

Southern Nuclear
Operating Company, Inc.
Post Office Drawer 470
Ashford, Alabama 36312

Date: April 30, 2004



Energy to Serve Your World™
FNP-222-NRC-DC

Director, Office of NRC
US Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Attention: Mr. Jim McKnight

Dear Sir:

ATTACHED YOU WILL FIND THE NEW REVISION FOR THE FOLLOWING PROCEDURE
FOR FARLEY NUCLEAR PLANT.

FNP-0-EIP-16.0 REVISION 43 (1 Copy)

PLEASE REPLACE YOUR COPY OF THE EFFECTIVE PAGES WITH THE ATTACHED
REVISED COPY.

IF YOU HAVE QUESTIONS PLEASE CALL ME AT 334-899-5156 EXTENSION 3439.

Sincerely,

A handwritten signature in black ink that reads "Joey Hudspeth". The signature is written in a cursive style.

Joey Hudspeth
Document Control Supervisor

JBH:llb
RTYPE: A4.54

AOHS

FARLEY NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE
FNP-0-EIP-16.0

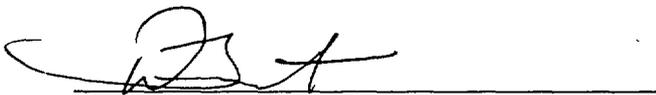
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EMERGENCY EQUIPMENT AND SUPPLIES

PROCEDURE USAGE REQUIREMENTS - PER FNP-0-AP-6	SECTIONS
Continuous Use	
Reference Use	All Checklist
Information Use	Procedure Body pp. 1-11

Approved:



Nuclear Plant General Manager

Date Issued 4-29-04

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EMERGENCY EQUIPMENT AND SUPPLIES

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EMERGENCY EQUIPMENT AND SUPPLIES

1.0 Purpose

This procedure establishes the actions to be taken to ensure the operational readiness of emergency equipment and supplies.

2.0 References

- 2.1 Joseph M. Farley Nuclear Plant Emergency Plan
- 2.2 FNP Response (FNP-88-0442) to NRC Information Notice 88-15 Concerning Use of Potassium Iodide as a Thyroid Blocking Agent
- 2.3 FNP-0-CCP-333 Inspection of Safety Showers and Eye Wash.
- 2.4 FNP-0-EMP-1802.1, Battery Equipment Safety Check.
- 2.5 FNP-0-RCP-107, Use and Operation of Self Contained Breathing Apparatus (Pressure Tank Type)

3.0 General

- 3.1 This procedure applies only to equipment and supplies stored for emergency use and specifically listed in this procedure.
- 3.2 Any person utilizing emergency equipment stored in emergency lockers or cabinets shall promptly notify the Emergency Planning Coordinator of such use. Users of such items are to return non-expendable items to designated storage locations and properly dispose of expendable items.
- 3.3 The Emergency Planning Coordinator is responsible for ensuring that the Document Control procedure and drawing inventory sheets that are specified in the checklists contain the required procedures for the individual at the specified location to perform the required tasks during an emergency or emergency drill.
- 3.4 The Emergency Planning Coordinator is responsible for ensuring that any group that is required to perform a checklist due to drill or emergency use, a broken seal, routine inventory or other reasons has been informed.
- 3.5 Operability of equipment that is tested by FNP-0-STP-60.0 (ENN Operability Test), 60.11 (ERDS Point Check), 60.12 (ERDS Operability Test) is verified during the performance of the STP on a monthly basis.

- 3.6 All emergency plan equipment storage locations should have inventory checklists displayed. Checklists H, O, P, Q, S, T, Z, DD, EE, FF, HH, II, LL, MM, RR, UU, WW, XX, YY, and ZZ are specifically excluded from this requirement.
- 3.7 The Maintenance Manager is responsible for preventive maintenance activities of the automotive portions of the vehicles specified in checklists P, DD, FF, HH, II, MM, TT, and WW.
- 3.8 The Fire Marshal is responsible for completion of the following checklists:
- 3.8.1 Checklist CC - Fire Fighting Equipment (FM)
 - 3.8.2 Checklist GG - Fire Brigade Equipment (FM)
 - 3.8.3 Checklist SS - Fire Tanker Truck Equipment (FM)
 - 3.8.4 Checklist UU - Smoke Removal Equipment (FM)
- 3.9 The Security (Site) Manager is responsible for the following checklists and daily and weekly responsibilities:
- 3.9.1 Checklist DD - Plant Emergency Vehicle (PEV) (SEC)
 - 3.9.2 Checklist HH - Fire Brigade Van (FBV) (SEC)
 - 3.9.3 Checklist TT - Fire Tanker Truck (FTT) (SEC)
 - 3.9.4 General visual inspection of the PEV and FBV.
 - 3.9.5 Daily perform general inspection of the Fire Tanker Truck.
 - 3.9.6 Weekly test drive the Fire Tanker Truck.
 - 3.9.7 Weekly perform a 20 to 30 minute test drive of the PEV.
- 3.10 The Chemistry Superintendent is responsible for completion of the following checklist:
- 3.10.1 Checklist P - Chemistry Vehicle (CHEM)
 - 3.10.2 Checklist EE - Chemistry Eyewash/Shower Stations (CHEM)
 - 3.10.3 Checklist II - Environmental Vehicle (ENV)
- 3.11 The Operations Unit Superintendent is responsible for completion of the following checklists:

- 3.11.1 Checklist JJ - Unit 1 Cable Spreading Room Fire Emergency Equipment (OPS)
- 3.11.2 Checklist KK - Unit 2 Cable Spreading Room Fire Emergency Equipment (OPS)
- 3.12 The Supply Chain is responsible for completion of the following checklists:
 - 3.12.1 Checklist ZZ - Supply Chain Eyewash/Shower Stations (Sup Chn)
- 3.13 The Health Physics Group is responsible for completion of the following checklist:
 - 3.13.1 Checklist H – FNP-Stretcher Cabinets (HP)
- 3.14 Safety and Health is responsible for completion of the following checklists:
 - 3.14.1 Checklist G - Plant Emergency Vehicle Equipment (SH)
 - 3.14.2 Checklist I - Central Security Control Building, Ambulance Kit (SH)
 - 3.14.3 Checklist J - Nurses Station (SH)
- 3.15 The Maintenance Manager is responsible for completion of the following checklists:
 - 3.15.1 Checklist WW - Maintenance Vehicle Designated for EP Support, Identification # Can be Found on Key in EP TSC /EOF Key Lockers (MM)
- 3.16 The Emergency Planning Coordinator is responsible for completion of the following checklists and for tracking the completion of all checklists:
 - 3.16.1 Checklist A - Control Room (EP)
 - 3.16.2 Checklist B - Operations Support Center (EP)
 - 3.16.3 Checklist C - Central Security Control Building, Fire Department (EP)
 - 3.16.4 Checklist D - Aux Bldg El 155, Unit 2 Rad Side Near East Stairwell (EP)
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- 3.16.7 Checklist K - EOF Air Compressor Shed, Field Monitoring Team Kits (EP)
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- 3.16.21 Checklist Z - CSC Guard Tower Emergency Cellular Telephone (EP)
- 3.16.22 Checklist AA - Auxiliary Building, El. 83, Unit 2 Rad Side West Stairwell (EP)
- 3.16.23 Checklist BB - Technical Support Center (EP)
- 3.16.24 Checklist FF - Training Center Vehicle (EP)
- 3.16.25 Checklist LL - Canister Respirators
- 3.16.26 Checklist MM - Visitor Center Vehicle (EP)

- 3.16.27 Checklist NN - Auxiliary Bldg., El. 139, Unit 1 Rad Side Outside Elevator (EP)
- 3.16.28 Checklist OO - Auxiliary Building, El. 139, Unit 2 Rad Side Pass Sample Area (EP)
- 3.16.29 Checklist PP - Post Accident Sample Area Auxiliary Building, El. 139, Unit 1 Radside (EP)
- 3.16.30 Checklist QQ - Post Accident Sample Area Auxiliary Building, El. 139 Unit 2 Radside (EP)
- 3.16.31 Checklist RR - RMT Southern Linc and Kenwood Radios (EP)
- 3.16.32 Checklist VV - Alternate EOF, Headland (EP)
- 3.16.33 Checklist XX - Fire Fighting Equipment SCBAs (EP)

4.0 An inventory shall be performed:

4.1 Weekly for the following checklists:

DD, HH and TT

4.2 Monthly for the following checklists:

F, P, Q, S, AA, EE, FF, II, LL, MM, NN, OO, RR, WW, XX, and ZZ

4.3 Quarterly for the following checklists:

A, B, C, D, E, G, H, I, J, K, L, M, N, O, R, S, T, U, V, W, X, Y, Z, BB, CC, GG, JJ, KK, PP, QQ, SS, UU and VV

4.4 Semi-annually for the following checklist:

NONE

4.5 Yearly for the following checklist:

NONE

4.6 After each emergency or drill during which the emergency equipment storage location is opened or equipment used.

NOTE: THE EMERGENCY PLAN SEALS ARE RED IN COLOR AND ARE STAMPED E. P. WITH THE CONTACT PAX EXTENSION. THIS IS AN ANSWERING MACHINE EXTENSION. LEAVE A MESSAGE AS TO WHICH SEAL HAS BEEN BROKEN.

- 4.7 Any time the seal on a storage location is found to be broken or tampered with by persons other than Emergency Planning personnel.
- 5.0 The following actions are to be performed daily.
 - 5.1 Perform a general visual inspection of the PEV and FBV and FTT to include:
 - 5.1.1 Adequate tire inflation
 - 5.1.2 Gas tank over 3/4 full
 - 5.1.3 Verify that external compartment doors are properly latched.
 - 5.1.4 Initiate appropriate corrective action to eliminate any identified deficiencies.
- 6.0 The following actions are to be performed weekly:
 - 6.1 Test drive the PEV for a minimum of 20 to 30 minutes at highway speeds. The PEV may be driven off-site to facilitate driving at highway speeds.
 - 6.2 Test drive the Fire Tanker Truck.
- 7.0 Semi-annually, perform the following:

Note: Digital Alarming Dosimeters (calibrated annually) may be used in lieu of pocket dosimeters.

- 7.1 Insure pocket dosimeters are within calibration and replace as required.
- 7.2 Ensure that each pocket dosimeter is zeroed.
- 8.0 Annually, perform the following:
 - 8.1 Replace all thermo-luminescent dosimeters and digital alarming dosimeters per calibration due date.
 - 8.2 Replace all tape, pens and latex gloves with fresh stock.

9.0 Expiration and Calibration Due dates

When an inventory is performed, the expiration date on consumables and the calibration due date shall be verified to be valid until the next scheduled inventory or other arrangements are made to replace or calibrate the equipment. A list of the expiration dates and calibration due dates may be posted on the outside of the storage location to expedite future inventories.

10.0 Respiratory Protection Equipment Requirements

10.1 Canister type respirators

- 10.1.1 Monthly, check the expiration date on the filter cartridge. Ensure that the filter's expiration date is at least beyond the last day of the next inventory period. (NUREG-0041, 29CFR1910)
- 10.1.2 Monthly, ensure that the seal of the protective bag containing the respirator is not broken. If the seal is broken, have the respirator recertified or replaced. The seal serves to verify that the respirator has not been worn since certification. (NUREG-0041, 29CFR1910)
- 10.1.3 If the above are acceptable, initial and date the respirator certification tag.
- 10.1.4 Fully inspect the respirators during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag, and seal the bag. (10CFR20 and Reg. Guide 8.15 for Respiratory Protection)
- 10.1.5 Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

10.2 Self-Contained Breathing Apparatus (SCBA)

- 10.2.1 Check the pressure in the air tank. If the tank pressure is less than 2000 psig, initiate corrective action.
- 10.2.2 Ensure that the seal of the protective bag containing the SCBA mask is not broken. The seal serves to verify that the mask has not been worn since certification. If the above are acceptable, initial and date the respirator certification tag. If the seal is broken, have the mask recertified or replaced.
- 10.2.3 Fully inspect the respirators for SCBAs during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag

and seal the bag. (10CFR20 and Reg. Guide 8.15 for Respiratory Protection)

- 10.2.4 Verify the regulator main-line (yellow) valve is closed.
- 10.2.5 Verify the regulator bypass (red) valve is closed.
- 10.2.6 Open cylinder valve to pressurize regulator and hose.
- 10.2.7 Place hand over the regulator outlet to block it leaktight.
- 10.2.8 Open the regulator main-line (yellow) valve and check that the regulator pressure gauge does not rapidly drop indicating a leak in the regulator.
- 10.2.9 Compare the cylinder pressure gauge to the regulator pressure gauge, the allowable tolerance is plus or minus 10% and both gauges greater than 2000 psi.
- 10.2.10 Close the cylinder valve and check that the regulator pressure gauge does not rapidly drop, indicating a leak in the hose or regulator.
- 10.2.11 Take hand from regulator outlet and check the alarm as pressure goes down below approximately 500 psig.
- 10.2.12 Cycle the regulator bypass (red) valve, to ensure proper operation.
- 10.2.13 Verify the regulator main-line (yellow) valve is closed.
- 10.2.14 Verify the regulator bypass (red) valve is closed.

11.0 Portable instrumentation requirements

- 11.1 Insure portable radiological survey instruments and air samplers are within calibration, using manufacturer's recommendations as guidelines.
 - 11.1.1 A calibration schedule shall be maintained with all of the Emergency Planning portable instruments, air samplers, digital alarming dosimeters, self reading pocket dosimeter and any other equipment that requires periodic calibration.
- 11.2 Pocket dosimeter charger
 - 11.2.1 Check battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.

- 11.2.2 Rezero at least one pocket dosimeter to ensure that the charger is functional. If unit is not functional, replace it.

12.0 Other battery operated device requirements

- 12.1 Check the battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.

- 12.2 Operate the device. If the device is not functional, replace it.

13.0 Verify operability of the State of Alabama FMT radio and State of Georgia radio at the EOF as follows:

- 13.1 Establish communication with the appropriate Emergency Management (EM) office on all state radios.

14.0 Verify operability of the portable FMT electric generators at the EOF, as follows:

NOTE: GASOLINE IS TO BE STORED IN THE GENERATORS AND STORAGE CONTAINERS WHEN PLACED IN THE EOF STORAGE CABINET. TREAT GASOLINE WITH A STABILIZER PER THE STABILIZER MANUFACTURER'S INSTRUCTIONS.

- 14.1 Relocate the FMT generators and air samplers to an outdoor area.

- 14.2 Operate generators and air samplers (not less than 5 minutes).

- 14.3 Place the generators and air samplers back into the EOF storage area.

15.0 Checklist Completion

Personnel performing functions controlled by designated checklists are to:

- 15.1 Check all supplies for deterioration.

- 15.2 Replace any non-serviceable items. Generic replacements are acceptable if the intended use or function of the item is not compromised.

- 15.3 The quantity listed on the checklists is the minimum amount required.

- 15.4 Indicate the reason for the inspection on the checklist.

- 15.5 Initial in the designated blanks all items found to be in accordance with the checklist.

- 15.6 Utilize the "COMMENTS" section to provide appropriate information regarding checklist items.
 - 15.7 Whenever thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator who will immediately notify the Assistant General Manager - Operations.
 - 15.8 Initiate needed corrective action.
 - 15.9 Notify the Emergency Planning Coordinator of any missing or inoperable equipment.
 - 15.10 The Emergency Planning Coordinator shall have a placard placed at the storage location indicating what equipment is missing or inoperable and steps being taken to return equipment back to operable status.
 - 15.11 Upon closing the storage location, affix a seal or a lock to the door, if so equipped.
 - 15.12 Sign and date the checklist.
 - 15.13 Route the checklist to the Emergency Planning Nuclear Specialist (EPNS).
 - 15.14 The EPNS is to review the checklist and route them to the Emergency Planning Coordinator.
 - 15.15 The Emergency Planning Coordinator is to review the checklists and route them to Document Control.
- 16.0 Desk Pack Contents
- 16.1 Each location that has a need for desk or administrative materials has been assigned a desk pack. Each desk pack will normally contain the minimum following materials: clip board, lined paper, phone memo pad, black pens, red pen, pencils, hi-liters, paper clips, stapler, staple puller, ruler tape dispenser, liquid paper.
 - 16.2 Desk packs listed for status board keepers will, in addition, include markers and cleaner for status boards.
 - 16.3 The supplies in desk packs that could deteriorate with time, such as pens, will be replaced annually.

17.0 Personnel Emergency Equipment

17.1 The following personnel emergency equipment will be maintained in accordance with the applicable checklist or procedures:

- Checklist H - FNP Stretcher Cabinets
- Checklist EE - Chemistry Eyewash/Shower Stations
- Checklist ZZ - Supply Chain Eyewash/Shower Stations

FNP-0-SHP-4.0 – First Aid Supplies

17.2 The Maintenance controlled eyewash stations are covered under the PM program. The PM TPNS for this system is NSR4250002, “Battery Safety Equipment Check.” This is performed and documented monthly.

17.3 Routine inspections performed using the checklist will include the following items as applicable:

- Operability - Maintained per the checklist
- Accessibility - Clear access to the equipment will be verified to ensure it can be reached for emergency use. To aid in maintaining clear access, a floor marking or sign may be used.
- Location - Placement of the emergency equipment in the designated location specified by the checklist will be verified.
- Posting - Each location will be marked to help locate it in an emergency and to aid in returning portable equipment to the proper location if it has been moved.

SHARED**EMERGENCY EQUIPMENT AND SUPPLIES**CONTROL ROOM LARGE STORAGE LOCKER AND SOUND POWERED PHONE
CABINETS.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Air sampler filter paper (box)	1
_____	Silver Zeolite, individual cartridge (OR-1-99-383)	25
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Potassium Iodide, Bottle (OR-1-99-383)	150
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Asst. General Manager - Operations	
_____	Polybags	20
_____	Absorbent wipes, package	1
_____	Knife, Razor	1
_____	Scissors	2
_____	Flashlights...Battery Compartment Operational	10
_____	Tape, Electrical	2
_____	Tape, Masking	2
_____	Coveralls, Work Type	4
_____	Gloves, disposable package	1
_____	Tool Kit containing:	1
_____	channel locks, hacksaw, carpenters hammer, sledge hammer, pliers, screwdriver set, side cutters, pipe wrench, large adjustable wrench, small adjustable wrench	
_____	Kenwood Radio with Charger:	3
_____	Cord, sound powered phone, 600'	1
_____	Electrical jumper for FRP-H.1 (ea)	6
_____	Hose couplings for fire water supply to DG's (ref: FNP-0-AOP-49)	4

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CONTROL ROOM LARGE STORAGE LOCKER AND SOUND POWERED PHONE CABINETS.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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	CONTROL ROOM SOUND POWERED PHONE CABINETS	
	Headsets, Sound Powered Phone....Operational	2

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

	Dose rate meter	1
	Contamination meter	1
	Air sampler	1

ENN CR FNP SOUTHERN LINC RADIO

	Shift Foreman's Office.....Operational	1
	U-2 Shift Supervisor Desk.....Operational	1

NOTES:

If the Silver Zeolite cartridges, Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
Quarterly Post Drill Emergency Use
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure inventory sheets. Verify procedures per the DC inventory

<u> </u>	EP-OSC-OSC MANAGER	
<u> </u>	EP-OSC-P.A.S.S. CABINET	

HEALTH PHYSICS/HP SUPPORT CABINET

<u> </u>	Flashlights....Battery Compartment Operable	2
<u> </u>	Gloves, Disposable, package	1
<u> </u>	Absorbent wipes, package	1
<u> </u>	Radiation barrier tape or rope	100 ft
<u> </u>	Scissors, pr.	1
<u> </u>	Airborne Radioactivity Area signs	3
<u> </u>	Contaminated Area signs	3
<u> </u>	High Radiation Area signs	3
<u> </u>	Radiation Area signs	3
<u> </u>	Tape, Masking, roll	2
<u> </u>	Tape, Duct, roll	2
<u> </u>	Detergent, package	2
<u> </u>	Extension cord for chemistry lab	1
<u> </u>	Applicators, Cotton Tufted, package	1
<u> </u>	Bags, plastic	20
<u> </u>	Brushes, Hand	2
<u> </u>	Clippers, Hair	1
<u> </u>	CST flange, tygon, tie wraps, 1 1/4" wrench (ea)	2
<u> </u>	Swabs, Nasal	20
<u> </u>	Tweezers	2
<u> </u>	Digital Alarming Dosimeters listed below check fast entry mode	
	Fast entry settings and count for OSC DAD'S	
<u> </u>	Leak search/Re-Entry disconnects: 100R/hr dose rate; 10 Rem dose	20
<u> </u>	Drawing PASS: 20R/hr dose rate; 5 Rem dose	10
<u> </u>	Relocation sample prep/disconnects: 5R/hr dose rate; 1 Rem dose	14
<u> </u>	Area monitors: 40 mrem/hr dose rate; 100mrem dose	6
<u> </u>	Verify that the labeling is legible and correct on all chemical products, per SHP-26	
<u> </u>	Twist-Lock Adapter (Construction Male/Household Female)	3

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
POST ACCIDENT SAMPLE CABINET		
_____	Gaseous Effluent Sample Bags ..Each bag contains 2-14 mv glass vials with rubber septums, syringe with needle, filter paper and 3' tygon tubing, silver zeolite cartridge (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes _____ No _____	6
_____	RCS Sample Bags ... Each bag contains 2 sample bottles, 2-14 mv vials with rubber septums, 4 planchets, syringe with needle	6
_____	5 cc gas syringe	10
_____	10cc gas syringe	5
_____	1 cc gas syringe	2
_____	0.5 cc gas syringe	30
_____	Needles for gas syringe	21
_____	Particulate filters	200
_____	Labels for gas release samples	100
_____	14 mv vials	50
_____	14 mv septa	100
_____	Plastic bags	50
_____	Petri dishes	60
_____	Forceps	3
_____	75 ml Plastic Vials	24
_____	Plastic funnels (small)	24
_____	30 ml Plastic bottles	28
_____	Planchets (2" x 5/16")	75
_____	Latex gloves (package)	1
_____	Safety glasses	2
_____	1 liter Marinelli (liquid)	1
_____	1 liter Marinelli (gas)	6
_____	250 ml bottles	12
_____	Charcoal Cartridge (box) (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes _____ No _____	2
_____	Silver Zeolite, individual cartridge (OR-1-99-383) Expiration Date _____ Expiration after next inventory Yes _____ No _____	50
_____	Small bags	20
_____	Air sample labels	20
_____	Microprobe pH electrodes	2
_____	Stirring bar, magnetic	1
_____	Buret, piston	2

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST B

OPERATIONS SUPPORT CENTER....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
POST ACCIDENT SAMPLE CABINET		
_____	Pipets, 1, 2, 5, 10 mls	1 ea.
_____	Flexible arm electrode holder	1
_____	Stirring rods	4
_____	Shortened 10 ml graduated cylinder	1
_____	Labels for sample containers	1 pack
_____	Logbook	1
_____	Electrode extensions	1
_____	1/4" tygon tubing	20 ft
_____	15 ml vials	3
_____	3/8" tygon tubing	40 ft
_____	Tie wraps (bag)	1
_____	Knife (razor)	2
RE-ENTRY CABINET		
_____	Extremity TLDs....annual replacement	60 ea.
_____	Coveralls, plastic (box)	2
_____	Plastic Shoe Covers (CS)	1
_____	Tape, Masking (roll)	5
_____	Coveralls, disposable, white (CS)	3
_____	Latex "Steeleboot" or Rubber Shoe Covers (CS)	1
_____	Hood, Tyvek (CS)	1
_____	Surgeon's cap, Tyvek (CS)	1
_____	Surgeon's gloves (CS)	1
_____	Glove liners (CS)	1
_____	Rubber gloves (CS)	1
OSC MANAGER'S DESK		
_____	Re-entry log book....contents per cover sheet	1
_____	Portable PA system...operation....battery compartment O.K.	1
_____	Desk pack	1
_____	flashlights...operational...battery compartment OK	2
_____	Phone...6074...operational	1
_____	Phone...2448...operational	1
_____	Phone...2416...operational	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

OPERATIONS SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

<u> </u>	Pole detector-dose rate meter	3
<u> </u>	Low range dose rate meter	5
<u> </u>	High range dose rate meter	1
<u> </u>	Contamination meter	5
<u> </u>	Air sampler	5

NOTES:

If the Silver Zeolite cartridges or charcoal cartridges expire before the next inventory, change them out at this time.

COMMENTS

REASON FOR INSPECTION

Seal Broken
Quarterly Post Drill Emergency Use
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Fire Rescue Suit	1
_____	Gloves, pr	5
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Gloves, Disposable, package	1
_____	Safety Glasses (pr)	5
_____	FMT's DAD's (fast entry mode) 1R/hr dose rate; 1 Rem dose	2
_____	Fire Department DAD's (fast entry mode) 40mr/hr rate 100 mr dose	5

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	1
_____	Air sampler	1

COMMENTS

REASON FOR INSPECTION

Seal Broken _____

Quarterly Post Drill Emergency Use _____

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUX BLDG EL 155 UNIT 2 RAD SIDE RE-10 Vicinity...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Radiation barrier tape or tope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight....battery compartment operable	1

COMMENTS _____

REASON FOR INSPECTION
 Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 121 UNIT 2 RAD SIDE NEAR EAST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Radiation barrier tape or rope	100 ft
_____	Airborne Radioactivity Area sign	3
_____	Contaminated Area sign	3
_____	High Radiation Area sign	3
_____	Radiation Area sign	3
_____	Tape, Masking, roll	2
_____	Flashlight...battery compartment operational	1

COMMENTS _____

REASON FOR INSPECTION
 Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 1 RAD SIDE WEST STAIRWELL....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP.	

COMMENTS _____

REASON FOR INSPECTION

CHECKED BY: _____

Monthly Post Drill Emergency Use

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Oxygen masks	2
_____	Suction catheter, each	2
_____	Large eye pads, boxes	1
_____	Rescue mask, each	2
_____	Penlights, each	6
_____	Scissors	1
_____	Hypo-allergenic tape, boxes	1
_____	Gauze sponges 4" x 4", packs	4
_____	Butterfly closures, boxes	2
_____	Burn sheets, each	3
_____	Airway kits, each	2
_____	Air splint kits, each	2
_____	Trauma dressing 30" x 10", each	2
_____	Elastic bandage, each	4
_____	Sodium Chloride solution, bottle (OR-1-99-383)	1
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Neck collars, each	2
_____	CPR board, each	1
_____	Laerdal portal suction unit, each	1
_____	1/2" hypo-allergenic cloth tape, boxes	1
_____	Cold packs, each	8
_____	Long back board, each	1
_____	Short back board, each	1
_____	Stretcher, each	2
_____	Scoop stretcher, each	1
_____	Breathing air bottle, each ...tank pressure ≥ 50 psig	1
_____	Hospital radio operability check, circle one	SAT/UNSAT
_____	Blood pressure kit, each	1
_____	Ambu Bag	1
_____	Trauma kit	1
_____	AED KIT (automated external defibrillator)	1
_____	Bags, Plastic	10
_____	Blankets	2
_____	DAD's (fast entry mode) 40mr/hr rate 100 mr dose	2
_____	Gloves, disposable, package	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

PLANT EMERGENCY VEHICLE EQUIPMENT....(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead Covering Material, sheet	1
_____	Coveralls, disposable, white	4
_____	Surgeon gloves, pr	8
_____	Latex "Steeleboot" or Rubber Shoe Covers, pr	4
_____	Plastic Shoe Covers, pr.	12
_____	Hood, Tyvek	4
_____	Surgeon cap, Tyvek	4
_____	Decon Solution (bottle)	1
_____	Airborne Radioactivity Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	1
_____	TLDs...3 background/9 for use...annual replacement	12
_____	Wristbands	10
_____	Absorbent wipes, package	1
_____	Flashlight...Battery compartment operable	1

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

_____	Contamination meter	1
-------	---------------------	---

NOTES:

If the Sodium Chloride Solution expires before the next inventory, change it out at this time.

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0
CHECKLIST H**

FNP STRETCHER CABINETS....(HP)

NOTE: Inspection includes verifying accessibility and posting per step 17.3

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
UTILITY BUILDING		
_____	Pole Stretcher...Blanket	1
WATER TREATMENT PLANT		
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
SRV.BLDG.MAINTENANCE SHOP		
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
C.S.C. BUILDING		
_____	Pole Stretcher...Blanket	1
SWITCHHOUSE		
_____	Pole Stretcher....Blanket	1
CONTROL ROOM		
_____	Pole Stretcher....Blanket	1
UNIT I AUX-RCA 155' W. STAIRS		
_____	Stretcher, basket....with 4 point sling, 4 body straps, 2 blankets	1
UNIT 1 AUX-RCA 139' W. STAIRS		
_____	Pole Stretcher...Blanket	1
UNIT 1 AUX-RCA 121' E. HALL		
_____	Pole Stretcher...Blanket	1
UNIT 1 AUX-RCA 100' W. STAIRS		
_____	Pole Stretcher...Blanket	1
UNIT 1 AUX-RCA 83' W STAIRS		
_____	Stretcher, basket...with 4-point sling, 4 body straps, 2 blankets	1
UNIT 1 AUX NON-RAD 139' STAIRS		
_____	Pole Stretcher...Blanket	1
UNIT 1 AUX-NON-RAD 121' STAIRS		
_____	Pole Stretcher....Blanket	1

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0
CHECKLIST H**

FNP STRETCHER CABINETS...(HP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT 1 AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 189' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT 1 TURB BLDG 137' S. STAIRS _____ Pole Stretcher....Blanket	1
	SRV. WTR. NE ENTRANCE _____ Pole Stretcher....Blanket	1
	RIVER WTR. S. COMPARTMENT _____ Pole Stretcher....Blanket	1
	DIESEL GEN BLDG W. ENTRANCE _____ Pole Stretcher....Blanket	1
	FIRE PROTECTION BUILDING _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II TURBINE BLDG EL. 155' _____ Stretcher, Basket....with 4-Point Sling, 4 Body Straps, 2 Blankets	1
	UNIT II AUX-RAD 155' E. _____ Stretcher Basket,....Blanket	1
	UNIT II TURBINE BLDG. 189' N. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 139' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX-NON-RAD 121' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II TURBINE BLDG. 137' N. STAIRS _____ Pole Stretcher....Blanket	1

EMERGENCY EQUIPMENT AND SUPPLIES

FNP STRETCHER CABINETS...(HP)

1

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	UNIT II AUX-NON-RAD 100' STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 139' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 121' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 100' E. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II AUX RAD 83' W. STAIRS _____ Pole Stretcher....Blanket	1
	UNIT II CL ₂ HOUSE/COOLING TOWER _____ Pole Stretcher....Blanket	1
	EOF _____ Pole Stretcher....Blanket	1

COMMENTS _____

REASON FOR INSPECTION
 Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CENTRAL SECURITY CONTROL BUILDING, AMBULANCE KIT....(SH)
(Stored in Fire Protection Cabinet)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, Plastic	10
_____	Blanket	1
_____	Labels, "CAUTION RADIOACTIVE MATERIAL"(roll)	1
_____	DAD's (fast entry mode) 40mr/hr rate 100 mr dose	4
_____	Lead Covering Material, sheet	1
_____	Desk pack	1
_____	Lab Coats	4
_____	Cloth Gloves, pr	4
_____	Rubber Gloves, pr	4
_____	Cloth Shoe Covers, pr	4
_____	Rubber Shoe Covers, pr	4
_____	Hood	4
_____	Surgeons Caps	4
_____	Airborne Radioactive Area signs	4
_____	Radiation Area signs	4
_____	Contaminated Area signs	4
_____	Radioactive Materials signs	4
_____	Tape, Masking, roll	2
_____	TLDs....3 background/4 for use.....annual replacement	7
_____	Gloves, disposable, package	1
_____	Wristbands	10

COMMENTS _____

REASON FOR INSPECTION

- Seal Broken
- Quarterly Post Drill Emergency Use
- Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

NURSES STATION...(SH)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Decon solution (bottle)	1
_____	Detergent (package)	1
_____	Hand brushes	2
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

EOF AIR COMPRESSOR SHED, FIELD MONITORING TEAM KITS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u> <u>Kit 2</u> <u>Kit 3</u>		

PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure inventory sheets. Verify procedures per the DC inventory.

_____	_____	_____	EP-EOF-FMT KIT 1	
_____	_____	_____	EP-EOF-FMT KIT 2	
_____	_____	_____	EP-EOF-FMT KIT 3	

EOF FMT CABINET:

_____	_____	_____	Plot Board	1
_____	_____	_____	Rain Coats	2
_____	_____	_____	Rain Pants	2
_____	_____	_____	Rain Boots	2

SMALL CASE:

_____	_____	_____	Air Sampling Package (Silver Zeolite) (OR-1-99-383)	6
			Expiration Date _____	
			Expiration after next inventory Yes _____ No _____	
_____	_____	_____	Compass	1
_____	_____	_____	Flashlight...Battery Compartment Operational	2
_____	_____	_____	FMT Keys (set)	1
_____	_____	_____	Desk pack	1
_____	_____	_____	Survey Forms (EIP-4, Fig. 4)	5
_____	_____	_____	TLDs...3 background /4 for use...replace annually	7
			(Background TLD's in Cabinet and are not in each case)	
_____	_____	_____	Tweezers	1
_____	_____	_____	Safety Glasses (pr)...clear	2
_____	_____	_____	Safety Glasses (pr)...tinted	2
_____	_____	_____	Smears, box	1
_____	_____	_____	Gloves, disposable, package	1
_____	_____	_____	Tape, masking (roll)	1
_____	_____	_____	Labels, "Caution-Radioactive Material" (roll)	1
_____	_____	_____	Filters for Environmental Air Samplers	15 each

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

EOF AIR COMPRESSOR SHED, FIELD MONITORING TEAM KITS...(EP)

<u>INITIALS</u>			<u>DESCRIPTION</u>	<u>QUANTITY</u>
<u>Kit 1</u>	<u>Kit 2</u>	<u>Kit 3</u>		
LARGE CASE				
_____	_____	_____	Absorbent Paper (package)	1
_____	_____	_____	Bags, plastic	10
_____	_____	_____	Flashlights (spotlights)..Battery compartment operational	2
_____	_____	_____	Coveralls (disposable)	4
_____	_____	_____	Rubber Gloves (pr) (disposable)	8
_____	_____	_____	Latex "Steeleboot" or Rubber Shoe Covers , pr (disposable)	4
_____	_____	_____	Hood (disposable)	4
_____	_____	_____	FMT Vehicle Signs (Stored in Room 118)	3
_____	_____	_____	Gloves, package (disposable)	1
_____	_____	_____	Cubitainer (at least 1 gal. capacity)	3
_____	_____	_____	Grass clippers (pr)	1
_____	_____	_____	Small shovel	1
_____	_____	_____	Tape, duct (roll)	1
_____	_____	_____	Weighted Sample Bottle and Rope	1
_____	_____	_____	Sample Pump and Tubing	1

EOF FMT GENERATOR CABINET:

_____	_____	_____	Portable electric generator...Operable	1
_____	_____	_____	1/2 gallon gas can...(empty or treated)	1
_____	_____	_____	Funnel	1
_____	_____	_____	Hand pump for gas removal	1

NOTES:

If the Silver Zeolite cartridges or charcoal cartridges expire before the next inventory, change them out at this time.

COMMENTS _____

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES

Obtain the following Document Control procedure. Verify procedures per the DC inventory.

- _____ EP-EOF-EOF MANAGER
- _____ EP-EOF-EOF SUPPORT COORDINATOR
- _____ EP-EOF-DOSE ANALYST
- _____ EP-EOF-COMP SERV SUPPORT
- _____ EP-EOF-ENN COMMUNICATOR
- _____ EP-EOF-DAS
- _____ EP-EOF-ACCESS CONTROL
- _____ EP-EOF-STATUS LOOP COMMUNICATOR
- _____ EP-EOF-FMT COMMUNICATOR
- _____ EP-EOF-KEY LOCKER
- _____ EP-EOF-GOP / NMP-EOF MANAGER
- _____ EP-EOF-GOP-EOF SUPPORT COORDINATOR

CABINET 1L DESK

- _____ Telephone...1611...operational 1
- _____ Telephone...6156...operational 1
- _____ FNP RMA (EOF Support Coordinator) So. Linc Radio..operational 1

CABINET 1L DRAWER A - EOF MANAGER

- _____ Log Book 1
- _____ In Boxes 1
- _____ Desk Pack 1

CABINET 1L DRAWER B

- _____ 10CFR parts 0-99 1
- _____ S.R.O.O.I.R.A.P. 1
- _____ Nureg - 0845 1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST L

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	CABINET 1L DRAWER C/D - EOF SUPPORT COORDINATOR	
	Desk Pack	1
	Loud Speaker	1
	CABINET 2L DESK	
	FTS Phone...HPN	1
	FTS Phone...RSCL	1
	FTS Phone...ENS	1
	Tone Alert Radio...operational	1
	CABINET 2L DRAWER A - DOSE ASSESSMENT SUPERVISOR	
	Log Book	1
	Desk Pack	1
	CABINET 2L DRAWER B	
	Dothan telephone book	1
	Birmingham telephone book	1
	CABINET 2L DRAWER C - DOSE ANALYST	
	Log Book	1
	Solar Calculator	1
	Desk Pack	1
	CABINET 2L DRAWER D...no inventoried items	
	CABINET 3L DESK	
	FTS phone...HPN	2
	FTS phone...PMCL	2
	Wireless Headset	1
	CABINET 3L DRAWER A - STATUS LOOP COMMUNICATOR	
	Wipe-alls (pkg)	2
	Markers	4
	Marker Board Cleaner (bottles)	1

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST L

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	CABINET 3L DRAWER A - STATUS LOOP COMMUNICATOR	
	NOUE sign	1
	Alert sign	1
	Site sign	1
	General sign	1
	Unit 1 sign	1
	Unit 2 sign	1
	Unit 1, 2 sign	1
	Desk Pack	1
	CABINET 3L - DRAWER B...no inventoried items	
	CABINET 4L - COMMUNICATION AREAS	
	GEMA Fleet Southern Linc Radio...Operational	
	AEMA Fleet Southern Linc Radio...Operational	
	ENN EOF FNP Southern Linc Radio ...Operational	
	CABINET 5L COMMUNICATIONS AREA	
	ENN	1
	Telephone...6154...Operational	1
	Telephone...4659...Operational	1
	CABINET 6L COMMUNICATIONS AREA	
	Telephone...4662 (GA call-in)..Operational	1
	Telephone...4663 (AL call-in)...Operational	1
	Desk Pack	2
	FAX Instruction Book	1
	CABINET 7L	
	Extension Cords	6
	Ground Fault Interrupter	1
	Phone Extension Cords	9
	CABINET 8L - FORMS DRAWER	
	Verify correct forms per drawer index	
	CABINET 9L....No inventoried items	

EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

INITIALS DESCRIPTION QUANTITY

CABINET 10L - COMMUNICATION AREA

_____	Fax Machine (Ga.Fax) 814-4653	1
_____	Fax Machine (Ala.Fax) 257-1035	1
_____	Log Book	1
_____	Telephone...6200...operational	1
_____	TLDs...3 background/50 for use..replaced annually	53
_____	Digital Alarming Dosimeters listed below...check fast entry mode	
	Fast entry settings and count for EOF DADs	
_____	EOF staff and area monitors: 40 mrem/hr dose rate; 100 mrem dose	42
_____	FMTs (Rm. 118): 1R/hr dose rate; 1 rem dose	6
_____	Printer Paper (8-1/2 x 11) (pks)	8
_____	Printer Cartridge (ERDS/ARDA/RMDA printer)	1
_____	Printer Cartridge, black ink (Midas/EIP29/30)	2
_____	Printer Cartridge, color ink (EIP29/30)	1
_____	Printer Cartridges, color ink (Midas)	1
_____	Printer Cartridge (Fax Machines)	2

DOSE ASSESSMENT AREA

_____	MIDAS Computer	1
_____	MIDAS Printer	1
_____	ERDS Computer	1
_____	ERDS Printer	1
_____	EIP-29/30 Computer	1
_____	EIP-29/30 Printer	1
_____	Desk Packs	1
_____	Telephone...6130...operational	
_____	Telephone...6121...operational	

ROOM 118

_____	Potassium Iodide, bottle (OR-1-99-383)	150
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Assistant General Manager-Operations.	n/a

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
ROOM 118		
_____	Flashlights	2
_____	Tool Kit...containing channel locks, hacksaw, carpenters hammer, pliers, screwdriver set, pipe wrench, large adjustable wrench, small adjustable wrench	1
_____	Telephone...6120...operational	1
_____	EOF FMT Control Southern Linc Radio.....operational	1
_____	Alabama radio base station.....operational	1
_____	Georgia radio base station.....operational	1
_____	Desk Pack	1
_____	EOF FMT Control Kenwood portable radio	1

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	4
_____	Contamination meter	4
_____	Air sampler	4

ROOM 118 KEY CABINET

_____	Key 1 EOF master...MD-23	1
_____	Key 2 EOF master...MD-22	1
_____	Key 3 EOF master...MD-21	1
_____	Key 4 EOF master...MD-25	1
_____	Key 11 Vis. Center Storage Rm. 263...VIS 3	1
_____	Key 12 Comm. Rm. 108...2GC-600	1
_____	Key set Chemistry Truck	1 set
_____	Key set Maintenance Vehicle	1 set
_____	Key set Env. Truck	1 set
_____	Key set Training Center Van	1 set
_____	Key set Visitor Center Van	1 set
_____	Side Cutters (for cutting red seals) pr	1

EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

NRC CART 105

_____	Telephone...4660...operational	1
_____	Telephone...MCL...FTS	1
_____	Telephone...ENS...FTS	1
_____	Logbook	1
_____	Desk Pack	1
_____	Telephone...6119 (room 103)...operational	1
_____	Telephone...6122 (room 104)...operational	1
_____	Telephone...6131 (room 105)...operational	1

PHONE CART 1 AND 2

_____	Telephone...6135...operational	1
_____	Telephone...8-257-1603...operational	1
_____	Telephone...6145/6156...operational	1
_____	Telephone...8-257-1611...operational	1
_____	Telephone...4678...operational	1
_____	Telephone...4658...operational	1
_____	Telephone...4676...operational	1
_____	Telephone...6155...operational	1
_____	Telephone...4677...operational	1
_____	Telephone...4657...operational	1
_____	Telephone...4656...operational	1
_____	Telephone...6133...operational	1
_____	Telephone...4203...operational	1
_____	Telephone...4204...operational	1
_____	Telephone...3355...operational	1
_____	Telephone...3387...operational	1

HP CABINET #L-11 HALLWAY ACROSS FROM RM 119

_____	Safety Glasses (20 pr)	1 pk
_____	Plastic Booties (20 pr)	1 pk
_____	Tyvek Hoods (15 each)	1 pk
_____	Latex "Steeleboot" or Rubber Shoe Covers (5 pr)	1 pk
_____	Coveralls (5 pr)	3 pk
_____	Surgeon's gloves (box)	2
_____	Silver Zeolite...individual cartridge (OR-1-99-383)	20 pk
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Masking Tape (roll)	2

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

EMERGENCY OPERATIONS FACILITY...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	HP CABINET #L-12 HALLWAY ACROSS FROM JANITOR'S CLOSET	
	Decon Solution (bottle)	2
	Tape, electrical (roll)	2
	Lead pigs	2
	Smears (box)	2
	Rope, Radiation	100 ft
	Sample bottle 1 ltr (small mouth)	4
	Sample Bottle 1 ltr (large mouth)	4
	Petri dish (20/pk)	5
	Planchettes (100/pk)	1
	Step-off pads	5
	Wipe Alls (pk)	1
	Marinelli 1 ltr w/lids	8
	Marinelli 4 ltr w/lids	8
	Sample bottle, 30 ml. (20/pk)	1
	Lab paper	50 ft
	Signs "Caution Radiation Controlled Area"	3
	Rad. Area, sign	6
	Rad. Materials sign	6
	Contaminated Area sign	6
	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

MECHANICAL EQUIPMENT ROOM 113 - NRC CABINET

	NRC Trainer Extension Cords (30')	3
--	-----------------------------------	---

SIMULATOR

	ENN Sim FNP Southern Linc Radio.....Operational	1
--	---	---

NOTES:

If the Silver Zeolite cartridges or Potassium Iodide expire before the next inventory, change them out at this time.

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
Quarterly Post Drill Emergency Use
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

**FNP-0-EIP-16.0
CHECKLIST M**

SOUTHEAST ALABAMA MEDICAL CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure inventory sheets. Verify procedures per the DC inventory.

	EP-MORGUE-S.A.M.C.	
_____	Bags, Plastic	20
_____	Clippers, Hair	1
_____	DAD's (fast entry mode) 40mr/hr rate 100 mr dose	25
_____	Decon. Solution (bottle)	1
_____	Detergent Soap, package	1
_____	Drums, Waste	3
_____	Filter Paper, Package	2
_____	Charcoal Cartridge (OR-1-99-383)	10
_____	Expiration Date _____	
_____	Expiration after next inventory Yes _____ No _____	
_____	Labels, "CAUTION RADIOACTIVE MATERIAL" (roll)	1
_____	Lead pig	1
_____	Paper, Absorbent, package	1
_____	Rubber Gloves, pr	20
_____	Surgeon's gloves, pr	8
_____	Plastic shoe covers, pr	20
_____	Desk Pack	1
_____	Survey Forms (set)	1
_____	Radiation rope or barrier tape	100 ft
_____	Radiation Area signs	10
_____	Contaminated Area signs	10
_____	Radioactive Materials signs	10
_____	High Radiation Area signs	5
_____	Smears, box	1
_____	Negative Pressure Unit (uncontrolled)	1
_____	Tape, duct, roll	6
_____	TLDs...3 background/18 for use..replace annually	21
_____	Extremity TLDs, pr.....replace annually	5
_____	Rad bags	4
_____	Step-off pads	2
_____	Herculite	1
_____	Tyveks coveralls (white) case	2
_____	Sample bucket	1
_____	Sample bottle	4

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

SOUTHEAST ALABAMA MEDICAL CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Scotch Brite pads (or similar product)	10
_____	Hospital decontamination table	1
_____	20 gal. container for hospital decontamination table	4
_____	Portable hospital decontamination table	2
_____	5 gal. container for portable hospital decontamination table	4
_____	Verify that the labeling is legible and correct on all chemical products, per SHP-26	

PORTABLE SURVEY INSTRUMENTS

Verify the following portable instruments per calibration schedule.

_____	Dose rate meter	1
_____	Contamination meter	2
_____	Air sampler	1

NOTES:

If the Charcoal cartridges expire before the next inventory, change them out at this time.

COMMENTS

REASON FOR INSPECTION

Quarterly Post Drill Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

CONTROL ROOM EMERGENCY FOOD SUPPLY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Case #1 of 16 Accessary Kit	1
_____	Case #2 of 16 Miscellaneous Foods	1
_____	Case #3 of 16 Milk	1
_____	Case #4 of 16 Meat Substitutes	1
_____	Case #5 of 16 Miscellaneous Foods	1
_____	Case #6 of 16 Milk	1
_____	Case #7 of 16 Cooking Aids	1
_____	Case #8 of 16 Vegetables	1
_____	Case #9 of 16 Vegetables	1
_____	Case #10 of 16 Fruits	1
_____	Case #11 of 16 Miscellaneous Grains	1
_____	Case #12 of 16 Miscellaneous Grains	1
_____	Case #13 of 16 Miscellaneous Grains	1
_____	Case #14 of 16 Miscellaneous Grains	1
_____	Case #15 of 16 Miscellaneous Grains	1
_____	Case #16 of 16 Miscellaneous Grains	1
_____	Case #1 of 3 Starter Kits	1
_____	Case #2 of 3 Starter Kits	1
_____	Case #3 of 3 Starter Kits	1

COMMENTS _____

REASON FOR INSPECTION	CHECKED BY: _____
Seal Broken	
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

ASSEMBLY AREAS...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure inventory sheets. Verify procedures per the DC inventory.

- _____ EP-ASSEMBLY AREA-VCA
- _____ EP-ASSEMBLY AREA-SBA
- _____ EP-ASSEMBLY AREA-FABRICATION SHOP
- _____ EP-ASSEMBLY AREA-WAREHOUSE
- _____ EP-ASSEMBLY AREA-OSB

COMMENTS _____

REASON FOR INSPECTION

CHECKED BY: _____

Quarterly Post Drill Emergency Use

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

CHEMISTRY VEHICLE...(CHEM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS _____

REASON FOR INSPECTION _____ **CHECKED BY:** _____
 Monthly _____ **TITLE:** _____
 Other _____ **DATE:** _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING ENTRANCE WEST NON-RAD HALLWAY UNIT 1...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus air bottles, pressure \geq 2000 psig	96

Note: SCBA storage rack typical arrangement is 48 bottles per upper rack and 48 bottles per lower rack. This arrangement is not a requirement.

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____

Monthly Post Drill Emergency Use TITLE: _____

Other _____ DATE: _____

EMERGENCY EQUIPMENT AND SUPPLIES

SERVICE BUILDING MAINTENANCE SHOP....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Bags, plastic	20
_____	Brushes, hand	2
_____	Clippers, hair	1
_____	Decon. Solution, bottle	2
_____	Detergent Soap package	1
_____	Pen	1
_____	Coveralls disposable	25
_____	Surgeon Gloves, pr	25
_____	Latex "Steeleboot" or Rubber Shoe Covers , pr	25
_____	Plastic Shoe covers	25
_____	Hood, Tyvek	25
_____	Surgeon Cap, Tyvek	25
_____	Scissors	1
_____	Smears, package	1
_____	Swabs, nasal	20
_____	Tape, masking, roll	6
_____	Tweezers	2
_____	Absorbent wipes, package	1
_____	Flashlight...Battery Compartment, Operable	1
_____	Verify that the labeling is legible and correct per SHP-26 on all chemical products.	

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Seal Broken
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

SATELLITE TELEPHONE...(EP)

INITIALS DESCRIPTION

NOTE: Steps 1, 2, 3 and 11 marked with a M are to be performed on a monthly basis. The remaining steps marked with a Q are to be performed during the first month of each quarter.

- _____ 1M. Setup the phone by performing step 18.2 of FNP-0-EIP-8.3.
- _____ 2M. Place a call from the satellite phone per step 18.3 of FNP-0-EIP-8.3 to any convenient telephone number to verify operability and voice quality.
- _____ 3M. Place a call to the satellite phone (888-863-3170) from any convenient telephone to verify operability and voice quality.
- _____ 4Q. Leave phone turned on in standby for eight hours or until a low battery indication is received.
- _____ 5Q. Refer to satellite telephone users manual in the accessories case pages 89 to 100 for specific instructions on maintaining and charging the batteries.
- _____ 6Q. While the installed battery is being discharged, charge the spare battery for approximately four hours using the rapid charging function of the battery charger.
- _____ 7Q. After eight hours or a low battery indication, turn off the phone per step 18.4 of FNP-0-EIP-8.3.
- _____ 8Q. Remove the installed battery and install the freshly charged spare battery.
- _____ 9Q. Set up the phone by performing step 18.2 of FNP-0-EIP-8.3 and check function 51 to verify the newly installed battery is operating properly.
- _____ 10Q. Charge the depleted battery for at least four hours but less than 24 hours using the rapid charging function of the battery charger.
- _____ 11M. Verify that the phone is turned off per step 18.4 of FNP-0-EIP-8.3. Return the phone and accessories to the storage location in the EP office storeroom, ensuring that the batteries are stored in the proper long term storage position per the users manual illustration page 89.

COMMENTS _____

REASON FOR INSPECTION

Monthly _____
Quarterly _____
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

HVAC SYSTEM - EOF...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Align and operate EOF HVAC system in Outside Air Filtration Mode per FNP-0-EIP-27.0, Attachment 3, for 30 minutes	
_____	Align and operate EOF HVAC system in Isolation Mode per FNP-0-EIP-27.0, Attachment 3, for 30 minutes	
_____	Restore EOF HVAC system to Normal Mode per FNP-0-EIP-27.0, Attachment 3	

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE HALLWAY BY
Filter Room Entrance.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Radiation barrier tape or rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, Masking, roll	2
_____	Flashlight...Battery compartment, operable	1

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Seal Broken
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 100 UNIT 1 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Radiation barrier, tape or tope	100 ft
_____	Scissors, pr.	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____

Seal Broken _____

Quarterly Post Drill Emergency Use _____ TITLE: _____

Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE HALLWAY....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Radiation Barrier Tape or Rope	100 ft
_____	Scissors, pr	1
_____	Airborne Radioactivity Area signs	3
_____	Contaminated Area signs	3
_____	High Radiation Area signs	3
_____	Radiation Area signs	3
_____	Tape, masking, roll	2
_____	Flashlight...battery compartment, operable	1

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Seal Broken
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

HOT SHUTDOWN PANELS UNIT 1....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure sheets. Verify procedures per the DC inventory.

_____ EP-UNIT 1-HOT SHUT DOWN PANEL

HOT SHUTDOWN PANEL CORRIDOR UNIT 1

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 1

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
Quarterly Post Drill Emergency Use
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

HOT SHUTDOWN PANELS UNIT 2....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure sheets. Verify procedures per the DC inventory.

_____ EP-UNIT 2-HOT SHUT DOWN PANEL

HOT SHUTDOWN PANEL COMMUNICATIONS ROOM UNIT 2

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3
_____	12 inch adjustable wrench	1

HOT SHUTDOWN PANEL CORRIDOR UNIT 2

_____	Sound powered headset....operational	1
_____	Sound powered extension cord	1
_____	Flashlight...battery compartment, operational	3

COMMENTS _____

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CSC GUARD TOWER EMERGENCY CELLULAR TELEPHONE....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

_____	Verify phone can place a call on System B (334-797-4336)	
_____	Verify phone can receive a call on System B (334-797-4336)	
_____	Verify phone can place a call on System A (334-790-3381)	
_____	Verify phone can receive a call on System A (334-790-3381)	
_____	Disconnect phone from power supply with the phone on for six hours to discharge battery	
_____	Re-connect phone to power supply	

INSTRUCTIONS FOR SWAPPING PHONE FROM A to B:

- (1) To display the system on which the phone is operating, press "recall" and #. The number should appear. Press end/clear to clear the number.
- (2) To swap to the other system, press "recall", # and "store". The new number should appear.

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____

Quarterly Post Drill Emergency Use TITLE: _____

Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 83 UNIT 2 RAD SIDE WEST STAIRWELL...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Self Contained Breathing Apparatus	1
_____	Verify that the SCBA unit is operational per step 10 of the EIP	

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____
 Monthly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST BB

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
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PROCEDURES AND DRAWINGS

Obtain the following Document Control procedure and drawing inventory sheets. Verify procedures per the DC inventory.

_____	EP-TSC-EMERGENCY DIRECTOR (shared with TSC Manager)	
_____	EP-TSC-ENGINEERING SUPERVISOR	
_____	EP-TSC-OPS SUPERVISOR	
_____	EP-TSC-MAINTENANCE SUPERVISOR	
_____	EP-TSC-HP SUPERVISOR	
_____	EP-TSC-CHEM. SUPERVISOR	
_____	EP-TSC-SHIFT RADIO CHEMIST	
_____	EP-TSC-REACTOR ENGINEER	
_____	EP-TSC-FMT COMMUNICATOR	
_____	EP-TSC-ENN COMMUNICATOR	
_____	EP-TSC-STATUS LOOP COMMUNICATOR	
_____	EP-TSC-NRC	
_____	EP-TSC-DOCUMENT ROOM-DRAWINGS	
_____	EP-TSC-GOP/NMP-EMERGENCY DIRECTOR (Corporate Procedures)	
_____	EP-TSC-GOP/NMP-ENGINEERING SUPERVISOR (Corporate Procedures)	

COMMUNICATIONS AREA

_____	Ericsson portable phone (ext. 4988)	1
_____	Fax Machine (Ga. Fax) (814-4665)	1
_____	Fax Machine (Al. Fax) (257-1155)	1
_____	General Emergency sign	1
_____	Site Area Emergency sign	1
_____	Alert sign	1
_____	NOUE sign	1
_____	Unit 1 sign	
_____	Unit 2 sign	
_____	Unit 1 and 2 sign	
_____	Headsets, sound powered phone operational	2
_____	Forms book...verify forms in book per index	
_____	Desk Pack	2
_____	Printer cartridge...AL/GA FAX machine...	2
_____	Printer cartridge...Back up MIDAS	1
_____	Printer cartridge...SPDS/PPC/ERDS/ARDA	1
_____	8 1/2 x 11 paper...packs	8
_____	Printer cartridges...MIDAS, color cartridges	1 ea.

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST BB

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
TSC KEY LOCKER		
_____	ENN	1
_____	Telephone 814-4666...operable	1
_____	Telephone 257-1601...operable	1
_____	Telephone FTS ENS	1
_____	Telephone FTS HPN	1
_____	TSC Radio Cabinet key	1
_____	Emergency Director Desk key	1
_____	Engineering Supervisor Desk key	1
_____	OPS Supervisor Desk key	1
_____	Maintenance Supervisor Desk key	1
_____	MIDAS Computer Cabinet key	1
_____	Reactor Engineer Desk key	1
_____	NRC Desk key	1
_____	Document Room key	1
_____	FMT Radio Cabinet key	1
_____	TSC Southern Linc ENN key	1
_____	Control Room Remote Southern Linc key	1
_____	Southern Linc Radio Cabinet	1
_____	Key set Chemistry Truck	1
_____	Key set Maintenance Vehicle	1
_____	Key set Env. Truck	1
_____	Key set Training Center van	1
_____	Key set Visitor Center van	1
TSC RADIO CABINET		
_____	Kenwood handheld radio and charger	1
SOUTHERN LINC RADIOS		
_____	TSC FMT Control...Operational Southern Linc Radio	
_____	ENN TSC...FNP Operational Southern Linc Radio	
_____	FNP ED/EDA(TSC Mngr) Southern Linc Radio...Operational	
_____	GEMA Fleet Southern Linc Radio ...Operational	
_____	AEMA Fleet Southern Linc Radio ...Operational	

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST BB

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
EMERGENCY DIRECTOR/TSC Manager DESK		
_____	Portable public address	1
_____	Telephone 6016...Emergency Director...operable	1
_____	Telephone 4662...Alabama Liaison...operable	1
_____	Telephone 4663...Georgia Liaison...operable	1
_____	Desk Pack	1
_____	S.R.O.O.I.R.A.P.	1
ENGINEERING SUPERVISOR DESK		
_____	Telephone 6010...Operable	1
_____	Nureg - 0845	1
_____	Desk Pack	1
OPS SUPERVISOR DESK		
_____	Telephone 6017...Operable	1
_____	Desk Pack	1
MAINTENANCE SUPERVISOR DESK		
_____	Telephone 6018...Operable	1
_____	Desk Pack	2
MIDAS COMPUTER CABINET		
_____	MIDAS computer	1
_____	Calculators .	2
_____	Desk Pack	1
_____	Telephone 6011...Operable	1
HP SUPERVISOR DESK		
_____	Telephone 6012...Operable	1
_____	Telephone FTS HPN	1
_____	10CFR parts 0-99	1
_____	Desk Pack	1
REACTOR ENGINEER DESK		
_____	Telephone 6013...Operable	1
_____	Desk Pack	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

TECHNICAL SUPPORT CENTER...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
NRC DESK		
_____	Telephone 4664...Operable	1
_____	Telephone FTS ENS	1
_____	Telephone FTS RSCL	1
_____	Telephone FTS PMCL	1
_____	Telephone FTS MCL	1
_____	Desk Pack	1

DOCUMENT ROOM

_____	FMT COMMUNICATOR DESK PACK	1
-------	----------------------------	---

Visually inspect the door seals of door 453 (TSC to Control Room) and door 2480 (TSC to OSC) for deterioration or other signs of leakage such as abnormal high noise levels. A Deficiency Report will be written if problems are found.

DR# _____
 _____ Door #453 TSC to Control Room
 _____ Door #2480 TSC to OSC

COMMENTS _____

REASON FOR INSPECTION

Seal Broken
 Quarterly Post Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST CC

FIRE FIGHTING EQUIPMENT...(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

UNIT # 2 AUX BLDG 155' NON-RAD CLEAN STRORAGE RM (Rm. Adjoining the TSC on the North side, also known as the OSC)

There are 10 lockers in which the following are distributed:

<u> </u>	Crowbar	1
<u> </u>	Fire Axes	2
<u> </u>	Fire Rescue Suit	1
<u> </u>	Hand Lantern...battery compartment, operable	1
<u> </u>	Rope (1/2 dia.)	100' coil
<u> </u>	Coat	5
<u> </u>	Helmet	9
<u> </u>	Gloves (pr)	9
<u> </u>	Boots (pr)	9
<u> </u>	Trousers	9
<u> </u>	Nomex Hood	9

UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2 TURBINE BLDG.

This storage location has 10 lockers in which the following are distributed:

<u> </u>	Coat	8
<u> </u>	Helmet	8
<u> </u>	Gloves (pr)	8
<u> </u>	Boots (PR)	8
<u> </u>	Hand Lantern...battery compartment, operable	1
<u> </u>	Foam cart with foam (stored adjacent to the lockers)	1
<u> </u>	Trousers	8
<u> </u>	Nomex Hood	8

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

PLANT EMERGENCY VEHICLE....(SEC)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Emergency sound equipment	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Dual batteries (corrosion)	sat / unsat
_____	Interior clean, patient compartment clean, cot made up	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Trauma kit present	sat / unsat
_____	Dual fuel tanks near full	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist
- 4) Plant Emergency Vehicle to be parked near CSC when not in use, with the keys in the CSC key locker.

COMMENTS _____

REASON FOR INSPECTION

- Weekly
- Post Drill
- Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

CHEMISTRY EYEWASH/SHOWER STATIONS...(CHEM)

LOCATIONS:

See list in FNP-0-CCP-333

INITIALS

DESCRIPTION

	Verify operability of station per FNP-0-CCP-333
	Verify accessibility per FNP-0-CCP-333
	Verify equipment is in the proper location per FNP-0-CCP-333
	Verify the location is posted as an emergency location per FNP-0-CCP-333

COMMENTS _____

REASON FOR INSPECTION

CHECKED BY: _____

MONTHLY

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

TRAINING CENTER VEHICLE.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS

REASON FOR INSPECTION

CHECKED BY: _____

Monthly

TITLE: _____

Other _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST GG

FIRE BRIGADE EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
FIRE BRIGADE VAN VEHICLE		
_____	CO ₂ fire extinguishers	2
_____	Dry chemical fire extinguishers	3
_____	boots	8 pr
_____	helmet	8
_____	coats	8
_____	gloves	8 pr
_____	Trousers	8
_____	Nomex Hood	8
_____	1 1/2" hose (100 ft. section)	1
_____	1 1/2" hose nozzle	1
_____	Pressurized water fire extinguisher	2
_____	First Aid Kit (Burn Kit)	1
_____	Hand Lantern...battery compartment, operable	1
_____	2 1/2 inch hose (50 ft. section)	20
_____	1 1/2 inch hose (50 ft. section)	8
_____	Spanner wrench	16
_____	Hydrant wrench	12
_____	Foam Eductor	1
_____	AFFF Foam container	3
_____	Fire hose clamp	1
_____	Fire axes	5
_____	Pry bar	5
_____	2 1/2 in. nozzle	10
_____	1 1/2 in. nozzle	10
_____	2 1/2 in. to 1 1/2 in. gated wye	5
_____	2 1/2 in. 1 1/2 inch reducers	5
_____	2 1/2 in. double male	1
_____	2 1/2 in. double female	1
HELIPORT CABINET		
_____	Dry chemical fire extinguishers	1
_____	boots	1 pr
_____	helmet	1
_____	coats	1
_____	gloves	1 pr
_____	Pry bar	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FIRE BRIGADE EQUIPMENT....(FM)

- 1) Fire Brigade Van is to be parked near the CSC when not in use, with the keys stored in the CSC keylocker.
- 2) Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor.
- 3) Return complete checklists to the Emergency Planning Nuclear Specialist.

COMMENTS

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FIRE BRIGADE VAN....(SEC)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Radio communications	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	All vehicle emergency lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Interior clean	sat / unsat
_____	First Aid kit present	sat / unsat
_____	Fuel tank near full	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.
- 4) Fire Brigade van is to be parked near CSC when not in use, with the keys stored in the CSC key locker.

COMMENTS

REASON FOR INSPECTION

- Weekly
- Post Drill
- Emergency Use
- Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

ENVIRONMENTAL VEHICLE....(ENV)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS _____

REASON FOR INSPECTION _____ **CHECKED BY:** _____
 Monthly _____ **TITLE:** _____
 Other _____ **DATE:** _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST JJ

UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

Gang Box, Mechanical Maint. Cage, Unit 1 155' Turbine Bldg.. Obtain key QA-01 and DA3 from Ops.

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	Tool Bag	
_____	6" Screw Starter	1
_____	Phillips Head Screwdriver	1
_____	Clutch Head Screwdriver	2
_____	Flatblade Screwdriver	4
_____	Wrench Adjustable 10"	1
_____	Nutdriver 5/16" Insulated	1
_____	Fuse Puller	1
_____	Channel Locks	1
_____	Side Cutting Pliers	1
_____	Diagonal Cutting Pliers	1
_____	Needle Nose Pliers	1
_____	Wire Stripper	1
_____	Flashlight...battery compartment, operational	5
_____	Electrical Tape (roll)	2
_____	2 AMP Control Power Fuse	5
_____	3 AMP Control Power Fuse	10
	 JUMPERS	
_____	3 inch	4
_____	6 inch	3
_____	12 inch	1
_____	16 inch	2
_____	22 inch	2
	 CABLES	
_____	100 foot	2
_____	125 foot	4
_____	200 foot	1
_____	220 foot	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

UNIT 1 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

INITIALS DESCRIPTION QUANTITY

MISCELLANEOUS

	Emergency Switch Box with cable attached	1
	RHR HX AOV Airline Rig	1
	Power cords for battery room exhaust fans	2
	Nitrogen bottle tank...pressure 1000psig (located on the 155 foot in the Turbine Building)	1

NOTES:

Return completed checklist to the Emergency Planning Nuclear Specialist via the Operations Unit Supervisor.

COMMENTS _____

REASON FOR INSPECTION	CHECKED BY: _____
Seal Broken	
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST KK

UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

Gang Box, Mechanical Maint. Cage, Unit 2 155' Turbine Bldg. Obtain key QA-01 from Ops.

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
	Tool Bag	
_____	6" Screw Starter	1
_____	Phillips Head Screwdriver	1
_____	Clutch Head Screwdriver	2
_____	Flatblade Screwdriver	4
_____	Wrench Adjustable 10"	1
_____	Nutdriver 5/16" Insulated	1
_____	Fuse Puller	1
_____	Channel Locks	1
_____	Side Cutting Pliers	1
_____	Diagonal Cutting Pliers	1
_____	Needle Nose Pliers	1
_____	Wire Stripper	1
_____	Flashlight...Battery compartment, operational	5
_____	Electrical Tape (Roll)	2
_____	2 AMP Control Power Fuse	5
_____	3 AMP Control Power Fuse	10
	JUMPERS	
_____	4 inch	4
_____	30 inch	4
_____	60 inch	4
	CABLES	
_____	50 foot	1
_____	100 foot	5
_____	160 foot	1
_____	200 foot	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

UNIT 2 CABLE SPREADING ROOM FIRE EMERGENCY EQUIPMENT...(OPS)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

MISCELLANEOUS

<u> </u>	Emergency Switch Box with cable attached	1
<u> </u>	RHR HX AOV Airline Rig	1
<u> </u>	Power Cords for Battery Room Exhaust Fans	2
<u> </u>	Nitrogen bottle Tank...pressure ≥1000 psig (located on the 155 foot in the Turbine Building)	1

NOTES:

Return completed checklist to the Emergency Planning Nuclear Specialist via the Operations Unit Supervisor.

COMMENTS

REASON FOR INSPECTION

Seal Broken

Quarterly Post Drill Emergency Use

Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

CANISTER RESPIRATORS

CANISTER RESPIRATORS IN ROOM 118 AT THE EOF

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Half Face Respirators with Filter Cartridges	6
_____	Full Face Respirators	8
_____	Iodine Canister (Full Face)-Protective Seal Unbroken (OR-1-99-383)	8
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	Potassium Iodide, Bottle (OR-1-99-383)	6
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	
_____	If thyroid blocking drugs (Potassium Iodide) are found missing, notify the Emergency Planning Coordinator. The Emergency Planning Coordinator will then immediately notify the Asst. General Manager - Operations.	

CANISTER RESPIRATORS IN THE CONTROL ROOM LARGE EP STORAGE LOCKER

_____	Full Face Respirators	2
_____	Iodine Canister---Protective Seal Unbroken (OR-1-99-383)	2
	Expiration Date _____	
	Expiration after next inventory Yes _____ No _____	

NOTES:

Ensure that the respirators are stored in a manner that they cannot be damaged by heat or twisted out of their normal configuration. Respirators should be stored with their sealing surface up to prevent deformation of the sealing surface. (NUREG-0041)

If the Silver Iodine canisters or Potassium Iodide expire before the next inventory, change them out at this time.

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Seal Broken
 Monthly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

VISITOR CENTER VEHICLE....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Monthly _____ TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 1 RAD SIDE OUTSIDE ELEVATOR...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Breathing Air bottle with regulator...pressure \geq 2000 psig	1
_____	Perform visual inspection of airline hoses in drum	2

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Monthly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

AUXILIARY BUILDING, EL. 139 UNIT 2 RAD SIDE PASS SAMPLE AREA...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Breathing Air bottle with regulator....pressure \geq 2000 psig	1
_____	Perform visual inspection of airline hoses in drum	2

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____
 Monthly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 1
RADSIDE....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

POST ACCIDENT SAMPLE AREA AUXILIARY BUILDING EL 139 UNIT 2
RADSIDE...(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Post Accident Cart (proper location)	1
_____	Lead pig in place (in transfer tunnel)	1
_____	Sample vial in lead pig	1
_____	Syringe shield in place	1
_____	Shielded transport pig (proper location)	1
_____	Table Top lead glass shield (in place in RCL)	1

COMMENTS _____

REASON FOR INSPECTION

CHECKED BY: _____

Quarterly Post Drill Emergency Use

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FMT SOUTHERN LINC AND KENWOOD RADIOS...(EP)

NOTE: FMT southern linc radio's remain programmed with the RMT description (ie: FMT 1 is programmed as FNP RMT 1)

Check the operability of each FMT portable radio.
Notify IT Customer Support for the radios that are inoperable.

FMT KENWOOD SUITCASE RADIOS

<u>INITIALS</u>	<u>DESCRIPTION</u>	
_____	FMT 1	sat/unsat
_____	FMT 2	sat/unsat
_____	FMT 3	sat/unsat

FMT Southern Linc Portable Radios

_____	FNP RMT 1-1321	sat/unsat
_____	FNP RMT 2-1322	sat/unsat
_____	FNP RMT 3-1323	sat/unsat
_____	FNP RMT SPARE-1324	sat/unsat
_____	FNP VEHICLE-1325	sat/unsat

FNP FMT 1 and FNP VEHICLE Southern LINC'S are located in the fire cabinet located at lower level security. All Kenwoods and FNP FMT 2, FNP FMT 3 and FNP FMT SPARE Southern LINC'S are located in room 118 at the EOF.

COMMENTS _____

REASON FOR INSPECTION	CHECKED BY: _____
Monthly	TITLE: _____
Other _____	DATE: _____

EMERGENCY EQUIPMENT AND SUPPLIES

FIRE TANKER TRUCK EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	1 1/2" x 50' Fire Hose	3
_____	1 1/2" x 100' Fire Hose	1
_____	2 1/2" x 50' Fire Hose	2
_____	1 1/2" Nozzle	1
_____	2 1/2" Nozzle	1
_____	1" Booster Nozzle	1
_____	1" x 100' Booster Hose	1
_____	2 1/2" x 1 1/2" x 1 1/2 Gated Wye	1
_____	2 1/2" x 15' Double Female Fill Hose	1
_____	2 1/2" Double Female	1
_____	Hose Clamp	1
_____	Pry Bar	1
_____	Fire Ax	1
_____	2 1/2" x 1 1/2" Reducer	1
_____	Fire Flaps	2
_____	Hydrant Wrench	2
_____	Spanner Wrench	2
_____	3/4" x 100' Life Rope	1
_____	Chock Blocks (sets)	2
_____	Fire coat	1
_____	Fire boots (pr)	1
_____	Fire helmet	1
_____	Gloves (pr)	1
_____	Foam Eductor	1
_____	Foam Can	2

COMMENTS _____

REASON FOR INSPECTION _____ CHECKED BY: _____
 Seal Broken
 Quarterly Post Drill Emergency Use TITLE: _____
 Other _____ DATE: _____

EMERGENCY EQUIPMENT AND SUPPLIES

FIRE TANK TRUCK....(SEC)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>	
		<u>TRUCK</u>	<u>PUMP</u>
_____	Engine coolant, hoses and clamps	sat / unsat	sat / unsat
_____	Engine oil level	sat / unsat	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat	n/a
_____	Dents and noticeable new body damage	sat / unsat	n/a
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat	n/a
_____	All vehicle driveability lights	sat / unsat	n/a
_____	Windshield wipers and washers	sat / unsat	n/a
_____	Clutch or transmission fluid (as applicable)	sat / unsat	n/a
_____	Steering (fluid)	sat / unsat	n/a
_____	Seat belts	sat / unsat	n/a
_____	Batteries (corrosion)	sat / unsat	sat / unsat
_____	Check overall cleanliness	sat / unsat	sat / unsat
_____	Start truck and ensure air pressure alarm and brake light clears at ≈75 psig	sat / unsat	n/a
_____	Start pump and ensure air and oil alarm clears after running (note 5)	n/a	sat / unsat
_____	After engine is running, check for an unusual noises	sat / unsat	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat	n/a
_____	Fuel tanks near full	sat / unsat	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.
- 4) Fire Tank Truck to be parked on the west side of the service water road between the railroad track and bridge when not in use, with the keys in the CSC key locker.
- 5) Fire Tank Truck pump starting instructions posted at the pump controls area must be followed.

COMMENTS _____

REASON FOR INSPECTION

- Weekly
- Post Drill
- Emergency Use
- Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST UU

SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

UNIT 1 SMOKE REMOVAL EQUIPMENT

AUXILIARY BUILDING 155' ELEVATION NON-RAD WEST CORRIDOR, NEAR ELEVATOR

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 155' ELEV. RCA NORTH CORRIDOR, NEAR DEMIN HATCHES

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 139' ELEV. RCA-NORTH CORRIDOR, NEAR SAMPLE ROOM

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 121' ELEV. RCA-NORTH CORRIDOR

	Electric driven smoke blower	1
	16" x 20' collapsible air hose	1
	50' extension cord	1
	50' of 1 1/2" fire hose	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST UU

SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

UNIT 1 SMOKE REMOVAL EQUIPMENT

AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 100' ELEVATION RCA - NORTH CORRIDOR

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

AUXILIARY BUILDING 77' ELEV. RCA, IN STAIRWELL

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

UNIT 2 SMOKE REMOVAL EQUIPMENT

AUXILIARY BUILDING 155' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

AUXILIARY BUILDING 155' ELEV. RCA-NORTH CORRIDOR, NEAR DEMIN HATCHES

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

AUXILIARY BUILDING 139' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

RCA - SOUTH CORRIDOR, NEAR SAMPLE ROOM

_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1

SHARED

EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST UU

SMOKE REMOVAL EQUIPMENT....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
UNIT 2 SMOKE REMOVAL EQUIPMENT		
AUXILIARY BUILDING 121' ELEV. NON-RAD WEST CORRIDOR, NEAR ELEVATOR		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
AUXILIARY BUILDING 121' ELEVATION RCA - SOUTH CORRIDOR		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
AUXILIARY BUILDING 100' ELEV. NON-RAD CCW AREA, NEAR ELEVATOR		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
AUXILIARY BUILDING 100' ELEV. RCA - SOUTH CORRIDOR		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
AUXILIARY BUILDING 83' ELEV. RCA ROOM 2110		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
UNIT 1 & 2 SHARED SMOKE REMOVAL EQUIPMENT		
DIESEL BUILDING FOYER, OUTSIDE 2B GENERATOR ROOM		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

SMOKE REMOVAL EQUIPMENT.....(FM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
UNIT 1 AND 2 SHARED SMOKE REMOVAL EQUIPMENT		
SERVICE WATER INTAKE STRUCTURE - EAST STAIRWELL		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
_____	50' of 1 1/2" fire hose	1
RIVER WATER INTAKE STRUCTURE SOUTH STAIRWELL		
_____	Electric driven smoke blower	1
_____	16" x 20' collapsible air hose	1
_____	50' extension cord	1
UTILITY BUILDING WEST END		
_____	Gasoline blowers	4

NOTES:

Discrepancies should be promptly reported to the Fire Marshal or Shift Supervisor
Return complete checklist to the Emergency Planning Nuclear Specialist

COMMENTS _____

REASON FOR INSPECTION	CHECKED BY: _____
Seal Broken	
Quarterly Post Drill Emergency Use	TITLE: _____
Other _____	DATE: _____

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

PROCEDURES ROOM 114

Obtain the following Document Control procedure inventory sheets. Each listed position has a file storage box located in room 114 that contains a desk pack and the procedures that are particular to that position. Verify procedures per the DC inventory and that the desk pack and other equipment listed for that position are adequate.

- _____ EP-ALT EOF- EOF MANAGER(Emergency Plan in Misc. Cabinet)
- _____ EP- ALT EOF-EPF SUPPORT COORDINATOR
- _____ EP- ALT EOF-DOSE ANALYST(Tech Specifications in Misc. Cabinet)
- _____ EP- ALT EOF-COMP SERV SUPPORT
- _____ EP- ALT EOF-ENN COMMUNICATOR(Fax instruction book)
- _____ EP- ALT EOF-DAS
- _____ EP- ALT EOF-ACCESS CONTROL(badging Supplies)
- _____ EP- ALT EOF-STATUS LOOP COMMUNICATOR
- _____ EP- ALT EOF-FMT COCOMMUNICATOR
- _____ EP-ALT EOF-GOP / NMP-EOF MANAGER (Located in Misc. Cabinet)
- _____ NRC (no procedures)

HEADLAND OFFICE KEY MAINTAINED AT HEADLAND POLICE DEPT.

- _____ Verify key, location, and operability. (Key 7, Alt. EOF Set...Storage Cabinet (MM III), Front Door)

COMMUNICATIONS CABINET ROOM 112

Each time this checklist is performed, verify that the phones and radio listed below are actually in the cabinet.

- _____ In the fourth quarter, check the operation of the phones and radio listed below. This requirement will be met if the Alternate EOF is setup and used for a drill exercise or tabletop at any other time during the year. Indicate the activity type and date. Activity type _____ DATE _____
(10CFR50 App. E section IV, E, 9)

COMMUNICATIONS CABINET, ROOM. 112

- | | |
|--------------------------------|---|
| _____ Telephone.....8-276-6185 | 1 |
| _____ Telephone.....8-276-6186 | 1 |
| _____ Telephone.....8-276-6188 | 1 |
| _____ Telephone.....8-286-4750 | 1 |
| _____ Telephone.....8-286-4752 | 1 |
| _____ Telephone...8-286-4753 | 1 |
| _____ Telephone.....8-286-4754 | 1 |
| _____ Telephone.....8-286-4755 | 1 |
| _____ Telephone.....8-286-4756 | 1 |

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
_____	Telephone.....8-286-4757	1
_____	Telephone.....8-286-4758	1
_____	Telephone.....8-286-4759	1
_____	Telephone.....8-286-4760	1
_____	Telephone.....8-286-4761	1
_____	Telephone.....8-286-4763	1
_____	ENN (Operability is checked the first Tuesday of each month.)	1

ROOM 119 AND PI SUPPORT AREA

_____	Verify with office staff that the computer equipment necessary to send out press releases is operable	NA
_____	Verify with office staff that the fax machine is operable in its present location	NA

MIDAS COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	Printer cartridges (as required per printer)	na
_____	Tone alert Radio	1
_____	extension cord	1

EIP 29/30 COMPUTER CABINET

_____	Computer	1
_____	Monitor	1
_____	Keyboard	1
_____	Mouse	1
_____	Printer	1
_____	Paper	1 ream
_____	Printer cartridges (as required per printer)	na
_____	Tone alert Radio	1
_____	extension cord	1

Non Reg ERDS/ARDA

_____	Computer	1
_____	Monitor	1
_____	Keyboard / Mouse	1
_____	Printer with cartidges	1

SPDS/PPC Mimic

_____	Computer	1
_____	Monitor	1
_____	Keyboard / Mouse	1

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
-----------------	--------------------	-----------------

ROOM 114 ALTERNATE EOF EQUIPMENT STORAGE ROOM

<u>Drawing Cabinet</u>	A File storage box with misc. extra phone equipment and extra paper are located in this cabinet but are not inventoried	
------------------------	---	--

Miscellaneous Cabinet

_____	State of Alabama Emergency Plan	1
_____	State of Georgia Emergency Plan	1
_____	State of Florida Emergency Plan	1
_____	FNP Emergency Plan (Site, reference EOF Mngr Doc Cont. Inventory)	1
_____	FNP Emergency Plan (Medical, ref: EOF Mngr Doc Cont. Inventory)	1
_____	GO EIP / NMPs (reference EOF Mngr)	1 sets
_____	Unit 1 Technical Specifications (ref: Dose Analyst Doc Cont. Inventory)	1
_____	Unit 2 Technical Specifications (ref: Dose Analyst Doc Cont. Inventory)	1
_____	Title 10 Code of Federal Regulations parts 0-99	1
_____	SROO IRAP-3	1
_____	NRC Region II Supp. to NUREG 0845	1
_____	Form Books per book inventory (verify correct Revisions)	2
_____	File storage box (Misc. extra office supplies and consumables)	1 box
_____	File storage box (First aid kit and misc. extra power strips, extension cords flashlights, telephone extension cords)	1 box
_____	Miscellaneous in boxes and name plates	NA
_____	Dothan telephone directory	1
_____	Birmingham telephone directory (white and yellow pages)	1
_____	8 1/2 x 11 paper	>1/2 box

ROOM 114, PHONE WIRED TABLES

The tables listed below have been pre-wired for use with the phones in the Alternate EOF, verify that the tables are available and the phone connections are intact.

_____	EOF Mngr table labeled with 6186, 4759, 4760, 4761 and 4762	
_____	folding table labeled with 4750 and 6185	
_____	folding table labeled with 4752 and 6188	
_____	folding table labeled with 4755	
_____	folding table labeled with 4754 and 4756	
_____	folding table labeled with 4757	
_____	folding table labeled with FAX 4993 and 4758 (Pre-wired table not required)	

EMERGENCY EQUIPMENT AND SUPPLIES

ALTERNATE EOF HEADLAND.....(EP)

COMMENTS _____

REASON FOR INSPECTION

CHECKED BY: _____

Quarterly Post Drill Emergency Use

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

Maintenance Vehicle # (MM)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>CIRCLE ONE</u>
_____	Engine coolant, hoses and clamps	sat / unsat
_____	Engine oil level	sat / unsat
_____	Engine belts (condition and tightness)	sat / unsat
_____	Tires (proper inflation, wear acceptable)	sat / unsat
_____	Dents and noticeable new body damage	sat / unsat
_____	Windows and mirrors (cracks and/or breaks)	sat / unsat
_____	Spare tire and jack (proper inflation)	sat / unsat
_____	Cigarette lighter (radio power supply)	sat / unsat
_____	All vehicle driveability lights	sat / unsat
_____	Windshield wipers and washers	sat / unsat
_____	Clutch or transmission fluid (as applicable)	sat / unsat
_____	Brakes (fluid)	sat / unsat
_____	Steering (fluid)	sat / unsat
_____	Seat belts	sat / unsat
_____	Battery (corrosion)	sat / unsat
_____	Drive vehicle for at least five minutes	sat / unsat
_____	Interior clean	sat / unsat

NOTES:

- 1) Deficiencies should be reported to Shift Supervisor and appropriate group supervisor.
- 2) Appropriate corrective action should be initiated.
- 3) Return completed checklist to the Emergency Planning Nuclear Specialist.

COMMENTS _____

REASON FOR INSPECTION
Monthly

CHECKED BY: _____

TITLE: _____

Other _____

DATE: _____

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FIRE FIGHTING EQUIPMENT SCBA's (EP)

<u>INITIALS</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
CENTRAL SECURITY CONTROL BUILDING, FIRE DEPARTMENT CABINET		
_____	Self Contained Breathing Apparatus	2
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
UNIT #1 TURBINE BLDG. EL-155' NORTH WALL AT ENTRANCE TO UNIT #2 TURBINE BUILDING		
_____	Self Contained Breathing Apparatus	5
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
DIESEL GENERATOR BUILDING		
_____	Self Contained Breathing Apparatus	3
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
FIRE BRIGADE VAN VEHICLE		
_____	Self Contained Breathing Apparatus	5
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
_____	Self Contained Breathing Apparatus air bottles..pressure \geq 2000 psig	3
_____	Respirators for SCBA use (small)	2
CONTROL ROOM		
_____	Self Contained Breathing Apparatus	8
_____	Respirators for SCBA use (small) located in large storage cabinet	2
_____	Verify that each SCBA unit is operational per step 10 of the EIP.	
_____	SCBA Voice amplifier...Operation...Battery Compartment Operational	8
_____	Fully inspect the respirators for SCBA's during the last month of each quarter. Remove the respirator from the bag, inspect it, place it in a bag and seal the bag. 10CFR20 and Reg. Guide 8.15 for Respiratory Protection.	

COMMENTS _____

REASON FOR INSPECTION CHECKED BY: _____

Monthly Post Drill Emergency Use TITLE: _____

Other _____ DATE: _____

04/27/04 12:22:47

SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

FNP-0-EIP-16.0
CHECKLIST YY

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SHARED
EMERGENCY EQUIPMENT AND SUPPLIES

SUPPLY CHAIN EYEWASH/SHOWER STATIONS...(Sup Chn)

LOCATIONS:

Main Warehouse B Side North End (@ storage location 1BN51A1)

Main Warehouse B Side South End (@ storage location 1BM02A01)

Main Warehouse SW Wall (@ storage 1BA02A1)

Main Warehouse middle of warehouse (@ storage location 1BF17A01)

Main Warehouse A Side by Double Doors

Oil Storage Building at Entrance

INITIALS

DESCRIPTION

	Verify operability of the above equipment per FNP-0-CCP-333
	Verify accessibility per FNP-0-CCP-333
	Verify equipment is in the proper location per FNP-0-CCP-333
	Verify the location is posted as an emergency location per FNP-0-CCP-333

COMMENTS

REASON FOR INSPECTION

CHECKED BY: _____

MONTHLY

TITLE: _____

Other _____

DATE: _____