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Facility : MP Department : 806
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Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5 / EMERGENCY RADIOLOGICAL EQUIPMENT MAINTENANCE INSPECTION		006 01			P	01
* 0002	MP	PROC	HP	RPM 4.8.5-002 / EMERGENCY OPERATIONS FACILITY TEAM 2 KIT		003 01			P	01
* 0003	MP	PROC	HP	RPM 4.8.5-003 / EMERGENCY OPERATIONS FACILITY TEAM 3 KIT		003 01			P	01
* 0004	MP	PROC	HP	RPM 4.8.5-004 / EMERGENCY OPERATIONS FACILITY TEAM 4 KIT		003 01			P	01
* 0005	MP	PROC	HP	RPM 4.8.5-005 / EMERGENCY OPERATIONS FACILITY TEAM 5 KIT		003 01			P	01
* 0006	MP	PROC	HP	RPM 4.8.5-009 / EMERGENCY OPERATION FACILITY		007 01			P	01
* 0007	MP	PROC	HP	RPM 4.8.5-011 / UNIT 2 CONTROL ROOM		005 01			P	01
* 0008	MP	PROC	HP	RPM 4.8.5-013A / ENVIRONMENTAL LABORATORY		005 02			P	01
* 0009	MP	PROC	HP	RPM 4.8.5-015 / UNIT 2 PERSONNEL DECON ROOM EMERGENCY PERSONNEL DECON KIT		000 01			P	01

AD45

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* 0010	MP	PROC	HP	RPM 4.8.5-016 ✓ SAP TEAM 2 KIT		003 01			P	01
* 0011	MP	PROC	HP	RPM 4.8.5-017 ✓ SAP LOCKER		003 02			P	01
* 0012	MP	PROC	HP	RPM 4.8.5-019 ✓ VAP/SAP AMBULANCE KIT		002 01			P	01
* 0013	MP	PROC	HP	RPM 4.8.5-020 ✓ UNIT 3 CONTROL ROOM		006 01			P	01
* 0014	MP	PROC	HP	RPM 4.8.5-021 ✓ TECHNICAL SUPPORT CENTER		006 02			P	01
* 0015	MP	PROC	HP	RPM 4.8.5-022A ✓ TECHNICAL SUPPORT CENTER TSC KIT		004 01			P	01
* 0016	MP	PROC	HP	RPM 4.8.5-022B ✓ OSC ASSEMBLY AREA BLDG 475 1ST FLOOR		005 02			P	01
* 0017	MP	PROC	HP	RPM 4.8.5-024 ✓ UNIT 3 PERSONNEL DECON ROOM EMERGENCY PERSONNEL DECON KIT		001 01			P	01
* 0018	MP	PROC	HP	RPM 4.8.5-025 ✓ NAP TEAM 2 KIT		003 01			P	01

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* 0019	MP	PROC	HP	RPM 4.8.5-026 NAP LOCKER		003 02			P	01
* 0020	MP	PROC	HP	RPM 4.8.5-028 GOSHEN FIRE DEPARTMENT		000 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: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5

Writer: Jean Olsen
Initiator: Bridget Robertson

Rev. No.

Minor Rev.

006

01

Title:

Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	1/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<i>[Signature]</i>			
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval	<input type="checkbox"/> SORC Review and Approval	<input checked="" type="checkbox"/> Department Head Review and Approval
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>		
A.M. Johnson <i>A.M. Johnson</i> 1/30/04 (1) SQR Sign/Date	N/A (1) Department Head Sign/Date	(1) Department Head Approval Sign
J.E. Laine <i>J.E. Laine</i> 2/12/04 (2) Department Head Approval Sign	(2) SORC Meeting Number	
	(3) SORC Approval Sign	

Approval Date: 02/12/04

Effective Date: 02/19/04

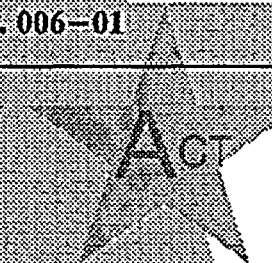
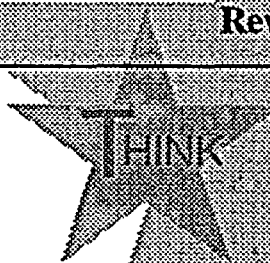
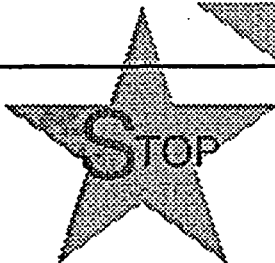
MILLSTONE NUCLEAR POWER STATION
HEALTH PHYSICS OPERATIONS PROCEDURE



**Emergency Radiological Equipment Maintenance
and Inspection [Ref. 6.2]**

RPM 4.8.5

Rev. 006-01



Approval Date:

02/12/04

Effective Date:

02/19/04

Level of Use
Information

Millstone All Units
Health Physics Operations Procedure

Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]

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ATTACHMENTS AND FORMS

RPM 4.8.5-001, "Emergency Response Facility Readiness Check Report Form"
RPM 4.8.5-002, "Emergency Operations Facility, Team 2 Kit"
RPM 4.8.5-003, "Emergency Operations Facility, Team 3 Kit"
RPM 4.8.5-004, "Emergency Operations Facility, Team 4 Kit"
RPM 4.8.5-005, "Emergency Operations Facility, Team 5 Kit"
RPM 4.8.5-009, "Emergency Operations Facility"
RPM 4.8.5-011, "Unit 2 Control Room"
RPM 4.8.5-013A, "Environmental Laboratory"
RPM 4.8.5-015, "Unit 2 Personnel Decon Room Emergency Personnel Decon Kit"
RPM 4.8.5-016, "SAP Team 2 Kit"
RPM 4.8.5-017, "SAP Locker"
RPM 4.8.5-019, "VAP/SAP Ambulance Kit"
RPM 4.8.5-020, "Unit 3 Control Room"
RPM 4.8.5-021, "Technical Support Center Locker"
RPM 4.8.5-022A, "Technical Support Center TSC Kit"
RPM 4.8.5-022B, "OSC Assembly Area Kit and Locker Building 475, 1st floor"
RPM 4.8.5-024, "Unit 3 Personnel Decon Room Emergency Personnel Decon Kit"
RPM 4.8.5-025, "NAP Team 2 Kit"
RPM 4.8.5-026, "NAP Locker"
RPM 4.8.5-027, "Security Station Emergency Dose Rate Equipment Kit"
RPM 4.8.5-028, "Goshen Fire Department"



1. PURPOSE

1.1 Objective

This procedure ensures that the emergency radiological monitoring and protection equipment and other specified supplies at the Emergency Response Facilities are available when needed. It also ensures that the equipment is found in appropriate quantities, and is maintained in its proper operating condition, as required by Unit 2 Technical Specification 6.12 and Unit 3 Technical Specification 6.8.4 (b).

1.2 Discussion

This procedure is provided to ensure that:

- The minimum quantity of equipment is found at the locations specified on the inventory forms. [Ref. 6.7 and 6.9]
- Radiological equipment is found to be in satisfactory working condition.
- Respiratory equipment has been inspected using guidance from RPM 2.3.4, "Inspection and Maintenance Process for Respiratory Protection Equipment."

1.3 Frequency

This procedure is to be completed in first, second, third, and fourth quarter of each year. The intent is to be as consistent as possible in the time frame of each inspection; avoid scheduling in January of the first quarter and June of the second quarter. This procedure shall also be completed on a post drill and on an as needed basis. [Ref. 6.7 and Ref. 6.8]

2. PREREQUISITES

2.1 General

N/A

2.2 Documents

- 2.2.1 RPM 2.3.4, "Inspection and Maintenance Process for Respiratory Protection Equipment"

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2.3 Responsibilities

2.3.1 Radiation Protection Supervisor – Services approves and makes changes to RPM 4.8.5–001 through 4.8.5–028. |

2.3.2 Emergency Plan Coordinator approves changes to RPM 4.8.5–001 through 4.8.5–028. [Ref. 6.7]

2.4 Definitions

2.4.1 Emergency Response Facility (ERF)– Facilities containing emergency equipment (including radiological monitoring and protection equipment) which are activated in the event of an incident class ALERT or above classification. The station ERFs include:

- Emergency Operations Facility
- Technical Support Center
- Control Rooms
- North Access Point Assembly Area
- South Access Point Assembly Area

3. PRECAUTIONS

N/A

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4. INSTRUCTIONS

4.1 Inventory Package Preparation

4.1.1 RECORD the following on RPM 4.8.5-001:

- Date
- Reason for Inventory
- Kits to be Inventoried

4.1.2 For each kit or locker to be inventoried, **SELECT** and **DATE** the corresponding form from RPM 4.8.5-002 through 4.8.5-028. |



4.2 Kit or Locker Inventories [Ref. 6.8 and 6.10]

4.2.1 SELECT a kit or locker and PERFORM inventory as follows:

- CHECK and RECORD quantity found.
- REMOVE unnecessary items from kit or locker.
- Where indicated on form, RECORD instrument serial numbers and calibration due dates.
- IF kit contains potassium iodide tablets, PERFORM the following:
 - IF potassium iodide tablets will expire prior to the next quarterly inventory, REPLACE tablets.
 - Where indicated on form, RECORD expiration date of potassium iodide tablets.
- REPLACE the following on dates indicated on form:
 - Batteries
 - TLD badges
 - Finger rings
- IF kit or locker contains respirators, PERFORM the following:
 - Refer To RPM 2.3.4, "Inspection and Maintenance Process for Respiratory Protection Equipment," and VERIFY respiratory equipment tags are correct.
 - Where indicated on form, RECORD inspection date.
- IF kit or locker contains equipment with batteries or sources, ENSURE the following:
 - Equipment is operable
 - Calibration due dates are current
 - Battery condition is satisfactory
 - Source response is satisfactory

- IF any equipment is found missing OR is removed, RECORD the following information on RPM 4.8.5-001:
 - Kit and, if applicable, section title
 - Description of deficiency
 - Actions to be taken to correct deficiency

4.3 Equipment Restoration

- 4.3.1 WHEN all items have been checked, RESTORE equipment as follows:
- a. VERIFY all Ludlum 177 meters are on and plugged in.
 - b. VERIFY all equipment other than Ludlum 177 meters are off.
 - c. PLACE stop watches in "RUN" mode to relieve spring tension.
 - d. Neatly REPLACE equipment in storage location.
- 4.3.2 RESTORE any missing or removed equipment within 24 hours. [Ref. 6.10]
- 4.3.3 IF any equipment cannot be restored within 24 hours, INFORM RPS - Services.
- 4.3.4 IF any missing or removed items are restored prior to sending RPM 4.8.5-001 to RPS - Services, PERFORM the following:
- a. RECORD date deficiency was corrected on RPM 4.8.5-001.
 - b. RECORD date equipment was returned on the applicable kit or locker inventory form.
 - c. RECORD quantity of equipment returned on applicable kit or locker inventory form.

4.4 Documentation

- 4.4.1 RECORD any inventory comments on RPM 4.8.5-001.
- 4.4.2 SIGN and DATE completed kit or locker inventory form.
- 4.4.3 IF there are more kits or lockers to be inventoried, Go To Section 4.2.
- 4.4.4 WHEN all kits or lockers have been inventoried, SIGN and DATE RPM 4.8.5-001.
- 4.4.5 COMPILE completed kit or locker inventory form(s) and RPM 4.8.5-001 and SUBMIT package to RPS - Services for review.
- 4.4.6 REVIEW RPM 4.8.5-001 and inventory forms for inventory deficiencies.
- 4.4.7 WHEN any missing or removed item is restored, PERFORM the following:
- RECORD date deficiency was corrected on RPM 4.8.5-001.
 - RECORD date equipment was returned on the applicable kit or locker inventory form.
 - RECORD quantity of equipment returned on applicable kit or locker inventory form.
- 4.4.8 REVIEW and SIGN inventory form(s).
- 4.4.9 REVIEW and SIGN RPM 4.8.5-001.
- 4.4.10 SEND a copy of RPM 4.8.5-001 to Station Emergency Plan Coordinator.[Ref. 6.7 and 6.8]
- 4.4.11 SEND inventory forms to HP Calibration Laboratory to be filed.
- 4.4.12 FILE inventory forms and RPM 4.8.5-001.

RPS -
Services

Calibration
Technician

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5. REVIEW AND SIGNOFF

- 5.1 The review and signoff for this procedure is located on RPM 4.8.5-001 through 4.8.5-030, of this procedure.

6. REFERENCES

- 6.1 NUREG-0654, FEME-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," Section II, Part H
- 6.2 NUREG-0737, "Supplement 1 to NUREG-0737 - Requirements for Emergency Response Capability (Generic Letter No. 82-33)," dated December 17, 1982.
- 6.3 Millstone Nuclear Power Station Emergency Plan, Appendix E, "Emergency Equipment," Rev.17, June 1995.
- 6.4 EPPCR-94-22, "Emergency Planning and Health Physics Improvements"
- 6.5 EPPCR-95-05, "Silver Zeolite Cartridges"
- 6.6 EP-95-023, "Operational Support Center Change," T. J. Dembek dated January 6, 1995.
- 6.7 NOV VIO 50-245, 336, 423/97-81-02 and CR M3-97-4483
- 6.8 NU Letter A02567, Combined Inspection No. 50-245; 50-336; 50-423, "MNPS, Unit Nos. 1, 2, & 3 Response to Notice of Violation," dated September 18, 1982, specifies frequencies of inventories, operations checks, change out and replacement schedule for items having limited shelf life. It also specifies replacement for instruments taken for calibration and collectively states that finger rings will be provided in the on-site emergency monitoring team kits and at the EOF.
- 6.9 NU Letter, dated 12/27/76. Emergency Plan equipment is on an inventory list.
- 6.10 NU Letter, dated 12/27/76. Emergency Plan equipment is replaced in a timely manner.
- 6.11 Unit 2 Technical Specification 6.12
- 6.12 Unit 3 Technical Specification 6.8.4(b)

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- 6.13 Memo EP-98-127, "Implementation of Millstone Emergency Plan Revision #24," from Mark White to Millstone HP Management Personnel
- 6.14 USNRC *Emergency Preparedness Position (EPPOS¹) on Emergency Plan and Implementing Procedures Changes*
- 6.15 MP-HPO-99081, "Closure of A/R 99006430-01," from A. S. Klotz to H. W. Siegrist, dated May 21, 1999.

7. SUMMARY OF CHANGES

- 7.1 Updated procedure title of RPM 2.3.4.
- 7.2 Deleted RPM 4.8.5-010, "Unit 1 Control Room Kit and Locker," and RPM 4.8.5-014, "Unit 1 Personnel Decon Room Emergency Personnel Decon Kit," because the facilities are no longer used.
- 7.3 Updated form title changes in RPM 4.8.5-001.
- 7.4 Changed the title of RPM 4.8.5-009 from "Emergency Operations Facility Locker" to "Emergency Operations Facility." Deleted unnecessary verbiage in header row.
- 7.5 Reformatted RPM 4.8.5-011 to better differentiate between the Kit and the Locker.
- 7.6 Changed the title of RPM 4.8.5-013A from "Overwater Team Monitoring Kit and Locker" to "Environmental Laboratory." Reformatted to differentiate between the Kit and the Locker.
- 7.7 Changed the title of RPM 4.8.5-020 from "Unit 3 Control Room Kit and Locker" to "Unit 3 Control Room." Reformatted to differentiate between the Kit and the Locker.
- 7.8 Changed the title of RPM 4.8.5-021 from "Technical Support Center Locker" to "Technical Support Center." Reformatted to differentiate between the TSC and the Locker. Added a third source plaque, intended for use with RMT Kits 6, 7, 8 at Goshen Fire Department (RPM 4.8.5-028), to the Locker.
- 7.9 Moved and changed the title of RPM 4.8.5-022B from "Technical Support Center TCS Locker" to "OSC Assembly Area, Bldg 475, 1st floor." Reformatted to differentiate between the OSC, the Locker, and Conference Room 475/102. Added a source plaque to the Emergency Locker. Added an Area Radiation Monitor and an Electronic Dosimetry Reader.

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7.10 Created new RPM 4.8.5-028, "Goshen Fire Department," consisting of three new RMT kits (Team 6, 7, and 8).

7.11 References 6.7, 6.8, 6.9, and 6.10 are no longer NRC commitments.

Summary of Changes, Revision 006-01

7.12 Revised instances of replacing TLD badges and Finger Rings in the months of April and October to replacing them biannually and leaving a blank space for the correct date on the forms which follow. This change will accommodate changes in dosimetry vendors. This is corrective action to AR 03008293-02. Clover leafs were removed to reflect status changes in Regulatory Commitment Record as modified in revision 006 of this procedure.

- RPM 4.8.5-002, -003, -004, -005, -009, -011, -013A, -016, -019, -020, -021, -022A, -022B, -025, -028.

7.13 Changed replacement date for Silver Zeolite Cartridges from a set date of January 1, 2006 to replacement by that date on forms which follow. This is also corrective action to AR 03008293-02.

- RPM 4.8.5-002, -003, -004, -005, -009, -011, -013A, -016, -017, -019, -020, -021, -022A, -022B, -025, -026, -028.

7.14 The frequency of this procedure was changed January, April, July, September to the first, second, third, and fourth quarter of each year. This allows the scheduling of the inspection to be more flexible. This is corrective action to AR 03008293-03.

7.15 Changed brand names to reflect generic items, e.g., mild soap instead of Ivory soap. These changes were made to RPM 4.8.5-015 and -024. This is corrective action to AR 03008293-04.



02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5 -002	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
Title: <u>Emergency Operations Facility Team 2 Kit</u>			
For New Documents: Document is QA <input type="checkbox"/> DH Title: <u>1</u>			
<input type="checkbox"/> Revision <input checked="" type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Revision <input type="checkbox"/> Biennial Review <input type="checkbox"/> Cancel <input type="checkbox"/> Void (Do Not Use) <input type="checkbox"/> Expire <input type="checkbox"/> Superseded By: _____			
Comments: <input type="checkbox"/> Administrative Correction FLS: _____ The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01			
Associated ARs <u>N</u>			

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline <input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	7/4/04	EPD
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	1/22/04	NPD
R <input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Jean B. Olsen</u>			
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent <input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> <u>A.M. Johnson</u> <u>1/30/04</u> (1) SQR Sign/Date <u>J.E. Laine</u> <u>2/12/04</u> (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Emergency Operations Facility Team 2 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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			
Portable Air Sampler (12 volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger - Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg of 50)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace 4th quarter 2005)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape	1			
Screwdriver	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Stopwatch	1			
Screwdriver	1			
Stopwatch	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box Of Staples	1			
Clipboard With Paper	1			
RMT No. 2 EPP Notebook	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			
On-Site Field Monitoring Map	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 -003	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
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Title: Emergency Operations Facility Team 3 Kit

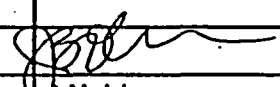
For New Documents: Document is QA ☐ DH Title:

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

Comments: ☐ Administrative Correction FLS: _____

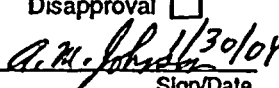

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen R Burgess	7/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	1/22/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson  1/30/04 (1) SQR Sign/Date J.E. Laine  2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Emergency Operations Facility Team 3 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	2			
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 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			
Stapler	1			

RPM 4.8.5-003

Rev. 003-01

Page 1 of 2

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Keys For Fox Island Wildlife Area	2			
Clipboard With Paper	1			
RMT No. 3 EPP Notebook	1			
Map Of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	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 -004	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
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Title: Emergency Operations Facility Team 4 Kit

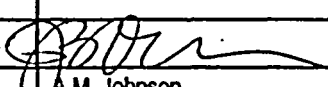
For New Documents: Document is QA ☐ DH Title:

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

Comments: ☐ Administrative Correction FLS: _____

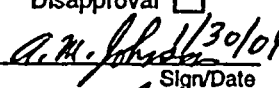

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval	<input type="checkbox"/> SORC Review and Approval	<input checked="" type="checkbox"/> Department Head Review and Approval
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson  1/30/04 (1) SQR Sign/Date	N/A (1) Department Head Sign/Date (2) SORC Meeting Number (3) SORC Approval Sign	(1) Department Head Approval Sign
J.E. Laine  2/12/04 (2) Department Head Approval Sign		

Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Emergency Operations Facility Team 4 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger -- Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	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 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			

RPM 4.8.5-004

Rev. 003-01

Page 1 of 2

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Screwdriver	1			
Stapler	1			
Box of Staples	1			
Scissors	1			
Clipboard With Paper	1			
RMT No. 4 EPP Notebook	1			
Map of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	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 -005	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
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Title: Emergency Operations Facility Team 5 Kit

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: _____
The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPO
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Emergency Operations Facility Team 5 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	2			
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 4th quarter 2005)	4			
Calculator And Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Screwdriver	1			
Markers, Felt Tip	2			
Stapler	1			

RPM 4.8.5-005

Rev. 003-01

Page 1 of 2

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Clipboard With Paper	1			
RMT No. 5 EPP Notebook	1			
Map of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	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 - 009	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 007	Minor Rev. 01
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Title: Emergency Operations Facility

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: _____

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Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	4/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	1/21/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Emergency Operations Facility

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Dosimeters (0-1r) Date Due	50			
Dosimeters (0-50r) Date Due	10			
TLD Badges (Replace Semi-annually) Date Due _____	50			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	25			
Dosimeter Charger -- Batteries Replaced (4th quarter)	2			
Spare Batteries For Charger -- Batteries Replaced (4th quarter)	2 Sets			
Respirators -- Date Inspection Due _____	50			
Respirators with Charcoal Cartridges Date Inspection Due _____	10			
Complete Sets Of PCs	20			
Rubber Shoe Covers (Pair)	20			
Rubber Gloves (Pair)	40			
Smears (Box)	8			
Smear Folders (Box)	8			
Scissors	6			
Radiation Ribbon (Rolls)	20			
Duct Tape (Rolls)	12			
Vinyl Gloves (Boxes)	2			
Cotton Gloves (Pair)	50			
Radiation Area Signs	20			
High Radiation Area Signs	20			
Contaminated Area Signs	20			
Airborne Radioactivity Signs	20			
Hoods	50			
Booties, Plastic (Pair)	50			
Step-off Pads	10			
Radioactive Material Stickers With Labels	50			
Paper Suits	75			

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RPM 4.8.5-009

Rev. 007-01

Page 1 of 4

Emergency Operations Facility

Item Description	Quantity		Returned																								
	Required	As Found	Quantity	Date																							
110 Volt Air Samplers	5																										
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2																											
3																											
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12 Volt Air Samplers	5																										
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No.	Serial No.	Date Due																									
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5																											
Silver Zeolite Cartridges (Replace by 4th quarter 2005)	24																										
Particulate Filters	100																										
E-140/HP-210 or Equivalent	5																										
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RO-2A or Equivalent	7																										
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Emergency Operations Facility

Item Description	Quantity		Returned															
	Required	As Found	Quantity	Date														
PS-2-2/HP-210 or Equivalent	3																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3								
No.	Serial No.	Date Due																
1																		
2																		
3																		
Teletectors or Equivalent	2																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2											
No.	Serial No.	Date Due																
1																		
2																		
DIG-5 or Equivalent	2																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2											
No.	Serial No.	Date Due																
1																		
2																		
ASP-1/HP270 or Equivalent	3																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No.</th> <th style="width: 20%;">Serial No.</th> <th style="width: 20%;">Date Due</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	No.	Serial No.	Date Due	1			2			3								
No.	Serial No.	Date Due																
1																		
2																		
3																		
Spare Batteries For Teletectors Batteries Replaced (4th quarter)	2 Sets																	
9 Volt Batteries Replace (4th quarter)	30																	
D Cell Batteries Replace (4th quarter)	25																	
C Cell Batteries Replace (4th quarter)	18																	
Source Plaque	5																	
Screwdriver	1																	

①
①
①
①

Emergency Operations Facility

Facility Item Description	Quantity		Returned													
	Required	As Found	Quantity	Date												
Area Radiation Monitor Serial No. _____ Date Due _____	1															
Friskers At Entrances To EOF	2															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Model</th> <th style="width: 15%;">Serial No.</th> <th style="width: 15%;">Due Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Model	Serial No.	Due Date													
Model	Serial No.	Due Date														
Friskers In Decon Room	2															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Model</th> <th style="width: 15%;">Serial No.</th> <th style="width: 15%;">Due Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Model	Serial No.	Due Date													
Model	Serial No.	Due Date														
Portal Monitor Serial No. _____ Date Due _____	1															
Cam Serial No. _____ Date Due _____	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 - 011	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 005	Minor Rev. 01
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Title: Unit 2 Control Room

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen R Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <i>A.M. Johnson</i> 1/30/04 (1) SQR Sign/Date J.E. Laine <i>J.E. Laine</i> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
--	--	--

Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Unit 2 Control Room

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 1 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			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters -- Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger -- Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger -- Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	3			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	6			
Stopwatch	1			
Screwdriver	1			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg of 12)	1			
Smears (Pkg of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			
Rain Gear (Sets)	4			
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Emergency Locker				
Portable Count Rate Meter 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries Spare For Charger Batteries Replaced (4th quarter)	1 Set			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
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 -013A	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 005	Minor Rev. 02
Title: Environmental Laboratory			
For New Documents: Document is QA <input type="checkbox"/> DH Title:			
<input type="checkbox"/> Revision <input checked="" type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Revision <input type="checkbox"/> Biennial Review			
<input type="checkbox"/> Cancel <input type="checkbox"/> Void (Do Not Use) <input type="checkbox"/> Expire <input type="checkbox"/> Superseded By: _____			
Comments: <input type="checkbox"/> Administrative Correction FLS: _____			
The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01			
Associated ARs			

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R. Burgess	Kathleen R. Burgess 2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen 1/22/04	NPO
R	<input checked="" type="checkbox"/>			EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson 1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson 1/30/04	RR

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 type="checkbox"/> SQR Review and Approval	<input type="checkbox"/> SORC Review and Approval	<input checked="" type="checkbox"/> Department Head Review and Approval
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	N/A	(1) Department Head Approval Sign
A.M. Johnson 1/30/04 (1) SQR Sign/Date	(1) Department Head Sign/Date	
J.E. Laine 2/1/04 (2) Department Head Approval Sign	(2) SORC Meeting Number	
	(3) SORC Approval Sign	
Approval Date: 02/12/04 Effective Date: 02/19/04		

02/12/04

Approval Date

02/19/04

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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger - Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	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 By 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	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 2nd quarter, 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 - 015

Writer: Jean Olsen.
Initiator Bridget Robertson

Rev. No.

Minor Rev.

000

01

Title:

Unit 2 Personnel Decon Room Emergency Personnel Decon Kit

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval	<input type="checkbox"/> SORC Review and Approval	<input checked="" type="checkbox"/> Department Head Review and Approval
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	N/A	
A.M. Johnson 2/13/04 (1) SQR Sign/Date	(1) Department Head Sign/Date	(1) Department Head Approval Sign
J.E. Laine 2/12/04 (2) Department Head Approval Sign	(2) SORC Meeting Number	
	(3) SORC Approval Sign	

Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Unit 2 Personnel Decon Room Emergency Personnel Decon Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Fingernail Brushes	12			
Mild Soap, Bars	24			
Abrasive Soap, Bars	12			
Razors	24			
Skin lotion, Bottles	2			
Shampoo, Bottles	24			
Shaving Cream, Cans	2			

Inventoried By: _____ Date: _____

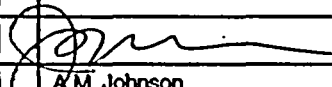
Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

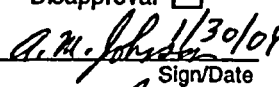

Procedure Action Request

Document No.: RPM 4.8.5-016	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
Title: <u>SAP Team 2 Kit</u>			
For New Documents: Document is QA <input type="checkbox"/> DH Title: _____			
<input type="checkbox"/> Revision <input checked="" type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Revision <input type="checkbox"/> Biennial Review			
<input type="checkbox"/> Cancel: <input type="checkbox"/> Void (Do Not Use) <input type="checkbox"/> Expire <input type="checkbox"/> Superseded By: _____			
Comments: <input type="checkbox"/> Administrative Correction FLS: _____			
The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01			
Associated ARs <u>✓</u>			

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R. Burgess	Kathleen R. Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval	<input type="checkbox"/> SORC Review and Approval	<input checked="" type="checkbox"/> Department Head Review and Approval
Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	N/A	(1) Department Head Approval Sign
A.M. Johnson  1/30/04 (1) SQR Sign/Date	(1) Department Head Sign/Date	
J.E. Laine  2/12/04 (2) Department Head Approval Sign	(2) SORC Meeting Number	
	(3) SORC Approval Sign	

Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

SAP Team 2 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger – Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg of 50)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Stopwatch	1			
Screwdriver	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box of Staples	1			
Clipboard With Paper and Survey Forms	1			
RMT No. 2 EPP Notebook	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			
On-Site Field Monitoring Map	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 - 017	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 02
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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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> _____ (1) SQR Sign/Date _____ (2) Department Head Approval Sign	<input type="checkbox"/> SORC Review and Approval _____ (1) Department Head Sign/Date _____ (2) SORC Meeting Number _____ (3) SORC Approval Sign	<input checked="" type="checkbox"/> Department Head Review and Approval _____ (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

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 2nd quarter, 2008)	5			
Silver Zeolite Cartridges (Replace by 4th quarter 2005)	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 -019	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 002	Minor Rev. 01
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Title:

VAP /SAP Ambulance Kit

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen R Burgess 2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen 2/2/04	NPD
R	<input checked="" type="checkbox"/>			EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson 1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson 1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson 1/30/04 (1) SQR Sign/Date J.E. Laine 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
--	--	--

Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

VAP/SAP Ambulance Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Paper Coveralls	3			
Rubber Shoe Covers (Pair)	3			
Plastic Booties (Pair)	3			
Rubber Gloves (Pair)	3			
Surgical Gloves (Pair)	3			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Dosimeters (Low Range) Date Due _____	4			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries, Spare For Charger Batteries Replaced (4th quarter)	1			
Cotton Gloves (Pair)	3			
Plastic Rain Suits	3			
Herculite Sheet	1			
Radiation Area Sign	1			
Emergency TLDs (Replace Semi-annually) Date Due _____	24			
Duct Tape (Roll)	1			
Waste Bag	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 - 020	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 006	Minor Rev. 0
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Title: Unit 3 Control Room

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen P. Burgess	Kathleen P. Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson A.M. Johnson 1/30/04 (1) SQR Sign/Date J.E. Laine J.E. Laine 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04
Approval Date

02/19/04
Effective Date

Unit 3 Control Room

Date: _____

Item Description	Quantity		Returned:	
	Required	As Found	Quantity	Date
Team 1 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			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters – Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger – Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Stopwatch	1			
Screwdriver	1			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg 4th quarter 12)	1			
Smears (Pkg of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Rain Gear (Sets)	4			
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			

Emergency Locker

RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (4th quarter)	1 Set			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries Spare For Charger - Batteries Replaced (4th quarter)	1 Set			
Finger Ring [Ref.6.8] (Replace Semi-annually) Date Due _____	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Extension Cord	1			
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 -021	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 006	Minor Rev. 02
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Title: Technical Support Center

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline <input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R <input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent <input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP

Validation (minimum of two)	<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
	Print	Sign	Date	Dept
Coordinator				
Member				

Training: ☐ None ☐ Nuclear Training ☐ Briefing ☐ Familiarization

<input type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

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 (4th quarter)	1 Set			
Radiation Area Signs	12			
Respirators With Charcoal Filters Date Inspection Due _____	20			
Emergency Lanterns (Replace battery 2nd quarter 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 (4th quarter)	1			
Battery, Spare For Charger Batteries Replaced (4th quarter)	1			
Source Plaque	3			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Smears (Pkg of 50)	1			
Stopwatch	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 By 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	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 - 022A	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 004	Minor Rev. 01
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Title: Technical Support Center TSC Kit

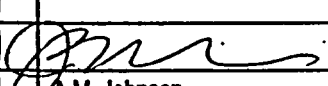
For New Documents: Document is QA ☐ DH Title:

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

Comments: ☐ Administrative Correction FLS: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline <input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R <input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent <input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP

Validation (minimum of two)	<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
	Print	Sign	Date	Dept
Coordinator				
Member				

Training: ☐ None ☐ Nuclear Training ☐ Briefing ☐ Familiarization

<input type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Technical Support Center TSC Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110V Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger – Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg of 50)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Duct Tape (Roll)	1			

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

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-022B

Writer: Jean Olsen
Initiator: Bridget Robertson

Rev. No.

Minor Rev.

005

02

Title:

OSC Assembly Area, Bldg 475, 1st floor

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R. Burgess	Kathleen R. Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>				
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson A.M. Johnson 1/30/04 (1) SQR Sign/Date J.E. Laine J.E. Laine 2/1/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

OSC Assembly Area, Bldg 475, 1st floor

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

OSC				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110V Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg Of 50)	1			
Filters, Particulate (Pkg Of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt-Tip	2			
Barrier Tape	1			
Tape (Roll)	1			

RPM 4.8.5-022B

Rev. 005-02

Page 1 of 2

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

Emergency Locker				
Source Plaque	1			

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

Inventoried By: _____ Date: _____

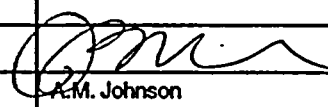
Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5 -024	Writer: Jean Olsen Initiator: Bridget Robertson	Rev. No. 001	Minor Rev. 01
Title: <u>V3 Personnel Decon Room Emergency Personnel Decon Kit</u>			
For New Documents: Document is QA <input type="checkbox"/> DH Title: _____			
<input type="checkbox"/> Revision <input checked="" type="checkbox"/> Minor Revision <input type="checkbox"/> Cleanup Revision <input type="checkbox"/> Biennial Review			
<input type="checkbox"/> Cancel: <input type="checkbox"/> Void (Do Not Use) <input type="checkbox"/> Expire <input type="checkbox"/> Superseded By: _____			
Comments: <input type="checkbox"/> Administrative Correction FLS: _____			
The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01			
Associated ARs <u>✓</u>			

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
<input type="checkbox"/>				
Cross-Discipline <input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	7/6/04	EPD
RCD <input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	1/22/04	NPD
R <input checked="" type="checkbox"/>				EP
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Licensing Basis / RCD (50.59 Screen Req. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent <input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Unit 3 Personnel Decon Room Emergency Personnel Decon Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Fingernail Brushes	12			
Mild Soap, Bars	24			
Abrasive Soap, Bars	12			
Razors	24			
Skin lotion, Bottles	2			
Shampoo, Bottles	24			
Shaving Cream, Cans	2			

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 - 025	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 003	Minor Rev. 01
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Title: NAP Team 2 Kit

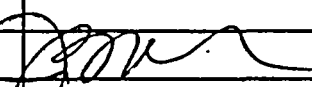
For New Documents: Document is QA ☐ DH Title:

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

Comments: ☐ Administrative Correction FLS: _____

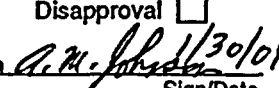

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen P. Burgess	Kathleen P. Burgess	2/16/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/22/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson  1/30/04 (1) SQR Sign/Date J.E. Laine  2/16/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

NAP Team 2 Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger - Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg of 50)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Screwdriver	1			
Stopwatch	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box of Staples	1			
Clipboard With Paper And Survey Forms	1			
RMT No. 2 EPP Notebook	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			
On-Site Field Monitoring Map	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/27/03
Approval Date

03/07/03
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-026

Writer: Jean Olsen.
Initiator: Bridget Robertson

Rev. No.

003

Minor Rev.

02

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RR

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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <i>A.M. Johnson</i> 1/30/04 (1) SQR Sign/Date J.E. Laine <i>J.E. Laine</i> 2/1/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04

Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

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 2nd quarter 2008)	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	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 - 028	Writer: Jean Olsen. Initiator: Bridget Robertson	Rev. No. 001	Minor Rev. 01
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Title: Goshen Fire Department

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: _____

The following forms have been revised with this procedure and follow with a separate PAR for each form: RPMs 4.8.5-002, r003-01; 4.8.5-003, r003-01; 4.8.5-004, r003-01; 4.8.5-005, r003-01; 4.8.5-009, r007-01; 4.8.5-011, r005-01; 4.8.5-13A, r005-02; 4.8.5-015, r000-01; 4.8.5-016, r003-01; 4.8.5-017, r003-02; 4.8.5-019, r002-01; 4.8.5-020, r006-01; 4.8.5-021, r006-02; 4.8.5-022A, r004-01; 4.8.5-022B, r005-02; 4.8.5-024, r001-01; 4.8.5-025, r003-01; 4.8.5-026, r003-02; 4.8.5-028, r000-01

Associated ARs

Reviews		Print	Sign	Date	Department
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Cross-Discipline	<input checked="" type="checkbox"/>	Kathleen R Burgess	Kathleen Burgess	2/4/04	EPD
RCD	<input checked="" type="checkbox"/>	Jean B. Olsen	Jean B. Olsen	2/2/04	NPD
R	<input checked="" type="checkbox"/>				EP
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No)	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	RP
Tech Independent	<input checked="" type="checkbox"/>	A.M. Johnson	A.M. Johnson	1/30/04	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 type="checkbox"/> SQR Review and Approval Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> A.M. Johnson <u>A.M. Johnson</u> 1/30/04 (1) SQR Sign/Date J.E. Laine <u>J.E. Laine</u> 2/12/04 (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 checked="" type="checkbox"/> Department Head Review and Approval (1) Department Head Approval Sign
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Approval Date: 02/12/04 Effective Date: 02/19/04

02/12/04

Approval Date

02/19/04

Effective Date

Goshen Fire Department

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 6 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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger - Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	4			
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 By 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			

RPM 4.8.5-28

Rev. 000-01

Page 1 of 4

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Stapler	1			
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Clipboard With Paper	1			
RMT EPP Notebook	1			
Map of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			

Team 7 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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger - Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	4			
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 By 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			
Stapler	1			
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Clipboard With Paper	1			
RMT EPP Notebook	1			
Map of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date:)	1			

Team 8 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 (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger -- Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger -- Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Smears (Pkg of 25)	1	-		

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Tape	1			
Silver Zeolite Cartridges (Replace By 4th quarter 2005)	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Surgical Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2 Sets			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			
Stapler	1			
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Clipboard With Paper	1			
RMT EPP Notebook	1			
Map of Sample Locations	1			
Bottle of Potassium Iodide Tablets (Expiration Date: .)	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____