

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

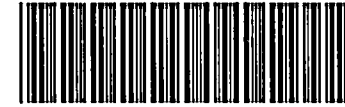
From : NDS CONT DOCUMENTS
Date/Time : 12/05/03 07:56

Trans No. : 000052601 **Transmittal Group Id:** 03339DT-2
Total Items: 00004

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



| Item | Facility | Type | Sub | Document Number / Title | Sheet | Revision | Doc Date | Copy # | Media | Copies |
|--------|----------|------|-----|--|-------|----------|----------|--------|-------|--------|
| * 0001 | MP | PROC | HP | RPM 4.8.5-013A ENVIRONMENTAL LABORATORY | | 005 01 | | | P | 01 |
| * 0002 | MP | PROC | HP | RPM 4.8.5-017 SAP LOCKER | | 003 01 | | | P | 01 |
| * 0003 | MP | PROC | HP | RPM 4.8.5-021 TECHNICAL SUPPORT CENTER | | 006 01 | | | P | 01 |
| * 0004 | MP | PROC | HP | RPM 4.8.5-026 NAP LOCKER | | 003 01 | | | P | 01 |

Please check the appropriate response and return form to NDS Bldg 475/3
Millstone Power Station or Fax to 860-440-2057.

- All documents received.
- Documents noted above not received (identify those not received).
- I no longer require distribution of these documents.

Date: _____ Signature: _____

NDS

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

| | | | |
|-----------------------------|---|--------------|---------------|
| Document No.: RPM 4.8.5-13A | Writer: Jean Olsen Initiator: Jon Firman | Rev. No. 005 | Minor Rev. 01 |
|-----------------------------|---|--------------|---------------|

Title: Environmental Laboratory

For New Documents: Document is QA DH Title:

Revision Minor Revision Cleanup Revision Biennial Review
 Cancel Void (Do Not Use) Expire Superseded By: _____

Comments: Administrative Correction FLS: _____
 Added note to replace batteries in lantern July 1, 2008.

Associated ARs

| Reviews | Print | Sign | Date | Department |
|--|-------------------------------------|-------------|--------------------|-------------|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | | | |
| Licensing Basis / RCD (50.59 Screen Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> | 11/22/03 RP |
| Tech Independent | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> | 11/22/03 RP |

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

Training: None Nuclear Training Briefing Familiarization

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Ira L. Haas <i>Ira L. Haas</i> 11/22/03 (1) SQR Sign/Date J.E. Laine <i>J.E. Laine</i> 11/22/03 (2) Department Head Approval Sign | <input type="checkbox"/> SORC Review and Approval N/A (1) Department Head Sign/Date _____ (2) SORC Meeting Number _____ (3) SORC Approval Sign _____ | <input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign _____ |
|---|--|--|

Approval Date: 11/22/03 Effective Date: 12/08/03

11-22-03

Approval Date

12/08/03

Effective Date

Environmental Laboratory

Date: _____

| Item Description | Quantity | | Returned | |
|------------------|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |

| Overwater Kit | | | | |
|--|--------|--|--|--|
| Portable Count Rate Meter Serial No. _____ Date Due _____ | 1 | | | |
| DIG-5 Portable Scaler Serial No. _____ Date Due _____ | 1 | | | |
| RO-2A or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____ | 1 | | | |
| Batteries, Spares For Survey Meters Batteries Replaced (Nov) | 4 Sets | | | |
| Dosimeters (Low Range) Date Due _____ | 2 | | | |
| Dosimeters (High Range) Date Due _____ | 2 | | | |
| Dosimeter Charger Batteries Replaced (Nov) | 1 | | | |
| Batteries, Spares For Charger Batteries Replaced (Nov) | 1 Set | | | |
| TLD Badges Replace (Apr Oct) | 2 | | | |
| Stopwatch | 1 | | | |
| Forceps | 1 | | | |
| Smears (Pkg Of 25) | 1 | | | |
| Filters, Particulate (Pkg Of 50) | 1 | | | |
| Bags, Clear Plastic 4x6 | 12 | | | |
| Bags, Clear Plastic 6x12 | 6 | | | |
| Tape | 1 | | | |
| Silver Zeolite Cartridges (Replace Jan. 1, 2006) | 4 | | | |
| Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov) | 1 | | | |
| Surgical Gloves (Pairs) | 6 | | | |
| Coin Envelopes | 12 | | | |

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| Rain Gear (Sets) | 2 Sets | | | |
| Ballpoint Pens | 2 | | | |
| Markers, Felt Tip | 2 | | | |
| Screwdriver | 1 | | | |
| Stapler | 1 | | | |
| Box Of Staples | 1 | | | |
| Scissors | 1 | | | |
| Clipboard With Paper | 1 | | | |
| Overwater Team EPP Notebook | 1 | | | |
| Map Of Sample Locations | 1 | | | |
| Bottle of Potassium Iodide Tablets (Expiration Date:) | 1 | | | |

| Overwater Team Emergency Locker | | | | |
|--|--------|--|--|--|
| All Weather Suit | 2 | | | |
| Battery Powered Lantern (Replace battery July 1, 2008) | 1 | | | |
| Flashlight | 2 | | | |
| Spare Batteries for Flashlights (D-Cell) | 2 Sets | | | |
| Respirators with Charcoal Cartridges Date Inspection Due: | 6 | | | |
| Complete set of PCs | 6 | | | |
| Source Plaque | 1 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

| | | | |
|----------------------------|---|--------------|---------------|
| Document No.: RPM 4.8.5-17 | Writer: Jean Olsen Initiator: Jon Firman | Rev. No. 003 | Minor Rev. 01 |
|----------------------------|---|--------------|---------------|

Title: SAP Locker

For New Documents: Document is QA DH Title:

Revision Minor Revision Cleanup Revision Biennial Review
 Cancel Void (Do Not Use) Expire Superseded By: _____

Comments: Administrative Correction FLS: _____
 Added note to replace batteries in lantern July 1, 2008.

Associated ARs

| Reviews | Print | Sign | Date | Department |
|--|-------------------------------------|--------------------------------|-----------------|------------|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Licensing Basis / RCD (50.59 Screen Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) | <input checked="" type="checkbox"/> | Ira L. Haas <i>Ira L. Haas</i> | <i>11/18/03</i> | RP |
| Tech Independent | <input checked="" type="checkbox"/> | Ira L. Haas | <i>11/18/03</i> | RP |

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

Training: None Nuclear Training Briefing Familiarization

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Ira L. Haas <i>Ira L. Haas 11/18/03</i> (1) SQR Sign/Date J.E. Laine <i>J.E. Laine 12/10/03</i> (2) Department Head Approval Sign | <input type="checkbox"/> SORC Review and Approval N/A (1) Department Head Sign/Date (2) SORC Meeting Number (3) SORC Approval Sign | <input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign |
|---|---|---|

Approval Date: 12/10/03

Effective Date: 12/08/03

12/01/03
Approval Date

12/08/03
Effective Date

SAP Locker

Date: _____

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| RMT Kit No. 2 | 1 | | | |
| RM-14 or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| 110 Volt Air Sampler Serial No. _____ Date Due _____ | 1 | | | |
| Radiation Area Signs | 3 | | | |
| Respirators With Charcoal Filters Date Inspection Due _____ | 5 | | | |
| Emergency Lanterns (Replace battery July 1, 2008) | 5 | | | |
| Silver Zeolite Cartridges (Replace Jan. 1, 2006) | 4 | | | |
| Particulate Filters | 50 | | | |
| Extension Cord | 1 | | | |
| PCs Complete Sets | 6 | | | |
| Source Plaque | 1 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

| | | | |
|----------------------------|---|--------------|---------------|
| Document No.: RPM 4.8.5-21 | Writer: Jean Olsen Initiator: Jon Firman | Rev. No. 006 | Minor Rev. 01 |
|----------------------------|---|--------------|---------------|

Title: Technical Support Locker

For New Documents: Document is QA DH Title:

Revision Minor Revision Cleanup Revision Biennial Review
 Cancel Void (Do Not Use) Expire Superseded By: _____

Comments: Administrative Correction FLS: _____
 Added note to replace batteries in lantern July 1, 2008.

Associated ARs

| Reviews | Print | Sign | Date | Department |
|--|-------------------------------------|-------------|-----------------------------|------------|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Licensing Basis / RCD (50.59 Screen Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> 11/18/03 | RP |
| Tech Independent | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> 11/18/03 | RP |

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

Training: None Nuclear Training Briefing Familiarization

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> <i>Ira L. Haas</i> <i>Ira L. Haas</i> 11/18/03 (1) SQR Sign/Date <i>J.E. Laine</i> <i>Jessie</i> 12/1/03 (2) Department Head Approval Sign | <input type="checkbox"/> SORC Review and Approval N/A (1) Department Head Sign/Date (2) SORC Meeting Number (3) SORC Approval Sign | <input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign |
|--|---|---|

Approval Date: 12/01/03 Effective Date: 12/08/03

12/01/03
Approval Date

12/08/03
Effective Date

Technical Support Center

Date: _____

| Item Description | Quantity | | Returned | |
|------------------|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |

| Technical Support Center Locker | | | | |
|---|-------|--|--|--|
| RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____ 3. Serial No. _____ Date Due _____ | 3 | | | |
| Teletector or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| RO-2A or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| 110 Volt Air Sampler Serial No. _____ Date Due _____ | 1 | | | |
| Batteries, Spare For Meters Batteries Replaced (Nov) | 1 Set | | | |
| Radiation Area Signs | 12 | | | |
| Respirators With Charcoal Filters Date Inspection Due _____ | 20 | | | |
| Emergency Lanterns (Replace battery July 1, 2008) | 5 | | | |
| Paper Coveralls | 20 | | | |
| Survey Forms | 1 Set | | | |
| PCs (Sets) | 20 | | | |
| Dosimeters (Low Range) Date Due _____ | 4 | | | |
| Dosimeters (High Range - 5R) Date Due _____ | 20 | | | |
| Dosimeters (Accident) Date Due _____ | 3 | | | |
| Dosimeter Charger Batteries Replaced (Nov) | 1 | | | |
| Battery, Spare For Charger Batteries Replaced (Nov) | 1 | | | |
| Source Plaque | 3 | | | |
| TLD Badges Replace (Apr Oct) | 20 | | | |
| Finger Rings [♣ Ref. 6.8] Replace (Apr Oct) | 20 | | | |
| Smears (Pkg Of 50) | 1 | | | |
| Stopwatch | 1 | | | |

①

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| Forceps | 1 | | | |
| Screwdriver | 1 | | | |
| Particulate Filters (Pkg Of 50) | 1 | | | |
| Clear Plastic Bags 6x12 | 5 | | | |
| Silver Zeolite Cartridges (Repalce Jan. 1, 2006) | 4 | | | |
| Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov) | 1 | | | |
| Surgical Gloves (Pairs) | 12 | | | |
| Coin Envelopes | 5 | | | |
| Rain Gear | 4 Sets | | | |
| Ballpoint Pens | 12 | | | |
| Markers, Felt Tip | 12 | | | |
| Scissors | 1 | | | |
| Stapler | 1 | | | |
| Clipboard with paper | 1 | | | |
| On-Site Field Monitoring Map | 1 | | | |
| RMT Procedures and Forms | 1 | | | |
| Potassium Iodide Tables (Exp. Date. _____) | 1 | | | |

| Technical Support Center | | | | |
|---|---|--|--|--|
| Area Radiation Monitor Serial No. _____ Date Due _____ | 1 | | | |
| Electronic Dosimetry Reader | 1 | | | |
| SCBA | 6 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

| | | | |
|----------------------------|---|--------------|---------------|
| Document No.: RPM 4.8.5-26 | Writer: Jean Olsen Initiator: Jon Firman | Rev. No. 003 | Minor Rev. 01 |
|----------------------------|---|--------------|---------------|

Title: NAP Locker

For New Documents: Document is QA DH Title: _____

Revision Minor Revision Cleanup Revision Biennial Review
 Cancel Void (Do Not Use) Expire Superseded By: _____

Comments: Administrative Correction FLS: _____

Added note to replace batteries in lantern July 1, 2008.

Associated ARs

| Reviews | Print | Sign | Date | Department |
|--|-------------------------------------|-------------|-----------------------------|------------|
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| <input type="checkbox"/> | | | | |
| WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> | | | |
| Licensing Basis / RCD (50.59 Screen Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> 11/18/03 | RP |
| Tech Independent | <input checked="" type="checkbox"/> | Ira L. Haas | <i>Ira L. Haas</i> 11/18/03 | RP |

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

Training: None Nuclear Training Briefing Familiarization

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Ira L. Haas <i>Ira L. Haas</i> 11/18/03 (1) SQR Sign/Date J. Elaine <i>J. Elaine</i> 12/10/03 (2) Department Head Approval Sign | <input type="checkbox"/> SORC Review and Approval N/A (1) Department Head Sign/Date _____ (2) SORC Meeting Number _____ (3) SORC Approval Sign _____ | <input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign _____ |
|---|--|--|

Approval Date: 12/10/03 Effective Date: 12/08/03

12/01/03

Approval Date

12/08/03

Effective Date

NAP Locker

Date: _____

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| RMT Kit No. 2 | 1 | | | |
| RM-14 or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| 110 Volt Air Sampler Serial No. _____ Date Due _____ | 1 | | | |
| Radiation Area Signs | 3 | | | |
| Respirators With Charcoal Filters Date Inspection Due _____ | 5 | | | |
| Emergency Lanterns (Replace battery July 1, 2008) | 5 | | | |
| Silver Zeolite Cartridges (Replace Jan. 1, 2006) | 4 | | | |
| Particulate Filters | 50 | | | |
| Extension Cord | 1 | | | |
| PCs Complete Sets | 6 | | | |
| Source Plaque | 1 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____