire Hose	2
_____	1 1/2" Nozzle	1
_____	2 1/2" Nozzle	1
_____	1" Booster Nozzle	1
_____	1" x 100' Booster Nozzle	1
_____	2 1/2" x 1 1/2" x 1 1/2 Gated Wye	1
_____	2 1/2" x 15' Double Female Fill Hose	1
_____	2 1/2" Double Female	1
_____	Hose Clamp	1
_____	Pry Bar	1
_____	Fire Ax	1
_____	2 1/2" x 1 1/2" Reducer	1
_____	Fire Flaps	2
_____	Hydrant Wrench	2
_____	Spanner Wrench	2
_____	3/4" x 100' Life Rope	1
_____	Chock Blocks (sets)	2
_____	Fire coat	1
_____	Fire boots (pr)	1
_____	Fire helmet	1
_____	Gloves (pr)	1
_____	Foam Eductor	1
_____	Foam Can	2

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>REASON FOR INSPECTION</b>	<b>CHECKED BY:</b> _____
Seal Broken	
Quarterly Post Drill Emergency Use	<b>TITLE:</b> _____
Other _____	<b>DATE:</b> _____

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE TANK TRUCK....(SEC)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>	
		<u>TRUCK</u>	<u>PUMP</u>
_____	Engine coolant, hoses and clamps	sat / unsat	sat / unsat
_____	Engine oil level	sat / unsat	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat	n/a
_____	Dents and noticeable new body damage	sat / unsat	n/a
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat	n/a
_____	All vehicle driveability lights	sat / unsat	n/a
_____	Windshield wipers and washers	sat / unsat	n/a
_____	Clutch or transmission fluid (as applicable)	sat / unsat	n/a
_____	Steering (fluid)	sat / unsat	n/a
_____	Seat belts	sat / unsat	n/a
_____	Batteries (corrosion)	sat / unsat	sat / unsat
_____	Check overall cleanliness	sat / unsat	sat / unsat
_____	Start truck and ensure air pressure alarm and brake light clears at ≈75 psig	sat / unsat	n/a
_____	Start pump and ensure air and oil alarm clears after running (note 5)	n/a	sat / unsat
_____	After engine is running, check for an unusual noises	sat / unsat	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat	n/a
_____	Fuel tanks near full	sat / unsat	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.
- 4) Fire Tank Truck to be parked on the west side of the service water road between the railroad track and bridge when not in use, with the keys in the CSC key locker.
- 5) Fire Tank Truck pump starting instructions posted at the pump controls area must be followed.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR INSPECTION**

- Weekly \_\_\_\_\_
- Post Drill \_\_\_\_\_
- Emergency Use \_\_\_\_\_
- Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST UU

### SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b><u>UNIT 1 SMOKE REMOVAL EQUIPMENT</u></b>		
<b>AUXILIARY BUILDING 155' ELEVATION NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 155' ELEV. RCA NORTH CORRIDOR, NEAR DEMIN HATCHES</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 139' ELEV. RCA-NORTH CORRIDOR, NEAR SAMPLE ROOM</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 121' ELEV. RCA-NORTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST UU

### SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 1 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 100' ELEVATION RCA - NORTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>AUXILIARY BUILDING 77' ELEV. RCA, IN STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
<b>UNIT 2 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 155' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 155' ELEV. RCA-NORTH CORRIDOR, NEAR DEMIN HATCHES</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>RCA - SOUTH CORRIDOR, NEAR SAMPLE ROOM</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0  
CHECKLIST UU

### SMOKE REMOVAL EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 2 SMOKE REMOVAL EQUIPMENT</b>		
<b>AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 121' ELEVATION RCA - SOUTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 100' ELEV. RCA - SOUTH CORRIDOR</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>AUXILIARY BUILDING 83' ELEV. RCA ROOM 2110</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
<b>UNIT 1 &amp; 2 SHARED SMOKE REMOVAL EQUIPMENT</b>		
<b>DIESEL BUILDING FOYER, OUTSIDE 2B GENERATOR ROOM</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**SMOKE REMOVAL EQUIPMENT.....(FM)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<b>UNIT 1 AND 2 SHARED SMOKE REMOVAL EQUIPMENT</b>		
<b>SERVICE WATER INTAKE STRUCTURE - EAST STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
 <b>RIVER WATER INTAKE STRUCTURE SOUTH STAIRWELL</b>		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
 <b>UTILITY BUILDING WEST END</b>		
_____	Gasoline blowers	4

**NOTES:**

Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor  
Return complete checklist to the Emergency Planning Nuclear Specialist

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR INSPECTION**

Seal Broken

Quarterly Post Drill Emergency Use

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

## EMERGENCY EQUIPMENT AND SUPPLIES

### ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

#### PROCEDURES ROOM 114

Obtain the following Document Control procedure inventory sheets. Each listed position has a file storage box located in room 114 that contains a desk pack and the procedures that are particular to that position. Verify procedures per the DC inventory and that the desk pack and other equipment listed for that position are adequate.

- |       |   |  |
|-------|---|--|
| _____ | EP-ALT EOF-RECOVERY MANAGER(Emergency Plan in Misc. Cabinet)      |  |
| _____ | EP- ALT EOF-REC. MGR. ASSISTANT                                   |  |
| _____ | EP- ALT EOF-ENV. SUPERVISOR(Tech Specifications in Misc. Cabinet) |  |
| _____ | EP- ALT EOF-REACTOR ENGINEER                                      |  |
| _____ | EP- ALT EOF-COMP SERV SUPPORT                                     |  |
| _____ | EP- ALT EOF-QC SUPPORT(Fax instruction book)                      |  |
| _____ | EP- ALT EOF-DAD   |  |
| _____ | EP- ALT EOF-ACCESS CONTROL(badging Supplies)                      |  |
| _____ | EP- ALT EOF-STATUS BD KEEPER                                      |  |
| _____ | EP- ALT EOF-RMT CONTROLLER  |  |
| _____ | EP-ALT EOF-GOP-RECOVERY MANAGER (Located in Misc. Cabinet)        |  |
| _____ | NRC (no procedures)   |  |

#### HEADLAND OFFICE KEY MAINTAINED AT HEADLAND POLICE DEPT.

- |       |   |  |
|-------|---|--|
| _____ | Verify key, location, and operability. (Key 7, Alt. EOF Set...Storage Cabinet (MM III), Front Door) |  |
|-------|---|--|

#### COMMUNICATIONS CABINET ROOM 112

Each time this checklist is performed, verify that the phones and radio listed below are actually in the cabinet.

- |       |  |  |
|-------|--|--|
| _____ | In the fourth quarter, check the operation of the phones and radio listed below. This requirement will be met if the Alternate EOF is setup and used for a drill exercise or tabletop at any other time during the year. Indicate the activity type and date. Activity type _____ DATE _____ |  |
|       | (10CFR50 App. E section IV, E, 9)  |  |

#### COMMUNICATIONS CABINET, ROOM. 112

- |       |                          |   |
|-------|--------------------------|---|
| _____ | Telephone.....8-276-6185 | 1 |
| _____ | Telephone.....8-276-6186 | 1 |
| _____ | Telephone.....8-276-6188 | 1 |
| _____ | Telephone.....8-286-4750 | 1 |
| _____ | Telephone.....8-286-4752 | 1 |
| _____ | Telephone....8-286-4753  | 1 |
| _____ | Telephone.....8-286-4754 | 1 |
| _____ | Telephone.....8-286-4755 | 1 |
| _____ | Telephone.....8-286-4756 | 1 |

### EMERGENCY EQUIPMENT AND SUPPLIES

#### ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Telephone.....8-286-4757	1
_____	Telephone.....8-286-4758	1
_____	Telephone.....8-286-4759	1
_____	Telephone.....8-286-4760	1
_____	Telephone.....8-286-4761	1
_____	Telephone.....8-286-4763	1
_____	ENN (Operability is checked the first Tuesday of each month.)	1

#### ROOM 119 AND PI SUPPORT AREA

_____	Verify with office staff that the computer equipment necessary to send out press releases is operable	NA
_____	Verify with office staff that the fax machine is operable in its present location	NA

#### MIDAS COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	Printer cartridges (as required per printer)	na
_____	Tone alert Radio	1
_____	extension cord	1

#### EIP 29/30 COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	Printer cartridges (as required per printer)	na
_____	Tone alert Radio	1
_____	extension cord	1

#### Non Reg ERDS/ARDA

_____	Computer	1
_____	Monitor	1
_____	Keyboard / Mouse	1
_____	Printer with cartidges	1

#### SPDS/PPC Mimic

_____	Computer	1
_____	Monitor	1
_____	Keyboard / Mouse	1

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

ROOM 114 ALTERNATE EOF EQUIPMENT STORAGE ROOM

<u>Drawing Cabinet</u>	A File storage box with misc. extra phone equipment and extra paper are located in this cabinet but are not inventoried	
------------------------	---	--

Miscellaneous Cabinet

_____	State of Alabama Emergency Plan	1
_____	State of Georgia Emergency Plan	1
_____	State of Florida Emergency Plan	1
_____	FNP Emergency Plan (Site, reference RM Doc Cont. Inventory)	1
_____	FNP Emergency Plan (Medical, reference RM Doc Cont. Inventory)	1
_____	GO EIPs (reference RM)	1 sets
_____	Unit 1 Technical Specifications (reference Env Sup Doc Cont. Inventory)	1
_____	Unit 2 Technical Specifications (reference Env Sup Doc Cont. Inventory)	1
_____	Title 10 Code of Federal Regulations parts 0-99	1
_____	SROO IRAP-3	1
_____	NRC Region II Supp. to NUREG 0845	1
_____	Form Books per book inventory (verify correct Revisions)	2
_____	File storage box (Misc. extra office supplies and consumables)	1 box
_____	File storage box (First aid kit and misc. extra power strips, extension cords flashlights, telephone extension cords)	1 box
_____	Miscellaneous in boxes and name plates	NA
_____	Dothan telephone directory	1
_____	Birmingham telephone directory (white and yellow pages)	1
_____	8 1/2 x 11 paper	>1/2 box

ROOM 114, PHONE WIRED TABLES

The tables listed below have been pre-wired for use with the phones in the Alternate EOF, verify that the tables are available and the phone connections are intact.

_____	RM table labeled with 6186, 4759, 4760, 4761 and 4762
_____	folding table labeled with 4750 and 6185
_____	folding table labeled with 4752 and 6188
_____	folding table labeled with 4755
_____	folding table labeled with 4754 and 4756
_____	folding table labeled with 4757
_____	folding table labeled with FAX 4993 and 4758

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

Quarterly Post Drill Emergency Use

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

Maintenance Vehicle # (MM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

**NOTES:**

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

**COMMENTS**

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**REASON FOR INSPECTION**

Monthly

Other \_\_\_\_\_

**CHECKED BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FIRE FIGHTING EQUIPMENT SCBA<sub>s</sub> (EP)**

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	<b>CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT CABINET</b>	
_____	Self Contained Breathing Apparatus	2
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
	<b>UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2 TURBINE BUILDING</b>	
_____	Self Contained Breathing Apparatus	5
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
	<b>DIESEL GENERATOR BUILDING</b>	
_____	Self Contained Breathing Apparatus	3
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
	<b>FIRE BRIGADE VAN VEHICLE</b>	
_____	Self Contained Breathing Apparatus	5
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
_____	Self Contained Breathing Apparatus air bottles..pressure ≥2000 psig	3
_____	Respirators for SCBA use (small)	2
	<b>CONTROL ROOM</b>	
_____	Self Contained Breathing Apparatus	8
_____	Respirators for SCBA use (small) located in large storage cabinet	2
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
_____	SCBA Voice amplifier...Operation...Battery Compartment Operational	8
_____	Fully inspect the respirators for SCBA <sub>s</sub> during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag and seal the bag. 10CFR20 and Reg. Guide 8.15 for Respiratory Protection.	

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION                      CHECKED BY: \_\_\_\_\_

Monthly Post Drill Emergency Use                      TITLE: \_\_\_\_\_

Other \_\_\_\_\_                      DATE: \_\_\_\_\_

05/27/03 15:02:29

**SHARED**  
**EMERGENCY EQUIPMENT AND SUPPLIES**

**FNP-0-EIP-16.0**  
**CHECKLIST YY**

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# SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**MATERIAL DEPARTMENT EYEWASH/SHOWER STATIONS...(STR)**

**LOCATIONS:**

Main Warehouse B Side North End

Main Warehouse B Side South End

Main Warehouse A Side by Double Doors

Oil Storage Building at Entrance

INITIALS

DESCRIPTION

_____	Verify operability of the above equipment per FNP-0-CCP-333
_____	Verify accessibility per FNP-0-CCP-333
_____	Verify equipment is in the proper location per FNP-0-CCP-333
_____	Verify the location is posted as an emergency location per FNP-0-CCP-333

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR INSPECTION

CHECKED BY: \_\_\_\_\_

MONTHLY

TITLE: \_\_\_\_\_

Other \_\_\_\_\_

DATE: \_\_\_\_\_