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From : NDS CONT DOCUMENTS
Date/Time : 07/07/08 15:12

Trans No. : 000103425 **Transmittal Group Id:** 08-02785
Total Items: 00005

PASSPORT DOCUMENT

TRANSMITTAL

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Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5-011 UNIT 2 CONTROL ROOM		006			P	01
* 0002	MP	PROC	HP	RPM 4.8.5-017 SAP LOCKER		004			P	01
* 0003	MP	PROC	HP	RPM 4.8.5-020 UNIT 3 CONTROL ROOM		007			P	01
* 0004	MP	PROC	HP	RPM 4.8.5-022B OSC ASSEMBLY AREA BLDG 475 1ST FLOOR		006			P	01
* 0005	MP	PROC	HP	RPM 4.8.5-026 NAP LOCKER		004			P	01

Please check the appropriate response and return form to NDS Bldg 475/3
Millstone Power Station or Fax to 860-440-2057.

- All documents received.
- Documents noted above not received (identify those not received).
- I no longer require distribution of these documents.

Date: _____ Signature: _____

*4001
NDR*

A

02/26/08
Approval Date

02/27/08
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-011	Writer: Jean B. Olsen Initiator: Bridget R. Beck	Rev. No. 006	Minor Rev. 00
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Title: Unit 2 Control Room

For New Documents: Document is QA DH Title: _____
(Include distribution information on page 2)

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 Void (Cancel) Suspend (Do Not Use) Expire Superseded By: _____

Comments: Administrative Correction FLS: _____

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Licensing Basis / RCD (50.59/72.48 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation (minimum of two)	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
		Print	Sign	Date	Dept
Coordinator					
Member					

Training: None Nuclear Training Briefing Familiarization

<input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Steven Turowski <i>[Signature]</i> 7/1/08 (1) SQR Sign/Date J. Elaine <i>[Signature]</i> 7/1/08 (2) Department Head Approval Sign	<input type="checkbox"/> FSRC Review and Approval N/A (1) Department Head Sign/Date (2) FSRC Meeting Number (3) FSRC Approval Sign	<input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign
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Approval Date: 07/01/08 Effective Date: 07/09/08 WC 9 database Updated If Req.

07/01/08
Approval Date

07/09/08
Effective Date

Unit 2 Control Room

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 1 Kit				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters – Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger – Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	3			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	6			
Stopwatch	1			
Screwdriver	1			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2015)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg of 50)	1			
Smears (Pkg of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			
Rain Gear (Sets)	4			
Clipboard With Paper	1			
RMT No. 1 EPP Notebook	1			
On-Site Field Monitoring Map	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Emergency Locker				
Portable Count Rate Meter 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries Spare For Charger Batteries Replaced (4th quarter)	1 Set			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/26/08
Approval Date

02/27/08
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-017	Writer: Jean B. Olsen Initiator: Bridget R. Beck	Rev. No. 004	Minor Rev. 00
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Title: SAP Locker

For New Documents: Document is QA DH Title:
(Include distribution information on page 2)

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

Comments: Administrative Correction FLS: _____

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Licensing Basis / RCD (50.59/72.48 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
(minimum of two)		Print	Sign	Date	Dept
Coordinator					
Member					

Training: None Nuclear Training Briefing Familiarization

<input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Steven Turowski <i>[Signature]</i> 7/1/08 (1) SQR Sign/Date <i>[Signature]</i> 7/1/08 (2) Department Head Approval Sign	<input type="checkbox"/> FSRC Review and Approval N/A (1) Department Head Sign/Date _____ (2) FSRC Meeting Number _____ (3) FSRC Approval Sign	<input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign _____
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Approval Date: 07/01/08 Effective Date: 07/09/08 WC 9 database Updated If Req.

07/01/08

Approval Date

07/09/08

Effective Date

SAP Locker

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
RMT Kit No. 2	1			
RM-14 or Equivalent Serial No. _____ Date Due _____	1			
110 Volt Air Sampler Serial No. _____ Date Due _____	1			
Radiation Area Signs	3			
Respirators With Charcoal Filters Date Inspection Due _____	5			
Emergency Lanterns (Replace battery 2nd quarter, 2008)	5			
Silver Zeolite Cartridges (Replace by 4th quarter 2015)	4			
Particulate Filters	50			
Extension Cord	1			
PCs Complete Sets	6			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/26/08
Approval Date

02/27/08
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-020	Writer: Jean B. Olsen Initiator: Bridget R. Beck	Rev. No. 007	Minor Rev. 00
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Title: Unit 3 Control Room

For New Documents: Document is QA DH Title: _____
(Include distribution information on page 2)

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

Comments: Administrative Correction FLS: _____

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Licensing Basis / RCD (50.59/72.48 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation (minimum of two)	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
		Print	Sign	Date	Dept
Coordinator					
Member					

Training: None Nuclear Training Briefing Familiarization

<input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Steven Turowski <i>[Signature]</i> 7/1/08 (1) SQR Sign/Date J. Elaine <i>[Signature]</i> 7/1/08 (2) Department Head Approval Sign	<input type="checkbox"/> FSRC Review and Approval N/A (1) Department Head Sign/Date (2) FSRC Meeting Number (3) FSRC Approval Sign	<input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign
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Approval Date: 07/01/08 Effective Date: 07/09/08 WC 9 database Updated If Req.

07/01/08
Approval Date

07/09/08
Effective Date

Unit 3 Control Room

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Team 1 Kit				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Air Sampler 110 Volt Serial No. _____ Date Due _____	1			
Batteries, Spares For Meters – Batteries Replaced (4th quarter)	3 Sets			
Dosimeters (Low Range) Date Due _____	3			
Dosimeters (High Range) Date Due _____	3			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger – Batteries Replaced (4th quarter)	1 Set			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	8			
Stopwatch	1			
Screwdriver	1			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Plastic Bags 6x12	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2015)	4			
Coin Envelopes	5			
Forceps	1			
Particulate Filters (Pkg 50)	1			
Smears (Pkg of 50)	1			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Surgical Gloves (Pairs)	8			

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

Emergency Locker				
RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____	2			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
Batteries Spares For Survey Meters Batteries Replaced (4th quarter)	1 Set			
Dosimeters (High Range) Date Due _____	10			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger – Batteries Replaced (4th quarter)	1			
Batteries Spare For Charger – Batteries Replaced (4th quarter)	1 Set			
Finger Ring [Ref.6.8] (Replace Semi-annually) Date Due _____	10			
Plastic Booties (Pairs)	8			
Cotton Gloves (Pairs)	8			
Paper Coveralls (Sets)	4			
PCs Complete Sets	10			
Emergency Lanterns (Replace battery 2nd quarter, 2008)	2			
Respirators With Charcoal Canisters Date Inspection Due _____	12			
Scott Air Paks	2			
Survey Forms	1 Set			
Extension Cord	1			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/26/08
Approval Date

02/27/08
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-022B	Writer: Jean B. Olsen Initiator: Bridget R. Beck	Rev. No. 006	Minor Rev. 00
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Title: OSC Assembly Area, Bldg 475, 1st Floor

For New Documents: Document is QA DH Title:
(Include distribution information on page 2)

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

Comments: Administrative Correction FLS: _____

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Licensing Basis / RCD (50.59/72.48 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
(minimum of two)		Print	Sign	Date	Dept
Coordinator					
Member					

Training: None Nuclear Training Briefing Familiarization

<input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Steven Turowski <i>[Signature]</i> 7/1/08 (1) SQR Sign/Date J. Elaine <i>[Signature]</i> 7/1/08 (2) Department Head Approval Sign	<input type="checkbox"/> FSRC Review and Approval N/A (1) Department Head Sign/Date (2) FSRC Meeting Number (3) FSRC Approval Sign	<input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign
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Approval Date: 7/1/08 Effective Date: 7/9/08 WC 9 database Updated If Req.

07/01/08

Approval Date

07/09/08

Effective Date

OSC Assembly Area, Bldg 475, 1st floor

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
OSC				
Portable Count Rate Meter Serial No. _____ Date Due _____	1			
DIG-5 Portable Scaler Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110V Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters Batteries Replaced (4th quarter)	3 Sets			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Finger Rings [Ref.6.8] (Replace Semii-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries, Spares For Charger Batteries Replaced (4th quarter)	1 Set			
Smears (Pkg Of 50)	1			
Filters, Particulate (Pkg Of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Coin Envelopes	12			
Silver Zeolite Cartridges (Replace By 4th quarter 2015)	4			
Rain Gear (Sets)	2 Sets			
Surgical Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape (Roll)	1			

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

Emergency Locker				
Source Plaque	1			

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

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____

02/26/08
Approval Date

02/27/08
Effective Date

Procedure Action Request

Document No.: RPM 4.8.5-026	Writer: Jean B. Olsen Initiator: Bridget R. Beck	Rev. No. 004	Minor Rev. 00
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Title: NAP Locker

For New Documents: Document is QA DH Title: _____
(Include distribution information on page 2)

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

Comments: Administrative Correction FLS: _____

Associated ARs

Reviews	Print	Sign	Date	Department
<input type="checkbox"/>				
WC 9 Att 3 Req. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>			
Licensing Basis / RCD (50.59/72.48 Screen Req. <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/>			
Tech Independent	<input type="checkbox"/>			

Validation	<input type="checkbox"/> None	<input type="checkbox"/> Field - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Simulated Performance - Use MP-05-DC-SAP01-004	<input type="checkbox"/> Table Top and Walk-through	<input type="checkbox"/> Comparison
(minimum of two)		Print	Sign	Date	Dept
Coordinator					
Member					

Training: None Nuclear Training Briefing Familiarization

<input checked="" type="checkbox"/> SQR Review and Approval Approval <input checked="" type="checkbox"/> Disapproval <input type="checkbox"/> Steven Turowski <i>[Signature]</i> 7/1/08 (1) SQR Sign/Date J. Elaine <i>[Signature]</i> 7/1/08 (2) Department Head Approval Sign	<input type="checkbox"/> FSRC Review and Approval N/A (1) Department Head Sign/Date _____ (2) FSRC Meeting Number _____ (3) FSRC Approval Sign	<input type="checkbox"/> Department Head Review and Approval N/A (1) Department Head Approval Sign
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Approval Date: 07/01/08 Effective Date: 07/09/08 WC 9 database Updated If Req.

07/01/08

Approval Date

07/09/08

Effective Date

NAP Locker

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
RMT Kit No. 2	1			
RM-14 or Equivalent Serial No. _____ Date Due _____	1			
110 Volt Air Sampler Serial No. _____ Date Due _____	1			
Radiation Area Signs	3			
Respirators With Charcoal Filters Date Inspection Due _____	5			
Emergency Lanterns (Replace battery 2nd quarter 2008)	5			
Silver Zeolite Cartridges (Replace By 4th quarter 2015)	4			
Particulate Filters	50			
Extension Cord	1			
PCs Complete Sets	6			
Source Plaque	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____