

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
P.O. BOX 110, LYCOMING, NY 13093
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM

DATE: MARCH 29, 2004
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TO: U.S.N.R.C. Document Center/Washington, DC
FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT
SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to **Cathy Izyk in the Emergency Planning Department within 15 days**. If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

THIS PROCEDURE IS EFFECTIVE

Monday, March 29, 2004

VOLUME 2 Update List Dated MARCH 29, 2004			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-2	REPLACE ALL	27	
EAP-13	REPLACE ALL	17	

VOLUME 3 Update List Dated MARCH 29, 2004			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
SAP-2	REPLACE ALL	38	
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A045

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2
UPDATE LIST

CONTROLLED COPY # **34**

Date of Issue: MARCH 29, 2004

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 32	10/03	Informational
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 25	10/03	Informational
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 52	02/04	Informational
EAP-2	PERSONNEL INJURY	REV. 27	03/04	Informational
EAP-3	FIRE	REV. 23	08/02	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 34	12/03	Informational
EAP-4.1	RELEASE RATE DETERMINATION	REV. 16	05/03	Informational
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 9	08/02	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 17	05/03	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 64	02/04	Informational
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 11	05/03	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 17	05/03	Informational
EAP-11	SITE EVACUATION	REV. 19	05/03	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 11	04/02	Informational
EAP-13	DAMAGE CONTROL	REV. 17	03/04	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 24	10/03	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 22	10/03	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION	REV. 15	10/03	Informational

**EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2
UPDATE LIST**

Date of Issue: MARCH 29, 2004

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 16	09/03	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 11	06/02	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 7	05/03	Informational
EAP-16.2	JOINT NEWS CENTER OPERATION	REV. 3	09/03	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 109	02/04	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 23	09/03	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 9	06/02	Informational
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 12	09/03	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 9	06/02	Informational
EAP-25	DELETED (02/94)			

ENERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PERSONNEL INJURY
EAP-2
REVISION 27

APPROVED BY: *[Signature]*
RESPONSIBLE PROCEDURE OWNER

DATE: 3/26/04

EFFECTIVE DATE: March 29, 2004

FIRST ISSUE FULL REVISION LIMITED REVISION

*****	*****
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*****	*****

PERIODIC REVIEW DUE DATE: JANUARY 2008

REVISION SUMMARY SHEET

REV. NO.

- 27
- Changed reference STD-3.120 to AP-12.11 - in sections 2.1, 2.2.and 4.2.2.k.
 - Updated reference to RP-OPS-03.04 - superceded by ENN-RP-104 through out the procedure.
 - In section 4.2.3 - changed location of storage of trauma kit and stretcher from under the stairs in the new admin building to Admin & Support Bldg - 272' - Emergency Response Storage Room.
 - Clarified 4.2.2 for which technician (RP)
 - Section 4.2.2.H - clarified Chem Tech initially being relieved by a call-out RP Tech.
 - Reversed order of 4.2.2.K & L - Added direction to RP Supervisor call-out an RP Tech to the plant or the hospital.
 - Section 4.2.4.I - divided into two sections - new section J identifies position responsibilities monitoring, decon and release.
 - Added note to sections 4.2.2 and a second note to section 4.2.3.
- 26
- Revised the telephone number for University Hospital on pages 7, 9, 10, and 12.
 - Revised the descriptive location of the Trauma kit in section 4.2.3.A.1
 - Added a requirement for the RP/Chem Technician to also collect the patient(s) dosimetry and OCA badge in section 4.2.4.J
- 25
- In Section 4.2.2.D it should direct you to 4.2.2.P not O.
 - Added section 2.2.10 as a result of the NRC order dated 02/25/02
 - Added section 4.2.2.B.2
 - Added Cell number 315-746-0121 in section 4.2.2.J.
 - Added plant address to attachment 1
 - Changed the number of Operators and deleted Security Guard as people who make up the First Aid Team
- 24
- Added reference to 10CFR50.72 in section 2
 - Changed 4 hours to 8 hours in step 4.2.2B
 - Changed NYPA to Entergy Nuclear Northeast

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1.0 PURPOSE

This procedure provides instructions necessary to assure that medical attention is promptly administered to individuals injured or stricken at the JAFNPP while limiting the unnecessary spread of contamination, limiting personnel exposure, and providing for appropriate off-site notifications. The composition of the First Aid Team is specified in Attachment 2.

2.0 REFERENCES

2.1 Performance References

- 2.1.1 ENN-RP-104, PERSONNEL CONTAMINATION EVENTS
- 2.1.2 AP-12.11, RESPONSE TO OPERATIONAL CONCERNS AND NOTIFICATIONS
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL

2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.2.2 AP-12.11, RESPONSE TO OPERATIONAL CONCERNS AND NOTIFICATIONS
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.4 Decontamination and Treatment of the Radioactively Contaminated Patient at SUNY Health Science Center, Syracuse
- 2.2.5 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.6 ENN-RP-104, PERSONNEL CONTAMINATION EVENTS
- 2.2.7 RADIATION PROTECTION PROCEDURES
- 2.2.8 Pre-Hospital Care Report, NYS DOH 3283 (9-92)
- 2.2.9 10 CFR 50.72, Immediate Notification Requirements For Operating Nuclear Power Reactors
- 2.2.10 10 CFR PART 72 - Licensing requirements for the independent storage of spent nuclear fuel and high-level radioactive waste.

3.0 INITIATING EVENTS

A person has been injured or has become ill and is potentially contaminated.

AND/OR

The Shift Manager/Emergency Director determines that implementation of this procedure is necessary.

4.0 PROCEDURE

NOTE: For a minor injury/illness, implement Section 4.1.

For an injury/illness that requires immediate attention, implement Section 4.2.

4.1 Minor Injury/illness

4.1.1 The injured/ill individual should report to the Occupational Health Nurse's office or contact the Shift Manager for assistance.

4.1.2 The Occupational Health Nurse or other individual qualified to administer first aid in accordance with TP-4.02, FIRE AND RESCUE TRAINING, shall evaluate the injury/illness to determine if it can be treated onsite.

4.1.3 The injury/illness shall be treated using standard first aid techniques.

4.1.4 If the individual is contaminated assure that contamination is not spread.

4.1.5 Monitor and decontaminate the individual in accordance with ENN-RP-104, PERSONNEL CONTAMINATION EVENTS and Radiation Protection procedures.

4.2 Injuries/illnesses That Require Immediate Attention

4.2.1 Person who discovers the injured/ill individual, or the individual, immediately contacts the Control Room for first aid assistance.

4.2.2 Shift Manager shall

NOTE: During times of adverse weather, the Shift Manager may at his discretion request Security to have an officer with a pick-up truck if available, meet the first aid team and transport their equipment to the location of the injury.

(Actions are performed with 4.2.3)

- A. Instruct the Control Room operator to sound the Station Alarm and make the following announcement: (twice)

ATTENTION, ATTENTION: AN INJURY HAS OCCURRED (location of injured). THE FIRST AID TEAM SHALL REPORT TO (location of injured) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.
--

- B. If radiological survey information from the first aid team, step 4.2.3.F, indicates that the individual is contaminated and will not be decontaminated prior to treatment and the contaminated individual requires transport to an offsite medical facility for treatment
1. Notify the NRC in accordance with 10CFR50.72 as soon as practical and within eight (8) hours of the occurrence.
 2. IF the injury involves spent fuel, High Level Waste (HLW), or reactor-related Greater Than Class "C" (GTCC) waste THEN Notify the NRC in accordance 10 CFR 72.75 as soon as practical no later than four (4) hours of the occurrence.
- C. IF injured/ill individual is found to be contaminated, THEN perform steps 4.2.2.E through 4.2.2.N of this procedure.
- D. IF injured/ill individual is NOT contaminated, THEN perform steps 4.2.2.P through 4.2.2.S of this procedure.

4.2.2 (cont'd) Shift Manager shall

E. IF the injured/ill individual is contaminated or potentially contaminated, then complete Attachment 1, THEN do the following:

1. Call Oswego County E-911 Center at:

911

and report the following messages:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

2. Call the receiving hospital at:

Oswego Hospital (315)349-5522

OR

SUNY Health Science Hospital
Center in Syracuse at (315)464-5612

and report the following message.

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Receiving Hospital.

- F. Call Security and deliver the following message:

<p>AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured). PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDS, SURGEONS GLOVES, HERCULITE.</p>

4.2.2 (cont'd) Shift Manager shall

- G. Assign an RP/Chem Technician to accompany the ambulance to the hospital. This will normally be the Shift RP Technician who responds as a part of the First Aid Team.
- H. Assign a second RP/Chem technician to perform the following (this will normally be the Shift Chemistry Technician initially, who may be relieved by a call-out RP Technician):
1. Meet the ambulance at the designated building entry point.
 2. Ensure that ambulance attendants have been issued DRDs and TLDs.
 3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.
- I. Direct an individual to obtain and provide the First Aid Team member accompanying the ambulance (RP/Chem Technician) with the personnel medical history information if available at the JAFNPP Occupational Health Nurse's Office (Ext. 6411). The key to the Occupational Health Nurse's Office is located in the Rad Protection Office. Located in the Occupational Health Nurse's office is a database (Microsoft Access) containing the following information:
1. Allergies, if any,
 2. Pre-existing medical problems,
 3. Medications currently being taken,
 4. Employee's last physical exam,
 5. Who to contact in the event of an emergency.
- ** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

4.2.2 (cont'd) Shift Manager shall

J. Contact the radiological emergency physician Dr. David O'Brien for medical assistance.

Office (315)343-4348

Cell (315)746-0121

Home (315)343-2484

Summer (315)342-4479

Inform him of the situation and ask him to report to the receiving hospital.

K. Contact the on-call RP Supervisor and direct him to perform the following:

NOTE: IF the patient is being transported to University Hospital, THEN the RP Supervisor may call-out an RP Technician and dispatch that individual directly to University Hospital so that they are there upon ambulance arrival.

1. Immediately call-out an RP Technician to come to the site, obtain the ambulance kit, and follow the ambulance to the hospital.
2. Inform the call-out RP Technician that IF he arrives at site following the departure of the ambulance and follow-up vehicle, THEN the Technician should proceed directly to the hospital to assist.
3. The RP Supervisor should proceed to the hospital and provide direction and assistance to the RP/Chemistry Technicians, and hospital staff as appropriate.

L. Perform internal notifications as required by AP-12.11, RESPONSE TO OPERATIONAL CONCERNS AND NOTIFICATIONS.

M. Obtain the name of the injured person and request that the Public Information Officer contact the individual designated in the injured 's medical file for emergency information.

4.2.2 (cont'd) Shift Manager shall

N. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5612

O. If the "contaminated" individual is found not to be contaminated or is decontaminated do the following:

1. Call the Oswego County E-911 Center at:

911

and give the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

2. Call the Receiving Hospital at:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5612

and report the following messages:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

4.2.2 (cont'd) Shift Manager shall

P. If the injured/ill individual is not contaminated then complete Attachment 1, then call Oswego County E-911 Center at:

911

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS <u>NOT</u> CONTAMINATED. I REPEAT <u>NOT</u> CONTAMINATED. (State specifically that the individual is <u>NOT</u> CONTAMINATED.)
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

Q. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured).

If it is anticipated that ambulance attendants will enter the RCA, direct Security to: PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs AND SURGEONS GLOVES

4.2.2 (cont'd) Shift Manager shall

R. Direct an individual to obtain and provide the personnel medical history information to the ambulance crew, if available. A database (Microsoft Access), containing medical history information is available in the Occupational Health Nurse's Office (Ext. 6411); key located in the Rad Protection Office) and contains the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

S. Obtain the name of the injured individual and request the Public Information Officer to contact the individual designated in the injured's medical file for emergency information.

4.2.2 (cont'd) Shift Manager shall:

T. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

SUNY Health Science
Center at Syracuse (315) 464-5612

U. Consider contacting the On-Call RP and/or Chemistry Supervisor(s) to call out replacement shift technicians if staffing levels fall below minimum.

4.2.3 First Aid Team shall:**CAUTION**

Precautions should be taken to avoid exposure to blood or body fluids per OSHA bloodborne pathogen standard.

NOTE: If the injured is NOT contaminated, perform only the steps in this section needed for appropriate care of the injured.

NOTE: During times of adverse weather, the Shift Manager may at his discretion request Security to have an officer with a pick-up truck if available, meet the first aide team and transport their equipment to the location of the injury.

A. Upon hearing the announcement of injury/illness over the PA system, report to the specified location with a trauma kit and stretcher. Trauma kits are located in the following areas:

1. Administration & Support Building - 272' -
Emergency Response Storage Room.
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

4.2.3 First Aid Team shall: (cont'd)

B. Upon reaching the injured individual, perform the following:

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.
3. Assess radiological conditions, and implement EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL, if necessary.
4. Report radiological status of injured to the Control Room.
5. Provide medical treatment.

NOTE: When making decisions concerning the disposition of the injured, the injured's well-being and need for medical attention shall always take precedence over decontamination efforts.

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.
 7. Use standard contamination control techniques to remove the individual from a contaminated area.
- C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).
- D. Complete personnel and clothing contamination forms from ENN-RP-104. Report the contamination levels to the Shift Manager or designee.
- E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.

4.2.3 First Aid Team shall: (cont'd)

- F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with ENN-RP-104 PERSONNEL CONTAMINATION EVENTS. As the injuries permit continue attempts to:
1. Remove any protective clothing.
 2. Place the injured on a stretcher.
 3. Wrap the injured and the stretcher in a clean blanket.
- G. If the individual has been successfully decontaminated, notify the Shift Manager immediately.
- H. If the individual is not contaminated or has been successfully decontaminated, inform the ambulance attendants that no special hospital procedures need to be implemented.
- I. If the individual is contaminated, have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be an RP/Chem Technician. This team member should be provided with the completed ENN-RP-104 forms and any available medical history information to be utilized at the hospital.
- J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
- K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
- L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.

4.2.3 First Aid Team shall: (cont'd)

- M. First Aid Team Leader and/or Occupational Health Nurse shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed Attachment 3.
- N. Complete a Pre-Hospital Care Report, an example is shown in Attachment 3. Forms are available in all trauma kits.

4.2.4 First Aid Team Members (RP/Chem Technicians) assigned to accompany and follow the contaminated individual to the hospital shall:

- A. Meet the ambulance at the designated building entry point.
- B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
- C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
- D. Assist ambulance attendants as required.
- E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
- F. The RP/Chem Technician (this will normally be the Shift RP Technician) who rides in the ambulance with the injured person shall:
 - 1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
 - 2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
 - 3. If the ambulance is diverted from Oswego Hospital to SUNY Health Science Center while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.

4.2.4.F. First Aid Team Members (RP/Chem Technicians)
assigned to accompany and follow the contaminated
individual to the hospital shall: (cont'd)

4. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
- G. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
- H. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.
- I. The RP/Chem Technician arriving in a separate vehicle shall:
 1. Assist hospital personnel as requested.
 2. Request additional assistance from plant, if needed.

NOTE: In lieu of a qualified Radiation Protection Technician being available, the Radiation Protection Supervisor may perform the following activities until a qualified Radiation Protection Technician arrives.

- J. The RP Technician arriving in a separate vehicle shall:
 1. Survey, decontaminate, and release the ambulance and attendants as soon as practicable. Collect dosimetry from ambulance attendants for return to Rad Protection.
 2. Assist in monitoring and decontamination of hospital areas.
- K. When no longer needed at the hospital, collect all dosimetry issued to hospital, ambulance personnel, and patient(s) and report back to the plant with any radwaste generated. If the patient has an OCA badge, collect it and bring it back to the plant. Report to plant supervisory personnel for debriefing.
- L. TLD results and dosimetry readings will be provided to hospital and ambulance personnel by Radiation Protection personnel in accordance with Radiation Protection procedures.

5.0 ATTACHMENTS

1. CHECKLIST FOR OSWEGO COUNTY E-911 DISPATCHER
2. FIRST AIDE TEAM COMPOSITION
3. PRE-HOSPITAL CARE REPORT

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

The Oswego County E-911 Dispatcher will receive the initial notification telephone call from the nuclear station of impending patient(s) arrival.

Initial Notification Data

Date/Time of Call _____

Person Calling:

Name _____

Address James A. FitzPatrick Nuclear Power Plant
268 East Lake Road, Oswego, NY.

Telephone Number 349-6664 or 349-6665 or 349-6666

Accident Information:

Location _____

Date & Time _____

of Injured Patients _____

of Contaminated/Injured Patients _____

Description of Injuries:

NOTE: Specify if heart attack is suspected!

Remarks: _____

ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

- Control Room Supervisor or Senior Nuclear Operator
- (2) Operators
- (1) RP/Chem Technician

(The RP/Chem Technician on-shift should respond unless another technician is designated by supervision.)

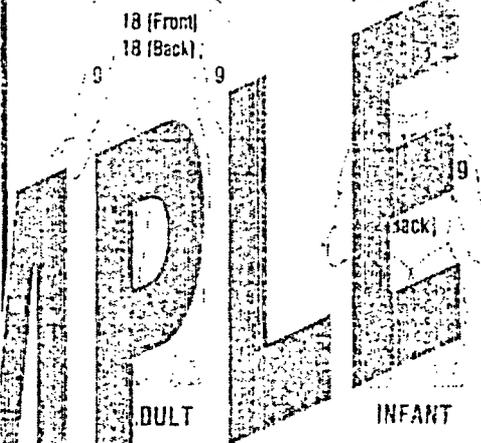
NOTE: As available, in addition to the First Aid Team at the JAFNPP, the Occupational Health Nurse and/or Safety Supervisor shall report to the specified injury/illness location. The Occupational Health Nurse should direct medical treatment upon reporting to the accident scene.

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

NON-HOSPITAL DISPOSITION CODES

- NURSING HOME 001
OTHER MEDICAL FACILITY 002
RESIDENCE 003
TREATED BY THIS UNIT, TRANSPORTED BY ANOTHER UNIT 004
REFUSED MEDICAL AID OR TRANSPORT 005
CALL CANCELLED 006
STANDBY ONLY (NO PATIENT) 007
NO PATIENT FOUND 008
OTHER 009

THE RULE OF NINES
Estimation of Burned Body Surface (PERCENT)



Hospital Receipt
REFUSAL
EXPOSICION DE...

Glasgow Coma Scale

Table with 3 columns: Response Type, Score, and Patient's Best Response. Rows include Eye Opening (4), Verbal Response (5), and Motor Response (6).

ICD DIAGNOSTIC CODE

I hereby refuse to transport to a hospital and acknowledge that such treatment/transportation was advised by the attending crew...

Medicula la presente declaro que me niego a ser transportado a un hospital y reconozco que el personal de la ambulancia me aconsejo...

Signed:
Firma:
Witness:
Testigo:

Insurance selection options: MEDICARE, MEDICAID, BLUE CROSS, COMMERCIAL INSURANCE, SELF PAY.

WAS THIS A WORKERS' COMPENSATION INJURY? YES NO
PATIENT'S EMPLOYER
EMPLOYER'S ADDRESS
RESPONSIBLE PARTY
ADDRESS (ZIP) RELATION

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

DAMAGE CONTROL
EAP-13
REVISION 17

APPROVED BY: *[Signature]*
RESPONSIBLE PROCEDURE OWNER

DATE: 3/20/04

EFFECTIVE DATE: March 29, 2004

FIRST ISSUE FULL REVISION LIMITED REVISION

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* ADMINISTRATIVE *	

PERIODIC REVIEW DUE DATE: JUNE 2007

REVISION SUMMARY SHEET

REV. NO.

- 17
- Change procedure titles in section 2.1, 2.2. and attachment 3
 - Revised section 4.2 to have work order request initiated to evaluate plant configuration changes made during the emergency. Reference CR-JAF-2004-00971.
 - Revised Attachment 2 - page 2 of 2 to add Work Order Request reference and Emergency Maintenance Coord. Sign off.
- 16
- Revised section 4.2.14.B to ensure Shift Manager approval of any work.
 - Revised section 4.2.15 to ensure additional reviews are initiated.
- 15
- Added section 4.2.15 for post emergency restoration.
 - On attachment 2 at the top of page one added a line for date and time to be filled in.
- 14
- Attachment 2 reorganized for better work flow.
 - Updated department name change from RES to RP
 - Added section 4.4.2.
- 13
- New procedure Added prompt to Section 4, Guidelines for OSC Manager or designee, to monitor the adequacy of SCBA supplies.
 - Added note from page 6 to page 9 re: Mission guide - editorial

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1.0 PURPOSE

This procedure provides guidelines for the control of damage during an emergency including repair, corrective action and modification activities. This procedure should be used in conjunction with plant maintenance, operations and work activity control procedures whenever possible. Damage Control Team composition is detailed on Attachment 1.

2.0 REFERENCES

2.1 Performance References

- 2.1.1 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY
- 2.1.2 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.1.3 ENN-DC-136, TEMPORARY ALTERATIONS
- 2.1.4 AP-10.01, WORK ORDER PROCESSING
- 2.1.5 ENN-OP-102, PROTECTIVE AND CAUTION TAGGING

2.2 Developmental References

- 2.2.1 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY
- 2.2.2 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.2.3 SAP-2, EMERGENCY EQUIPMENT INVENTORY
- 2.2.4 ENN-DC-136, TEMPORARY ALTERATIONS
- 2.2.5 AP-10.01, WORK ORDER PROCESSING
- 2.2.6 ENN-OP-102, PROTECTIVE AND CAUTION TAGGING

3.0 INITIATING EVENTS

- 3.1 An emergency has been declared, the Emergency Plan has been entered, and the TSC and OSC have been activated.
- 3.2 Plant equipment has been damaged, as indicated by:
 - 3.2.1 Visual observation; or
 - 3.2.2 Control Room or other panel indications are symptomatic of damaged equipment.

4.0 PROCEDURE

4.1 The Emergency Director shall:

- 4.1.1 If necessary, authorize damage control team members to receive radiation doses in excess of usual limits in accordance with EAP-15, EMERGENCY RADIATION EXPOSURE AND CONTROL.
- 4.1.2 Designate a person to perform the function of the Emergency Maintenance Coordinator until that position is activated and functioning.
- 4.1.3 Ensure that all corrective/repair actions are carried out and documented in accordance with this procedure and/or any other applicable procedures

4.2 Emergency Maintenance Coordinator, or designee shall:

- 4.2.1 Determine the location of the suspect equipment using plant drawings, general arrangement drawings, flow and system drawing, direct or reported observations, or from other means.
- 4.2.2 Establish the status of plant work and workers.
- 4.2.3 If an evacuation of any type has occurred, contact the Control Room to determine what emergency work has been authorized and who is conducting it.
- 4.2.4 Evaluate the radiological conditions in the area using area monitors and in-plant survey information with assistance from the Radiological Support Coordinator.

-
- 4.2.5 Evaluate other conditions such as the proximity of fire, smoke or steam from direct or reported observations or panel indications.
 - 4.2.6 Brief the OSC Manager or designee on the findings of steps 4.2.1 through 4.2.5.
 - 4.2.7 Consult with the Emergency Director, OSC Manager, and staffs to determine the following:
 - A. Work priorities
 - B. Level of work control
 - 4.2.8 Ensure that teams needed for the following can be dispatched as quickly as necessary for the work to progress:
 - A. Support of plant operations
 - B. Support of AOPs and EOPs
 - 4.2.9 Coordinate requests for assistance in the areas of manpower, equipment, supplies, and technical expertise.
 - 4.2.10 When OSC is manned and operational, inform the Shift Manager that all operators dispatched or requests for Chemistry Lab samples be directed through you and the OSC.
 - 4.2.11 Receive and evaluate all reports of damaged equipment and determine the potential impact on the plant.
 - 4.2.12 Direct the OSC Manager to organize and dispatch Damage Control Teams.
 - 4.2.13 Brief the OSC Manager on the details of the suspect equipment operation, maintenance, failure modes and location(s).

- 4.2.14 Supervise and control all task performance as follows:
- A. Review and approve the proposed maintenance, repairs and modifications,
 - B. Ensure that the OSC Manager obtains Shift Manager approval before permitting the performance of any work,
 - C. Obtain TSC guidance for engineering repair work, if necessary.
- 4.2.15 Upon exiting the emergency:
- A. Review all generated EAP-13 Attachment 2 Damage Control Summary Forms, and initiate a Work Order Request when applicable, to evaluate plant configuration changes that were made during the emergency.
 - B. Reference the Damage Control Team number on the Work Order Request.
 - C. Complete the Post Event Review portion of Emergency Damage Control Summary Form section 10, including Work Order Request number if applicable.

4.3 OSC Manager or designee shall:

NOTE: Attachment 3 provides a Mission Guide for dispatch of a damage control team.

4.3.1 Utilize the following groups as sources for team members:

A. During normal working hours or when emergency facilities are operational:

I & C personnel
Maintenance personnel
Operations personnel
Radiation Protection/Chemistry personnel
B&G personnel
Fire/First Aid/Search & Rescue Team personnel

B. During off-hours and before emergency facilities are operational:

Senior Nuclear Operator
Operators
On-shift Radiation Protection/Chemistry Technician
Other available personnel

4.3.2 Confer with the Emergency Maintenance Coordinator to determine damage repair priorities and inspection needs.

4.3.3 Record tasks to be completed and required level of work control on Emergency Damage Control Summary Form (Attachment 2).

4.3.4 Assess the availability of personnel for staffing Damage Control Teams.

- 4.3.5 Instruct the Damage Control Team Supervisor to:
- A. Select personnel needed to complete the tasks identified. Teams must consist of at least two persons familiar with the area and equipment and qualified to perform the tasks, unless justified and documented by the Emergency Maintenance Coordinator. For areas with known, or suspect, abnormal radiological conditions, one member is required to be a Radiological Technician.
 - B. Perform task planning and briefings. Briefings should include the following:
 - 1. Details of the suspect equipment operation, maintenance, failure modes and location(s).
 - 2. Details of the repair or corrective action task.
 - 3. Anticipated hazards and protective clothing and respirator equipment required.
 - 4. For radiological areas, have RP conduct briefing per EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY.
 - 5. Have RP determine routes of ingress and egress to the equipment location(s).
 - 6. Identification of maps and drawings associated with the equipment.
 - 7. Communications.
 - C. When necessary, review, modify, write and/or implement any procedure(s) to be used.
 - D. Report back to the OSC Manager with detailed recommended actions documented on Emergency Damage Control Summary Form (Attachment 2).
 - E. Select Team Leader for team members that are to be dispatched.

- 4.3.6 Obtain approvals indicated on the Emergency Damage Control Summary Form (Attachment 2).
- 4.3.7 Confirm the level of work control based on the details of mission or task with the Emergency Maintenance Coordinator.
- 4.3.8 Document verbal approvals as indicated on the Emergency Damage Control Summary Form (Attachment 2).
- 4.3.9 Ensure Damage Control Team is briefed on the mission and the briefing is documented on the Emergency Damage Control Summary Form (Attachment 2).
- 4.3.10 Forward requests for assistance in the areas of manpower, equipment and technical expertise to the Emergency Maintenance Coordinator. (Ask and note specific details requested.)
- 4.3.11 Monitor and report the activities of Damage Control Teams to the Emergency Maintenance Coordinator.
- 4.3.12 Insure all data or data sheets generated are reported to you and transmitted to Emergency Maintenance Coordinator.
- 4.3.13 Assess the availability of full SCBA air cylinders and clean face pieces to support the damage control actions planned. Initiate on-site recharging of empty cylinders to maintain an adequate supply.

4.4 Damage Control Team Members shall:

NOTE: Attachment 3 provides a Mission Guide for dispatch of a damage control team.

- 4.4.1 Report to the OSC for briefings before being dispatched on mission or repair tasks.
- 4.4.2 IF no preplanned actions were discussed in the event of a protected area or site evacuation, THEN automatically exit the RCA (or other location) and return to the OSC.
- 4.4.3 Follow all existing safety and ALARA practices to the extent possible.
- 4.4.4 Equip themselves as briefed.
- 4.4.5 Minimize dose as specified in EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL.
- 4.4.6 Continue to monitor radiation levels and revise actions based upon improvement or worsening of radiological conditions.
- 4.4.7 Notify the Damage Control Team Supervisor upon encountering any abnormal conditions not covered in the pre-entry briefing.
- 4.4.8 Participate in a debriefing after the task is completed.
- 4.4.9 Document results and/or actions of mission on the Emergency Damage Control Summary Form (Attachment 2).

5.0 ATTACHMENTS

- 1. DAMAGE CONTROL TEAM COMPOSITION
- 2. EMERGENCY DAMAGE CONTROL SUMMARY FORM
- 3. OSC DAMAGE CONTROL MISSION GUIDE

ATTACHMENT 1

DAMAGE CONTROL TEAM COMPOSITION

Page 1 of 1

Teams must consist of at least two persons familiar with the area and equipment, and qualified to perform the tasks, unless justified and documented by the Emergency Maintenance Coordinator.

For areas with known, or suspect; abnormal radiological conditions, one member is required to be a Radiological Technician.

EMERGENCY DAMAGE CONTROL SUMMARY FORM

DATE: _____ TIME: _____ TEAM DESIGNATION/NUMBER: _____ PRIORITY: _____

OSC MANAGER

1. MISSION TASK/LOCATION/COMPONENT ID

COMPONENT ID: _____ LOCATION: _____

MISSION/TASK: _____

2. LEVEL OF WORK CONTROL (Check all that apply)

AP-10.01 Work Control

ENN-OP-102, PROTECTIVE AND CAUTION TAGGING

Work Control, EAP-13 Att. 2 (Urgent Work)

ENN-DC-136, TEMPORARY ALTERATIONS

3. APPROVAL/NOTIFICATION/REVIEW (Print/Sign/Date)

Maintenance Coordinator: (Approval)	<input type="checkbox"/> Approved Verbally (Enter Approver Name)
Shift Manager/SRO:	<input type="checkbox"/> Approved Verbally (Enter Approver Name)
Quality Assurance Review:	

*QA Review may be deferred until after completion of task.

TEAM SUPERVISOR

4. DAMAGE CONTROL TEAM COMPOSITION

TITLE	NAME	TLD #	SECURITY BADGE #
Supervisor			
Team Leader			

5. PRE-JOB BRIEF (DETAILS OF MISSION OR TASK Including protective gear, special tools and special precautions).

TEAM SUPV.	6. COMMUNICATIONS (Contact OSC every 15 minutes)			
	Primary(circle one):	Gai-Tronics ALARA 6843	OSC 6837	Radio Channel # _____
	Backup(circle one):	Gai-Tronics ALARA 6843	OSC 6837	Radio Channel # _____
	Other: _____			

RP/ALARA	7. TEAM BRIEFING	
	Conducted by(NAME):	Time: _____
	RWP #:	
	Radiological Conditions:	
	Hazards/Route:	

REPAIR TEAM LEADER	8. TIME TEAM DISPATCHED:	TIME TEAM RETURNED:
	9. DOCUMENT ACTIONS AND RESULTS OF MISSION OR TASK:	
	As found conditions:	
Actions Taken:		
As Left Condition:		

EMERG. MAINT COORD	10. POST EVENT REVIEW:
	Work Order Request number if applicable or N/A: _____
	Emergency Maintenance Coord. Name/signature: _____ date: _____

1. OSC Manager and Emergency Maintenance Coordinator confer on the required mission or repair task, identifying as a minimum the following:
 - a. Required mission or repair task.
 - b. Component identification number if applicable.
 - c. Plant location.
 - d. The current priority of the task. Revise status board.
 - e. Level of work control required for the mission or repair task. Indicate if the following are required, or if none apply.
 - 1) AP-10.01, Work Order Processing
 - 2) ENN-OP-102, PROTECTIVE AND CAUTION TAGGING
 - 3) ENN-DC-136, Temporary Alterations
2. The OSC Manager documents the requirements for the mission or repair task on Attachment 2, Emergency Damage Control Summary Form, Sections 1 and 2.
3. The OSC Manager obtains the Emergency Maintenance Coordinator approval and SM/SRO approval for maintenance or modifications to safety related equipment or systems. The priority and level of work control required should be reconfirmed with the EMC at this time AND documented on attachment 2 and status board.
4. The OSC Manager selects a Team Supervisor based on the type of mission or repair task, briefs the Team Supervisor and identifies the Team by Number.
5. The Team Supervisor selects personnel from OSC staff and initiates the planning process. The planning process and briefing should include the following and be detailed on Sections 4, 5 and 6 of Attachment 2.
 - a. Research the details of the mission or repair task, details of suspect equipment, possible corrective maintenance, failure modes and locations.
 - b. Anticipated hazards and protective clothing/respiratory equipment.

- c. Details of repair or corrective action.
 - d. Communications: There should be a means of contacting the OSC Team Supervisor at least every 15 minutes.
 - e. Identify maps and drawings.
 - f. Preplan the team actions in the event of a Protected Area or Site Evacuation (Ref. EAP-6, Section 4.2.3.H).
6. Radiation Protection/ALARA provides a radiological briefing, as applicable, and documents in section 7. This briefing should include routes of ingress and egress to plant location.
 7. The Team Supervisor ensures the Team Members have been briefed prior to being dispatched. The Team is then dispatched to perform mission or repair action. The Team Leader must stay in contact with the OSC. This contact should be at least every 15 minutes.
 8. The Team leader completes Section 8 noting time team is dispatched and time team returns.
 9. When the Team returns a debriefing shall be held and the result documented on Attachment 2, Section 9. Results should include the following:
 - a. As found condition
 - b. Actions taken
 - c. As left condition
 10. If no work control other than this procedure is used for repair task, then Attachment 2 shall be used to document work performed and the equipment's current condition. This will be needed during the recovery phase.
 11. The Team Supervisor then reports the results to the OSC Manager and returns the completed Attachment 2 to the OSC Manager.

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

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Date of Issue: MARCH 29, 2004

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 12	11/02	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 10	06/02	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Informational
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 6	05/03	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 1	05/03	Informational
EAP-31	RECOVERY MANAGER*	REV. 2	05/03	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 10	08/03	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 1	05/03	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 4	05/03	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 7	05/03	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 5	05/03	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 7	02/03	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 21	12/03	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 63	02/04	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 6	02/04	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM)	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 17	02/03	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 38	03/04	Informational
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 74	03/04	Informational

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 10	05/03	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 22	11/03	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 37	08/03	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 14	11/03	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 11	03/02	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 11	06/02	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 5	09/03	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 4	06/02	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 7	07/00	Informational
SAP-19	SEVERE WEATHER	REV. 4	01/01	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 22	05/03	Informational
SAP-21	DELETED (04/01)			
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 2	05/03	Informational

REVISION SUMMARY SHEET

REV. NO.

- 38
- On attachment 9 page 1 changed cot blanket to 58" in stead of 66" and deleted the word "Cot".
 - On attachment 1 - changed the location of trauma kit number 4 (from Near Nurse's Office Admin Bldg under the stairs to as stated)
 - On attached 9 - changed the location of trauma kit listed at the top of the page that stated nurses office - S&A facility to Administration & Support Facility 272' - Emergency Response Storage Room.
 - Added "AA Batteries - 24 each" to attachment 6. This closes ACT-01-60092.
 - Changed title of Support & Administration Facility to Administration & Support throughout the entire procedure.
 - On Attachment 8 changed reference to procedure RP-OPS-03.04 to ENN-RP-104.
 - On Attachment 17 added ENN-RP - one set of procedures
- 37
- Changed the descriptive location of the ambulance kit gurney in attachment 3.
 - Added instruction to 4.10.4 to reseal packaging on silver zeolite cartridges.
 - On attachment 6 page 5 of 5 deleted requirement for a lead cave at the EOF.
 - On attachment 6 page 4 of 5 added source numbers for box of radioactive sources accounted for.
- 36
- Revised section 4.10.13.B to include breaking the seal and inspecting inventory for deterioration.
 - Added an oil spill clean-up kit to Attachment 6.
 - Added new attachment (18) on KI inventory and section 4.10.16.
 - Changed Emergency Planning Coordinator to Emergency Preparedness Manager throughout entire procedure.
 - Revised fire brigade equipment inventory to reflect supplies in new lockers.
 - Added expiration date on attachments were it is listed silver zeolite cart.
 - Added attachment 18.
 - Changed Emergency Director to EOF Manager on attachment 7.

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18. <u>POTASSIUM IODIDE (KI) INVENTORY</u>	52

1.0 PURPOSE

This procedure provides guidance for the inspection, inventory and operational checking of emergency equipment and instruments to ensure that this equipment is obtainable and functional.

2.0 REFERENCES

2.1 Performance References

2.1.1 RP-RESP-01.01, MAINTENANCE OF RESPIRATORY PROTECTION EQUIPMENT

2.1.2 RP-OPS-04.01, SOURCE CONTROL AND LEAK TEST SURVEILLANCE**

2.2 Developmental References

2.2.1 Equipment Manufacturers' Manuals

2.2.2 NUREG-0041, Manual of Respiratory Protection Against Airborne Radioactive Materials

2.2.3 Radiation Protection Procedures

2.2.4 FPP-1.1, Fire Brigade Duties and Outside Fire Department Response

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 The Rad Protection Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment listed on Attachment 1.

4.2 The Fire Brigade Leader shall ensure that all equipment used by the Fire Brigade is returned to service following fire drills and real events.

- 4.3 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked using Attachments 2 through 18 as follows:
- 4.3.1 At least each calendar quarter.
 - 4.3.2 After each use.
 - 4.3.3 After a seal has been found broken.
- 4.4 Items included for use by the Fire Brigade, First Aid Team or Rescue Team (Attachments 2, 3 and 4) shall be inventoried, physically inspected and operationally checked as follows:
- 4.4.1 At least each calendar quarter.
 - 4.4.2 After each use.
 - 4.4.3 After a seal has been found broken.
- 4.5 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with RP-RESP-01.01 as follows:
- 4.5.1 At least monthly.
 - 4.5.2 After each use. (Fire Brigade equipment will be replaced by Fire Brigade following use).
 - 4.5.3 After a seal has been found broken.
- 4.6 Non-JAF procedures, shall be inventoried, inspected, and revision verified using Attachments 3 and 12 as follows:
- 4.6.1 At least annually (during the first quarter of each calendar year).
- 4.7 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs) and Calibration Group (DRDs).
- 4.8 The person performing the equipment inventory shall use the appropriate Attachment, 2 through 18. (Fire Brigade may use the checklist provided at the lockers by Fire Protection following drills or real events).

-
- 4.9 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:
- 4.9.1 Tracking calibration due dates and replacing instruments as required.
 - 4.9.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.
- 4.10 The following information should be used as a guide for performing inventories:
- 4.10.1 Survey Instruments
 - A. Perform an inventory. Notify Rad Protection Calibration Group to replace any missing instruments.
 - B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.
 - C. Perform an operability check in accordance with applicable instrument procedure.
 - D. Perform a source check in accordance with applicable instrument procedure.
 - E. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.
 - F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
 - G. Ensure any radioactive sources are accounted for in accordance with RP-OPS-04.01.
 - H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.2 Air Samplers

- A. Perform an inventory. Replace any missing samplers.
- B. Check that calibration dates are current. Notify the Respiratory Group to replace with recently calibrated instruments as necessary.
- C. Verify samplers are operational by energizing and running for at least 1 minute. Note the results on the checklist. Replace any unsatisfactory samplers.
- D. Record the identification number and calibration date of any replacement samplers on the checklist.
- E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.3 Self-contained Breathing Apparatus/Breathing Air Systems

- A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.

4.10.4 Iodine Cartridges for Respirators

- A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.
- B. Check the expiration date on the iodine cartridges (silver zeolite) and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges. If the plastic wrapper needs to be opened to determine the expiration date, reseal the wrapper with tape.

4.10.5 Fire Brigade Equipment Inspection

A. Fire Coat and Pants

1. Check outer and inner shell for rips or tears;
2. Discoloration or dirt contamination of outer shell;
3. Zipper or closures work properly

B. Fire Helmet

1. No cracks in shell;
2. Straps intact;
3. Ratchet works properly

C. Any items found unsatisfactory, contact Fire Protection for replacement of item.

4.10.6 Rubber Equipment

A. Perform an inventory. Replace any missing equipment.

B. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.

C. Note any equipment replacement on the checklist.

D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.7 Decontamination Supplies And Solutions

A. Perform an inventory. Replace any missing items.

B. Check containers, which contain liquid for any evidence of leakage and replace, as necessary.

C. Note any other equipment replacement on the checklist.

D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.8 Mechanical Equipment

- A. Perform an inventory. Replace any missing equipment.
- B. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.10.9 Office Supplies

- A. Perform an inventory. Replace any missing items.
- B. Replace any items that appear to be deteriorated or unusable for any reason.
- C. Note any equipment replacement on the checklist.

4.10.10 Plans, Maps, Lists, Procedures, etc.

- A. Perform an inventory. Replace any missing items with a copy of the current revision.
- B. Prior to performing the inventory, obtain the current revision numbers of the JAF Emergency Plan and Procedures from the Emergency Preparedness Manager, contact the procedure issuer for non-JAF procedures.
- C. Replace any items which appear to be deteriorated or unusable for any reason.
- D. Verify procedures are the current revision and replace, as necessary.
- E. Note any equipment replacement on the checklist.

4.10.11 Medical Supplies

- A. Perform an inventory. Replace any missing items.
- B. Check for open containers and damaged items. Replace, as necessary.
- C. Check the expiration date on items and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the supplies.
- D. Note any equipment replacement on the checklist.

4.10.12 110 Volt Power Supplies

- A. Check for mechanical operability. Energize and run an air sampler for at least 1 minute.
- B. Note any malfunction on the checklist.

4.10.13 Use of Seals

- A. Numbered seals may be used on kits or inventoried items to indicate that the inventory has not been depleted since the seal was attached.
- B. An inspection of inventory of the (rubber boots, respirators and rubber gloves) contents must be performed even if the seal has not been broken to assure that the condition of the contents have not deteriorated making items unusable.

4.10.14 Medical Stretchers

- A. Blue restraints - check for fraying and signs of wear.
- B. Lifting bridle - check for fraying and signs of wear.
- C. Blue swing - check for fraying and signs of wear.
- D. Orange stretcher - check for cracking, especially the hand holds.

4.10.15 Accountability Card Readers

Perform a test of accountability card readers at the following locations:

- Control Room
- OSC
- TSC
- Old Admin Bldg, 272' El., near the OSC Control Point:
 - A. Contact Security to perform an accountability system check with the SAMS computer/printer.
 - B. Swipe badge at each accountability card reader.
 - C. Obtain verification from Security that accountability indicated satisfactory from all card readers.

4.10.16 Potassium Iodide (KI)

- A. Perform an inventory. Replace any missing KI.
- B. Check for broken blisters. Replace if found broken.
- C. Check the expiration date. KI has a shelf life of approximately 5 years.
- D. Assure storage box is locked.

- 4.11 The person performing the inventory shall complete and sign the appropriate checklists and forward the completed checklists to the Emergency Preparedness Manager.
- 4.12 The Emergency Preparedness Manager, or designee, shall review, sign, file the completed checklists, and initiate a Condition Report (CR) or PID for any unsatisfactory attributes not immediately corrected.
- 4.13 Attachments 2 through 15, 17 and 18, are Quality Records retained per AP-02.08.
- 4.14 The Emergency Preparedness Manager, or designee, shall ensure inventories are satisfactory.

5.0 ATTACHMENTS

1. EMERGENCY PLAN EQUIPMENT LOCATIONS
2. FIRE BRIGADE EQUIPMENT INVENTORY
3. AMBULANCE KIT INVENTORY
4. RESCUE KIT INVENTORY
5. FIELD SURVEY KIT INVENTORY
6. EOF EMERGENCY PLAN INVENTORY
7. EOF OFFICE SUPPLY INVENTORY
8. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
9. TRAUMA KIT INVENTORY
10. SECURITY BUILDING INVENTORY
11. CONTROL ROOM INVENTORY
12. TECHNICAL SUPPORT CENTER INVENTORY
13. EOF DECONTAMINATION ROOM INVENTORY
14. EMERGENCY KEY INVENTORY
15. PASS CABINET INVENTORY
16. DECON SUPPLY INVENTORY
17. OSC EMERGENCY PLAN INVENTORY
18. POTASSIUM IODIDE (KI) INVENTORY

EMERGENCY PLAN EQUIPMENT LOCATIONS

EQUIPMENT	ATTACHMENT	LOCATION
Fire Brigade Equipment	2	Near the entrance of: 1. Old Admin. Bldg. 272' E1, near OSC roll up door. 2. Administration & Support Facility. 272' E1 - Center 3. Old Admin Bldg. 272' E1, Hallway between TB and RB entrances 4. Screenwell 272' E1, Northeast
Ambulance Kit	3	Admin. Bldg. 272' E1, Near elevator
Rescue Kit	4	Admin. Bldg. 272' E1, Near elevator
Field Survey Kits	5	Emergency Vehicles & EOF
EOF Emergency Plan	6	EOF
EOF Office Supplies	7	EOF
Oswego Hospital Emerg Plan	8	Oswego Hospital Emergency Entrance
Trauma Kits	9	1. Control Room 2. Radwaste Control Room 3. OSC 4. Administration & Support Facility - 272', Emergency Response Storage Room 5. Warehouse
Security Building Kit	10	Main Security Building
Control Room	11	Control Room
Technical Support Center	12	TSC
EOF Decontamination Room	13	EOF
Emergency Keys	14	1. TSC 2. EOF
PASS Cabinet	15	Fan Room Entrance
Decon Supplies	16	Old Admin Building Near Control Point
OSC Emergency Plan	17	OSC
Potassium Iodide (KI)	18	TSC, OSC, Training, Security, EOF

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Administration & Support Facility 272' E1 - East hallway,
Fire Protection Room (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	2			
Hood, Nomex	2			
Fire Resistant Gloves	2 pair			
Coats, Turnout	2			
Hand Lantern	2			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	6			
Spare Air Cylinder	3			
Boots, Turnout	2 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Screenwell 272' El, Northeast (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	1			
Hood, Nomex	1			
Fire Resistant Gloves	1 pair			
Coats, Turnout	1			
Boots, Turnout	1 pair			
Hand Lantern	1			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	6			
Spare Air Cylinder	3			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

AMBULANCE KIT INVENTORY

Location: Old Admin. Bldg., 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-2	1	Required Rev No: As found Rev. No:		
Decontamination And Treatment Of The Radioactively Contaminated Patient At The Oswego Hospital	1			
Surgical Gloves	1 box			
Air Sample Collection Envelopes	24			
Particulate Air Sample Filters	24			
Filter Heads for Sampler	2			
Dosimeters (0 - 500 mR)	10	Cal Due Date:		
Dosimeter Charger	1			
TLDS	10	Date Issued:		
Portable Count Rate Meter Inst. No:	1	Cal Due Date:		
Hi Vol. Sampler 110 VAC with spare fuses	1	Cal Due Date:		
Portable Dose Rate Meter Inst. No:	1	Cal Due Date:		
Keys To Emergency Vehicles	4			
Radioactive Sources accounted for per RP-OPS-04.01	NA			
Gurney (outside OSC 272' by fire brigade equipment cage)				

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

RESCUE KIT INVENTORY

Location: Old Admin. Bldg, 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Hacksaw	2			
Flashlights	2			
Spare batteries	4			
EAP-9 Search & Rescue Operations	1	Required Rev No: As found Rev. No:		
Life Lines 100'	2			
Bolt Cutter	1			
Sledgehammer (6 pound)	1			
Sledgehammer (12 pound)	1			
Wrecking Bars	2			
Tripod with winch	1			
Portable Torch	1			
Stretcher (Outside OSC)	1			
Stretcher (Outside CR)	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

FIELD SURVEY KIT INVENTORY

() EP1

() EP2

() RES-3/EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry*	1	Required Rev No: As found Rev. No:		
Clipboards	1			
Masking Tape	2 rolls			
Pads	1			
Rain suits	2			
Hearing Protectors	2			
Surgeons Gloves	1 box			
Plastic Food Wrap	1 box			
Sampling Utensils	1 set			
Masslin Cloth	1 bundle			
P-5 Key to Environmental Stations	1			
Gallon Jugs	3			

- This is a Quality Record -

FIELD SURVEY KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Pens	3			
Disc Smears	1 box			
Watch	1			
Tweezers	2			
Assorted plastic bags	12			
Quart size ziploc bags	1 box			
Pint size ziploc bags	1 box			
Filter Heads for Sampler	2			
Silver Zeolite Cart	10	Exp. date:		
Fiberglass Air Filters	1 box			
Ring Planchets	10			
Air Sample Collection Envelopes	24			
Sample Location Stakes	12			
High Visibility Vests	3			
Paper Coveralls	4			
Shoe Covers	8 pair			
Rubbers	8 pair			
Folder of Maps	1			
110V Power Supply	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ Date

Emergency Preparedness Manager / Date

- This is a Quality Record -

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EOF. EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 12	5	As found Rev. No:		
EAP-5.3, Attachment 13	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry	1	Required Rev No: As found Rev. No:		
EAP-19	1	Required Rev. No: As found Rev. No:		
RP-INST-02.09	1	Required Rev No: As found Rev. No:		
Surgeons Gloves	6 boxes			
Masslin	6 packages			
Respirator Cartridges (Iodine)	16	Exp Date:		
Respirator Filters (Particulate)	16			

- This is a Quality Record -

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EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 6

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Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DRDs (0-500 mR)	5	Due Date:		
Charger	2			
Dosimeters (0-200 mR)	50	Cal Due Date:		
Hearing Protection	1 set			
Masking Tape	3 rolls			
Pens	6			
Tape Dispenser	1			
AA Batteries	24 each			

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Batteries (D size)	12			
Flashlights	6			
Batteries for RO-5	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 box			
Quart bags	1 box			
Pint bags	1 box			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets (survey teams)	Min. 56 tablets	Exp. Date:		
Disc Smears	4 boxes			
Particulate Samp Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges	20	Exp. Date:		
Ring Planchets 2"	20			
Hi Vol. Sampler 110 VAC and spare fuses	4	Cal Due Date:		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Portable Count Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Portable Dose Rate Meters Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Teletector Inst. No: _____	1	Cal Due Date: _____		
Radioactive Sources accounted for per RP-OPS-04.01		Source ID: 397 _____ 404 _____ 134 _____ 391 _____		
Mini-Scaler with HP210 Probe and spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____		
Disposable White Coveralls	16			
Rainsuits	4			
Plastic shoe covers (high top)	24			
Coveralls	5			
Hoods	5			
Boot Covers	20 pair			
Rubbers	20 pair			
Rubber Gloves	40 pair			

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Cotton liners	40 pair			
Cotton Work Gloves	8 pair			
PAWS	40			
Sampling tools	1 set			
Rope - yellow & magenta - 100'	1			
Radiation warning signs	4			
Stanchions	3			
Collection container (40 gal)	1			
Garden hose	1			
Buckets	2			
Sponges	6			
TLD Labeled "Control"	1	Date Issued:		
TLDs	55	Date Issued:		
Oil Spill clean-up kit	1			

REMARKS: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

OFFICE SUPPLIES FAX/COPY ROOM	AMOUNT REQUIRED	SAT (✓)	UNSAT (✓)
Pads of Paper	35 each		
Clipboards	6 each		
Pens	50 each		
Dry Erase Markers	24 each		
Xerox Paper	1 case		
Telecopier Paper	6 rolls		
Toner (PC-25 Copier) - Stock #161183 (Warehouse)	1 cart.		
Toner (LaserJet 2)	1 cart.		
Toner (LaserJet 4)	1 cart.		
Toner (Canon Fax 7000-FX2)	2 cart.		
Xerox Copier 420DC	1 cart.		
Xerox Copier 432ST	1 cart.		
Imaging Cartridge (Xerox Fax)	2 rolls		
708 Okidata Ribbon	6 cart.		
182 Okidata Ribbon - Stock #651203 (Warehouse)	6 cart.		
Seiko Ribbon (EDAMS & EPIC) - Stock #411089 (Warehouse)	4 rolls		
OVERHEAD DOOR AREA			
Paper (14-7/8 x 11) - Stock #560147 (Warehouse)	3 cases		
Paper (9-1/2 x 11)	3 cases		
Paper (12 x 8-1/2)	3 cases		
Seiko Paper - Stock #561090 (Warehouse)	4 rolls		

- This is a Quality Record -

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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical / operational condition.

FAX MACHINES (Check for Operability)	SEND (✓)	RECEIVE (✓)	SAT (✓)	UNSAT (✓)
FAX A (593-5951)				
FAX B (593-5952)				
FAX C (593-5953)				
DOSE ASSESSMENT ROOM (593-5992)				
STATE/LOCAL ROOM (593-5975)				
Verify State and County Fax numbers are correctly programmed into Fax "B"				
Verify TSC, JNC and WPO-ERC Fax numbers are correctly programmed into Fax "C"				

COPY MACHINES (Check for Operability)	SAT (✓)	UNSAT (✓)
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM		

PUBLIC ADDRESS	SAT (✓)	UNSAT (✓)
Dial "5899" from any phone		

- This is a Quality Record -

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

READER PRINTERS - PLANT ASSESSMENT ROOM (Check for Operability)	AMOUNT REQUIRED	SAT (✓)	UNSAT (✓)
Minolta RP600Z (A)	--		
Minolta RP600Z (B)	--		
Toner (PN 8910-404)	2 cart.		
OCE 3600	--		
Dispersant - Stock #28025 (Warehouse)	2 gal.		
Paper	2 rolls		

COMPUTER TERMINALS (Check for Operability)	SAT (✓)	UNSAT (✓)
EPIC		
Technical Liaison		
Dose Assessment Room		
Printer		
EDAMS (Dose Assessment Room)		
North		
South		
Printers		

- This is a Quality Record -

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

COMPUTER TERMINALS (Check for Operability)	SAT (✓)	UNSAT (✓)
NETWORK COMPUTERS		
Plant Assessment Room - Terminal		
Plant Assessment Room - Printer		
Dose Assessment Room - Computer		
Technical Liaison - Computer		
State/Local Room - Terminal		
EOF Manager - Computer		
Purchasing Accounting - Computer		
NRC Area - Computer		
WEATHER (Dose Assessment Room Mete Advisor)		
Computer		
Printer		

REMARKS: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

Location: Closet next to REA and Hallway near X-Ray Department

NOTE: Satisfactory applies to quantity and physical / operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Pre-Cut White Herculite	1			
Pre-Cut Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (NMPC)	1			
Count Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Extension Cord (for count rate meter)	1			
EAP-2	1	Required Rev No. As Found Rev. No.:		
ENN-RP-104	1	Required Rev No. As Found Rev. No.:		
ENN-RP-104, Attachment 9.10	10	As Found Rev. No.:		
ENN-RP-104, Attachment 9.12	10	As Found Rev. No.:		
RP-INST-02.09	1	Required Rev No. As Found Rev. No.:		
NMPC Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Mini Scaler with HP 210 Probe (JAF) And spare fuses	1	Cal Due Date:		
Inst. No.:				

- This is a Quality Record -

OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Magnets	6			
Atomic Wipes	50			
Q Tips	1 box			
Markers	2			
Smears	50			
Latex Gloves	1 box			
Sodium Chloride	1 bottle	Exp. Date:		
Betadine	1 bottle	Exp. Date:		
Dosimeters (NMPC)	5			
Dosimetry Issue Log and Cross Reference to Kit # (NMPC)	1			
Protective Clothing Kits (inventory per table below)	10			
Assorted Bags	15			
Radiation Signs	10			
Radiation Tags (tie)	20			
Radiation Tags (adhesive)	20			
RMC Sample Collection Kit	1			
RMC Decontamination Kit	1			
RMC Accident Proc. Poster	1			
Portable Stanchion	2			
Lead Pig	1			
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (located at nurses' station)	1			

- This is a Quality Record -

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PROTECTIVE CLOTHING KITS, each kit contains the following:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Shoe covers	1 pair			
Long sleeve gowns	2			
Head cover	1			
Mask with shield	1			
Exam gloves	1 pair			
Gauntlet gloves	1 pair			
Tape strips	2			
TLD badges	1			
Self reading dosimeters (low range NIMO)	1			
Self reading dosimeters (high range NIMO)	1			

NOTE: Satisfactory applies to quantity and physical/operational condition.

Location: Room ED-109

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
RMC Decontamination Table Top	1			
Yellow Trash Receptacles	2			
Yellow Water Receptacles	2			
Movable Base for Trash Receptacles	2			
Hose and Nozzle for Decontamination Table Top	2			
Step-off Pads	2			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

TRAUMA KIT INVENTORY

CONTROL ROOM
 RAD WASTE CONTROL ROOM

OSC
 Administration & Support Facility
 - 272' Emergency Response Storage Room

WAREHOUSE

NOTE: Satisfactory applies to quantity and physical/operational condition. Sizes for band-aids, bandages, blankets, gauze, and sponges are preferred but approximate.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Nasal Cannula w/tubing	1			
Elong Non-rebreather Mask	1			
Berman Airway Size #3-80mm	1			
Berman Airway Size #4-90mm	1			
Berman Airway Size #5-100mm	1			
Pocket Mask w/valve	1			
Adult Econo. BP Unit	1			
Dual Head Stethoscope	1			
Ammonia Inhalants (10/box)	1			
Stifneck Short Collar	1			
Stifneck Regular Collar	1			
Stifneck Tall Collar	1			
Stifneck NoNeck Collar	1			
Disp. Cerv. Immob. Device	1			
Medic Shears	1			
Disposable Penlight or pupil gauge light	2			
Blanket, 58x90	1			
7 ft. Patient Restraint Strap	2			
Space Rescue Blanket	2			
Burn Sheet - (60 x 96) Sterile Disposable	1			
Sterile Aluminum Foil	1			
10' x 30 Stle. Multi-Trauma Dressing	3			
Elastic Bandage 3"	1			
Elastic Bandage 4"	2			
1 x 3 Sheer Bandaid	1			

- This is a Quality Record -

TRAUMA KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition. Sizes for band-aids, bandages, blankets, gauze, and sponges are preferred but approximate.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Kerlix 2-1/4" Sterile Roller Gauze	1			
Kling Sterile 4" x 5' yd. Roller Gauze	4			
Parr Triangular Bandage	5			
5 x 9 Stle. Surgipad Dressing	5			
4 x 4 Stle. Sponges	14			
Vaseline Gauze Dressing	2			
3 x 4 Stle. Gauze Sponges	10			
X-Large Bandaid 2 x 4	8			
Gloves, Latex Sterile, Lg	4			
Alcohol Prep Pads Medium	10			
Adhesive Tape 1"x5 yd in tin	2			
0.9% Sodium Chloride 500 ML bottle	1	Exp. Date:		
Junior Ice Pack-Unit Size	4			
12 Gal. Red Biohazard Bags	3			
PCR Sheets	2			
Notebook and Pen	1			
Sam Splint roll	3			
Surgeons Gloves	1 box			
Trauma Case - Orange	1			
Sample Kit Box	1			
Back Board	1			
Bloodborne Pathogen Kit	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____
 - This is a Quality Record -

SECURITY BUILDING INVENTORY

Location: Main Security Building

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Coveralls	8			
Booties	8 pair			
Hoods	8			
Cloth Gloves	8 pair			
Rubber Gloves	2 boxes			
Cotton Liners	2 boxes			
Surgeons Gloves	1 box			
PAWS	32			
Resp. Cartridges (Iodine)	16	Exp Date:		
Resp. Cart. (Particulate)	16			
Tape	2 rolls			
Herculite for ambulance	1			
TLDs	50	Date Issued:		
DRDs (0-500 mR)	50	Cal Due Date:		
Rubbers	8 pair			
Dosimeter Charger	1			
Respirators	8	Inspection Due Date:		
Scott Pak	4			
Spare Air Cylinders	4			

REMARKS: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Face Masks	5			
Air Bottles (330 cu. ft.)	5			
Air Lines	5			
SCBA	8			
Spare Bottles	4			
Meals (Stored in coffee locker)	90			
JAFNPP Emergency Plan and Implementing Procedures (Inside Horseshoe, SE bookshelf)	2			
IAP-1, Attachment 1	20	Required Rev No: As Found Rev No:		
EAP-1.1, Attachment 1	20	Required Rev No: As Found Rev No:		
EAP-1.1, Attachment 4	20	As Found Rev No:		
EAP-1.1, Attachment 5	20	As Found Rev No:		
EAP-1.1, Attachment 6	20	As Found Rev No:		
EAP-2, Attachment 1	20	Required Rev No: As Found Rev No:		
SAP-8, Attachment 1	20	Required Rev No: As Found Rev No:		

- This is a Quality Record -

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Classification of Emergency Conditions - Figure IAP-2.1	1	Required Rev No: As Found Rev No:		
EDAMS Terminal	1			
LA-100 Terminal	1			
Bottled Water (break room)	8			
Pager number and password activation envelope (in fuse satellite warehouse cabinet)	1 envelope	Unopened		

REMARKS: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

TECHNICAL SUPPORT CENTER INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
JAFNPP FSAR (Volumes 1 - 10) (Located With OPS Procedure Writers)	1 set			
JAFNPP Operating Procedures	1			
Wall Map 10 Mile EPZ	1			
Wall Map 50 Mile EPZ	1			
Computer Terminals/PCs/Printers operability check	all			
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size)	1 box			
AMS-3 CAM Inst. No:	1	Cal Due Date:		
Iodine Monitor IM1A Inst No:	1	Cal Due Date:		
Accountability System Operability Test (Contact SAS)	5 card readers			
Fax Machine Operability Check (Date and Time)	3			

DOCUMENT TITLE	QUANTITY	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT (✓)	UNSAT (✓)
JAFNPP Emergency Plan and Implementing Procedures	3		N/A	N/A		
* Verify document revision numbers during the first quarter of each calendar year.						
New York State Radiological Plan/Procedures	1			*		
Oswego County Radiological Emergency Plan	1			*		
Onondaga County Radiological Emergency Response Host Plan	1			*		
Nine Mile Point - 1 & 2 Emergency Plan/Procedures	1			*		
Decontamination And Treatment Of Radioactively Contaminated Patient At The Oswego Hospital	1			*		
University Hospital (Upstate) Plan	1			*		

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

EOF DECONTAMINATION ROOM INVENTORY

Location: Decontamination Room

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Bar soap	2			
Surgical Scrub Brushes	10			
Cotton swabs	300			
Hair Remover	2 cans			
Shaving Cream	2 cans			
Disposable razors	6			
Shampoo (Approx. 60 ml bottles)	2			
Cotton Gauze Pads	50			
Surgical Tape	2			
Scissors	2			
Plastic wrap	2			
Paper Hand Towels	6			
Plastic Bags	2			
Plastic Rain Suits	2			
Plastic Booties	10 pair			
Masslin	2 boxes			
Surgical Gloves	10			
Coveralls	6 pair			
Cotton Gloves	6 pair			
Step-off pads	2			
Glove liners	10			
Paper Bath Towels	1 carton			

REMARKS: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

EMERGENCY KEY INVENTORY

Location: Work Control Center and EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

WORK CONTROL CENTER

KEY	SAT (✓)	UNSAT (✓)
EMERGENCY VEHICLES (4)		
TSC/OSC DOOR		
METEOROLOGICAL COMPUTER ROOM (AB 286' EL, NE)		
EPIC ROOM		
NURSE/FIRST AID OFFICE		
EMERGENCY CABINETS		
ENVIRONMENTAL STATIONS		
EOF DOOR		
JOINT NEWS CENTER		

EOF

KEY	SAT (✓)	UNSAT (✓)
EMERGENCY VEHICLES (4)		
ENVIRONMENTAL STATIONS (P-5)		
METEOROLOGICAL BUILDINGS		
JOINT NEWS CENTER		

REMARKS: _____

Performed by/ _____
Date

Emergency Preparedness Manager / _____

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Dosimeters (0 - 1 R)	5	Cal Due Date:		
Dosimeters (0 - 5 R)	5	Cal Due Date:		
Dosimeter Charger	1			
Radios - base station	1			
Radios - headsets	5			
Spare AA Batteries	12			
Extension Cord	1			
RAD Rope - 50'	1			
RAD Signs	2			
Absorbent Towels (Kimwipes)	1 box			
Surgeons Gloves	2 bags			
Portable Count Rate Meter Inst. No: _____	1	Cal Due Date:		
Duct Tape	1 roll			
Trash and PC Bags	2 yellow 2 red 2 white			
Plastic Bags	10			
PAWS	40			
Bath Towels	2			
Full Face Respirator	3	Inspection Due Date:		
Finger Ring TLDs	5 sets	Issue Date:		
TLDs	5	Issue Date:		
Control TLD	1	Issue Date:		
Radioactive Sources accounted for per RP-OPS-04.01	N/A			

- This is a Quality Record -

SAP-2
Rev. No. 38

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 15
Page 43 of 52

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Teletector Inst. No.: _____	1	Cal Due Date:		
Booties	10			
Hoods	10			
Surgeon's Caps	10			
Rubbers	10			
Cotton Liners	1 package			
Rubber Gloves (size 9 or med)	1 box			
Rubber Gloves (size 10 or lg)	1 box			
Coveralls	10			
Trash and PC Bag Stands (located behind cabinet)	1			
SOP (behind cabinet)	3			
Stanchions	2			
AMS-4 (in MG Set Room) Inst. No:	1	Cal Due Date:		
Airline 100' (located on reel in MG Set Room)	4			
Airline Triple Connection (located on Cascade System in MG Set Room)	1			

REMARKS: _____

Security Seal No: _____

Performed by/ _____ Date _____

Emergency Preparedness Manager / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>38</u>	EMERGENCY EQUIPMENT INVENTORY	ATTACHMENT 15 Page <u>44</u> of <u>52</u>
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DECON SUPPLY INVENTORY

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Bar Soap	1 box			
Shampoo	5 bottles			
Paper Towels	1 roll			
Disposable Razors	50			
Shaving Cream	10 cans			
Scissors	3 pair			
Liquid Hair Remover	5 bottles			
Cotton Gauze Pads	3 boxes			
Scrub Brushes	5			
Glove Liners	1 package			
Surgical Gloves	3 boxes			
Tape (surgical)	6 rolls			
Cotton Swabs	2 boxes			
Plastic Food Wrap	1 box			
Plastic Rain Suits	2 pair			
Towels	1 box			
Nail Clippers	5			
Masking Tape	6 rolls			
Dermatological Sponge	1 box			
50:50 Mixture of Dry Tide Detergent and Cornmeal	1			
Sample Collection Kit	1			

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Respirator Filters (Particulate)	15			
Respirator Cartridges (Iodine)	25	Exp. Date:		
Respirators	25	Inspection Due Date:		
Scott Pak	2			
Spare Air Cylinders	4			
Clipboard	10			
Pads	20			
Pens	25			
Watch	1			
Pencils	10			
Tweezers	2 pair			
Assorted Plastic Bags	10			
Paper Towels	2 packages			
Surgeons Gloves	1 box			
Dry Erase Markers	10			
Sharpie Markers	5			
Disc Smears	1 box			

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Dosimeters (0-200 mR)	10	Cal Due Date:		
Dosimeters (0-500 mR)	15	Cal Due Date:		
Dosimeters (0-1 R)	15	Cal Due Date:		
Dosimeters (0-5 R)	10	Cal Due Date:		
Dosimeters (0 - 100 R)	10	Cal Due Date:		
Ring Planchets	10			
Particulate Samp Filters	1 box			
EP Vehicle Keys	4 sets			
Teletector Inst. No: _____	1	Cal Due Date: _____		
Dosimeter Charger	1			
Portable Dose Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____		
TLDs	35	Date Issued:		

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Air Sample Collection Envelopes	25			
Hi Vol Sampler 110 V with spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date: _____ _____ _____ _____ _____ _____		
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries	20			
KI Tablets (survey teams)	Min. 56 tablets	Exp. Date:		
RAD Rope	1 spool			
Silver Zeolite Cartridge	24	Exp. Date:		
Radioactive source accounted for per RP-OPS-04.01	NA			
Step-Off Pads	2			
Portable Count Rate Meter: Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Portable Scalers: Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____ _____		

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Area Radiation Monitor Inst. No: _____	1	Cal Due Date:		
Personal Computer Operability Check	all			
Hoods	30			
Caps	30			
Booties, Cloth	30 pair			
Cotton Liners	2 packages			
PAWS	120			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
Coveralls	30			
Booties, Plastic	30 pair			
Rubber Shoe Covers	30 pair			
Rubber Gloves (size 9 & 10)	30 pair			
Gore Tex Suits	5			

- This is a Quality Record -

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OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	Document Located Yes/No	Controlled Copy Number	SAT (✓)	UNSAT (✓)
Emergency Planning Procedures	2 Complete Sets				
RP Program Manual	1 Volume				
RP Procedures:					
RP-RESPP	1 SET				
RP-ALARA	1 SET				
RP-OPS	1 SET				
RP-INST	1 SET				
RP-DOS	1 SET				
ENN-RP	1 SET				
OP's (Operating Procedures)	1 SET				
MP (Maintenance Procedures)	1 SET				
MST (Maintenance Surveillance Test)	1 SET				
IMP'S (I&C Procedures)	1 SET				
ISP'S (I&C Procedures)	1 SET				
AP's (Administrative Procedures) (located in the Chem Lab)	1 SET				
Procurement Warehouse Printout	2 Boxes				

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

SAP-2 Rev. No. <u>38</u>	EMERGENCY EQUIPMENT INVENTORY	ATTACHMENT 17 Page <u>51</u> of <u>52</u>
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POTASSIUM IODIDE (KI) INVENTORY

NOTE: KI is stored in locked storage boxes. Keys to these boxes are available from Emergency Planning Key Locker.

KI Storage location	QUANTITY	OTHER	SAT (Y)	UNSAT (Y)	LOCKED (Y)
TSC (column post near podium)	300 tablets	Exp date:			
OSC (wall between briefing room 1 and 2)	300 tablets	Exp date:			
Training (lobby wall of auditorium)	300 tablets	Exp date:			
Main Security (wall after exiting)	700 tablets	Exp date:			
EOF (Dose Assessment Room)	300 tablets	Exp date:			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Preparedness Manager / Date _____

- This is a Quality Record -

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY COMMUNICATIONS TESTING
SAP-3
REVISION 74

APPROVED BY: *[Signature]*
RESPONSIBLE PROCEDURE OWNER

DATE: 3/22/04

EFFECTIVE DATE: March 29, 2004

FIRST ISSUE FULL REVISION LIMITED REVISION

***** * * INFORMATIONAL USE * ***** ***** * * ADMINISTRATIVE * *****	***** * * QUALITY RELATED * ***** ***** * * CONTROLLED COPY # <u>34</u> * *****
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PERIODIC REVIEW DUE DATE: JULY 2005

REVISION SUMMARY SHEET

REV. NO.

- 74
 - In section 1.0 - added instructions for department managers to review and verify ERO respiratory protection qualifications on a routine basis. This addresses and closes CR-JAF-2004-0029.
 - Added wording to attachment 4 to instruct ERO members on filling out Quarterly ERO Communications Checklist - also addresses CR-JAF-2004-0029.
- 73
 - Deleted NRC Resident Inspector who is no longer on site.
 - Corrected Emergency Room from 464-5611 to 464-5612.
 - Corrected title change of Emergency Planning Coordinator to Emergency Planning Manager throughout entire procedure.
 - Replace reference to contact K. Szeluga with contact JAF's E-Plan Group on attachment 1 page 3 of 4.
 - On attachments 1 and 3 added statement to notify security coordinator before and after performing radio communications test.

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1.0 PURPOSE

The purpose of this procedure is to provide instructions for testing emergency communications systems and checking and updating the telephone number list. This procedure also provides a mechanism for determining if an organization has changed key personnel and for department managers to review and verify ERO respiratory protection qualifications on a routine basis.

2.0 REFERENCES

2.1 Performance References

2.1.1 EAP-1.1, OFFSITE NOTIFICATIONS

2.2 Developmental References

2.2.1 NUREG-0654, Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 Communication checks shall be performed by an individual assigned by the Radiation Protection Manager, except for the listing produced by the Emergency Planning Department and sent out under Attachment 4.

4.2 Communication checks shall be performed using the appropriate checklist(s) at the frequencies shown below:

4.2.1 Monthly - Attachment 1, Monthly Emergency Communication Checklist

4.2.2 Quarterly- Attachment 2, Quarterly Emergency Communications Checklist

4.3 As part of the Quarterly Communication Check:

A. Personnel listed will be verified as being the responsible individual in their organization. Changes in such personnel shall be noted so that an updated communications checklist and a revision to EAP-1.1 and EAP-17 can be prepared.

B. JAFNPP Emergency Personnel will be contacted via Attachment 4 to verify phone numbers, EP Green Cards, respiratory protection qualifications, SCBA qualifications, and availability of corrective lenses for respirator users. The EPM may modify Attachment 4 to include additional checks as needed.

4.4 Problems encountered during communication checks should be noted in the remarks section.

4.5 Consult EAP-1.1, OFFSITE NOTIFICATIONS, for guidance for the use of communications system.

4.6 The individual performing the communication checks shall forward the completed checklists to the Emergency Planning Manager (EPM), or designee, who shall take appropriate action.

4.7 ATTACHMENTS

1. MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST
2. QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST
3. EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS
4. DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS SURVEILLANCE

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

1. Land-Line Communications

	Location	Telephone #	SAT (√)	Verified by Initial / Date
a.	Oswego County E-911 Center	911		
b.	NYS Warning Point	1-518-457-2200		
c.	Alt. NYS Warning Point	1-518-457-6811		
d.	EOF Main Number	315-593-5700		
e.	JAF Control Room	315-349-6666		
f.	Security (SAS)	Plant Ext-3456		

2. NYS Radiological Emergency Communication System (RECS) Hotline

For EOF only, check the area used: (test different drop periodically)

Main Area Communicator _____ County Room and State _____ Communications Room _____

CR DATE	TSC DATE	EOF DATE	SAS DATE	SEQUENCE OF RECS ROLL CALL FOR JAFNPP	VERIFIED BY INITIAL
				Nine Mile Point Unit 1 Control Room	
				Nine Mile Point Unit 2 Control Room	
				Oswego County Warning Point	
				Oswego County EOC	
				NYS Warning Point (SEMO)	

MESSAGE CONTENT FOR RECS LINE TEST INITIATED BY JAF

1. Press A then * to activate all call.)
2. "This is a Test. This is a test. This is the James A. FitzPatrick Nuclear Power Plant _____ (state location - Control Room, Technical Support Center, Emergency Operations Facility). Standby for Roll Call . This is a Test"
3. (Call Roll in Accordance with 2 above)
4. Upon hearing their station name called during roll call, the stations will confirm operability by answering.
5. After completing roll call, recall all stations not answering by saying "JAF (State Location) recalling (Name of Station Not Answering)".
6. Sign off by saying "This has been a test from the James A. FitzPatrick (State Location), (Time), and (Date)".

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

3. NRC Emergency Telecommunications System (ETS)

(Note: See Attachment 3 for ETS Testing Guidance)

Control Room

Phone	Phone No.	Location	Outgoing SAT (✓)	Incoming SAT (✓)	Verified by Initial / Date
ENS ¹	1-700-371-5321	SM Office			

¹This phone must be checked at the same time as the TSC and SAS ENS phone.

TSC

Phone	Phone No.	Location	Outgoing SAT (✓)	Incoming SAT (✓)	Verified by Initial / Date
ENS ²	1-700-371-5321	NRC Comm. Desk			
HPN	1-700-371-6773	RSC Desk			
HPN	1-700-371-6773	NRC Office			
RSCL	1-700-371-5319	NRC Office			
PMCL	1-700-371-5322	NRC Office			
ERDS	1-700-371-6270	Aux Computer Room			

²This phone must be checked at the same time as the CR and SAS ENS phone.

Secondary Alarm Station (SAS)

Phone	Phone No.	Location	Outgoing SAT (✓)	Incoming SAT (✓)	Verified by Initial / Date
ENS ³	1-700-371-5321	(SAS) Shift Supervisor desk			

³This phone must be checked at the same time as the TSC and EOF ENS phone.

EOF

Phone	Phone No.	Location	Outgoing SAT (✓)	Incoming SAT (✓)	Verified by Initial / Date
ENS	1-700-371-0064	Main Area - Communicator Desk			
ENS	1-700-371-0064	Comm. Room			
HPN	1-700-371-6299	Dose Assessment Room - Communicator			
RSCL	1-700-371-0063	NRC Office Area			
PMCL	1-700-371-0062	NRC Office Area			

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

EOF continued

PMCL	1-700-371-0062	Main Area - Protective Measures Coordinator			
MC	1-700-371-0060	NRC Office Area			
MCL	1-700-371-0060	Main Area - Protective Measures Coordinator			
LAN	1-700-371-0061	NRC Office Area			
RSCL	1-700-371-0063	Main Room - Reactor Safety Coordinator			

4. Dedicated Lines (Hotlines)

	Communications Link Utilized	SAT (✓)	Verified by Initial / Date
a.	TSC/CR/EOF/OSC #63 PLNA-35125		
b.	TSC-WPO #63 PL-10793 (Contact JAF's E-Plan Group)		
c.	TSC-OSC #63 PL-18382		
d.	TSC-AOSC #63 PL-16960		
e.	TSC-EOF #63 PLNA-28775		

5. Radio Communications (Refer to attachment 3 - Notify Security Coordinator 6425 before and after radio tests)

	Communications Link Utilized	SAT (✓)	Verified by Initial / Date
a.	TSC		
	1. JAF Radio (KKD 650):		
	w/Security		
	w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
	w/EOF Radiological Channel		
b.	Control Room		
	1. Security Radio:		
	w/UHF EOF Consoles		
	w/Security		
	w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
	w/EOF Radiological Channel		

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

c.	EOF		
	1. T-1617 #1 _____ Console #2 _____ Dose Assessment Rm _____ (Check area used)		
	w/TSC Radiological Channel		
	w/Vehicle Radios	EP1 _____ EP2 _____ RES3 _____ OS3 _____	
	2. Comm Room 3 or 4 _____ Main Area _____ Dose Assessment Rm _____ (Check area used - Alternate periodically)		
	Check with TSC UHF Console 1 (check all channels)		
	Check with TSC UHF Console 2 (check all channels)		
	3. Security Console w/Plant Security		

6. Cellular and Satellite Telephones

	Location	Telephone #	SAT (√)	Verified by Initial / Date
a.	EP-1 (Cell)	591-2165		
b.	EP-2 (Cell)	591-2173		
c.	RES-3 (Cell)	593-5005		
d.	OSC-3 (Cell)	593-5027		
e.	Control Room (Cell)	591-0482		
f.	TSC (Cells)	591-0473		
		591-0476		
		591-0479		
g.	OSC (Cell)	593-4757		
h.	Security Shift Supervisor Cell	593-9539		
i.	TSC (Satellite)	1-800-988-7278		

REMARKS

Performed By _____ Date _____

Performed By _____ Date _____

Performed By _____ Date _____

_____ Date _____

Emergency Planning Coordinator

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS3. TEST PROCEDURES FOR THE NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)

1. Description

The ETS is a separate and distinct system from the public switched network (NY Telephone, Alltel, etc.). It is part of the Federal Telecommunications System (FTS) 2001 network which provides a separate government network for all essential communications functions.

2. Requirements

Emergency Notification System (ENS) - The Control Room extension is tested daily by Operations personnel. However, a monthly test shall also be conducted from all locations (Control Room, TSC, EOF and SAS) in accordance with section 4 below.

Health Physics Network (HPN) - All bridged extensions shall be tested monthly in accordance with section 4 below.

Emergency Response Data System (ERDS) - This line is located in the TSC (Aux Computer Room) and shall be tested monthly in accordance with section 4 below.

Other ETS lines shall be tested monthly per section 4 below.

3. Instructions for operating ETS phones

Lift the receiver on the telephone instrument and listen for dial tone. After receiving dial tone, dial the desired eleven (11) digit number.

4. Instructions for monthly testing all ETS lines

All ETS lines and bridged extension shall be tested each month for both incoming and outgoing calls.

DO NOT call the NRC Operations Center when testing these phones. Each phone shall be tested by placing and receiving a call to/from any other on site ETS phone.

Attachment 4

Page 1 of 2

DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS
SURVEILLANCE

TO: DEPARTMENT MANAGERS
FROM: EMERGENCY PLANNING MANAGER
SUBJECT: QUARTERLY EMERGENCY PLANNING COMMUNICATIONS SURVEILLANCE

Attached is the Quarterly Emergency Response Organization (ERO) Communications Checklist for your department's review. This checklist is used to verify and update, if necessary, important information for the JAF Emergency plan, including ERO respiratory protection qualifications. Your assistance and cooperation in verifying the following required information *for the next quarter* ending _____ will ensure essential personnel can be contacted and respond as necessary in accordance with the JAF Emergency Plan.

Using the following guidelines, please ensure each individual verifies the listed information:

- Name/No. OK – Verify the listed name and home phone number is correct. Indicate Yes (Y) or No (N) in the appropriate column. If the name and/or home phone number is incorrect, indicate the correct information on the form.
- EP Green Card Yes/No – Verify the individual has a green Oswego County Office of Emergency Preparedness Card. Indicate Yes (Y) or No (N) in the appropriate column. If the individual does NOT have a card, contact the Emergency Planning Department. Each ERO member is required to carry the card at all times.
- Respiratory Protection Qualifications (other than SCBA) - Review the attached matrix to determine if your ERO position requires that you maintain respiratory protection qualification. If your ERO position does not require you to maintain respiratory protection qualification check the NA box in the Respiratory Protection Qualification column. If your ERO position does require you to maintain respiratory protection qualifications, then verify your required **annual qualification** will be valid for the next quarter using the qualification database located on the intranet. **Annual qualification includes:** A) Physician certification of fitness to wear a respiratory protection device. B) Successful completion of respiratory protection training. C) Completion of a successful quantitative fit test. **Verify that all three respiratory qualification requirements will be valid for the entire quarter.** If your ERO respiratory protection qualifications remain current during the next quarter check the Yes box under the Respiratory Protection Qualification column. If You determine that any of the requirements may lapse during the next quarter, check the No box under the column SCBA Qualifications and document the steps being taken to prevent the qualification(s) lapse in the Comments section of the checklist.

Attachment 4

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DEPARTMENT MANAGERS MEMO FOR QUARTERLY EMERGENCY COMMUNICATIONS
SURVEILLANCE

- Self-Contained Breathing Apparatus (SCBA) Qualifications - Review the attached matrix to determine if your ERO position requires that you maintain SCBA qualification. If your ERO position does not require you to maintain SCBA qualification check the NA box in the SCBA Qualifications column. If your ERO position does require you to maintain SCBA qualifications, then verify your required **annual qualification** will be valid for the next quarter using the qualification database located on the intranet. **Annual qualification includes:** A) Physician certification of fitness to wear a respiratory protection device. B) Successful completion of SCBA training. C) Completion of a successful quantitative fit test. **Verify that all three qualification requirements will be valid for the entire quarter.** If your ERO SCBA qualifications remain current during the next quarter check the Yes box under the SCBA Qualifications column. If You determine that any of the requirements may lapse during the next quarter, check the No box under the column SCBA Qualifications and document the steps being taken to prevent the qualification(s) lapse in the Comments section of the checklist.
- Respirator Lenses Yes/No/NA – For individuals that are required to maintain ERO respiratory protection/SCBA and wear corrective lenses for respirator use, verify the individual has appropriate corrective lenses. Specifically, individuals and their supervision need to ensure that the individual possesses the correct brand of respirator glasses for the brand of respirator to be worn. For example, **ONLY** MSA respirator glasses may be worn in a MSA respirator and **ONLY** Scott respirator glasses may be worn in a Scott respirator. Indicate Yes (Y), No (N), or Not Applicable (NA) in the appropriate column. If the individual does **NOT** have the required lenses, contact the Safety Department to obtain the appropriate lenses.

The responsible department manager is expected to review the checklist and sign the acknowledgement statement to indicate he/she is aware of the current status of ERO qualifications for his/her staff. Please complete the checklist, including the notation of any personnel changes and return the completed checklist to the Emergency Planning Department within two weeks from the above date.

NICHOLAS AVRAKOTOS
EMERGENCY PLANNING MANAGER