



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37384-2000

October 6, 2003

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, D.C. 20555

Gentlemen:

In the Matter of ) Docket Nos. 50-327  
Tennessee Valley Authority ) 50-328

**SEQUOYAH NUCLEAR PLANT - UNITS 1 AND 2 - EMERGENCY PLAN  
IMPLEMENTING PROCEDURE (EPIP) REVISION**

In accordance with the requirements of 10 CFR 50, Appendix E, Section V, the enclosure provides the following EIPs:

| <u>EPIP</u> | <u>Revision</u> | <u>Title</u>                     |
|-------------|-----------------|----------------------------------|
| EPIP-10     | 22              | Emergency Medical Response       |
| EPIP-12     | 2               | Emergency Equipment and Supplies |

This letter is being sent in accordance with NRC RIS 2001-05. If you have any questions concerning this matter, please telephone me at (423) 843-7170 or J. D. Smith at (423) 843-6672.

Sincerely,

Pedro Salas  
Licensing and Industry Affairs Manager

Enclosure

A045

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October 6, 2003

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**TENNESSEE VALLEY AUTHORITY  
SEQUOYAH NUCLEAR PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE**

**EPIP-10**

**EMERGENCY MEDICAL RESPONSE**

Revision 22

**QUALITY-RELATED**

**PREPARED BY: BILL PEGGRAM**

**PHONE: 8360**

**RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS**

**APPROVED BY: J. RANDY FORD**

**EFFECTIVE DATE: October 1, 2003**

**LEVEL OF USE: REFERENCE USE**

### Revision History

| <u>REV</u> | <u>DATE</u> | <u>REVISED PAGES</u> | <u>REASON FOR CURRENT REVISION</u>  |
|------------|-------------|----------------------|---|
| 15         | 05/08/2001  |                      | Intent Change - Quarterly review of phone numbers. Revised Fire Ops with new pager number in Section 4.3. Revised the Nursing Staff list which has gone down to two instead of three in Att. 1, Section B. Corrected SSP to SPP in Att. 1.                    |
| 16         | 06/11/2001  |                      | Non-Intent change. Change Fire Ops pager number on Pages 5 and 20 to 90333 due to replacement of pager.   |
| 17         | 08/20/2001  |                      | Intent Change - Changed maps to Erlanger and Emergency Room Layout in Appendix D, Maps. Added second MEDCOM phone number to Att. 1, Quarterly review of phone numbers, revised physicians contact from REND to Medical Services.                              |
| 18         | 07/05/2002  | 2, 20                | Intent Change - New standardized phone numbers for all three sites required a change for the SM, and Radcon Lab phone numbers.  |
| 19         | 09/05/2002  | ALL                  | Reformatted for standardization purposes. Changed EPIP-17 to EPIP-12, changed records section for standardization. Made Attachment 1 into Appendix E. Changed Erlanger phone number in App.E from (423) 778-7664 to (423) 778-4343. This is an Intent change. |
| 20         | 03/07/03    | 2, 16, 19            | Updated App, D Map, Erlanger Medical Center Emergency Dept. Preparation. Corrected Memorial NorthPark Telephone numbers (PER 03-002079-000) This is an Intent change.   |
| 21         | 07/11/03    | 19                   | Intent Change. Added ODS notification to App E, PER 03-005656-000 and SPP3.5, R12.  |
| 22         | 10/01/03    | 3, 12                | Intent Change. Added note for RC to stay with the patient.  |

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## 1.0 INTRODUCTION

This procedure outlines the actions to be followed by the Medical Emergency Response Team (MERT) during medical emergencies. The Medical Emergency Response Team (MERT) shall consist of:

- Incident Commander [Unit Supervisor (US) Team Leader]
- Fire Operations Personnel (EMT and MERT Leader)
- Level I and/or II Responders.
- RADCON technician(s) if responding inside the RCA or if requested.
- Site Security Officer(s).
- Health Services - as requested

The activation of the MERT and the medical alarm (extension 3911) is not required if the patient needs only minor treatment of cuts, scrapes, or illness and the following conditions are met:

- Medical or EMT personnel are immediately available to attend to the patient and no additional assistance needs to be summoned to assist in that treatment.
- Assistance is not required from Radcon, Operations, or Security.
- The patient is not in medical distress and
- Patient will not be transported offsite by TVA or HCEMS ambulance.

## 2.0 REFERENCES

- 2.1 EPIP-7, "Activation and Operation of the Operations Support Center"
- 2.2 EPIP-12, "Emergency Equipment and Supplies"
- 2.3 EPIP-15, "Emergency Exposure Guidelines"
- 2.4 SPP-3.5, "Regulatory Reporting Requirements"

## 3.0 INSTRUCTIONS

### 3.1 Initial Response

Upon discovering an ill or injured person, personnel shall:

- A. Administer aid for any life threatening situation if trained.
- B. Summon assistance from available personnel in the immediate area.
- C. Notify the Control Room of the medical emergency by calling ext 3911.
- D. Patients known or suspected of being in medical distress shall not be allowed to walk, especially when the cause of distress may be aggravated by exertion.

### 3.2 Control Room Response

The Control Room will obtain:

- Name of caller,
- Location (building, elevation, column),
- Type of medical emergency,
- Number of personnel involved,
- Immediate area hazards (radiological, safety), and
- Telephone number of caller.

### 3.3 Activation of the Medical Emergency Response Team

Upon receipt of the emergency call (code call), the Control Room will:

- A. Notify the Shift Manager and the Incident Commander of the emergency.
- B. Verify Fire Operations is notified by:
  1. Ringdown line to Fire Operations or
  2. Operations radio (channel F-3) or
  3. Call extension 7447 or 7448 or,
  4. Page Fire Operations by pushing the "FPU Page" button on the emergency phone (or pager #90333 if autodial is non-functional).
- C. Perform a plant-wide PA announcement that a medical emergency has been reported to alert the MERT to respond to the location.
- D. Confirm/coordinate MERT response (via radio or phone) until Incident Commander assumes control.
- E. If the Operations Support Center (OSC) has been activated under EPIP-7, the MERT will coordinate the emergency by radio or telephone through the OSC Fire Operations Advisor, who shall ensure a Team Tracking Number is assigned for tracking and debriefing purposes.

### 3.4 Responsibilities of the Shift Manager

Shift Manager shall:

- A. Establish and maintain communications with the Incident Commander.
- B. Ensure the Health Services Station (if staffed) has been notified to standby and monitor the radio.
- C. Notify Site Security to escort the ambulance onsite as required or establish access control at the helicopter landing zone.
- D. If an ambulance is requested by Health Services and the MERT is not activated, alert the Incident Commander and MERT leader to coordinate support activities.
- E. Notify industrial safety as time permits.
- F. If transporting to an agreement hospital, the Shift Manager shall complete Appendix E and provide the information to the receiving hospital. Appendix E will be forwarded to the SQN Emergency Preparedness Manager for retention for two years.
- G. Consider dispatching an Environmental Monitoring to assist in analyzing the samples taken by the plant RADCON group at the hospital. The van should be dispatched prior to ambulance departure from the site to ensure timely arrival at the hospital.
- H. The Shift Manager is responsible for any further notifications in accordance with SQN SPP-3.5 and applicable site procedures.
- I. The Shift Manager should verify that the patient's emergency contact has been notified in accordance with applicable site procedures.

**3.5 Responsibilities of the Incident Commander**

Incident Commander/Unit Supervisor (US) will:

- A. Provide direction on the scene until relieved by the MERT Leader.
- B. Coordinate and direct plant personnel in support of medical response activities provided by the MERT, (i.e., Radiological Control or Security, as conditions warrant).
- C. Determine from RADCON if patient was irradiated in excess of 5 Rem or is contaminated.
- D. With the MERT Leader, determine the number of patients, appropriate hospital, and mode of transport for each and notify the Shift Manager.
- E. Notify the Shift Manager of any TVA or Offsite emergency vehicle use.
- F. Determine from the MERT Leader if the Health Services Nurse is needed and if needed, notify the Shift Manager to have Health Services respond.
- G. With the MERT Leader, determine if RadCon support is needed and request support through the Shift Manager as needed.

**3.6 Responsibilities of the Fire Operations MERT Leader**

MERT Leader will:

- A. Direct the on-scene medical response and rescue activities and determine mode of patient off site transport.
- B. With the Incident Commander, determine if RadCon support is needed and request support through the Shift Manager as needed.
- C. Lead the MERT in and out by best route.
- D. Direct Site Security to secure the Triage area if needed.
- E. With the Incident Commander, determine the number of patients, appropriate hospital, and mode of transport for each (See Appendix B).
- F. Ensure that necessary medical treatment will take precedence over decontamination efforts.
- G. Determine from RADCON if each patient was irradiated >5 Rem or is contaminated.
- H. Request the HCEMS Paramedic or Supervisor become a member of the Command Post Organization upon arrival to ensure that patients are handled as quickly as possible and in the appropriate order based on their injuries.
- I. Keep Shift Manager advised (through the Incident Commander) of the situation and request additional aid as needed.



**3.6 Responsibilities of the Fire Operations MERT Leader (Continued)**

- J. When Lifeforce is called, contact Lifeforce on the TN EMS Frequency 155.205 MHz (TN EMS Mutual Aid frequency).
- K. Establish and assume responsibility for the Helicopter Landing Zone.
- L. Request that the HCEMS medical attendant inform the Shift Manager if the ambulance is diverted to a different hospital after leaving site.
- M. Request that the HCEMS medical attendant in the transporting vehicle follow-up with the receiving hospital and provide Estimated Time of Arrival (ETA), medical conditions, radiological conditions, and any pertinent patient information via radio or cellular phone immediately upon site departure.
- N. If communication difficulties arise, the onsite Operations Fire Foreman or Shift Manager shall perform the follow-up notification by telephone. As a minimum, an updated ETA and confirmation of medical and radiological conditions shall be conveyed.

**3.7 Responsibilities of the Fire Ops. EMT**

The EMT will:

- A. Assist in delivery of necessary medical and rescue equipment to the scene.
- B. Provide emergency medical care as trained.
- C. If needed, perform patient rescue and extrication from hazardous areas and assist in relocation to the Triage area (e.g.: elevation 706' breezeway outside the Work Coordination Center).
- D. Provide ambulance transport and care as required.

**3.8 Responsibilities of Health Services**

Health Services (Nurse) will:

- A. Remain at the Health Services Station while monitoring the patient's status via radio communications.
- B. Prepare to assist with patient care in the event the patient is brought to the site Health Services Station.
- C. Respond to the accident scene or triage area when requested (e.g., triage or multiple casualty incidents) by the Incident Commander through the SM. Security will arrange escort per 4.10.E.
- D. As requested, coordinate radiological assessment and decontamination efforts with RADCON while onsite as the medical status permits. (See Appendix A.)
- E. Perform follow-up notifications and provide the hospital with a medical history.
- F. As required and as available, the plant nurse will provide any relevant medical information requested by the patient's attending physician.

**3.9 Responsibilities of Radiological Control (RADCON)**

Radiological Control (RADCON) will:

- A. Determine if the response location is inside the RCA or if a potential exists for contamination or irradiation. If a potential exists, respond to the scene otherwise remain ready to subsequently respond if the Incident Commander or MERT Team Leader determine RadCon support is necessary.
- B. Advise the MERT of radiological conditions and protective actions including ALARA considerations and exposure control.
- C. Provide contamination control and monitoring assistance during patient handling, transport, and decontamination. (Appendix A)
- D. Determine if each patient was irradiated > 5 Rem or is contaminated. Personnel exceeding 5 Rem will be considered as "irradiated" under Section 2.0 of Appendix A.
- E. If personnel contamination with injury has occurred, necessary medical treatment will take precedence over decontamination efforts.
- F. Provide area and equipment contamination control during emergency and recovery phase activities.
- G. Provide support to plant/ambulance/hospital personnel as necessary. Support may include activities deemed necessary by the MERT Leader or Incident Commander, such as establishing control zones to limit the spread of contamination from chemicals or radioactive materials.
- H. If contamination or irradiation is suspected or confirmed, RADCON personnel (as available) will accompany the patient and provide radiological services as required. (See Appendix A)
- I. As medical conditions allow, if internal contamination is suspected, RADCON shall initiate an isotopic analysis on a sample of the contamination involved and provide data to the receiving hospital as requested.
- J. RADCON will provide the receiving hospital with radiological information upon arrival. As required, further information such as patient exposures by processed TLDs and isotopic analyses through gamma-ID results may be conveyed to the hospital's Radiation Safety Officer by telephone at first opportunity.
- K. At the first opportunity and as information becomes available, RADCON will notify TVA Health Services anytime TVA personnel receive radiation doses in excess of the TVA occupational dose limits.

### 3.10 Responsibilities of Site Security

Site Security will:

- A. Facilitate emergency personnel and equipment movement through security areas.
- B. Provide crowd control at the accident scene, triage area, and ambulance and provide assistance as requested.
- C. Provide access control to the Helicopter Landing Zone limiting access to those directly involved in patient care and transport.
- D. Escort offsite ambulances to the accident scene or point of patient transfer, as required.
- E. Escort Health Services personnel from the health station to the accident scene as required.
- F. Badge out at the vehicle gate the ambulance crew and personnel being transported in a TVA ambulance as non-emergency traffic.

### 3.11 Supplies

- A. As needed, Corporate Emergency Preparedness shall restock and inventory the Radiological Emergency Supply Cabinets located at the agreement hospitals in accordance with EPIP-12.
- B. Specialized replacement items can be obtained in coordination with the SQN Emergency Preparedness Manager as required.

## 4.0 RECORD RETENTION

### 4.1 Records of Classified Emergencies

The materials generated in support of key actions during an actual emergency classified a an Alert or higher are considered Lifetime retention Non-QA records. Materials shall be forwarded to the EP Manager who shall submit any records deemed necessary to demonstrate performance to the Corporate EP Manager for storage.

### 4.2 Drill and Exercise Records

The materials deemed necessary to demonstrate performance of key actions during drills are considered Non-QA records. These records shall be forwarded to the EP Manager who shall retain records deemed necessary to demonstrate six-year plan performance for six years. The EP Manager shall retain other records in this category for three years.

### 4.3 Hospital and Personnel Notification Report

The Hospital and Personnel Notification Report in this Instruction will be retained by the SQN Emergency Preparedness Manager for three years.

**5.0 ILLUSTRATIONS AND APPENDICES**

- 5.1 Appendix A, Patient Care and RADCON Assistance Guidelines**
- 5.2 Appendix B, Determination of Best Method of Patient Transport**
- 5.3 Appendix C. Procedure For Cytogenetics Blood Studies by REAC/TS**
- 5.4 Appendix D, Maps**
- 5.5 Appendix E, Hospital and Personnel Notification Report**

## Appendix A, Patient Care and RADCON Assistance Guidelines

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**1.0 GENERAL PATIENT CARE GUIDELINES**

- 1.1 First aid and emergency medical care should be provided onsite to preserve life and to minimize injury and suffering.
- 1.2 The medical emergency response team will take appropriate medical action as directed by the EMT trained in emergency medical care until the patient is transferred to a higher medical authority.
- 1.3 The Medical Director at the Emergency Room should be consulted when in the EMTs judgment further professional attention is needed.
- 1.4 If no work related trauma, life-threatening conditions, contamination, or excessive exposure are involved or suspected and the patient is informed and capable, then the patient may have the choice of hospital when offsite medical attention is necessary.
- 1.5 The care of persons known or suspected to be associated with radiation exposure or contamination will be coordinated with RADCON. The essential aims of the medical-RADCON team are:
  - Minimize the injury and further radiation exposure to the victim.
  - Protect attending personnel from excessive and unnecessary radiation exposure.
  - Control spread of radioactive contamination.
  - Assess and document the patient's radiological exposure.
  - Immediate lifesaving and disability limiting procedures will take precedence over noncritical decontamination and dosimetry assessment procedures.
- 1.6 As medical conditions allow, inform the patient of his/her radiological status.

**2.0 IRRADIATED-NONCONTAMINATED**

- 2.1 Remove the victim from further exposure providing only essential first aid in the process, then direct attention to medical care of other physical injuries.
- 2.2 Medical care of the radiation exposure is governed by the medical status of the patient and the findings of RADCON. In most cases the treatment of illness or physical injury takes precedence over treatment for radiation exposure.
- 2.3 Individuals who have received an acute whole body dose of less than 5 rem usually require no medical examination or treatment for the radiation exposure.
- 2.4 Individuals who have received an acute whole body dose greater than 5 Rem should have hematological studies performed to detect chromosomal aberrations or other changes in blood constituents, under the direction of a TVA physician representative.
- 2.5 Any personnel known or suspected of receiving radiation exposure in excess of the TVA occupational dose limits should be reported by RADCON personnel to TVA medical and the area medical chief as soon as possible. RADCON should document the amount and type of radiation and assist MEDICAL SERVICES in follow-up by supplying them with this information.

**3.0 CONTAMINATED PATIENTS**

The patient should be given initial emergency care by the MERT. All decontamination that the medical status of the patient will allow should be accomplished. The appropriate sequence of care must be determined on an individual basis by the medical-RADCON team.

## Appendix A, Patient Care and RADCON Assistance Guidelines

Page 2 of 3

**3.1 CONTAMINATED PATIENTS (Continued)**

The injured person will be transported and treated in one of two ways:

- A. If the person is severely injured, they may be transported directly to an agreement hospital. Every reasonable effort should be made to reduce the radioactive contamination level to less than 500 mRem per hour at one foot. Spread of contamination may be minimized by removing the patient's excess clothing and wrapping him in a sheet, as his injuries permit.
  - B. If cases of less severe injuries, the patient will be sent to the personnel decontamination facility to remove as much contamination as possible before being treated in the emergency treatment area or transferred to an agreement hospital.
- 3.2 The RADCON group will collect, identify, label, and analyze all biological specimens as required and deemed necessary. The RADCON Group will obtain the injured person's personal dosimetry and replace with equivalent dosimetry if appropriate.
  - 3.3 The RADCON group will control contamination as necessary during transportation to the receiving hospital.

|   |
|---|
| <b>NOTE:</b> The RADCON Tech that initially surveys a patient should stay with that patient until either 1) the patient is declared "clean" by survey or 2) the patient is turned over to another RC Tech that will stay with the patient (so that patient is under constant physical control of a RC Tech.) Exceptions may be granted for basket lifts, etc. where RCT cannot be physically with the patient for a brief period. |
|---|

- 3.4 At the hospital, a RADCON representative will furnish radiological services as necessary to attending physicians and hospital personnel as requested.

**4.0 GENERAL RADCON ASSISTANCE GUIDELINES**

- 4.1 RADCON personnel will assist emergency room personnel in instituting contamination control procedures at the time of the radiation emergency admission.
- 4.2 Upon arrival at the hospital the lead RADCON person from the plant should report the radiological status to the hospital medical team leader.
- 4.3 If requested by the hospital, provide this assistance:
  - Establish a checkpoint and monitoring station for entry and exit from the contamination control area.
  - Survey patients and advise physician in charge of external radiation levels to personnel and of patient contamination.
  - Survey personnel, equipment and facilities and designate those that must be restricted for decontamination.
  - Supervise decontamination of personnel and facilities and release areas that are not contaminated.
  - Direct handling of radioactive waste.
  - Request the medical staff collect samples of nasal swabs, clothing, gauze, and materials used in cleansing for analysis. Place in plastic bags and label.

**Appendix A, Patient Care and RADCON Assistance Guidelines**

Page 3 of 3

**4.0 GENERAL RADCON ASSISTANCE GUIDELINES (Continued)**

- 4.4 Survey the ambulance and its contents. Supervise decontamination if required. If the ambulance cannot be surveyed immediately it should be locked to prevent spread of contamination.
- 4.5 If deemed necessary, an Environmental Monitoring Van will be dispatched to assist in analyzing the samples taken by the plant RADCON group. The van should be dispatched prior to ambulance departure to ensure timely arrival at the hospital.
- 4.6 Collect contaminated material from hospital and return to site for disposal. Transport of this material will be in accordance with TVA Radiological Material Shipping Manual.

## Appendix B, Determination of Best Method of Patient Transport

Page 1 of 1

If the patient is suspected or known to have been irradiated (< 5 Rem) or contaminated with radioactive material, utilize an agreement hospital and ambulance, listed on Appendix E.

- B. All Sequoyah employees with service related traumatic injuries should be transported to an agreement facility, listed on Appendix E.
- C. If in shock or the condition is life threatening, he or she should be transported to the nearest facility, Memorial North Park Hospital if by ambulance or to Erlanger if by Lifeforce.
- D. The selection of the Lifeforce helicopter or the transporting ambulance (SQN versus offsite ambulance) shall be primarily based upon the medical needs of the victim. Since the Fire Operations MERT Leader is responsible for the management of fire/EMT personnel onsite, he/she shall have the final responsibility for selection of the transportation vehicle. Considerations in making the selection include:

- The capabilities of the ambulance service shall be considered according to the medical needs of the patient (Advanced Life Support versus Basic Life Support services). The recommendations of the EMT or nurse should be considered in the decision process.
- The reduction in onsite response capabilities if the TVA ambulance is utilized.
- Offsite ambulances shall be used as the primary means of transport unless the medical emergency is life threatening ("load and go"), and the estimated arrival time for an offsite ambulance is unacceptable (adverse impact on patient's condition). To avoid these delays, requests for local ambulance or Lifeforce helicopter support shall be made as soon as the need for transport is identified.

Examples of "Load and go" or life-threatening conditions:

- severe airway obstructions not alleviated by manual means,
- respiratory emergencies (tension pneumothorax),
- uncontrolled severe bleeding,
- head injury with unilateral blown or dilated pupils,
- open chest or abdominal wounds,
- severe burns,
- deteriorating level of consciousness or unconsciousness from any cause,
- cardiac arrest, and
- severe medical problems including heart attack, stroke, heatstroke, poisoning, abnormal childbirth, and signs or symptoms of shock.



**Appendix C, Procedure For Cytogenetics Blood Studies by REAC/TS**

Page 1 of 1

VA has an agreement with the Radiation Emergency Assistance Center/Training Site (REAC/TS) Cytogenetics Laboratory for support services including a white blood cell lymphocyte culture for dose assessment of TEDE exposures to ionizing radiation.

Upon the order of a physician, and in coordination with a health physicist, REAC/TS shall be contacted to request and coordinate the shipment and return of a blood sample kit. This kit contains all necessary collection, shipping, and instruction materials. The kit is provided by REAC/TS to promote optimal test results by use of controlled sample handling materials.

**KEY INFORMATION ON CYTOGENETIC BLOOD STUDIES:****WHEN:**

Upon the order of a responsible physician, with verification that known or suspected ionizing radiation exposure (acute TEDE) exceeds 5 REM.

**FREQUENCY:**

Once, unless directed otherwise by REAC/TS or physician.

**TO REQUEST KIT:**

Attending physician should contact:

REAC/TS, (865) 576-3131 - day time phone number

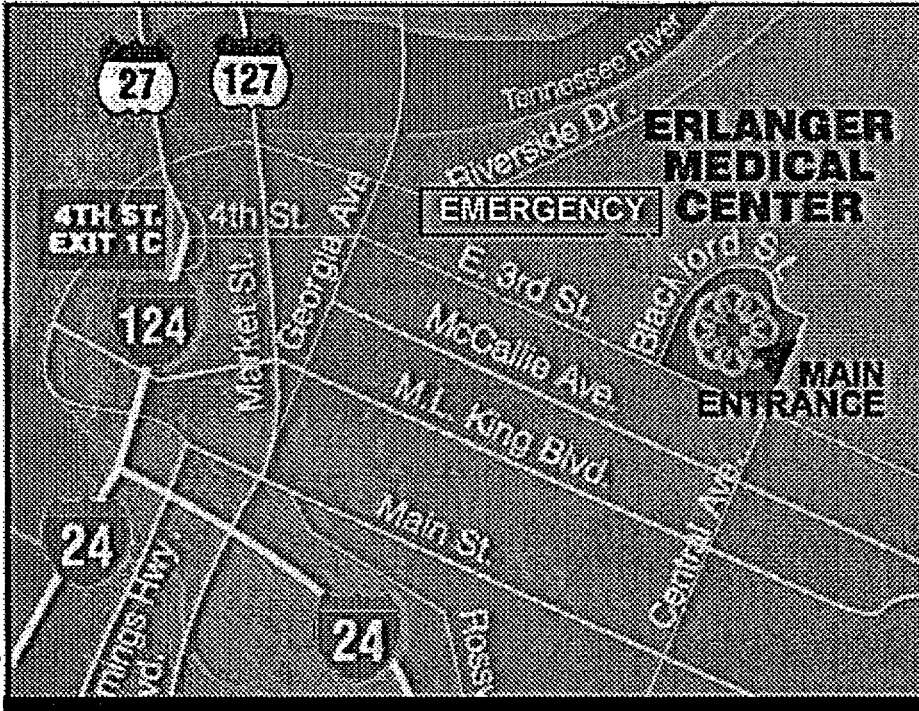
(865) 576-1005 - after hours.

**REPORT RESULTS TO:**

Attending Physician, Site Medical Office

Appendix D, Maps  
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SQN TO CHATTANOOGA

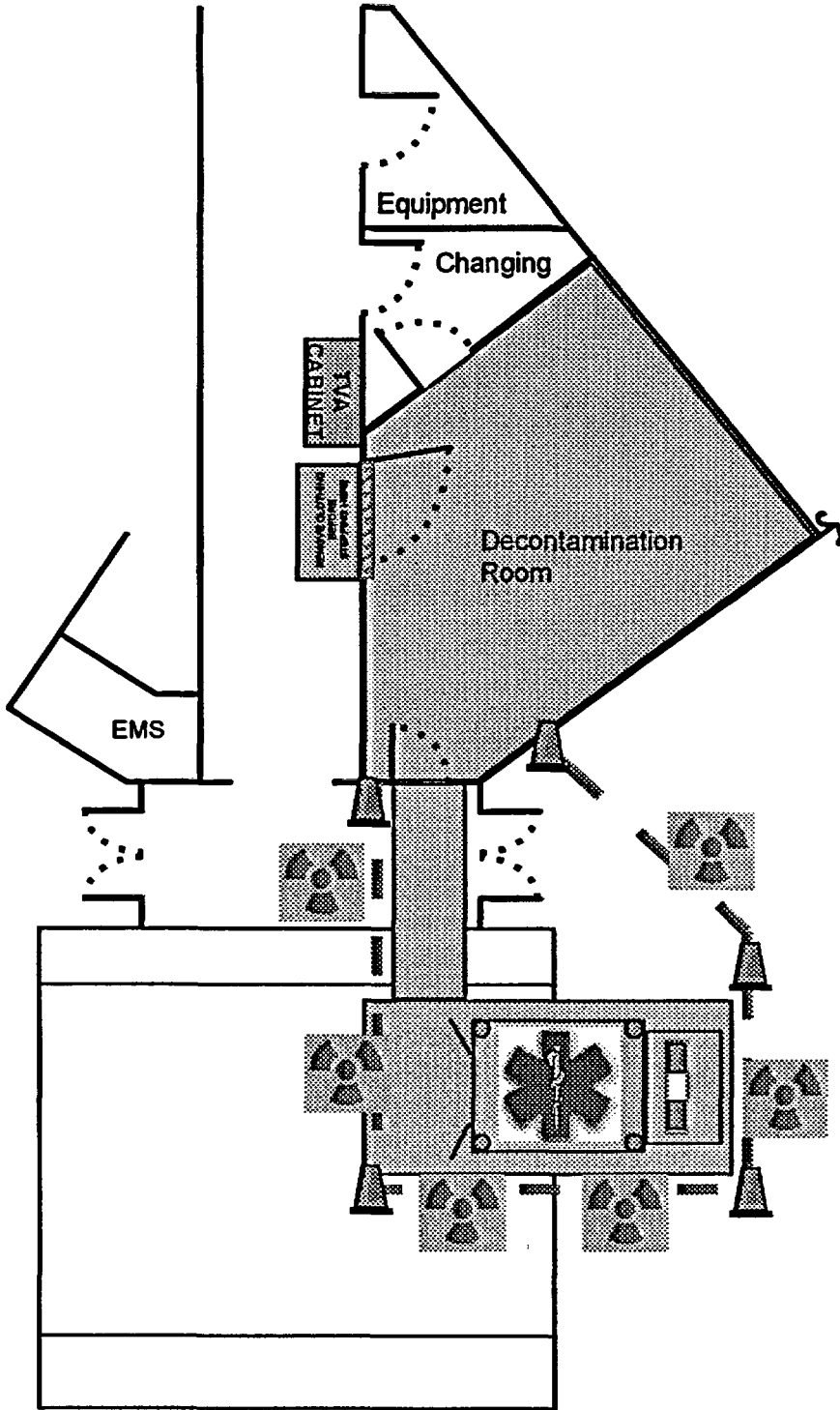


**PRIMARY ROUTE:**

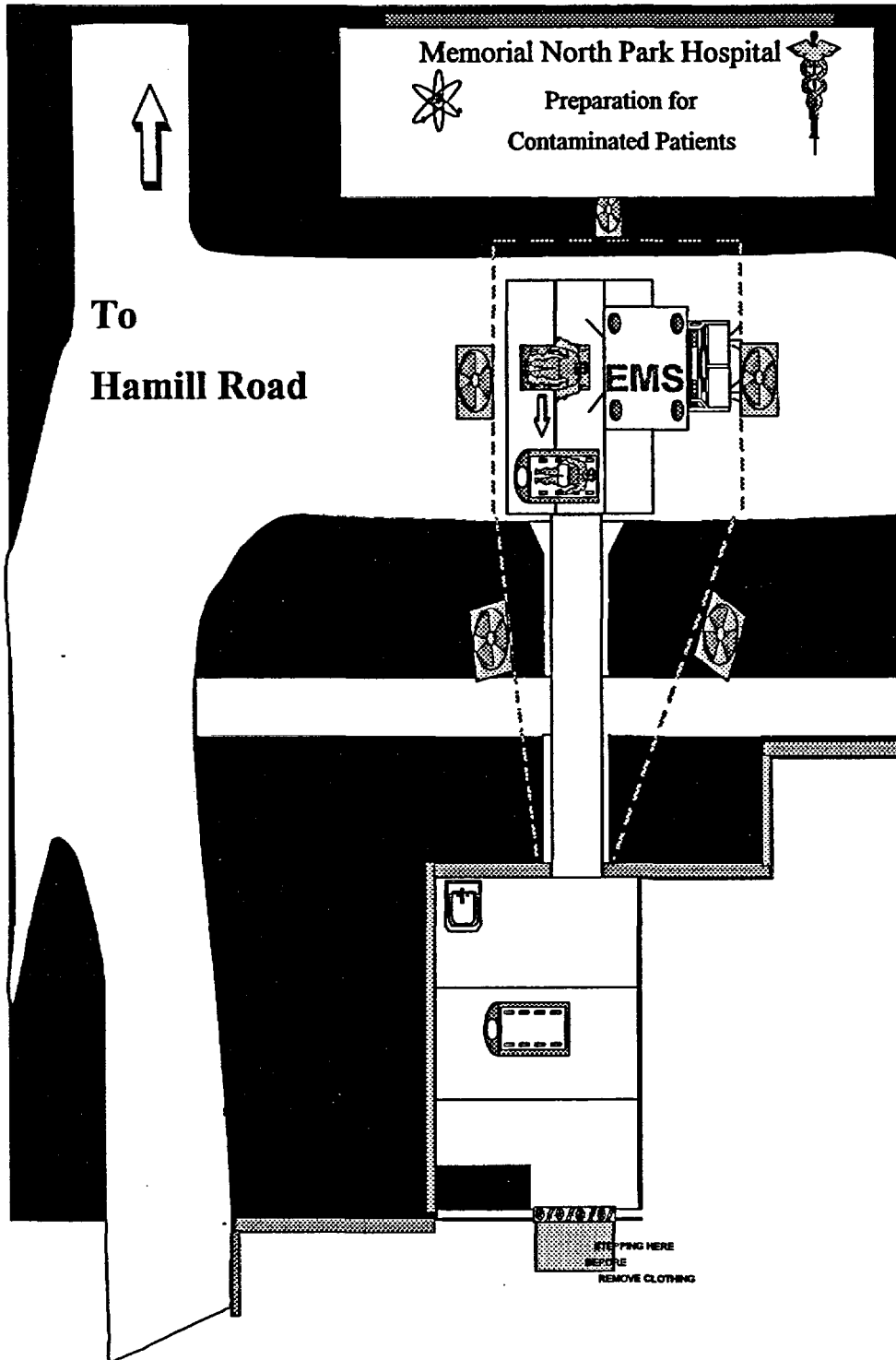
- Leave SQN via Sequoyah Road to Highway 27 (~6.3 miles)
- Turn LEFT onto Highway 27 South towards Chattanooga
- Follow Highway 27 South for ~17.2 miles
- Exit at Exit No. 1C 4th Street - Downtown
- Follow 4th Street east for ~ 1.2 miles (becomes 3rd Street)
- Turn LEFT onto Blackford Street (follow EMERGENCY signs)

Appendix D, Maps  
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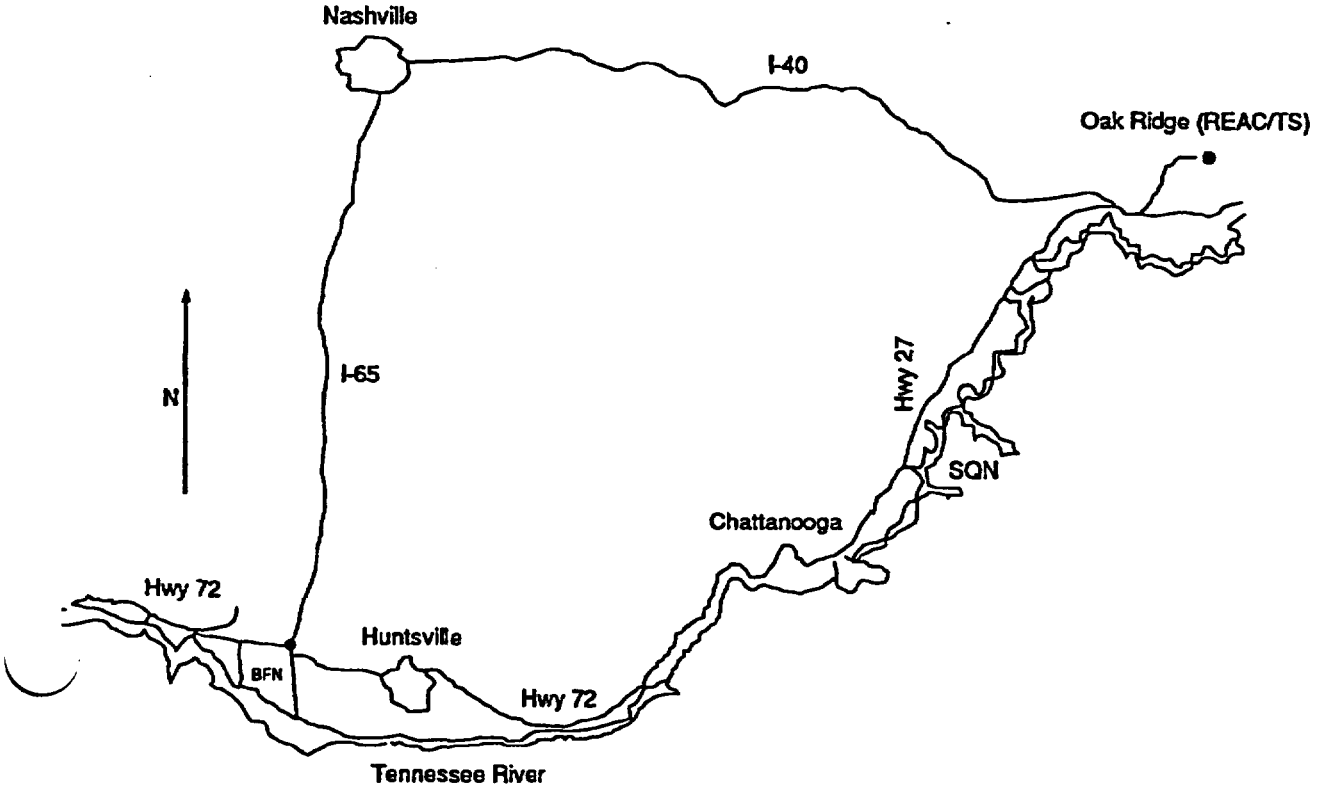
ERLANGER MEDICAL CENTER AREA



Appendix D, Maps  
Page 3 of 4



Appendix D, Maps  
Page 4 of 4



Sequoyah Nuclear Plant to REAC/TS  
Via Hwy 27: Travel distance 110 Mi.  
Travel time 1.5 Hrs at 70 mph

**Appendix E, Hospital and Personnel Notification Report**

Page 1 of 2

**HOSPITAL AND PERSONNEL NOTIFICATION REPORT**

The Shift Manager shall complete this form for individuals being transported to an agreement hospital (Memorial Northpark or Erlanger). He shall notify the destination hospital as soon as the need for off site transportation is determined.

Shift Manager \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Hospital \_\_\_\_\_

Person Contacted \_\_\_\_\_ Title \_\_\_\_\_

**MESSAGE TO THE HOSPITAL**

Sequoyah Nuclear Plant will be sending \_\_\_\_\_ (number) injured person(s) to your hospital Emergency Department by \_\_\_\_\_ Ambulance \_\_\_\_\_ Lifeforce.

The victim(s) is:

- Confirmed, NOT a radiation accident victim - no radiological hazards exist (NOT contaminated and NOT irradiated).
- Radiological conditions are unknown at this time. (survey incomplete due to injuries or location)
- Contaminated with radioactive material
  - Externally at \_\_\_\_\_ CPM or \_\_\_\_\_ mrad.
  - Internally
- Irradiated in excess of 5 rem - Expected Exposure of \_\_\_\_\_ Rem.

Medical condition and ETA should be provided by the EMT upon departure from the site.

|   |
|---|
| <input type="checkbox"/> Confirmation call- back from the Hospital received.<br><input type="checkbox"/> SQN Plant Management notified.<br><input type="checkbox"/> SQN Industrial Safety notified.<br><input type="checkbox"/> ODS Notified of any Ambulance traffic to or from site.<br><input type="checkbox"/> Employee's Manager Notified.<br><input type="checkbox"/> SPP 3.5 Notifications Complete. |
|---|

**ROUTE COMPLETED FORM TO EP MANAGER FOR RETENTION**

**Appendix E, Hospital and Personnel Notification Report**  
Page 2 of 2

**HOSPITAL AND PERSONNEL NOTIFICATION LIST**

**A. SEQUOYAH EMERGENCY NUMBERS**

|                        |                              |
|------------------------|------------------------------|
| Fire/Medical Emergency | - 3911                       |
| Fire Operation Unit    | - 7447 or 7448, Pager #90333 |
| Health Station (DS/N)  | - 8026 or 8027               |
| Nuclear Security       | - 6144 or 6184               |
| Shift Manager          | - 7860 or 7211               |
| Radiological Control   | - 7865 or 6160               |
| Industrial Safety      | - 6647                       |

**B. SEQUOYAH NURSING STAFF (Home Telephone Numbers)**

|                                   |          |            |
|-----------------------------------|----------|------------|
| Andy Miller, RN, ONP (Supervisor) | 842-7005 | Hixson, TN |
| Carolyn O'Brien, RN               | 842-5470 | Hixson, TN |

**C. SQN AMBULANCE**

7447 or Cellular Telephone 667-6274

**D. LOCAL AGREEMENT AMBULANCE SERVICE**

|   |   |
|---|---|
| Hamilton County Ambulance<br>(423) 622-7777<br>Alternate: 911 | Erlanger Lifeforce<br>(423) 778-5433<br>Alternate: 1-800-523-6723 |
|---|---|

MEDCOM - #633 (from Cell Phone)  
OR 778-9633

NOTE: Inform Lifeforce that communications  
will be via the TN EMS Mutual Aid  
Frequency 155.205MHz

**E. AGREEMENT HOSPITALS**

|   |  |
|---|--|
| Memorial North Park Hospital<br>2051 Hamill Road<br>Chattanooga, TN 37343<br>(423) 495-7164 (24 hours) or<br>(423) 495-7100 | Erlanger Medical Center<br>975 East Third Street<br>Chattanooga, TN 37403<br>(423) 778-7296 (24 hours)<br>(423) 778-4343 |
|---|--|

**F. REAC/TS, OAK RIDGE, TENNESSEE**

|   |                |
|---|----------------|
| Commercial (0800-1630)                  | (865) 576-3131 |
| 24 hour Emergency - DOE EOCC            | (865) 576-1005 |
| NP Radiological Emergency Plan (NP-REP) |                |

**TENNESSEE VALLEY AUTHORITY**  
**SEQUOYAH NUCLEAR PLANT**  
**EMERGENCY PLAN IMPLEMENTING PROCEDURE**

**EPIP-12**

**EMERGENCY EQUIPMENT AND SUPPLIES**

**REVISION 2**

|                                  |                               |
|----------------------------------|-------------------------------|
| <b>PREPARED BY:</b>              | <b>BILL PEGGRAM</b>           |
| <b>RESPONSIBLE ORGANIZATION:</b> | <b>EMERGENCY PREPAREDNESS</b> |
| <b>APPROVED BY:</b>              | <b>J. RANDY FORD</b>          |
| <b>EFFECTIVE DATE:</b>           | <b>October 1, 2003</b>        |
| <b>LEVEL OF USE:</b>             | <b>REFERENCE USE</b>          |

**QUALITY-RELATED**



## Revision History

| <u>REV</u> | <u>DATE</u> | <u>REVISED PAGES</u> | <u>REASON FOR CURRENT REVISION</u>   |
|------------|-------------|----------------------|--|
| 0          | 08/30/2002  |                      | Renumbered procedure which was EPIP-17 to EPIP-12, changed records section for standardization purposes. Moved the flashlight bulbs from App. D to App. I so spare flashlight bulbs and batteries would be on the same inventory. Removed FRED Manuals and CECC Information Systems Manuals and replaced SQN and TVA phone directories with TVA phone list for more current listings from the TSC & OSC Inventories, App. H & I respectively. Changed NOMS to eSOMS and added WWM to MSS slot on OSC Inventory, App. I. Changed the number of the Team Tracking Status Boards to from one to two to reflect physical layout. Added 2 flashlights to Appendix I. Changed the location of the 12 SCBAs and associated equipment from the Relay Room outside the TSC to the Main Control Room Area on App. K. Changed titles of appendices to match the Table of Contents. Other small format editorials were made. |
| 1          | 03/03/2003  |                      | Standardized retention of records in Sect. 4.2 from two to three years. Added misc. supplies and expiration date for Zeolite Cartridges to App C. Added portions of communications tests and inventories from 0-PI-REM-244-002.Q Quarterly Testing Of Emer. Response Facility Communications Equip. and all of 0-PI-REM-244-001.0 Monthly Testing Of Emergency Response Facility Communications Equipment to EPIP-12 for standardization forming Appendices L & M and removed of 0-PI-REM-244-001.0 from App. K. Moved portable Satellite phone from App. I to App. H. Added Sample Map in App. H. In App. H&I changed to verify revisions with EPIL-1 instead of CECC EPIP-9. Added office supplies and procedures to App. H&I. Added items to LRC App J. Added App. N for Quarterly Administrative Reviews.  |
| 2          | 10/01/2003  | ALL                  | Intent Change. General Revision for format and content standardization.  |

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## 1.0 INTRODUCTION

The purpose of this instruction is to comply with the requirements of the Radiological Emergency Plan for periodic inspection and maintenance of equipment and supplies.

## 2.0 REFERENCES

### 2.1 Industry Documents

- A. NRC Regulatory Issue Summary 2000-11: NRC Emergency Telecommunications System
- B. 10CFR50, Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities Part IV.E.9.d
- C. NUREG 0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants
- D. NUREG-0696, Functional Criteria for Emergency Response Facilities
- E. TVA Nuclear Radiological Emergency Plan
- F. CECC EPIP-9, Emergency Environmental Radiological Monitoring Procedures

## 3.0 INSTRUCTIONS

### 3.1 Conduct of Inventories

- A. The individuals performing the inventory shall complete the appendices as indicated and make arrangements to correct any items found unsatisfactory.
- B. Completed appendices will be forwarded prior by the end of the quarter in which they are due to the Emergency Preparedness Manager for review.
- C. The Emergency Preparedness Manager is responsible for ensuring the overall state of readiness of supplies and equipment identified in this procedure.
- D. List any deviations and the disposition on the appropriate Appendix Data Sheet. Deficient outdated or missing items shall be replaced as soon as possible.
- E. Personnel conducting tasks will provide legible documentation of results.
- F. In addition to this frequency schedule, special inventories are indicated when items or equipment maintained by this procedure have been affected by a drill, exercise, or training. This special inventory will be performed at a reasonable time following the activity. This special inventory may also be used as the routine inventory.
- G. A copy of the most recent inventory of the equipment should be posted on the outside of the cabinet where a posting device has been provided.

**3.2 Completion of Appendices**

- A. A checkmark in the "SAT" column will represent that the item being inventoried meets the operable condition and/or minimum quantities were observed.
- B. If the "As Found" condition of items differ from the expected condition, comments in the "Remarks" column of the appendix should be recorded and in enough detail to leave no doubt as to the conditions found and actions taken. Comments such as the following - "batteries missing" do not document the full action taken allow a person to determine what, if any, action has been taken. Comments should read for example: "Batteries missing, replaced on Feb 5, 04".
- C. All unexpected "As Found" conditions shall be corrected as soon as possible. If circumstances do not allow prompt correction, the Emergency Preparedness Manager shall be notified. Once the condition(s) has been corrected, the applicable form will be signed.
- D. Special checks of certain material in the cabinets shall be performed. The following checks shall be made where applicable:
1. The protective clothing and heat/moisture sensitive materials shall be checked for deterioration.
  2. The smoke tubes and aspirator bulbs shall be checked for deterioration and that the tubes have not been broken or used.
  3. Replace all flashlight batteries at the end of shelf-life with fresh batteries. (Do not discard batteries. Return them to the tool room.)
  4. Check to determine that flashlights are operable.
- E. The emergency equipment stored in cabinets may be provided with a lock or plastic seal as a means of controlling access or determining that the cabinet has not been opened.
- F. Equipment in certain cabinets is separated into Table A and Table B. Table A is a list of all non-perishable items stored in a small metal box equipped with a security seal within the cabinet itself. These items will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated. Those items listed in Table B of these attachments are inventoried on a quarterly basis.
- G. "As found" quantities at less than minimum specified generally do not rise to the levels described in SPP 3.1 if promptly corrected. However, any items deemed to meet the criteria of SPP 3.1 shall be documented under SPP 3.1.

### 3.3 Responsible Organizations

Responsible Organizations (as designated below) shall conduct inventories at the specified frequencies.

| Apdx | Frequency           | Description                                       | Responsible Org. |
|------|---------------------|---|------------------|
| A    | Calendar Quarter    | Technical Support Center                          | EP               |
| B    | Calendar Quarter    | Operations Support Center                         | EP               |
| C    | Calendar Quarter    | Main Control Room                                 | EP               |
| D    | Calendar Quarter    | Local Recovery Center                             | EP               |
| E    | Calendar Quarter    | Radiological Monitoring Equipment                 | RadCon           |
| F    | Calendar Quarter    | Onsite Decontamination                            | RadCon           |
| G    | Calendar Year       | Protective Clothing - MCR Corridor Cabinet        | RadCon           |
| G    | Calendar Year       | Protective Clothing - Communications Room         | RadCon           |
| G    | Calendar Quarter    | Protective Clothing - 6.9kV Shutdown Board Room   | RadCon           |
| G    | Calendar Quarter    | Protective Clothing - OSC Response Team Equipment | RadCon           |
| H    | Calendar Quarter    | Agreement Hospital Cabinet Inventory              | Corp EP          |
| I    | Monthly (per REP)   | Monthly Testing Of Communications Equipment       | EP               |
| J    | Quarterly (per REP) | Quarterly Administrative Checks And Reviews       | EP               |
| K    | Calendar Quarter    | Inventories Performed in other Procedures         | EP               |
| L    | Calendar Quarter    | Emergency Dosimetry                               | RadCon           |

### 3.4 Special Inventories

In addition to the frequency schedule in Section 3.3, special inventories are indicated when items or equipment maintained by this procedure have been affected by a drill, exercise, or training. This special inventory will be performed at a reasonable time following the activity. This special inventory may also be used as the routine inventory.

#### 4.0 RECORD RETENTION

##### 4.1 Records of Classified Emergencies

The materials generated in support of key actions during an actual emergency classified as an Alert or higher are considered Lifetime retention Non-QA records. Materials shall be forwarded to the EP Manager who shall submit any records deemed necessary to demonstrate performance to the Corporate EP Manager for storage.

##### 4.2 Drill and Exercise Records

The materials deemed necessary to demonstrate performance of key actions during drills are considered Non-QA records. These records shall be forwarded to the EP Manager who shall retain records deemed necessary to demonstrate six-year plan performance for six years. The EP Manager shall retain other records in this category for three years. The Appendices/Checklists in this Instruction are NON-QA documents and will be retained by the SQN Emergency Planning (EP) Manager for at least three years.

#### 5.0 ILLUSTRATIONS / APPENDICES

|            |   |
|------------|---|
| Appendix A | Technical Support Center                            |
| Appendix B | Operations Support Center                           |
| Appendix C | Main Control Room                                   |
| Appendix D | Local Recovery Center                               |
| Appendix E | RADCON Equipment                                    |
| Appendix F | Onsite Decontamination Supplies                     |
| Appendix G | Protective Clothing                                 |
| Appendix H | Agreement Hospital Cabinet Inventory                |
| Appendix I | Monthly Testing Of Communications Equipment         |
| Appendix J | Quarterly Administrative Checks and Reviews         |
| Appendix K | Review of Inventories Performed by other Procedures |
| Appendix L | Emergency Dosimetry                                 |

APPENDIX A  
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**TECHNICAL SUPPORT CENTER (TSC)**

**SUPPLIES**

| SAT | Min    | Description  | Remarks |
|-----|--------|--|---------|
|     | Asrtd  | Office/Desktop Supplies  |         |
|     | Asrtd  | Dryboard Supplies  |         |
|     | 6      | Calculators, (Scientific)  |         |
|     | 12     | Flashlights  |         |
|     | 24     | Batteries (D-Cells) Best used by Date: _____ / _____   |         |
|     | 24     | Batteries (AA) Best used by Date: _____ / _____  |         |
|     | 4      | Telephone Headsets (on desks)  |         |
|     | 3      | Telephone Headsets (Spares)  |         |
|     | 12     | Grease Pencils   |         |
|     | 4 pk   | Copier Paper   |         |
|     | 1 Roll | Thermal Paper for Tracking Board   |         |
|     | 2      | ASME Steam Tables  |         |
|     | 1      | Accountability Roster (Current Rev)  |         |
|     | 1 ea   | TSC Position Notebooks - Check for uncontrolled or out-of-date materials (in notebooks or TSC areas) |         |

**MAPS**

| SAT | Min | Description                                | Remarks  |
|-----|-----|--|--|
|     | 1   | 2 Mile Map Latest Rev. _____               | <i>Verify wall maps are the latest revision (see EPIL-1)</i> |
|     | 1   | 10 Mile Evac Sect. Map Latest Rev. _____   |  |
|     | 1   | 10 Mile Sample Point Map Latest Rev. _____ |  |
|     | 1   | 50 Mile Sample Point Map Latest Rev. _____ |  |

**COMMUNICATIONS BRIDGES**

| SAT | Description  |     |                     |   |      |             | Remarks |
|-----|--|-----|---------------------|---|------|-------------|---------|
|     | Verify bridges are functional by calling numbers listed on two phones and ensuring clear communications. |     |                     |   |      |             |         |
|     | √  | #   | Bridge              | √ | #    | Bridge      |         |
|     |  | 101 | Ops Bridge - Talk   |   | 104  | Maintenance |         |
|     |  | 102 | Ops Bridge - Listen |   | 6406 | OSC Teams   |         |
|     |  | 103 | RadCon Bridge       |   |      |             |         |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX A  
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TECHNICAL SUPPORT CENTER (TSC)

FUNCTIONAL CHECKS

| SAT | Description   | Remarks |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|-----|---|---------|-----------------|---|-------------|---|----------|--|-----------------|--|--------------|--|-----------|--|---------------|--|--------------|--|-----------|--|------------|--|-----------------|--|-----------|--|------------|--|-----------------|--|-----------|--|----------|--|-----------|--|-------------|--|--|--|--|--|-------------|--|
|     | Verify Key Phones for TSC are functional by calling numbers listed in the REND (Forward corrections to Corporate EP as part of quarterly REND validation)   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify CECC ring-down is functional by calling CECC Director Position   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Fixed Satellite Phone is functional by calling known good phone  |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Portable Satellite Phone is functional by calling known good phone   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify CECC Terminal/Printer is functional by printing current Met Data   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify copier is functional by copying a page   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Electronic Display Projectors functional   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Zetron Radio is functional using handheld radio  |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Incoming Fax is functional by faxing to Outgoing Fax   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify Outgoing Fax is functional by faxing to Incoming Fax   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify clocks are functional by checking current time   |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify signs are functional by changing to one or more classifications and observing  |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify TSC Printer is functional by printing test page  |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Verify all ICS/Wide Area Network Terminals are functional by checking ICS or EP Website as appropriate  |         |                 |   |             |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | <table border="1" data-bbox="299 1304 1120 1538"> <thead> <tr> <th>√</th> <th>Position</th> <th>√</th> <th>Position</th> <th>√</th> <th>Position</th> </tr> </thead> <tbody> <tr> <td></td> <td>Operations Mgr.</td> <td></td> <td>Ops Comm. #1</td> <td></td> <td>TAT 1 ICS</td> </tr> <tr> <td></td> <td>Chemistry Mgr</td> <td></td> <td>Ops Comm. #2</td> <td></td> <td>TAT 2 ICS</td> </tr> <tr> <td></td> <td>RadCon ICS</td> <td></td> <td>Maintenance Mgr</td> <td></td> <td>TAT 3 ICS</td> </tr> <tr> <td></td> <td>RadCon WAN</td> <td></td> <td>Site Vice Pres.</td> <td></td> <td>TAT 4 ICS</td> </tr> <tr> <td></td> <td>NRC Room</td> <td></td> <td>Logkeeper</td> <td></td> <td>TAT TEC ICS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>TAT DISPLAY</td> </tr> </tbody> </table> | √       | Position        | √ | Position    | √ | Position |  | Operations Mgr. |  | Ops Comm. #1 |  | TAT 1 ICS |  | Chemistry Mgr |  | Ops Comm. #2 |  | TAT 2 ICS |  | RadCon ICS |  | Maintenance Mgr |  | TAT 3 ICS |  | RadCon WAN |  | Site Vice Pres. |  | TAT 4 ICS |  | NRC Room |  | Logkeeper |  | TAT TEC ICS |  |  |  |  |  | TAT DISPLAY |  |
| √   | Position  | √       | Position        | √ | Position    |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Operations Mgr.   |         | Ops Comm. #1    |   | TAT 1 ICS   |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | Chemistry Mgr   |         | Ops Comm. #2    |   | TAT 2 ICS   |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | RadCon ICS  |         | Maintenance Mgr |   | TAT 3 ICS   |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | RadCon WAN  |         | Site Vice Pres. |   | TAT 4 ICS   |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     | NRC Room  |         | Logkeeper       |   | TAT TEC ICS |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |
|     |   |         |                 |   | TAT DISPLAY |   |          |  |                 |  |              |  |           |  |               |  |              |  |           |  |            |  |                 |  |           |  |            |  |                 |  |           |  |          |  |           |  |             |  |  |  |  |  |             |  |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_



APPENDIX A  
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**TECHNICAL SUPPORT CENTER (TSC)**

**SITE WIDE PA SYSTEM**

| SAT      | Description  | Remarks |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|----------|--|---------|---------|----------|---------|---------|----------|-------------|---------|----------|----------|-----------|---------|----------|----------|-----------|-----|-------|----------|--|--|--|
|          | <b>VERIFY</b> operability ERF Public Address System by completing the following steps:   |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          | <b>DIAL</b> x4900 from TSC EP Manager's telephone.   |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          | <b>BROADCAST</b> the following message "This is a test of the REP PA system". Repeat message.  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          | <b>CONTACT</b> plant personnel at a minimum of three of the specified locations below (each quarter) to confirm that the message was heard.  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Jan-Mar</td> <td style="width:25%;">Apr-Jun</td> <td style="width:25%;">Jul-Sep</td> <td style="width:25%;">Oct-Dec</td> </tr> <tr> <td>O&amp;PS 1st</td> <td>Solar Lunch</td> <td>STC 1st</td> <td>DSB East</td> </tr> <tr> <td>O&amp;PS 2nd</td> <td>Solar 1st</td> <td>STC 2nd</td> <td>DSB West</td> </tr> <tr> <td>O&amp;PS 3rd</td> <td>Solar 2nd</td> <td>MPB</td> <td>TEACP</td> </tr> <tr> <td>O&amp;PS 4th</td> <td></td> <td></td> <td></td> </tr> </table> |         | Jan-Mar | Apr-Jun  | Jul-Sep | Oct-Dec | O&PS 1st | Solar Lunch | STC 1st | DSB East | O&PS 2nd | Solar 1st | STC 2nd | DSB West | O&PS 3rd | Solar 2nd | MPB | TEACP | O&PS 4th |  |  |  |
| Jan-Mar  | Apr-Jun  |         | Jul-Sep | Oct-Dec  |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
| O&PS 1st | Solar Lunch  |         | STC 1st | DSB East |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
| O&PS 2nd | Solar 1st  |         | STC 2nd | DSB West |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
| O&PS 3rd | Solar 2nd  | MPB     | TEACP   |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
| O&PS 4th |  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          |  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          |  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |
|          |  |         |         |          |         |         |          |             |         |          |          |           |         |          |          |           |     |       |          |  |  |  |

**EMERGENCY CENTER PA SYSTEM**

| SAT | Description   | Remarks |
|-----|---|---------|
|     | <b>VERIFY</b> operability ERF Public Address System by:   |         |
|     | <b>ACTIVATE</b> the system from the TSC by dialing x4825 (OSC) or x4826 (Labs) from the podium or other appropriate TSC phone |         |
|     | <b>BROADCAST</b> "This is a test of the REP PA system".   |         |
|     | <b>CALL</b> each remote location at the phone numbers indicated to confirm that message was heard.                            |         |
|     | OSC (x6436)   |         |
|     | RADCON Lab (x7865)  |         |
|     | Chem Lab (x6438)  |         |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX A  
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TECHNICAL SUPPORT CENTER (TSC)

**PROCEDURES**

| SAT | Min   | Description   | Remarks   |
|-----|-------|---|---|
|     | 4     | REP (Radiological Emergency Plan)   | <i>Verify presence only<br/>(DCU controls contents)</i> |
|     | 2     | REND  |   |
|     | 2     | CECC EIPs   |   |
|     | 4     | SQN EIPs  |   |
|     | 4     | Severe Accident Management Guidance (SAMGs)   |   |
|     | 3     | SAMG Lesson Plans   |   |
|     | 2     | Functional Restoration Guidelines   |   |
|     | 2     | Emergency Instructions  |   |
|     | 2     | Emergency Abnormal Procedures (EAPs)  |   |
|     | 2     | Emergency Contingency Actions (ECAs)  |   |
|     | 2     | WOG, ERG Maint Direct Work Item DW-97-002<br>(Emergency Response Guidelines, Bkgd Info) |   |
|     | 1     | Updated SQN FSAR  |   |
|     | 2     | Unit 1 Technical Specifications   |   |
|     | 2     | Unit 2 Technical Specifications   |   |
|     | 1     | State of TN Multijurisdictional REP Response Plan                                       |   |
|     | 1     | Sys Operating Manual/Sys Oper Instructions (SO/SOI)                                     |   |
|     | 1     | Annunciator Response Manuals (AR)   |   |
|     | 1     | Periodic Instructions (PI)  |   |
|     | 2     | Abnormal Operating Procedures (AOP)   |   |
|     | 1     | Technical Instructions (TI)   |   |
|     | 1     | General Operating Instructions (GO)   |   |
|     | 1     | SQN Offsite Dose Calculation Manual (ODCM)  |   |
|     | 1     | SQN Process Control Program (PCP)   |   |
|     | 1     | Radiological Control Instructions (RCI)   |   |
|     | 1     | Fire Protection Report  |   |
|     | 1     | Users Manual - Emergency Paging System  |   |
|     | 2     | Users Manuals - Meteorological Data Print Program                                       |   |
|     | 1     | Users Manual - Meteorological Data Display  |   |
|     | 1     | Users Manual - ICS  |   |
|     | 1     | Zetron Radio Manual   |   |
|     | 1 set | Drawings  |   |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX B  
Page 1 of 3

OPERATIONS SUPPORT CENTER (OSC)

**SUPPLIES**

| SAT | Min    | Description  | Remarks |
|-----|--------|--|---------|
|     | Asrtd  | Office/Desktop Supplies  |         |
|     | Asrtd  | Dryboard Supplies  |         |
|     | 6      | Calculators  |         |
|     | 12     | Flashlights  |         |
|     | 24     | Batteries (D-Cells) Expires /  |         |
|     | 24     | Batteries (AA) Expires /   |         |
|     | 4      | Communication Headsets (on desks)  |         |
|     | 2      | Communication Headsets (spares)  |         |
|     | 6      | Batteries - Cordless Phone (Charged)   |         |
|     | 1      | Digital Camera   |         |
|     | 4 Pk   | Copier Paper   |         |
|     | 1 Roll | Thermal Paper for Tracking Board   |         |
|     | 2      | Pagers   |         |
|     | 1      | Accountability Roster (Current Rev)  |         |
|     | 1 ea   | OSC Position Notebooks - Check for uncontrolled or out-of-date materials (in notebooks or OSC areas) |         |

**PROCEDURES**

| SAT | Min   | Description                                  | Remarks |
|-----|-------|--|---------|
|     | 1     | SQN EIPs                                     |         |
|     | 1     | REND   |         |
|     | 1     | Emergency Instructions                       |         |
|     | 1     | Emergency Abnormal Procedures (EAPs)         |         |
|     | 1     | Severe Accident Management Guidelines (SAMG) |         |
|     | 1     | Emergency Contingency Actions (ECAs)         |         |
|     | 1     | AOP-P.01 Loss of Offsite Power               |         |
|     | 1     | User Manual - ICS                            |         |
|     | 1 set | Drawings                                     |         |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX B  
Page 2 of 3

**OPERATIONS SUPPORT CENTER (OSC)**

**FUNCTIONAL CHECKS**

| SAT            | Description  | Remarks         |            |            |            |                |      |          |                |                 |                 |       |        |  |
|----------------|--|-----------------|------------|------------|------------|----------------|------|----------|----------------|-----------------|-----------------|-------|--------|--|
|                | Verify Key Phones for OSC are functional by calling numbers listed in the REND (Forward corrections to Corporate EP as part of quarterly REND validation)  |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify copier is functional by copying a page  |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify Zetron Radio is functional using handheld radio   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify Fax is functional by faxing to EP Office  |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify clocks are functional by checking current time  |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify signs are functional by changing to one or more classifications and observing   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify HIS-20 Terminal functional and HIS-20 loads   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify OSC printer is working by printing a page   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify Electronic Display Projectors functional by turning on and observing image  |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | Verify all ICS/Wide Area Network Terminals are functional by checking ICS or EP Website as appropriate   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">√ Position</th> <th style="width: 33%; text-align: center;">√ Position</th> <th style="width: 33%; text-align: center;">√ Position</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Ops Advisor #1</td> <td style="text-align: center;">DCRM</td> <td style="text-align: center;">Fire Ops</td> </tr> <tr> <td style="text-align: center;">Ops Advisor #2</td> <td style="text-align: center;">Materials Coord</td> <td style="text-align: center;">Status BdWriter</td> </tr> <tr> <td style="text-align: center;">eSOMS</td> <td style="text-align: center;">RadCon</td> <td></td> </tr> </tbody> </table> |                 | √ Position | √ Position | √ Position | Ops Advisor #1 | DCRM | Fire Ops | Ops Advisor #2 | Materials Coord | Status BdWriter | eSOMS | RadCon |  |
| √ Position     | √ Position   |                 | √ Position |            |            |                |      |          |                |                 |                 |       |        |  |
| Ops Advisor #1 | DCRM   |                 | Fire Ops   |            |            |                |      |          |                |                 |                 |       |        |  |
| Ops Advisor #2 | Materials Coord  | Status BdWriter |            |            |            |                |      |          |                |                 |                 |       |        |  |
| eSOMS          | RadCon   |                 |            |            |            |                |      |          |                |                 |                 |       |        |  |

**MAPS**

| SAT | Min | Description   | Remarks  |
|-----|-----|---|--|
|     | 1   | 2 Mile Map <span style="float: right;">Latest Rev. _____</span>               | <i>Verify wall maps are the latest revision (see EPII-1)</i> |
|     | 1   | 10 Mile Evac Sect. Map <span style="float: right;">Latest Rev. _____</span>   |  |
|     | 1   | 10 Mile Sample Point Map <span style="float: right;">Latest Rev. _____</span> |  |

**OSC PA SYSTEM**

| SAT | Description  | Remarks |
|-----|--|---------|
|     | <b>VERIFY</b> operability OSC Public Address System by completing the following steps: |         |
|     | <b>VERIFY</b> message understood from the Wired Microphone                             |         |
|     | <b>VERIFY</b> message understood from the Wireless Microphone                          |         |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX B  
Page 3 of 3

**OPERATIONS SUPPORT CENTER (OSC)**

**RADIOS**

| SAT | Min | Description           | Remarks |
|-----|-----|-----------------------|---------|
|     | 10  | Hand held radios      |         |
|     | 10  | Radio batteries       |         |
|     | 1   | Radio battery charger |         |

**ICE VESTS**

| SAT | Min | Description         | Remarks |
|-----|-----|---------------------|---------|
|     | 12  | Ice Vests           |         |
|     | 72  | Ice Packs for Vests |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX C  
Page 1 of 1

MAIN CONTROL ROOM (MCR)

**NOTE:**  
Obtain Shift Manager approval before conducting testing on Main Control Room telephones or equipment.

| SAT | Description   | Remarks |
|-----|---|---------|
|     | Test the Control Room Communicator portable phone by dialing a known good number.   |         |
|     | Operations Duty Specialist (ODS) Ringdown Line: Pickup receiver to the "ODS Ringdown" telephone. When the ODS answers, tell him that this is a test and confirm clarity.  |         |
|     | Main Control Room/SM EP Satellite Phone Link: Verify operability by pressing the "Satellite" programmed button on the Shift Manager's telephone. Once the dial tone is established, call Corporate EP Secretary @ 423-751-8580. |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX D  
Page 1 of 1

**LOCAL RECOVERY CENTER (LRC)**

**SUPPLIES**

| SAT | Min   | Description                   | Remarks |
|-----|-------|-------------------------------|---------|
|     | Asrtd | Office/Desktop Supplies       |         |
|     | Asrtd | Dryboard Supplies             |         |
|     | 4     | Calculators (Scientific)      |         |
|     | 12    | Flashlights                   |         |
|     | 2     | Spare flashlight bulbs        |         |
|     | 24    | Batteries (D-Cells) Expires / |         |
|     | 4 Pk  | Copier Paper (for Printer)    |         |

**FUNCTIONAL CHECKS**

| SAT | Description   | Remarks |
|-----|---|---------|
|     | Verify Key Phones for LRC are functional by calling numbers listed in the REND (Forward corrections to Corporate EP as part of quarterly REND validation) |         |
|     | Verify CECC Terminal/Printer is functional by printing current Met Data   |         |
|     | Verify ICS Terminal is function by printing copy of REP Overview ICS screen   |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX E  
Page 1 of 1

**RADCON EQUIPMENT**

**NOTE**

Survey instrumentation, counting equipment, air samplers, dosimeters and other radiological control equipment is maintained in calibration by the Western Area Labs. Conduct of this inventory does include verification that instruments are within calibration dates.

**RADIOLOGICAL CONTROL LABORATORY - SERVICE BUILDING**

| SAT | Min  | Description  | Remarks |
|-----|------|--|---------|
|     | 1    | Alpha Survey Meter (500,000 cpm)   |         |
|     | 1    | Neutron dose rate survey meter (5,000 mR/hr)   |         |
|     | 2    | High Range Survey Instrument (1,000 R/hr with extendible probe)  |         |
|     | 6    | ION Chamber Survey Meters (50 R/h)   |         |
|     | 1    | ION Chamber Survey Meter (20,000 R/h)  |         |
|     | 10   | Frisker Type Survey Meters (50,000 cpm)  |         |
|     | 1    | Portable Scaler  |         |
|     | 1    | Shielded Detector  |         |
|     | 5    | High volume Air Samplers (and support eqpt)  |         |
|     | 5    | Low-volume Air samplers (and support eqpt)   |         |
|     | 5    | Noble Gas Sampling Syringes  |         |
|     | 10   | Silver Zeolite Cartridges<br>NOTE: 10 year shelf life if packaging is unopened<br>Date of Manufacture: ____ / ____ |         |
|     | 5    | Marinelli Beakers  |         |
|     | 1 Bx | Smears   |         |
|     | 5    | Calculators  |         |
|     | 8    | Flashlights  |         |
|     | 16   | Batteries (D-Cell) Expires: ____ / ____  |         |
|     | 2 Bx | Particulate Air Filters  |         |
|     | 12   | Pens   |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_



APPENDIX F  
Page 1 of 1

ONSITE DECONTAMINATION SUPPLIES

DECONTAMINATION ROOM EL. 690'

| SAT | Min                    | Description                          | Remarks |
|-----|------------------------|--------------------------------------|---------|
|     | 2 bx                   | Disposable Gloves                    |         |
|     | 2 bx                   | Gauze Pads                           |         |
|     | 1 pkg                  | Cotton Swabs                         |         |
|     | 2 btl                  | Saline Solution                      |         |
|     | 12                     | Surgical Brushes                     |         |
|     | 2 btl                  | Shampoo                              |         |
|     | 5 bar                  | Soap                                 |         |
|     | 1 bx                   | Laundry detergent                    |         |
|     | 1 btl                  | Soap (liquid abrasive)               |         |
|     | 2 can                  | Mechanic's Hand Cleaner              |         |
|     | 1 can                  | Shaving Cream                        |         |
|     | 5                      | Razors                               |         |
|     | 1 bx                   | Paper Bath Towels                    |         |
|     | 25                     | Towels                               |         |
|     | 1 pr                   | Scissors                             |         |
|     | 5                      | Petri Dishes                         |         |
|     | 2 roll                 | Duct Tape                            |         |
|     | 10 pr                  | Paper Coveralls                      |         |
|     | 1 pair<br>each<br>size | Shoes (Sizes 7-12) half sizes are OK |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX G  
Page 1 of 4

PROTECTIVE CLOTHING

**NOTE:**  
Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.

**TABLE A - MAIN CONTROL ROOM CORRIDOR - CONTROL BUILDING EL. 734**

| SAT | Min    | Description                      | Remarks |
|-----|--------|----------------------------------|---------|
|     | 12 pr  | Rubber overshoes - Various sizes |         |
|     | 12 pr  | Rubber gloves - Various sizes    |         |
|     | 12 pr  | Canvas gloves                    |         |
|     | 12     | Surgeon caps                     |         |
|     | 12     | Hoods                            |         |
|     | 2      | Boxes smoke tubes                |         |
|     | 2      | Aspirator bulbs                  |         |
|     | 4 roll | Duct tape and/or masking tape    |         |
|     |        | Security seal replaced           |         |

**TABLE B - MAIN CONTROL ROOM CORRIDOR - CONTROL BUILDING EL. 734**

| SAT | Min   | Description  | Remarks |
|-----|-------|--|---------|
|     | 12 pr | Pairs of paper overalls - Various sizes            |         |
|     | 12    | Face Goggles                                       |         |
|     | 2     | Flashlights  |         |
|     | 12    | Flashlight batteries Best use by Date: ____ / ____ |         |
|     | 1     | First-aid kit                                      |         |
|     | 1     | ION Chamber Survey Meter (50 R/h)                  |         |
|     |       | Security seal replaced                             |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX G  
Page 2 of 4

PROTECTIVE CLOTHING

**NOTE:**  
Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.

TABLE A - COMMUNICATIONS ROOM - CONTROL BUILDING EL. 685

| SAT | Min    | Description                      | Remarks |
|-----|--------|----------------------------------|---------|
|     | 6 pr   | Rubber overshoes - Various sizes |         |
|     | 6 pr   | Rubber gloves- Various sizes     |         |
|     | 6 pr   | Canvas gloves                    |         |
|     | 6      | Surgeon caps                     |         |
|     | 6      | Hoods                            |         |
|     | 2      | Boxes smoke tubes                |         |
|     | 2      | Aspirator bulbs                  |         |
|     | 4 roll | Duct tape and/or masking tape    |         |
|     |        | Security seal replaced           |         |

TABLE B - COMMUNICATIONS ROOM - CONTROL BUILDING EL. 685

| SAT | Min  | Description  | Remarks |
|-----|------|--|---------|
|     | 6 pr | Pairs of paper overalls - Various sizes            |         |
|     | 12   | Face Goggles                                       |         |
|     | 2    | Flashlights  |         |
|     | 12   | Flashlight batteries Best use by Date: ____ / ____ |         |
|     | 1    | First-aid kit                                      |         |
|     |      | Security seal replaced                             |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX G  
Page 3 of 4

PROTECTIVE CLOTHING

6.9KV SHUTDOWN BOARD ROOM - AUXILIARY BUILDING UNIT 2 EL. 734

| SAT | Min     | Description  | Remarks |
|-----|---------|--|---------|
|     | 40 pr   | Coveralls - Various sizes                          |         |
|     | 25 pr   | Cotton liners                                      |         |
|     | 25 pr   | Rubber gloves - Various sizes                      |         |
|     | 25 pr   | Plastic booties                                    |         |
|     | 25 pr   | Rubber overshoes - Various sizes                   |         |
|     | 25      | Surgeon caps                                       |         |
|     | 25      | Hoods  |         |
|     | 8 rolls | Duct Tape and/or Masking Tape                      |         |
|     | 1       | Box of vinyl gloves                                |         |
|     | 6 pr    | Canvas gloves                                      |         |
|     | 2       | Flashlights  |         |
|     | 12      | Flashlight batteries Best use by Date: ____ / ____ |         |
|     |         | Security seal replaced                             |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX G  
Page 4 of 4

PROTECTIVE CLOTHING

OSC STORAGE AREA - PLANT OFFICE BUILDING EL. 706

| SAT | Min        | Description  | Remarks |
|-----|------------|--|---------|
|     | 40 pr      | Coveralls - Various sizes  |         |
|     | 25 pr      | Cotton liners  |         |
|     | 25 pr      | Rubber gloves - Various sizes  |         |
|     | 25 pr      | Plastic booties  |         |
|     | 25 pr      | Rubber overshoes - Various sizes   |         |
|     | 25         | Surgeon caps   |         |
|     | 25         | Hoods  |         |
|     | 8 rolls    | Duct Tape and/or Masking Tape  |         |
|     | 2000 doses | Potassium Iodide Tablets (Expires: ___/___/___)<br>(#Pkgs * #Tablets/pkg = #doses) |         |
|     |            | Door Relocked  |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX H  
Page 1 of 2

AGREEMENT HOSPITAL CABINET INVENTORY  
 ERLANGER     NORTH PARK

| SAT | Min     | Description  | Remarks |
|-----|---------|--|---------|
|     | 10 pr   | Shoe covers  |         |
|     | 10 pk   | Dress out packages (coveralls, booties, gloves)                                  |         |
|     | 3       | Surgical gowns   |         |
|     | 2 bx    | Surgical gloves  |         |
|     | 4 rolls | Surgical tape for dressout - 2 inch  |         |
|     | 1 set   | Floor coverings (hospital specific)  |         |
|     | 1 roll  | Heavy duty paper (3 foot wide)   |         |
|     | 2 rolls | 2 inch duct tape   |         |
|     | 1 roll  | Radiation Warning symbol tape (2 inch)   |         |
|     | 2       | Step off pads  |         |
|     | 8       | Radiological barrier posting signs   |         |
|     | 1       | Radiological barrier rope or ribbon (spool)                                      |         |
|     | 5       | Traffic cones  |         |
|     | 10      | Large rad waste plastic bags (trash can size)                                    |         |
|     | 10      | Medium rad waste plastic bags (x-ray cassette size)                              |         |
|     | 1       | Radioactive material label tape  |         |
|     | 1       | Decontamination table, backboard and bottles (min. total capacity of 10 gallons) |         |
|     | 1       | Flexible funnel with drain hose - optional                                       |         |
|     | 1       | Decontamination media /soap product  |         |
|     | 12      | Cotton swabs   |         |
|     | 20      | Zip lock bags for sample collection  |         |
|     | 10      | Labels for sample bags   |         |
|     | 2       | Scissors   |         |
|     | 1       | Wall poster with decontamination steps   |         |

(Continued next page)

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

APPENDIX H  
Page 2 of 2

AGREEMENT HOSPITAL CABINET INVENTORY  
 ERLANGER       NORTH PARK

**NOTE**  
 Survey instrumentation, counting equipment, air samplers, dosimeters and other radiological control equipment is maintained in calibration by the Western Area Labs. Conduct of this inventory does include verification that instruments are within calibration dates.

| SAT | Min | Description   | Remarks |
|-----|-----|---|---------|
|     | 2   | Hospital specific booklet (1 at desk, 1 in cabinet)<br>Last Update: ___ / ___ / ___ |         |
|     | 1   | NCRP # 65 Reference Handbook  |         |
|     | 10  | TLDs  |         |
|     | 1   | Wound probe with cable  |         |
|     | 10  | Electronic dosimeters and tray  |         |
|     | 200 | Smears  |         |
|     | 12  | Radioactive Material tags   |         |
|     | 1   | Masslin mop and 20 cloths   |         |

| SAT | Min | Description              | Serial Number | Calibration Due |
|-----|-----|--------------------------|---------------|-----------------|
|     | 1   | Bicron Surveyor 50       |               |                 |
|     | 1   | Bicron Surveyor 50       |               |                 |
|     | 1   | Bicron ISM (RSO-5 or 50) |               |                 |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX I  
Page 1 of 2

**MONTHLY TESTING OF COMMUNICATIONS EQUIPMENT**

**NOTE:**  
Obtain Shift Manager approval before conducting testing on Main Control Room telephones or equipment.

**TECHNICAL SUPPORT CENTER**

| SAT | Description   | Remarks |
|-----|---|---------|
|     | VERIFY operability NRC ENS System by calling NRC on the main Emergency Notification System (ENS) line (TSC Operations Manager Position) and confirming dial tone on others. |         |
|     | Dial the number on the sticker on the phone in the TSC. Tell NRC that "this is a test of the TVA SQN ENS line". Ensure that communications are understandable               |         |
|     | Request that the NRC return your call and supply appropriate telephone number   |         |
|     | VERIFY return call received   |         |
|     | VERIFY dial tones at the following TSC locations  |         |
|     | TSC – Health Physics Network (HPN)  |         |
|     | NRC - Reactor Safety Counterpart Link (RSCL)  |         |
|     | NRC - Protective Measures Counterpart Link (PMCL)   |         |
|     | NRC – Management Counterpart Link (MCL)   |         |
|     | NRC – Emergency Notification System (ENS)   |         |
|     | NRC - Health Physics Network (HPN)  |         |
|     | NRC – Local Area Network (LAN) dial-up line   |         |

**MAIN CONTROL ROOM**

| SAT | Description  | Remarks |
|-----|--|---------|
|     | VERIFY conducting MCR test after actual call is made to NRC using one of the TSC NRC ENS telephones. |         |
|     | VERIFY operability by confirming dial tone on three NRC ENS phones in the MCR.                       |         |
|     | SM position  |         |
|     | U1   |         |
|     | U2   |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_



APPENDIX I  
Page 2 of 2

## MONTHLY TESTING OF COMMUNICATIONS EQUIPMENT

**WARNING: Special Handling required for Equipment Problems**

For any NRC telephone equipment or system determined inoperable, initiate a Work Request (WR) or Service Request (SR), as applicable, to ensure that it is repaired in a timely manner. Notify NRC at 9-1-301-951-0550 of equipment problems and ongoing repair efforts.

**Maintenance and Service Requests**

- Document trouble ticket, WR, or SR number in Remarks section.
- Document the equipment's return to operable status in the Remarks section
- Post Repair Testing - After being notified that the trouble ticket, WR, or SR has been completed on inoperable equipment, test the equipment using the applicable step in this procedure to ensure its operability.
- Notify the Shift Manager and NRC (at the above number) of the repairs.
- Make a copy of the completed Appendix, attach any notes, and file in SQN EP files.

APPENDIX J  
Page 1 of 1

QUARTERLY ADMINISTRATIVE CHECKS AND REVIEWS

**EPIP TELEPHONE NUMBERS**

| SAT | Description  | Remarks |
|-----|--|---------|
|     | <b>REVIEW</b> the phone numbers in the SQN EIPs once per quarter for accuracy. |         |
|     | <b>REVISE</b> any procedures that have incorrect phone or pager numbers.       |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

**CALL LISTS**

| SAT | Description  | Remarks |
|-----|--|---------|
|     | <b>SEND</b> the phone numbers in the SQN REP Call List out to representatives of organizations to review and correct phone numbers and pager numbers.. |         |
|     | <b>DISTRIBUTE</b> corrected copies to Main Control Room, TSC, OSC, Simulator, and place one in the EP department files.                                |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

**ACCESS LIST**

| SAT | Description  | Remarks |
|-----|--|---------|
|     | <b>PRINT</b> and <b>DISTRIBUTE</b> new copies to SQN Access Portal, SQN site check point and place one in the EP department files. |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX K  
Page 1 of 1

REVIEW OF INVENTORIES PERFORMED BY OTHER PROCEDURES

AMBULANCE MEDICAL SUPPLIES: (FIRE OPERATIONS)

0-PI-FPU-317-301.M performed Date: \_\_\_\_\_

SCBA INVENTORIES: (FIRE OPERATIONS)

0-PI-FPU-049-401.M performed Date: \_\_\_\_\_  
 Review to ensure the following equipment is available:  
Main Control Room Area (EL 732) :  
     12 Self-contained breathing apparatus  
     12 Additional air cylinders  
     2 Small MSA face pieces  
     2 Large MSA face pieces  
SERVICE BUILDING EL 690 (PASF Units):  
     8 Dual Purpose self-contained breathing apparatus  
     4 Dual Purpose Airline Hoses  
     3 Small MSA face pieces  
     3 Large MSA face pieces  
SERVICE BUILDING EL 690 (RADCON AND RADCHEM LABS):  
     16 Self-contained breathing apparatus  
SERVICE BUILDING (EL. 706) FIRE EQUIPMENT CAGE  
     6 Self-contained breathing apparatus  
     12 Additional cylinders

EMERGENCY VAN SUPPLIES: (RADCON)

CECC-EPIP 9 Appendix J performed  
 Truck 2 Date: \_\_\_\_\_  
 Truck 3 Date: \_\_\_\_\_

QUARTERLY COMMUNICATIONS EQUIPMENT: (EP MANAGER)

0-PI-REM-244-002.Q performed at least one per van per quarter Date: \_\_\_\_\_

QUARTERLY TOOL ROOM TOOL KITS: (TOOL ROOM)

0-PI-REM-000.001.Q performed Date: \_\_\_\_\_

TELECOM EQUIPMENT: (TELECOM)

Quarterly Testing of Diesel Generator/Battery Power Supply for the Node Building Date: \_\_\_\_\_

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX L  
Page 1 of 1

EMERGENCY DOSIMETRY

PACKAGES FOR ACCESS CONTROL POINT

| SAT | Min | Description  | Remarks |
|-----|-----|--|---------|
|     | 25  | Packages each containing the following: <ul style="list-style-type: none"> <li>• Protected Area Access Badge</li> <li>• TLDs (Verify Current Quarter)</li> <li>• Self-Reading Dosimeter (Rezero)</li> <li>• Potassium Iodide Tablet (in Foil packet)</li> <li>• Emergency Worker Information Card</li> </ul> |         |

PACKAGES FOR PERIMETER SECURITY CHECKPOINT

| SAT | Min | Description   | Remarks |
|-----|-----|---|---------|
|     | 50  | Packages each containing the following: <ul style="list-style-type: none"> <li>• Owner Controlled Area Access Badge</li> <li>• TLDs (Verify Current Quarter)</li> <li>• Self-Reading Dosimeter (Rezero)</li> <li>• Potassium Iodide Tablet (in Foil packet)</li> <li>• Emergency Worker Information Card</li> </ul> |         |

Completed By \_\_\_\_\_ Date: \_\_\_\_\_

Review and Approval: EP Manager \_\_\_\_\_ Date \_\_\_\_\_