

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

**DATE: JANUARY 17, 2003  
CONTROLLED COPY NUMBER: 34**

**TO: U.S.N.R.C. Document Center/Washington, DC**

**FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT**

**SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES**

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

VOLUME 2 Update List Dated JANUARY 17, 2003			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-2	REPLACE ALL	26	

VOLUME 3 Update List Dated JANUARY 17, 2003			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
SAP-2	REPLACE ALL	35	

A046

# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2

## UPDATE LIST

CONTROLLED COPY # **34**

Date of Issue: January 17, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 28	08/02	Continuous
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 23	08/02	Continuous
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 46	08/02	Informational
EAP-2	PERSONNEL INJURY	REV. 26	01/03	Informational
EAP-3	FIRE	REV. 23	08/02	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 31	08/02	Reference
EAP-4.1	RELEASE RATE DETERMINATION	REV. 14	06/02	Reference
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 9	08/02	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 16	06/02	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 59	12/02	Reference
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 10	08/02	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 16	08/02	Informational
EAP-11	SITE EVACUATION	REV. 18	08/02	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 11	04/02	Reference
EAP-13	DAMAGE CONTROL	REV. 14	06/02	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 22	04/02	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 20	04/02	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION AND OPERATION	REV. 14	03/00	Informational

# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

Date of Issue: January 17, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 14	10/98	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 11	06/02	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 6	02/98	Informational
EAP-16.2	JOINT NEWS CENTER OPERATION	REV. 0	02/02	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 103	12/02	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 21	04/01	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 9	06/02	Reference
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 11	06/02	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 9	06/02	Informational
EAP-25	DELETED (02/94)			

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

PERSONNEL INJURY  
EAP-2  
REVISION 26

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A DATE: N/A

APPROVED BY: *M. Lulata*  
RESPONSIBLE PROCEDURE OWNER

DATE: 1/3/03

EFFECTIVE DATE: January 17, 2003

FIRST ISSUE ☐

FULL REVISION ☒

LIMITED REVISION ☐

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* INFORMATIONAL USE *	* TSR *
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PERIODIC REVIEW DUE DATE: JANUARY 2008

## REVISION SUMMARY SHEET

## REV. NO.

- 26
  - Revised the telephone number for University Hospital on pages 7, 9, 10, and 12.
  - Revised the descriptive location of the Trauma kit in section 4.2.3.A.1
  - Added a requirement for the RP/Chem Technician to also collect the patient(s) dosimetry and OCA badge in section 4.2.4.J
- 25
  - In Section 4.2.2.D it should direct you to 4.2.2.P not O.
  - Added section 2.2.10 as a result of the NRC order dated 02/25/02
  - Added section 4.2.2.B.2
  - Added Cell number 315-746-0121 in section 4.2.2.J.
  - Added plant address to attachment 1
  - Changed the number of Operators and deleted Security Guard as people who make up the First Aid Team
- 24
  - Added reference to 10CFR50.72 in Section 2
  - Changed 4 hours to 8 hours in step 4.2.2B
  - Changed NYPA to Entergy Nuclear Northeast
- 23
  - Changed Rx Control Room to Main Control Room.
  - Changed section 4.2.2.I and 4.2.2.R to reflect Microsoft access database instead of rolodex in OHN's office.
  - Removed action steps from 4.2.2.C note.
  - Replaced the references to RES Technician with RP / Chem Technician in Sections 4.2.2.G, 4.2.2.H, 4.2.2.I, 4.2.3.I, 4.2.4, 4.2.4.I and in Attachment 3 per memo JGMS-00-004.
  - For consistency the word victim was replaced with injured in Sections 4.2.2.M, 4.2.2.S, 4.2.3, 4.2.4.1, 4.2.4.4, 4.2.4.F, 4.2.5.F.1, and 4.2.4.F.4.
  - Added section 4.2.2.U to provide an option if staffing levels fall below minimum.
  - Changed the Agency code on the Pre-hospital Care Report form from 3776 to 9018.
  - Changed the Oswego Hospital Pre-Registration form to Pre-Hospital Care Report NYS DOH 3283 (9-92).

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE .....	4
2.0 REFERENCES .....	4
3.0 INITIATING EVENTS .....	5
4.0 PROCEDURE .....	5
4.1 Minor Injury/illness .....	5
4.2 Injuries/illnesses That Require Immediate Attention ....	5
5.0 ATTACHMENTS .....	16
1. <u>CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER</u> ..	17
2. <u>FIRST AID TEAM COMPOSITION</u> .....	18
3. <u>PRE-HOSPITAL CARE REPORT</u> .....	19

## 1.0 PURPOSE

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

## 2.0 REFERENCES

### 2.1 Performance References

- 2.1.1 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT
- 2.1.2 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL

### 2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.2.2 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at SUNY Health Science Center, Syracuse
- 2.2.4 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.5 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT
- 2.2.6 RADIATION PROTECTION PROCEDURES
- 2.2.7 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.2.8 Pre-Hospital Care Report, NYS DOH 3283 (9-92)
- 2.2.9 10 CFR 50.72, Immediate Notification Requirements For Operating Nuclear Power Reactors
- 2.2.10 10 CFR PART 72 - Licensing requirements for the independent storage of spent nuclear fuel and high-level radioactive waste.

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**3.0 INITIATING EVENTS**

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

AND/OR

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

**4.0 PROCEDURE**

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

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

**4.1 Minor Injury/illness**

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

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

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

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

4.1.5 Monitor and decontaminate the individual in accordance with RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT and Radiation Protection procedures.

**4.2 Injuries/illnesses That Require Immediate Attention**

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



4.2.2 Shift Manager shall

(Actions are performed with 4.2.3)

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

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

- B. If radiological survey information from the first aid team, step 4.2.3.F, indicates that the individual is contaminated and will not be decontaminated prior to treatment and the contaminated individual requires transport to an offsite medical facility for treatment

1. Notify the NRC in accordance with 10CFR50.72 as soon as practical and within eight (8) hours of the occurrence.
2. IF the injury involves spent fuel, High Level Waste (HLW), or reactor-related Greater Than Class "C" (GTCC) waste THEN Notify the NRC in accordance 10 CFR 72.75 as soon as practical no later than four (4) hours of the occurrence.

- C. IF injured/ill individual is found to be contaminated, THEN perform steps 4.2.2.E through 4.2.2.N of this procedure.

- D. IF injured/ill individual is NOT contaminated, THEN perform steps 4.2.2.P through 4.2.2.S of this procedure.

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

1. Call Oswego County E-911 Center at:

911

and report the following messages:

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

2. Call the receiving hospital at:

Oswego Hospital (315) 349-5522

OR

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

and report the following message.

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

F. Call Security and deliver the following message:

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

G. Assign a RP/Chem Technician to accompany the ambulance to the hospital. This will normally be the technician who responds as a part of the First Aid Team.

H. Assign a second RP/Chem technician to perform the following:

1. Meet the ambulance at the designated building entry point.
2. Ensure that ambulance attendants have been issued DRDs and TLDs.
3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.

I. Direct an individual to obtain and provide the First Aid Team member accompanying the ambulance (RP/Chem Technician) with the personnel medical history information if available at the JAFNPP Occupational Health Nurse's Office (Ext. 6411). The key to the Occupational Health Nurse's Office is located in the Rad Protection Office. Located in the Occupational Health Nurse's office is a database (Microsoft Access) containing the following information:

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

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

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

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

Office (315)343-4348

Cell

Home

Summer (315)342-4479

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

- K. Perform internal notifications as required by Plant Standard STD-3.120.

- L. Direct the on-call RP Supervisor meet the ambulance at the receiving hospital.

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

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

Oswego Hospital (315)349-5522

OR

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

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

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

911

and give the following message:

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

2. Call the Receiving Hospital at:

Oswego Hospital (315)349-5522

OR

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

and report the following messages:

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

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

911

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

Q. Call Security and deliver the following message:

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

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

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

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

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

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

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

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

Oswego Hospital (315) 349-5522

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

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

4.2.3 First Aid Team shall:

**CAUTION**

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

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

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

1. Under the stairs in the new Administration Building near the Occupational Health Nurse's Office on the ground floor.
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

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

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.

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

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

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.
  7. Use standard contamination control techniques to remove the individual from a contaminated area.
- C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).
- D. Complete personnel and clothing contamination forms from RP-OPS-03.04. Report the contamination levels to the Shift Manager or designee.
- E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.
- F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with RP-OPS-03.04 PERSONNEL DECONTAMINATION AND ASSESSMENT. As the injuries permit continue attempts to:
1. Remove any protective clothing.
  2. Place the injured on a stretcher.



- 
3. Wrap the injured and the stretcher in a clean blanket.
- G. If the individual has been successfully decontaminated, notify the Shift Manager immediately.
  - H. If the individual is not contaminated or has been successfully decontaminated, inform the ambulance attendants that no special hospital procedures need to be implemented.
  - I. If the individual is contaminated, have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be an RP/Chem Technician. This team member should be provided with the completed RP-OPS-03.04 forms and any available medical history information to be utilized at the hospital.
  - J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
  - K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
  - L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.
  - M. First Aid Team Leader and/or Occupational Health Nurse shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed Attachment 3.
  - N. Complete a Pre-Hospital Care Report, an example is shown in Attachment 3. Forms are available in all trauma kits.

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

- A. Meet the ambulance at the designated building entry point.
- B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
- C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
- D. Assist ambulance attendants as required.
- E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
- F. The RP/Chem Technician who rides in the ambulance with the injured person shall:
  1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
  2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
  3. If the ambulance is diverted from Oswego Hospital to SUNY Health Science Center while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.
  4. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
- G. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
- H. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.

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

#### 5.0 ATTACHMENTS

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

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

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

**Initial Notification Data**

Date/Time of Call \_\_\_\_\_

Person Calling:

Name \_\_\_\_\_

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

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

Accident Information:

Location \_\_\_\_\_

Date & Time \_\_\_\_\_

# of Injured Patients \_\_\_\_\_

# of Contaminated/Injured Patients \_\_\_\_\_

Description of Injuries:

**NOTE: Specify if heart attack is suspected!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

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

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

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



### ATTACHMENT 3 PRE-HOSPITAL CARE REPORT

PAGE 2 OF 2

## NON-HOSPITAL DISPOSITION CODES

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

Hospital Receipt / Int

REFUSAL

EXOSACION DE

IN

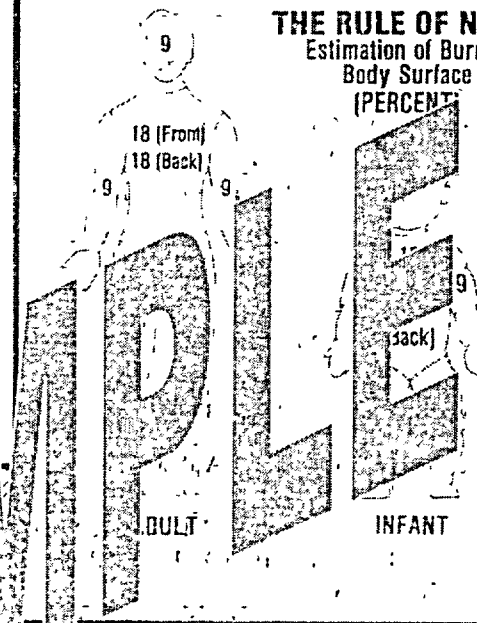
ON

DES

I hereby certify that the patient was transported to a hospital and I acknowledge that the patient was advised by a physician of the patient's condition and the patient's condition was explained to the patient's family or other persons from whom the patient was transported and the patient's condition was explained to the patient's family or other persons from whom the patient was transported.

Signed \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Testify \_\_\_\_\_

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



## Glasgow Coma Scale

Eye Opening	Eyes Spontaneously	4	Patient's Best Verbal Response
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	Patient's Best Motor Response
	Confused	4	
	Inappropriate Words	3	
	Incomprehensible Sounds	2	
Motor Response	None	1	Response to command or painful stimulus
	Obeys Command	6	
	Localizes Pain	5	
	Withdraws from Pain	4	
	Flexion (Decorticate)	3	
	Extension (Decerebrate)	2	
	None	1	

## ICD DIAGNOSTIC CODE

1 ☐ MEDICARE 2 ☐ MEDICAID 3 ☐ BLUE CROSS 4 ☐ COMMERCIAL INSURANCE 5 ☐ SELF PAY

1. PATIENT'S CURRENT COMPENSATION INQUIRY ☐ YES ☐ NO INSURANCE CODE \_\_\_\_\_

2. PATIENT'S EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_

3. EMPLOYER'S ADDRESS \_\_\_\_\_

4. PERSONAL PARTY \_\_\_\_\_ PHONE \_\_\_\_\_

5. ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ RELATION \_\_\_\_\_

## EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3

## UPDATE LIST

CONTROLLED COPY # **34**Date of Issue: January 17, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 12	11/02	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 10	06/02	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 1	07/01	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 8	02/02	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 6	07/01	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 18	08/02	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 58	12/02	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	06/02	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM)	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 16	04/02	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 35	01/03	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 72	08/02	Reference



EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3  
UPDATE LIST

Date of Issue: January 17, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 9	06/02	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 18	11/02	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 36	08/02	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 13	12/02	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 11	03/02	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 11	06/02	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 4	06/02	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 4	06/02	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM. (ERDS) QUARTERLY TESTING	REV. 7	07/00	Continuous
SAP-19	SEVERE WEATHER	REV. 4	01/01	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 21	08/02	Informational
SAP-21	DELETED (04/01)			
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 1	10/98	Informational

ENTERGY NUCLEAR NORTHEAST  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY  
SAP-2  
REVISION 35

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

[Signature]  
RESPONSIBLE PROCEDURE OWNER

DATE: 1/3/03

EFFECTIVE DATE:

January 17, 2003

FIRST ISSUE ☐

FULL REVISION ☒

LIMITED REVISION ☐

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34

PERIODIC REVIEW DUE DATE:

January 2008

## REVISION SUMMARY SHEET

## REV. NO.

- 35
  - In section 4.12 added information regarding entering a CR or PID for any unsat attributes.
  - Changed AMS-3 to AMS-4 on attachment 15
  - On attachment 1 Trauma Kits section - clarified location of kit.
  - On attachment 9, in the note section, added information on sizes for the different material.
  - On attachment 9 in the quantity section - added the words "minimum". Also, after disposable penlight - added the words "or pupil gauge light".
  - On attachment 12, deleted the statement that refers documents are located in the assistant EPIC office.
  - On attachment 13, 15, and 16 added the words minimum in the quantity column
  - On attachment 13 added the word approx next to the size bottle for shampoo.
  - On attachment 17, added page 5 to list by name each type of procedures that are filed in the OSC.
- 34
  - Updated procedure change from RP-RAM-102 to RP-OPS-04.01 throughout the entire procedure.
- 33
  - Added section 4.6 in regards to non-JAF procedures.
  - Added section 4.10.4 in regards to Fire Brigade Equipment Inspections.
  - On Attachment 6, 10, 15, and 17 added the word Inspection to the respirator check off.
  - On Attachment 7, Page 1 of 4, removed the stock numbers for the for the WPO copiers.
  - On Attachment 11, added check off for pager envelope.
  - On Attachment 12, added statement as to where the procedures are located and directions.
  - On Attachment 15, added "Kimwipes" after absorbent towels.
  - On Attachment 15, page 2, deleted "Lo Vol Sampler" and replaced it with AMS-3.
  - On Attachment 17, page 1, added check off for portable scalers.

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE .....	4
2.0 REFERENCES .....	4
3.0 INITIATING EVENTS .....	4
4.0 PROCEDURE .....	4
5.0 ATTACHMENTS .....	12
1. <u>EMERGENCY PLAN EQUIPMENT LOCATIONS</u> .....	13
2. <u>FIRE BRIGADE EQUIPMENT INVENTORY</u> .....	14
3. <u>AMBULANCE KIT INVENTORY</u> .....	18
4. <u>RESCUE KIT INVENTORY</u> .....	19
5. <u>FIELD SURVEY KIT INVENTORY</u> .....	20
6. <u>EOF EMERGENCY PLAN INVENTORY</u> .....	22
7. <u>EOF OFFICE SUPPLY/EQUIPMENT INVENTORY</u> .....	27
8. <u>OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY</u> .....	31
9. <u>TRAUMA KIT INVENTORY</u> .....	34
10. <u>SECURITY BUILDING INVENTORY</u> .....	36
11. <u>CONTROL ROOM INVENTORY</u> .....	37
12. <u>TECHNICAL SUPPORT CENTER INVENTORY</u> .....	39
13. <u>EOF DECONTAMINATION ROOM INVENTORY</u> .....	40
14. <u>EMERGENCY KEY INVENTORY</u> .....	41
15. <u>PASS CABINET INVENTORY</u> .....	42
16. <u>DECON SUPPLY INVENTORY</u> .....	44
17. <u>OSC EMERGENCY PLAN INVENTORY</u> .....	46

## 1.0 PURPOSE

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

## 2.0 REFERENCES

### 2.1 Performance References

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

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

### 2.2 Developmental References

2.2.1 Equipment Manufacturers' Manuals

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

2.2.3 Radiation Protection Procedures

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

## 3.0 INITIATING EVENTS

None

## 4.0 PROCEDURE

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

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

- 4.3 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked using Attachments 2 through 17 as follows:
- 4.3.1 At least each calendar quarter.
  - 4.3.2 After each use.
  - 4.3.3 After a seal has been found broken.
- 4.4 Items included for use by the Fire Brigade, First Aid Team or Rescue Team (Attachments 2, 3 and 4) shall be inventoried, physically inspected and operationally checked as follows:
- 4.4.1 At least each calendar quarter.
  - 4.4.2 After each use.
  - 4.4.3 After a seal has been found broken.
- 4.5 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with RP-RESP-01.01 as follows:
- 4.5.1 At least monthly.
  - 4.5.2 After each use. (Fire Brigade equipment will be replaced by Fire Brigade following use).
  - 4.5.3 After a seal has been found broken.
- 4.6 Non-JAF procedures, shall be inventoried, inspected, and revision verified using Attachments 3 and 12 as follows:
- 4.6.1 At least annually (during the first quarter of each calendar year).
- 4.7 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs) and Calibration Group (DRDs).
- 4.8 The person performing the equipment inventory shall use the appropriate Attachment, 2 through 17. (Fire Brigade may use the checklist provided at the lockers by Fire Protection following drills or real events).

4.9 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:

4.9.1 Tracking calibration due dates and replacing instruments as required.

4.9.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.

4.10 The following information should be used as a guide for performing inventories:

4.10.1 Survey Instruments

A. Perform an inventory. Notify Rad Protection Calibration Group to replace any missing instruments.

B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.

C. Perform an operability check in accordance with applicable instrument procedure.

D. Perform a source check in accordance with applicable instrument procedure.

E. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.

F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.

G. Ensure any radioactive sources are accounted for in accordance with RP-OPS-04.01.

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

## 4.10.2 Air Samplers

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

## 4.10.3 Self-contained Breathing Apparatus/Breathing Air Systems

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

## 4.10.4 Iodine Cartridges for Respirators

- A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.
- B. Check the expiration date on the iodine cartridges and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges.

## 4.10.5 Fire Brigade Equipment Inspection

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



## B. Fire Helmet

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

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

## 4.10.6 Rubber Equipment

- A. Perform an inventory. Replace any missing equipment.
- B. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.
- C. Note any equipment replacement on the checklist.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.10.7 Decontamination Supplies And Solutions

- A. Perform an inventory. Replace any missing items.
- B. Check containers, which contain liquid for any evidence of leakage and replace, as necessary.
- C. Note any other equipment replacement on the checklist.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.10.8 Mechanical Equipment

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

## 4.10.9 Office Supplies

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

## 4.10.10 Plans, Maps, Lists, Procedures, etc.

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

## 4.10.11 Medical Supplies

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

## 4.10.12 110 Volt Power Supplies

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

## 4.10.13 Use of Seals

- A. Numbered seals may be used on kits or inventoried items to indicate that the inventory has not been depleted since the seal was attached.
- B. An inventory of the contents does not have to be performed unless the seal has been broken or the seal numbers do not agree with the seal numbers on the previous inventory sheet.

## 4.10.14 Medical Stretchers

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

## 4.10.15 Accountability Card Readers

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

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

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

## 5.0 ATTACHMENTS

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

## ATTACHMENT 1

Page 1 of 1

EMERGENCY PLAN EQUIPMENT LOCATIONS

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

# FIRE BRIGADE EQUIPMENT INVENTORY

Page 1 of 4

Location: Old Admin. Bldg. 272' El, near OSC roll up door.  
(P-2 key needed to open lockers)

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

## Each Locker

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

## Staged at lockers:

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

REMARKS: \_\_\_\_\_

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\_\_\_\_\_

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 2
Rev. No. <u>35</u>	INVENTORY	Page <u>14</u> of <u>50</u>

FIRE BRIGADE EQUIPMENT INVENTORY

Page 2 of 4

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

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

## Each Locker

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

## Staged at lockers:

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

REMARKS:

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Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 2

Page 15 of 50



# FIRE BRIGADE EQUIPMENT INVENTORY

Page 3 of 4

Location: Old Admin Bldg. 272' El, Hallway between TB and RB entrances (P-2 key needed to open lockers)

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

## Each Locker

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

## Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	10			
Spare Air Cylinder	3			
Boots, Turnout	1 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Performed by/ \_\_\_\_\_ Date \_\_\_\_\_ Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

# FIRE BRIGADE EQUIPMENT INVENTORY

Page 4 of 4

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

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

Each Locker

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

Staged at lockers:

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

REMARKS:

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 2

Page 17 of 50

# AMBULANCE KIT INVENTORY

Page 1 of 1

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

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

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

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Security Seal No.: \_\_\_\_\_

Performed by/ \_\_\_\_\_ Date \_\_\_\_\_ Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

RESCUE KIT INVENTORY

Page 1 of 1

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

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

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

REMARKS: \_\_\_\_\_

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Security Seal No.: \_\_\_\_\_

Performed by/ \_\_\_\_\_

Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT

INVENTORY

ATTACHMENT 4

Page 19 of 50

FIELD SURVEY KIT INVENTORY

Page 1 of 2

( ) EP1

( ) EP2

( ) RES-3/EOF

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

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

- This is a Quality Record -

# FIELD SURVEY KIT INVENTORY

Page 2 of 2

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

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

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

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SAP-2  
Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 5  
Page 21 of 50

EOF EMERGENCY PLAN INVENTORY

Page 1 of 5

Location: EOF Roll-Up Door Entrance

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

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

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

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

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

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SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 6

Page 23 of 50



# EOF EMERGENCY PLAN INVENTORY

Page 3 of 5

Location: EOF Roll-Up Door Entrance

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

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Batteries (D size)	12			
Flashlights	6			
Batteries for RO-5	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 box			
Quart bags	1 box			
Pint bags	1 box			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets	100	Exp Date:		
Disc Smears	4 boxes			
Particulate Samp Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges	20			
Ring Planchets 2"	20			
Hi Vol. Sampler 110 VAC and spare fuses	4	Cal Due Date:		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Page 4 of 5

Location: EOF Roll-Up Door Entrance

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

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

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SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 6

Page 25 of 50

# EOF EMERGENCY PLAN INVENTORY

Page 5 of 5

Location: EOF Roll-Up Door Entrance

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

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

REMARKS: \_\_\_\_\_

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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2  
Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 6  
Page 26 of 50

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 1 of 4

Location: EOF

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

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

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SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 7

Page 27 of 50

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 2 of 4

Location: EOF

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

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

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

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

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Location: EOF

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

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

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

- This is a Quality Record -

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 4 of 4

Location: EOF

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

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

REMARKS: \_\_\_\_\_

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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

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

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

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Pre-Cut White Herculite	1			
Pre-Cut Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (NMPC)	1			
Count Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Extension Cord (for count rate meter)	1			
EAP-2	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04, Attachment 1	10	As Found Rev. No.:		
RP-OPS-03.04, Attachment 6	10	As Found Rev. No.:		
RP-INST-02.09	1	Required Rev No. As Found Rev. No.:		
NMPC Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Mini Scaler with HP 210 Probe (JAF) And spare fuses	1	Cal Due Date:		
Inst. No.:				

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SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 8

Page 31 of 50



OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

Page 2 of 3

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

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

- This is a Quality Record -

SAP-2  
Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 8  
Page 32 of 50

PROTECTIVE CLOTHING KITS, each kit contains the following:

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

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

Location: Room ED-109

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

REMARKS:

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT

ATTACHMENT 8

Rev. No. 35

INVENTORY

Page 33 of 50

# TRAUMA KIT INVENTORY

Page 1 of 2

☐ CONTROL ROOM

☐ OSC

☐ WAREHOUSE

☐ RAD WASTE CONTROL ROOM

☐ NURSES OFFICE - S&A FACILITY

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

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Nasal Cannula w/tubing	1			
Elong Non-rebreather Mask	1			
Berman Airway Size #3-80mm	1			
Berman Airway Size #4-90mm	1			
Berman Airway Size #5-100mm	1			
Pocket Mask w/valve	1			
Adult Econo. BP Unit	1			
Dual Head Stethoscope	1			
Ammonia Inhalants (10/box)	1			
Stifneck Short Collar	1			
Stifneck Regular Collar	1			
Stifneck Tall Collar	1			
Stifneck NoNeck Collar	1			
Disp. Cerv. Immob. Device	1			
Medic Shears	1			
Disposable Penlight or pupil gauge light	2			
Cot Blanket, 66x90	1			
7 ft. Patient Restraint Strap	2			
Space Rescue Blanket	2			
Burn Sheet - (60 x 96) Sterile Disposable	1			
Sterile Aluminum Foil	1			
10 x 30 Stle. Multi-Trauma Dressing	3			
Elastic Bandage 3"	1			
Elastic Bandage 4"	2			
1 x 3 Sheer Bandaid	1			

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 9

Rev. No. 35

Page 34 of 50

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

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

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

Performed by/ \_\_\_\_\_ Date \_\_\_\_\_ Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 9

Page 35 of 50

SECURITY BUILDING INVENTORY

Page 1 of 1

Location: Main Security Building

NOTE: Satisfactory applies to quantity and physical/operational condition

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

REMARKS: \_\_\_\_\_  
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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_ Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

# CONTROL ROOM INVENTORY

Page 1 of 2

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

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

- This is a Quality Record -

SAP-2  
Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 11  
Page 37 of 50

CONTROL ROOM INVENTORY

Page 2 of 2

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

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

REMARKS: \_\_\_\_\_

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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2  
Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 11  
Page 38 of 50

# TECHNICAL SUPPORT CENTER INVENTORY

Page 1 of 1

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

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

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

REMARKS:

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT

ATTACHMENT 12

Rev. No. 35

INVENTORY

Page 39 of 50



# EOF DECONTAMINATION ROOM INVENTORY

Page 1 of 1

Location: Decontamination Room

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

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

REMARKS: \_\_\_\_\_

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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 13
Rev. No. <u>35</u>	INVENTORY	Page <u>40</u> of <u>50</u>

EMERGENCY KEY INVENTORY

Page 1 of 1

Location: Work Control Center and EOF

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

WORK CONTROL CENTER

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

EOF

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

REMARKS: \_\_\_\_\_

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2

Rev. No. 35EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 14

Page 41 of 50

PASS CABINET INVENTORY

Page 1 of 2

Location: Fan Room (AB 300')

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

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

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PASS CABINET INVENTORY

Page 2 of 2

Location: Fan Room (AB 300')

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

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

REMARKS: \_\_\_\_\_

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Security Seal No: \_\_\_\_\_

Performed by/

Date

Emergency Planning Coordinator / Date

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SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 15

Page 43 of 50

DECON SUPPLY INVENTORY

Page 1 of 2

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

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

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

DECON SUPPLY INVENTORY

Page 2 of 2

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

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

DESCRIPTION	QUANTITY (Minimum)	OTHER	SAT (✓)	UNSAT (✓)
Cotton Balls	1 package			
Phisoderm	1 bottle			
Ear Plugs	6 pair			
Irrigating Eye Wash Sterile Solution	3 bottles	Expiration Date:		

REMARKS: \_\_\_\_\_  
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Performed by/

Date

Emergency Planning Coordinator / Date

SAP-2

Rev. No. 35EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16

Page 45 of 50

OSC EMERGENCY PLAN INVENTORY

Page 1 of 5

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

SAP-2  
Rev. No. 35EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 17  
Page 46 of 50

OSC EMERGENCY PLAN INVENTORY

Page 2 of 5

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

SAP-2

Rev. No. 35

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 17

Page 47 of 50



OSC EMERGENCY PLAN INVENTORY

Page 3 of 5

Location: Administration Building 272' Elevation

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

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Air Sample Collection Envelopes	25			
Hi Vol Sampler 110 V with spare fuses	6	Cal Due Date:		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries	20			
KI (general use)	100 bottles	Exp. Date:		
RAD Rope	1 spool			
Silver Zeolite Cartridge	24			
Radioactive source accounted for per RP-OPS-04.01	NA			
Step-Off Pads	2			
Portable Count Rate Meter:	4	Cal Due Date:		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Portable Scalers:	3	Cal Due Date:		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		
Inst. No: _____		_____		

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OSC EMERGENCY PLAN INVENTORY

Page 4 of 5

Location: Administration Building 272' Elevation

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

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

- This is a Quality Record -

SAP-2

Rev. No. 35EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 17

Page 49 of 50

OSC EMERGENCY PLAN INVENTORY

Page 5 of 5

Location: Administration Building 272' Elevation

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

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

REMARKS: \_\_\_\_\_

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Performed by/ \_\_\_\_\_ Date \_\_\_\_\_

Emergency Planning Coordinator / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2  
Rev. No. 35EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 17  
Page 50 of 50