

From: "Gray, Dara F" <DGray@entergy.com>
To: "Jill Caverly" <JSC1@nrc.gov>
Date: 8/14/2007 6:02:47 AM
Subject: Site Audit Paperwork

Good Morning Jill,

Attached are the security forms that will need to be filled in for the audit. Anyone coming on-site will need to complete the top ½ of the OCA access form. In addition, anyone who wants to go on the site tours inside the protected area, will have to provide the information on the top of the Visitor PA access form, as well. These forms can be sent to me when done.

Also, any other logistic or informational requests would be appreciated.

Thanks

Dara Gray, REM
Chemistry/Environmental

Indian Point Energy Center
(914) 736-8414
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Email Number: 89

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Subject: Site Audit Paperwork
Creation Date: 8/14/2007 6:02:47 AM
From: "Gray, Dara F" <DGray@entergy.com>

Created By: DGray@entergy.com

Recipients
"Jill Caverly" <JSC1@nrc.gov>

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Files	Size	Date & Time
MESSAGE	1145	8/14/2007 6:02:47 AM
TEXT.htm	4602	12/17/2007 8:30:33 AM
OCA Access Authorization.doc	89600	12/17/2007 8:30:33 AM
Request for Visitor PA escort.doc	40448	12/17/2007 8:30:33 AM
Mime.822	187154	12/17/2007 8:30:33 AM

Options
Priority: Standard
Reply Requested: No
Return Notification: None

Concealed Subject: No
Security: Standard

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Attachment 10.5
Information

Owner Controlled Area Orientation

The following are some general rules and guidelines for entering the Owner Controlled Area at the Indian Point Energy Center.

1. You must **ALWAYS** wear your OCA Badge on the outermost garment on your upper torso, and it must be clearly visible.
2. **IN CASE OF AN EMERGENCY ONLY** (medical, fire, hazardous waste spill, etc.) call the following number for both plants Unit 2 and Unit 3 (5911)
3. **IF** you hear any alarms over the Public Announcement (PA) System, they will be followed by directions on what you should do. **IF** a site evacuation is announced over the PA, you may be asked to leave the site or report to an assembly area at Unit 2 report to the Energy Education Facility, at Unit 3 report to the Training Building or the area the announcement instructs you to report. Ask any Entergy or Security Officer for directions **IF** not familiar with the location. Remember you will not be in any immediate danger, there will always be time to safely leave the site.
4. Any injury, no matter how small, must be reported to your supervisor/sponsor. A Fitness For Duty test may be required, **IF** requested.
5. Entergy expects all personnel to be fit for duty at all times while on site. Conditions that could impact your fitness for duty (medication, fatigue, medical condition) must be reported to your supervisor/sponsor
6. The following items are not allowed on company property;
 - a. Explosives
 - b. Weapons
 - c. Alcoholic Beverages (to include non-alcoholic beer)
 - d. Illegal Drugs
 - e. Repellant Sprays such as Mace
 - f. Ammunition, etc.
 - g. Unauthorized Cameras
7. Any individual that shows signs of aberrant behavior may be required to perform a Fitness for Duty test.
8. As part of Entergy's safety environment, systems or components may have warning tags, i.e. Danger, Caution or Test & Maintenance. You must never touch or operate this equipment. Operation or manipulation of plant equipment is strictly prohibited without the express approval of the Operations Department.
9. All personnel with an OCA badge must follow standard individual safety requirements. **WHEN** required wear hard hats, safety glasses, hearing protection, safety shoes and hand protection.
10. All personnel must obey all signs posted and do not cross barriers established for various work assignments.
1. Report all safety matters to your supervisor immediately. Safety is our number one priority.
12. Any violation of Entergy's established procedures or policies may result in the loss of you access authorization to the owner-controlled area of IPEC.



Entergy

IPEC SITE
MANAGEMENT
MANUAL

QUALITY RELATED
ADMINISTRATIVE PROCEDURE

INFORMATIONAL USE

IP-SMM
SEC-103

Revision 0

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Attachment 10.6
Authorization Request

Owner Controlled Area Access

PLEASE PRINT ALL INFORMATION

REQUEST FOR OWNER CONTROLLED AREA (OCA) ACCESS

Individuals Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Home Address: _____
Street City State Zip

Employed By (Company Name): _____

I request that the above named person be authorized access to the Owner Controlled Area (OCA) of the Indian Point Energy Center. I understand that it is my responsibility to retrieve and return the badge to the OCA office should a project end prior to the expiration date requested below.

Reason for Access: _____

Date OCA Access Required for: From: _____ To (Expiration Date): _____

IPEC Sponsor Name: _____ Phone#: _____

IPEC Sponsor Signature: _____ Date: _____

ALL fields above MUST be completed prior to submitting to OCA office. Incomplete forms will be returned to the respective sponsor for completion prior to named individual being granted access to the site.

Access Authorization Use Only

Type of Positive ID used to verify subject: 1st) _____

2nd) _____

Required for non photo ID

OCA Badge issued by: _____ Date: _____



Attachment 10.7 Protected Area Visitor Access Authorization Request

PLEASE PRINT ALL INFORMATION
REQUEST FOR VISITOR PROTECTED AREA ACCESS

Visitor Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Citizenship: _____

Employed By: _____
Company Name

Check here **IF** this individual is a vehicle driver that will be making routinely scheduled deliveries (\geq once per week) in the Protected Area and I request that they be added to the authorized vehicle driver list.

Check here **IF** this individual will be authorized to carry a photographic device.

Authorization signature VP or Designee: _____

Reason for visit: _____

Date required for Protected Area Access: From: _____ To: _____

Contact Person: _____ Phone #: _____

Requested by: _____ Date: _____
Printed Name / Signature

Sponsored by: _____
Entergy Department Manager/designee Printed Name/Signature Date

IF this visitor requires Radiologically Controlled Area access an additional copy of this form must be faxed to Dosimetry 788-2895 (IP2) / 736-8419 (IP3).

ALL fields above **MUST** be completed prior to submitting to OCA office. Incomplete forms will be returned to the respective sponsor for completion prior to named individual being granted access to the site.

Access Authorization Use Only:

Badge issued by: _____

Type of Positive ID(s) used to verify subject: 1st) _____

Required for non photo ID: 2nd) _____