WOLF CREEK
NUCLEAR OPERATING CORPORATION

Kevin J. Moles
Manager Regulatory Affairs

MAR 0 8 2004

RA 04-0046

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

Subject: Docket No. 50-482: Changes to Wolf Creek Generating Station Radiological Emergency Response Plan Implementing Procedures and Forms.

Gentlemen:

In accordance with 10 CFR 50, Appendix E, enclosed are revisions to Wolf Creek Generating Station Radiological Emergency Response Plan implementing procedures and forms. The following procedures and forms are enclosed.

PROCEDURE	FORMS
Effective March 12, 2004	Effective March 12, 2004
EPP 06-009, Revision 3	EPF 06-007-01, Revision 7 (corrected copy)
	EPF 06-018-01, Revision 8
	EPF 06-018-03, Revision 4
	EPF 06-018-06, Revision 5
	EPF 06-018-07, Revision 3
	EPF 06-018-10, Revision 4

If you have any questions concerning this submittal, please contact me at (620) 364-4126 or Mr. William Muilenburg at (620) 364-8831, ext 4511.

Sincerely,

Kevin J. Moles

KJM/pb

Enclosures

cc: J. N. Donohew (NRC), w/e
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A045

WOLF CREEK
NUCLEAR OPERATING CORPORATION

EPP 06-009

DRILL AND EXERCISE REQUIREMENTS

Responsible Manager

Superintendent Emergency Planning

Revision Number	3
Use Category	Reference
Administrative Controls Procedure	No
Infrequently Performed Procedure	No
Program Number	06

DC50 03-12-2004

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1.0 PURPOSE

1.1 This procedure provides guidance for developing and implementing the emergency preparedness drill and exercise program, and for documenting information and historical data for event reconstruction.

2.0 SCOPE

2.1 A drill and Exercise program is necessary to ensure that the Emergency Response Organization (ERO) is capable of determining an emergency condition at Wolf Creek Generating Station (WCGS), assess the consequences, notifying key licensee and non-licensee personnel and organizations, making onsite protective action decisions, recommending off-site protective actions, and maintaining logs and records for event reconstruction.

3.0 REFERENCES AND COMMITMENTS

3.1 References

3.1.1 Wolf Creek Generating Station Radiological Emergency Response Plan

3.1.2 FEMA REP-14, Radiological Emergency Preparedness Exercise Manual

3.1.3 NUREG-0654/FEMA-REP-1, Rev. 1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

3.1.4 NRC Inspection Procedure 71114

3.1.5 WCGS Fire Protection Program

3.1.6 PIR 96-2859, Incomplete Turnover Sheets

3.2 Commitments

3.2.1 RCMS 88-131, Response To Notice Of Violation 481/8812-01, Requirement For Continuing Quarterly Callout Drills

4.0 DEFINITIONS

4.1 Controllers

4.1.1 Personnel responsible for providing messages and scenario data to participants during a drill or Exercise.

4.2 Critique

4.2.1 A meeting to evaluate and critically analyze the ability of organizations to respond as described in the RERP and Emergency Planning Procedures.

4.3 Drill

4.3.1 A supervised activity used to develop and maintain skills in a particular operation.

4.4 Drill Lead Controllers

4.4.1 Personnel who are assigned the responsibility for providing overall management and technical direction for drills and exercises.

4.5 Evaluators

4.5.1 Personnel who are assigned the responsibility for documenting and evaluating the actions of the controllers and players in response to a drill or exercise.

4.6 Exercise

4.6.1 An event that incorporates the integrated capability of the basic elements existing within the Radiological Emergency Response Plan (RERP), State and County Emergency Plans and associated organizations. An exercise simulates a radiological emergency condition requiring the response of off-site agencies and graded biennial exercises are evaluated and critiqued by FEMA/NRC officials.

4.7 Facility Lead Controllers

4.7.1 Personnel who are assigned the responsibility for coordinating controller activities in a specific facility during a drill or exercise.

4.8 Logs

4.8.1 A chronological listing of events and actions taken by ERO personnel.

4.9 Participants

4.9.1 Those Emergency Response Organization members who have been assigned a role to respond to an emergency.

4.10 Records

4.10.1 Documents such as calculation worksheets, computer printouts, forms, logs, memos, checklists, or any paper used to record data or information during an emergency, drill or exercise which may be used for event reconstruction.

4.11 Scenario

4.11.1 An outline of a simulated chain of emergency events used for a drill or exercise.

5.0 RESPONSIBILITIES

5.1 Superintendent Emergency Planning

5.1.1 Coordinates the development of a drill and exercise program and schedule with the NRC, FEMA, State, Coffey County and other participating agencies.

5.1.2 Ensures the Emergency Planning Exercise is conducted as set forth in guidelines agreed upon with the NRC, FEMA, State, Coffey County, and other participating agencies.

5.1.3 Provides the necessary support to assure that State, Coffey County and other participating agency personnel mobilize and provide off-site emergency response resources to an exercise scenario.

5.1.4 Ensures development of scenarios for drills and exercises.

5.1.5 Approves the assignment of qualified controllers and evaluators at participating facilities.

5.1.6 Provides Regulatory Compliance with exercise objectives/exercise scenario five working days prior to the NRC's requested submittal date for each item in accordance with NRC Inspection Procedure 71114.

5.1.7 Provide FEMA with exercise objectives/exercise scenario by FEMA's requested submittal date for each item in accordance with FEMA REP-14. This submittal is not to be transmitted through the State of Kansas so that the confidentiality of the scenario remains uncompromised. However, the State shall concur with and be aware of the direct submittal of the scenario to FEMA.

5.1.8 Assures the health and safety of participants during drills and exercises in accordance with SP-808, DRILL AND EXERCISE SAFETY.

5.2 Emergency Response Organization Personnel

5.2.1 For completing and maintaining logs and records in a neat and orderly fashion during an emergency, drill, or exercise.

5.3 Drill Lead Controller

5.3.1 Provide overall management and technical direction of the drill or Exercise.

5.3.2 Identify and evaluate potential health and safety hazards during a drill or Exercise.

5.4 Facility Lead Controllers

5.4.1 Perform responsibilities as assigned prior to and during a drill or Exercise.

5.5 Controllers and Evaluators

5.5.1 Perform responsibilities as assigned prior to and during a drill or Exercise.

6.0 PRECAUTIONS/LIMITATIONS

6.1 None

7.0 PROCEDURE

7.1 Exercises And Drills

7.1.1 Exercises are conducted to evaluate the basic elements and capabilities of WCGS and off-site organizations to respond to off-site radiological releases.

- o At least once every six years, one exercise or drill shall start between 6:00 p.m. and 4:00 a.m. for WCNOC facilities and off-site organizations. Some exercises should be unannounced.

- o The necessary arrangements are made for official evaluators from Federal, State and local governments and WCNOC to observe, evaluate and critique graded biennial exercises.

7.1.2 Drills are used to develop and maintain skills in particular areas. Drills are used to evaluate personnel proficiency and to allow hands-on training and practical experience.

7.1.3 A single drill may incorporate more than one drill requirement. The graded exercise is not to be used to satisfy the requirement for these drills.

7.1.4 Communications Drills ensure communications between WCGS and off-site organizations is possible and that the content of messages is understood.

1. Communication tests with local, State and Federal agencies are performed in accordance with EPP 06-018, MAINTENANCE OF EMERGENCY FACILITIES AND COMMUNICATION CHECKS.

7.1.5 Health Physics Drills

1. Semi-annual Health Physics drills include response to and analysis of simulated elevated airborne and liquid samples, and direct radiation measurements in the environment

2. Annual Health Physics drills include analysis of in-plant Reactor Coolant liquid samples.

7.1.6 Medical Emergency Drills

1. Annual Medical Emergency drills should include transportation and treatment of simulated contaminated individuals by ambulance and off-site medical treatment facilities. Off-site portions of the drill may be performed as part of the required annual exercise.

7.1.7 Radiological Monitoring Drills

1. Annual Radiological Monitoring drills include both onsite and off-site collection and analysis of sample media, field activities, and provisions for communications and record keeping.

7.1.8 Call-Out Drills

1. Quarterly Call-Out drills demonstrate augmentation capabilities of the ERO to staff the Emergency Response Facilities. This drill does not normally include mobilization. [Commitment Step 3.2.1]

7.2 Logs And Records

7.2.1 Entries shall be as accurate, legible, and concise as possible. All data on forms should be entered or marked N/A if not applicable.

7.2.2 Any information that will assist in reconstruction of the response history such as plant status at time of emergency declaration, major steps taken by facilities to mitigate the emergency, plant status changes, and field team reports shall be entered as it is received.

7.2.3 Information entered in the log after the fact should be marked Late Entry (LE) and the time of the event entered as the next log entry.

7.2.4 Corrections should be made by placing one line through the incorrect entry, initialing, dating, and entering the correction.

7.2.5 Information written in logs, forms, or on any paper during an emergency, drill, or exercise should be considered as a record. All information could be vital for event reconstruction.

7.3 Scenarios

7.3.1 Scenarios should be realistic and challenging. Results of previous drills, exercises and industry information should be included if they enhance the scenario. Enough data should be included for specific events, such as an equipment failure, so that response teams can realistically respond.

7.3.2 Exercise scenarios are varied each year to assure that all major elements of the emergency response plans and procedures for WCGS and off-site organizations are tested within a six-year period.

7.3.3 Scenarios should describe how drills or exercises are to be performed to allow decision-making and to describe the following:

1. Basic objectives and appropriate evaluation criteria

2. Date(s), time period, place(s), and participating organizations

3. Simulated events

4. Meteorological information

5. Time schedule of real and simulated initiating events

6. Narrative summary describing the conduct of the scenario should include descriptions of:

   a. Simulated casualties

   b. Off-site fire department assistance

   c. Rescue of personnel

   d. Use of protective clothing

   e. Deployment of radiological monitoring teams

   f. Public information activities

   g. Completed Shift Manager's turnover sheet

7.3.4 The objectives and guidelines of scenarios should remain confidential to all except those with a need to know.

1. Participants of Graded Exercises shall not have prior knowledge of the scenario.

2. Data for drills should be treated discreetly, however knowledge of the scenario will not preclude participation in the drill.

7.4 Conduct Of Drills And Exercises

NOTES

- **Callout and tabletop drills are not addressed in this section.**
- **Except in certain circumstances where it is more practical to combine the controller and evaluator functions, evaluators for drills and Exercises are separate personnel.**

7.4.1 Controllers and evaluators are designated and indoctrinated to their roles and responsibilities prior to drills and exercises.

7.4.2 Within 24 hours of the start of the drill or exercise, the Drill Lead Controller should evaluate potential health and safety hazards which may affect the conduct of the drill or exercise.

7.4.3 IF during a drill or exercise individual activities are identified which affect the safety of a participant or which could compromise plant operations, THEN the activity should be stopped or altered.

7.4.4 Facility Lead Controllers should ensure attendance sheets are completed and facility records are gathered and submitted to Emergency Planning for retention.

7.5 Critiques

7.5.1 Critiques involve key participants, controllers and evaluators, and are conducted as soon as practicable following an emergency, exercise or drill.

7.5.2 Critique items identified as needing improvement will be documented by one of the following:

1. Performance Improvement Request

2. Work Requests

3. Training Evaluation Tools

4. Other communication processes

7.6 Scenario Development

7.6.1 A scenario development team will develop scenarios for drills and exercises. This team will be made up of knowledgeable persons from various work groups to cover all aspects of the scenario. The scenario development team should consist of, but not be limited to, the following groups:

1. Simulator group - to ensure the scenario is developed and will function properly on the simulator.

2. Operations Training - to ensure the scenario is developed and will function within operational practices.

3. Health Physics - to develop and provide oversight of the dose projections and radiation releases.

4. Chemistry - to develop and provide oversight of chemistry related items in the scenario.

5. Security - to develop and provide oversight of Security related items in the scenario.

6. System Engineering - to develop and provide oversight for mini-scenarios for equipment affected by the scenario.

7. Electrical Engineering - to develop and provide oversight for mini-scenarios for equipment affected by the scenario.

8. Emergency Planning - to provide oversight of the scenario development team.

7.2.6 Scenario validation for drills should be by running the scenario and having controllers monitor plant actions to ensure the desired results are obtained.

7.2.7 Scenario validation for exercises will be performed by Operating crews with controllers monitoring plant actions to ensure the desired results are obtained.

7.2.8 Once the scenario has been approved by the development group, changes to the scenario can only be made with the approval of the Lead Controller and the Superintendent Emergency Planning.

8.0 RECORDS

8.1 Records generated by this procedure during an actual emergency are considered lifetime QA records and shall be forwarded to Emergency Planning at the termination of the emergency.

8.2 Records generated by this procedure during drills or exercises are considered non-QA records and shall be forwarded to Emergency Planning at the termination of the drill or exercise.

9.0 FORMS

9.1 EPF 06-009-01, EMERGENCY RESPONSE LOG

EPF 06-007-01 Rev 7 MESSAGE NO.:

WOLF CREEK GENERATING STATION EMERGENCY NOTIFICATION

1. **STATUS:** ☐ ACTUAL ☐ DRILL

2. **CODE WORD** (County/State only): _____

3. **NOTIFICATION TYPE:**
☐ IMMEDIATE (Steps 1-8, & 13) ☐ FOLLOWUP (ALL)

4. **EMERGENCY CLASSIFICATION:**
TIME: _____ DATE: ___/___/___
☐ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA
☐ GENERAL ☐ RECOVERY ☐ TERMINATION

5. **REASON FOR CLASSIFICATION:** (EAL)
☐ 1-RER ☐ 2-SGTF ☐ 3-LRCB ☐ 4-MSLB
☐ 5-FEF ☐ 6-LEP/AC ☐ 7-FHA ☐ 8-SSFM
☐ 9-LPC/SC ☐ 10-FR ☐ 11-NP ☐ 12-OH
☐ 13-ADM
EAL Step Numbers _____

6. **METEOROLOGICAL DATA:**
WIND: AT:____ MPH, FROM:_____ TOWARDS:_____ Degrees
STABILITY CLASS:____ PRECIPITATION: ☐ YES ☐ NO

7. **RADIOLOGICAL RELEASE STATUS:**
☐ NONE ☐ PLANNED ☐ MONITORED
☐ TERMINATED ☐ UNPLANNED ☐ UNMONITORED
(If NONE, N/A steps 10, 11, & 12 for Follow-up Notifications)

8. **PROTECTIVE ACTION RECOMMENDATION:** ☐ NONE
IF making a PAR only, TIME OF PAR: _____
☐ CCL & JRR **0-2 MILES:** ☐ CTR
2-5 MILES: ☐ N-1 ☐ NE-1 ☐ E-1 ☐ SE-1
☐ S-1 ☐ SW-1 ☐ W-1 ☐ NW-1
5-10 MILES: ☐ N-2 ☐ NE-2 ☐ NE-3 ☐ E-2
☐ SE-2 ☐ SE-3 ☐ SE-4 ☐ S-2
☐ SW-2 ☐ W-2 ☐ NW-2
>10 MILES: ☐ DISTANCE FROM PLANT: _____ MILES

9. **CURRENT PLANT CONDITION:** ☐ IMPROVING ☐ STABILIZED ☐ DEGRADING TIME REACTOR TRIPPED _____

10. **FIELD TEAM DATA:** ☐ Not Available; Time Collected: _____ At _____ Miles From CTMT =
_____ mR/hr GAMMA, _____ (uCi/cc) IODINE, _____ (uCi/cc) PART.

11. **RELEASE RATE:** Release Start Time: _____ Estimated Total Release Time In Hours: _____
At (Time) _____ Release Rate = _____ Ci/Sec NOBLE GAS and _____ Ci/Sec RADIOIODINE

12. **CENTERLINE DOSES** (Based on):
☐ RAD MONITORING SYSTEM ☐ USAR SOURCE TERM ESTIMATE ☐ FIELD TEAM MONITORING DATA

	INTEGRATED DOSES PROJECTED (TIME): RELEASE START	RELEASE STOPPED
	TEDE (REM)	THYROID (REM)
EAB		
2 MI		
5 MI		
10 MI		

COMMENTS: [Commitment Step 3.2.1] _____

13. **NOTIFICATION APPROVAL:** _____ / _____
Signature Title

(FOR WCNOC USE ONLY)	PRIMARY CONTACT	ALTERNATE CONTACTS		PERSON/TIME
COFFEY COUNTY SHERIFF	620-364-2123	STATION RADIO	KHP 785-827-4437	
KANSAS DIVISION OF EMERGENCY MANAGEMENT	785-296-3176 LEAVE MESSAGE	STATE RADIO	STATE EOC ACTIVATED 785-274-1422	
NRC RESIDENT INSPECTOR	OFFICE EXT. 4574	FRANK BRUSH Cell: 620-343-0577 Home: 620-364-3631 NRC PAGER 816-466-5209		
TOPEKA SYSTEM DISPATCH	785-575-6078			
ANI (ALERT OR HIGHER)	860-682-1301; OFF HOURS LEAVE MESSAGE			
INPO (ALERT OR HIGHER)	800-321-0614			

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

REQUIREMENTS (REQ):
1 Inventory
2 Operability Check

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
JOINT INFORMATION CLEARINGHOUSE - WOLF CREEK				
Stored in Information Clearinghouse - Room 122				
*Phone Book	1	2		
*Dictionary	1	1		
*Ruled Paper	1	16 pads		
*News Statements CD	1	1		
*Desk Name Plates w/holder				
Public Information Mgr.	1	1		
Technical Support	1	1		
News Writer	1	1		
Information Messenger	1	1		
Wolf Creek PIO	1	1		
State PIO	1	1		
County PIO	1	1		
NRC PIO	1	1		
FEMA PIO	1	1		
Governor's Press Sec.	1	1		
*Step Stool/Ladder	1	1		
*Stapler	1	1		
*Bell	1	1		
*Emergency Classification Signs	1	5		
*3 Hole Punch	1	1		
Scotch Tape dispenser	1	2		
Stored in Cabinet in EOF Foyer				
*Staplers	1	2		
*Staple Removers	1	3		
*Staples	1	4 boxes		
*Paper Clips	1	3 boxes		
*Binder Clips	1	2 boxes		
*Metal Clips for Flip Chart	1	2		
*Date Stamp	1	1		
*"This Is A Drill" stamp	1	2		
*Red Stamp Pad	1	2		
*Pencil Sharpener	1	1		
*Dry Erase Markers	1	6		
*Status Board Erasers	1	2		
*Status Board Cleaner	1	1		
*Pens (black ink)	1	24		
*Pencils	1	12		
*Scissors	1	2		
*Velcro Tape	1	1		
*Duct Tape	1	1		
*Masking Tape	1	2 rolls		
*Scotch Tape	1	2		
*Extension Cord	1	2		
*18" Ruler	1	1		
Fax machine toner	1	1		
* Administrative Supplies Suggested Quantities				

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
JOINT INFORMATION CLEARINGHOUSE - TOPEKA				
LOCKER NO. 1				
Motorola Radios w/headsets & charging adapters	1, 2	5		
Power Strip	1	2		
Locker Keys	1	2		
PC Computer cabinet keys	2	2		
Sign-in board key	1	1		
Room 21 Key	1	1		
*Emergency Classification Signs	1	5		
*Sign: Emergency Classification	1	1		
*Sign: Information Clearinghouse	1	1		
*Dictionary	1	1		
*Ruled Paper	1	16 pads		
*Desk Name Plates w/holder				
Public Information Manager	1	1		
Technical Support	1	1		
News Writer	1	1		
Information Messenger	1	1		
Wolf Creek PIO	1	1		
State PIO	1	1		
County PIO	1	1		
NRC PIO	1	1		
FEMA PIO	1	1		
Governor's Press Sec	1	1		
MC Manager Position Binder (EM 069)	1	1		
Armory Storage Closet Key	1	1		Located in MC Manager Position Binder
Public Information Manager Position Binder (EM 064)	1	1		
Wolf Creek PIO Position Binder (EM 063)	1	1		
Tech Support Position Binder (EM 065, EM 248)	1	2		
*Essential Drawings CD-ROM	1	2		One CD in each Tech Support Position Binder
News Writer Position Binder (EM 066)	1	1		
Information Messenger (EM 211)	1	1		
AV Support Position Binder (EM 071)	1	1		
Media Liaison Position Binder (EM 122)	1	1		
Media Registrar Position Binder (EM 202)	1	1		
* Administrative Supplies Suggested Quantities				

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
JOINT INFORMATION CLEARINGHOUSE - TOPEKA				
LOCKER NO. 1 (Cont'd)				
Radiological Emergency Telephone Directory (RETD) (TD020, TD021, TD034)	1	3		
EPPs and EP Forms (EM005)	1	2 books		
Updated Safety Analysis Rpt (USAR) (US062)	1	1 CD		
WCGS Emergency Plan (EP007)	1	1		
Coffey County Emergency Plan (CP026)	1	1		
State of Kansas Emergency Plan (SP005)	1	1		
*PWR Information Course Book, Vol. 1 & 2	1	1 set		
* Administrative Supplies Suggested Quantities				

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
JOINT INFORMATION CLEARINGHOUSE - TOPEKA				
LOCKER NO. 2				
*Phone Book	1	2		
*Pens (black ink)	1	24		
*Dry Erase Markers	1	6		
*Pencils	1	12		
*Pencil Sharpener	1	1		
*Status Board Erasers	1	2		
*Status Board Cleaner	1	1		
*Paper Clips	1	3 boxes		
*Binder Clips	1	2 boxes		
*Staplers	1	3		
*Staple Removers	1	3		
*Staples	1	4 boxes		
*18" Ruler	1	1		
*Extension Cord	1	1		
*Bell	1	1		
*Metal Clips for Flip Chart	1	2		
*Glue Stick	1	1		
*Velcro Tape	1	1		
*Duct Tape	1	1		
*Masking Tape	1	3		
*Scotch Tape	1	2		
*Scissors	1	2		
*3 Hole Punch	1	1		
*Date Stamp	1	1		
*"This Is A Drill" stamp	1	3		
*Red Stamp Pad	1	2		
Phone to Jack Cords	1	3		
Phone to Handset Cords	1	3		
*Regular Copier/Printer Paper	1	6 Ream		
AA Batteries	1	~4		Exp. Date: _____
**Fax Machine Brother Intelli-FAX-1270	1	1		
Fax machine toner	1	1		
**HP Laserjet 4 Toner	1	1		
* Administrative Supplies Suggested Quantities				
**Comparable model may be substituted as necessary.				

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
JOINT INFORMATION CLEARINGHOUSE - TOPEKA				
Computer Cabinet No. 1				
Computer	1	1		
Computer Cables	1	1		
**HP Deskjet Printer Model 960C	1	1		
**HP Inkjet Print Cartridges HP-78 & HP-45	2	1 each		
Heavy Duty Extension Cord	1	1		
*PC Program Diskette	1	1		
*PC Diskettes - Blanks	1	~1 box		
*Power Strip	1	1		
*News Statements CD	1	1		
AP Stylebook	1	1		
Computer Cabinet No. 2				
Computer	1	1		
Computer Cables	1	1		
**Printer HP Laserjet 4	1	1		
Heavy Duty Extension Cord	1	1		
*Power Strip	1	1		
Phone Team Room or Room 21				
10-Mile Evacuation Area Map	1	1		
50-Mile Ingestion Pathway Wall Map	1	1		
Staffing Status Board	1	1		
News Statements Board	1	1		
Sequence of Events Board	1	2		
IC Phone w/Speakerphone	1	1		Change batteries quarterly. Date changed: _____
IC Phone Jack Box	1	1		
IC Phones (WC PIO, Tech Support, News Writer, County PIO, KGE PIO, KCPL PIO, KEPCo PIO, NRC PIO, FEMA PIO, State PIO, Governor's Press Secretary)	1	11		
* Administrative Supplies Suggested Quantities				
**Comparable model may be substituted as necessary.				
SUBMITTED BY				
☐ Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above or as noted below.				
Comments:				
Signature	*Print Name*		*Ext.*	*Date*

JOINT INFORMATION CLEARINGHOUSE (JIC)
INVENTORY CHECKLIST

Part II	REVIEW AND APPROVAL			
Quarter:		Date:		Other:

EMERGENCY PLANNING REVIEW

☐ All identified discrepancies have been restocked or other actions necessary performed as noted below:

Comments:

Reviewer Signature	*Print Name*	*Ext.*	*Date*

EMERGENCY PLANNING APPROVAL

☐ All reviews and appropriate actions are complete.

Comments:

Approval Signature	*Date*

MEDIA MONITORING
INVENTORY AND COMMUNICATIONS CHECKLIST

REQUIREMENTS (REQ):
1. Inventory
2. Check seal quarterly/Inventory Annually
3. Operability Check

Part I	INVENTORY			
Quarter:		Date:		Other:
		Quantity		
Item	REQ	Required	Present	Comments
Documents				
Rumor Control Coord. Manual (EM545)	1	1		
Media Monitoring Team Manual (EM225, EM542, EM543)	1	3		
Radiological Emergency Procedures (EPPs) (EM196)	1	1 set		
RETD (TD012)	1	1		
Equipment				
Fax Machine	1	1		
TV	1,3	3		
VCR	1,3	3		
Radio	1,3	3		
Telephone	1	2		
*Radio Headsets	1	3		
Administrative Supplies				
Audio Cassette Tapes	1	15		
Video Cassette Tapes	1	10		
*Spare Headphone Ear Pads	1	3 sets		
*Clipboard	1	1		
*Manila File Folder	1	15		
*Pens	1	10		
* Administrative Supplies Suggested Quantities				

MEDIA MONITORING
INVENTORY AND COMMUNICATIONS CHECKLIST

Part II	QUARTERLY COMMUNICATIONS CHECKS			
Quarter:		Date:		Other:
Communications Circuits		Tester's Initials	Date	Comments
Rumor Control Coordinator				
	(816) 556-2269			
Media Conference Phone				
	(816) 556-2591			
Fax Machine				
	(816) 556-2592			

SUBMITTED BY

☐ Inventory has been completed and quantities noted. Communication checks are complete and corrective actions initiated for unsatisfactory checks. Other applicable information is provided in the Comments Section above.

Signature | *Print Name* | *Ext.* | *Date*

Part III	REVIEW AND APPROVAL		
Quarter:		Date:	Other:

EMERGENCY PLANNING REVIEW

☐ All identified discrepancies have been restocked and corrective actions complete or otherwise resolved as noted below. Other applicable information is provided in the Comments Section.

Comments:

Reviewer Signature | *Print Name* | *Ext.* | *Date*

EMERGENCY PLANNING APPROVAL

☐ All reviews and appropriate actions are complete.

Comments:

Approval Signature | *Date*

EMERGENCY PLANNING
MONTHLY COMMUNICATIONS CHECKLIST

Part I	COMMUNICATIONS CHECKS				
Location/ Communication Circuits		Sat (Check one)	Unsat (Check one)	Date	Comments
CONTROL ROOM					
NRC ENS					
a.	ETS Line 700-751-8194*				(two instruments)
b.	(301)-816-5100				
Coffey County Sheriff					
a.	364-2123*				
b.	Coffey County Sheriff Radio Frequency				
Kansas Highway Patrol Troop C (Salina)					
	(785) 827-4437*				
State of Kansas					
a.	(785) 296-3176*				
b.	State Radio Frequency				
Notification Verification					
	364-8840				
SAS					
Security Shift Supervisor.					
	Ext. 5376				
E-Plan					
	364-8488				
Shift Lieutenant					
	364-8595				
TSC					
Notification Verification					
	364-8840				
NRC (Commercial Lines)					
	(301) 816-5100				
Emergency Response Data System (ERDS)					
	ETS Line 700-751-8192				
Nuclear Regulatory Commission (NRC) ETS					
a.	NRC ENS 700-751-8194*				(two instruments)
b.	NRC HPN 700-751-8193*				(two instruments)
c.	NRC RSCL 700-751-8188*				
d.	NRC PMCL 700 -751-8191 *				
Coffey County					
	Coffey County Sheriff Radio Frequency				
State of Kansas					
a.	364-8859 (EOF)				
b.	State Radio Frequency				
***Verification Callback Required**					

EMERGENCY PLANNING
MONTHLY COMMUNICATIONS CHECKLIST

Part I	COMMUNICATIONS CHECKS (Cont'd)				
	Location/ Communication Circuits	Sat (Check one)	Unsat (Check one)	Date	Comments
	EOF				
Notification Verification					
	364-8840				
Coffey County					
a.	364-8734 (County Rep.)				
b.	Coffey County Sheriff Radio Frequency				
State of Kansas					
a.	364-8859 (E-Plan Rep.)				
b.	364-8282 (Rad Rep.)				
c.	State Radio Frequency				
NRC Public Information Officer (PIO)					
	364-8320				
NRC (Commercial Lines)					
a.	364-8243 (DSO)				
b.	(301) 816-5100 (ENS)				
Nuclear Regulatory Commission (NRC) ETS					
a.	NRC LAN 700-751-4140*				
b.	NRC MCL 700-751-4141*				
c.	NRC ENS 700-751-4142*				(two instruments)
d.	NRC HPN 700-751-4143*				(two instruments)
e.	NRC RSCL 700-751-4144*				
f.	NRC PMCL 700 -751-4145*				
*Verification Callback Required					

☐ Communication checks are complete and corrective actions initiated for unsatisfactory checks noted above. Emergency Planning notified of unsatisfactory checks.

Signature	*Print Name*	*Ext.*	*Date*

EMERGENCY PLANNING
MONTHLY COMMUNICATIONS CHECKLIST

Part II	CODE WORD VERIFICATION			
Envelope Number	Seal Broken		Initials/Date Verified	Comments (If Yes, contact Document Services to issue a new code word.)
Auxiliary Shutdown Panel Locker				
	☐ Yes	☐ No	/	STN GP-009 completed on: _____
Control Room				
	☐ Yes	☐ No	/	
WIBW FM Radio				
	☐ Yes	☐ No	/	
State of Kansas				
	☐ Yes	☐ No	/	Communication Center
	☐ Yes	☐ No	/	Duty Officer Manual
	☐ Yes	☐ No	/	Technical Hazards Administrator
Coffey County				
	☐ Yes	☐ No	/	Sheriff's Dispatch
	☐ Yes	☐ No	/	County EOC
Kansas Highway Patrol				
	☐ Yes	☐ No	/	Troop C (Salina)

☐ Code word envelopes have been verified and a new code word initiated if envelope seal was compromised.

Signature	*Print Name*	*Ext.*	*Date*

Part III	REVIEW AND APPROVAL	MONTH:

EMERGENCY PLANNING REVIEW

☐ Communication checks are complete and corrective actions initiated for unsatisfactory checks or otherwise addressed as noted below. Other applicable information is provided in the Comments Section.

Comments:

Reviewer Signature	*Print Name*	*Ext.*	*Date*

EMERGENCY PLANNING APPROVAL

☐ All reviews and appropriate actions are complete.

Comments:

Approval Signature	*Date*

PRIMARY ACCESS CONTROL STATION
INVENTORY CHECKLIST

REQUIREMENTS (REQ):
1. Inventory
2. Check seal quarterly/Inventory Annually
3. Perform Operability Check
4. Trade Out Annually

Part I	INVENTORY			
Quarter:		Date:		Other:
		Quantity		
Item	REQ	Required	Present	Comments
Disposable Latex Gloves	1	~100 pairs		
Cotton PC Gloves	1	~40		
Rubber Gloves	1	~40		
Step Off Pads	1	2		
Masslin Towels	1	5		
Smears	1	~500		
Large Plastic Bags	1	~10		
Plastic Bags 6" x 8" or comparable	1	~25		
Plastic Bags 12" x 15" or comparable	1	~25		
Radiation Signs	1	6		
Rad Tape	1	~2 rolls		
Rad Rope or Ribbon	1	~4 rolls		
TLD's	1, 4	40		
PIC (500mR) Tape Color _____	1	40		
PIC (5R) Tape Color _____	1	40		
Dosimeter Charger	1, 3	1		
Respirators-Full Face	1	20		
Hoods	1	~40		
Precut Ambulance Herculite	1	1		
Ambulance Radiological Emergency Kit	1	1		
Rubber Shoe Covers	1	25 pairs		
Paper Coveralls	1	~100		
Masking Tape	1	~12		
Red Electrical Tape	1	~3		

SUBMITTED BY			
☐ Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above.			
Signature	*Print Name*	*Ext.*	*Date*

PRIMARY ACCESS CONTROL STATION
INVENTORY CHECKLIST

Part II	REVIEW AND APPROVAL		
Quarter:		Date:	Other:

EMERGENCY PLANNING REVIEW

☐ All identified discrepancies have been restocked or other actions necessary performed as noted below:

Comments:

Reviewer Signature	*Print Name*	*Ext.*	*Date*

EMERGENCY PLANNING APPROVAL

☐ All reviews and appropriate actions are complete.

Comments:

Approval Signature	*Date*

PHONE TEAM INVENTORY CHECKLIST

REQUIREMENTS (REQ):
1 Inventory
2 Operability Check

Part I	INVENTORY			
Quarter:	Date:			Other:
		Quantity		
Item	REQ	Required	Present	Comments
PHONE TEAM - WOLF CREEK				
Motorola Radios w/headsets & charging adapters	1,2	5		
Multiple Socket Plug	1	1		
EPZ Map (10 mile)	1	1		
EPZ Map (50 mile)	1	1		
*Emergency Classification Signs	1	5		
*Phone Manager Deskplate	1	1		
Dry Erase Board	1	2		
*Headsets	1	5		(Hello Direct) or comparable
Info Bank Book	1	1		
Subzone Table Size Maps	1	4		
Communication Guide	1	5		
PHONE TEAM - TOPEKA				
LOCKER NO. 3 or Phone Team Room				
Telephones (Single-Line)	1	9		
EPZ Map (10 mile)	1	1		
EPZ Map (50 mile)	1	1		
*Emergency Classification Signs	1	5		
*Sign: Emergency Classification	1	1		
*Phone Manager Deskplate	1	1		
Dry Erase Board	1	2		
Info Bank Book	1	2		
Communication Guide	1	5		
Subzone table size maps	1	4		
*Headsets	1	4		(Hello Direct) or comparable
*Phone Book	1	1		
Radiological Emergency Telephone Directory (RETD) (TD059)	1	1		
Phone Team Binders (EM067, EM068, EM073, EM200)	1	4		
Phone Team Manager Binder (EM022)	1	1		
EPP Forms (EM257)	1	1		
Television	1	1		
VCR	1	1		
*Administrative Supplies Suggested Quantities				

PHONE TEAM INVENTORY CHECKLIST

Part I	INVENTORY	
Quarter:	Date:	Other:

SUBMITTED BY

☐ Inventory has been completed and quantities noted. Other applicable information is provided in the Comments Section above.

Comments:

Signature	*Print Name*	*Ext.*	*Date*

Part II	REVIEW AND APPROVAL		
Quarter:		Date:	Other:

EMERGENCY PLANNING REVIEW

☐ All identified discrepancies have been restocked or other actions necessary performed as noted below:

Comments:

Reviewer Signature	*Print Name*	*Ext.*	*Date*

EMERGENCY PLANNING APPROVAL

☐ All reviews and appropriate actions are complete.

Comments:

Approval Signature	*Date*