

# WOLF CREEK

NUCLEAR OPERATING CORPORATION

Cynthia R. Hafenstine  
Manager Regulatory Affairs

December 10, 2015

RA 15-0094

U. S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555

Subject: Docket No. 50-482: Revision of a Form that Implements the Radiological  
Emergency Response Plan (RERP) for Wolf Creek Generating Station  
(WCGS)

Gentlemen:

In accordance with 10 CFR Part 50, Appendix E, and 10 CFR 50.4, one revised form that  
implements the WCGS RERP is enclosed. This form is identified below:

**Form**  
EPF 06-018-011, Rev. 14

**Effective Date**  
November 17, 2015

The attached summary of the changes to the implementing form explains that these changes  
do not reduce the effectiveness of the WCGS RERP. This letter contains no commitments. If  
you have any questions concerning this matter, please contact me at (620) 364-4204.

Sincerely,



Cynthia R. Hafenstine

CRH/rit

Attachment: Summary of Changes to One Revised Form That Implements the Wolf Creek  
Generating Station (WCGS) Radiological Emergency Response Plan (RERP)

Enclosure

cc: M. L. Dapas (NRC), w/a, w/e (2)  
C. F. Lyon (NRC), w/a, w/e  
N. H. Taylor (NRC), w/a, w/e  
Senior Emergency Preparedness Inspector (NRC), w/a, w/e  
Senior Resident Inspector (NRC), w/a, w/e

AX45  
MR

**Summary of Changes to One Revised Form That  
Implements the Wolf Creek Generating Station (WCGS)  
Radiological Emergency Response Plan (RERP)**

**1. Form EPF 06-018-11, "Technical Support Center Inventory Checklist," Rev. 14**

The descriptions of multiple items were changed for consistency with terminology used by station personnel during normal operations and with the description of protective clothing in a station off-normal procedure. Entries for fire-retardant clothing were added to this form and entries for obsolete items were deleted. Editorial changes were made to the comment for the dehydrated food entry and the comment for the telephone headset entry.

Form EPF 06-018-11 is used to verify that adequate emergency supplies and equipment are maintained in the Technical Support Center (TSC). The changes to this form enhance guidance for maintaining supplies and equipment in the TSC and support compliance with 10 CFR 50.47(b)(8) and Section IV.G of Appendix E to 10 CFR Part 50. Therefore, these changes do not decrease the effectiveness of the WCGS RERP.

## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

**REQUIREMENTS (REQ):**

1 = Inventory      2 = Check seal quarterly      3 = Operability Check

### OSC ASSEMBLY ROOM

PROTECTIVE CLOTHING / BLANKETS / WATER				
Item	REQ	Required	Present	Comments
PC Wet Suits	1	~5		
Wool Blankets	1	4		
Modesty Garments -Pant & Top	1	~25 sets		
OREX Coveralls	1	~50		Assorted sizes
OREX Hoods or Skull Caps	1	~50		
OREX Booties	1	~50 pr		
Cotton Glove Liners	1	~80 pr		
Disposable Rubber Gloves	1	~100 pr		
Disposable Rubber Boot Covers	1	~25 pr		
Fire Retardant Coveralls	1	~25 pr		Assorted sizes
Fire Retardant Boot Liners	1	~25 pr		
Fire Retardant Hoods	1	~25		
Water - 3 Liter Bottles or equivalent quantity	1	~46		Count water in this room only

PICs and RDDs				
Item	REQ	Required	Present	Comments
PIC (5R) Tape Color _____	1	30		
PIC (200R) Tape Color _____	1	10		
PIC (1000 mR) Tape Color _____	1	30		
RDDs	1	80		
Dosimeter Charger	1, 3	3		

## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

### OSC ASSEMBLY ROOM

INSTRUMENTATION				
Item	REQ	Required	Present	Comments
<b>Dose Rate Meters (MGP Telepole)</b> Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____				Hanging on side of locked storage cabinet
	1, 3	2		
<b>Air Sampler-Lo Vol (SAIC Model HD-29A)</b> Cal Due Date _____ WC # _____				
	1, 3	1		
<b>Air Sampler Head (SAIC Model HD-29A)</b>	1	1		
<b>Friskers -9 Total</b> Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____				
	1, 3	9		
<b>Frisker Probes</b>	1, 3	9		
<b>Frisker Cords</b>	1, 3	9		

**TECHNICAL SUPPORT CENTER  
INVENTORY CHECKLIST**

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

**OSC ASSEMBLY ROOM**

INSTRUMENTATION				
Item	REQ	Required	Present	Comments
Dose Rate Meters: Ion Chamber Dose Measuring Instrument Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____	1, 3	5		
Dose Rate Meter (µR/hr Meter) Cal Due Date _____ WC # _____	1, 3	1		
Air Sampler-Lo Vol (SAIC Model H 809 V-I) Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____ Cal Due Date _____ WC # _____	1, 3	5		
Air Sampler Head (SAIC Model H 809 V-I)	1	5		

## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

### OSC ASSEMBLY ROOM

SUPPLIES				
Item	REQ	Required	Present	Comments
1 Liter Poly Bottle	1	10		
Plastic Bags 6" x 8" or comparable	1	~50		
Plastic Bags 12" x 15" or comparable	1	~10		
Plastic Bags - Large	1	~10		
Planchettes	1	~50		
Energy Compensation Cap	1	2		
Air Sample Labels	1	~100		
Air Sampler Particulate Filters	1	~100		
Smears	1	~500		
Iodine Monitor Filters (Must be sealed) Exp. Date _____	1, 2	10		
Air Sampler Zeolite Filters (Must be sealed) Exp. Date _____	1, 2	10		
Sample Holder	1	1		
Tweezers	1	2		
Knife	1	1		
Spare Telephones	1	5		
Telephone Headsets	1	2		
Masslin Towels	1	~40		
Radiation Signs	1	10		
Red Duct Tape	1	~5 rolls		
Radiation Tape	1	~2 rolls		
Radiation Ribbon	1	~4 rolls		
Radiation Rope	1	~1 roll		
Stopwatch	1, 3	3		
Compass	1, 3	1		

**TECHNICAL SUPPORT CENTER  
INVENTORY CHECKLIST**

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

**OSC ASSEMBLY ROOM**

Item	SUPPLIES			Comments
	REQ	Required	Present	
Onsite Survey Map- (Power Block)	1	2		
Onsite Survey Map- (Outside of Protected Area)	1	3		
10-Mile EPZ Map- (1/2 inch to a mile)	1	2		
Step-off Pads	1	6		
D Cell Batteries Exp. Date _____ _____ _____	1	~60		
C Cell Batteries Exp. Date _____ _____ _____	1	~12		
9 Volt Batteries Exp. Date _____ _____ _____	1	~12		
AA Batteries Exp. Date _____ _____ _____	1	~8		
AAA Batteries Exp. Date _____ _____ _____	1	~4		
Stop Watch Batteries Exp. Date _____ _____ _____	1	~3		
Calculator Batteries Exp. Date _____ _____ _____	1	~5		
Flashlights	1, 3	~15		
LED Lantern	1, 3	1		
Extension Cords	1	5		
GFI	1	2		

## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

### OSC ASSEMBLY ROOM

SUPPLIES				
Item	REQ	Required	Present	Comments
Trouble Light	1	1		
Bath Towels	1	~8		
Door Posting Packet:				
Do not <u>ENTER</u> rope barrier stop sign with ropes	1	1		
Do not <u>EXIT</u> rope barrier stop sign with ropes	1	1		
Heavy Duty Magnets	1	4		
Door Posting Provisions Instruction Sheet	1	1		

PERSONAL PROTECTIVE EQUIPMENT (PPE)				
Item	REQ	Required	Present	Comments
Glove Clips	1	~25		
Leather Gloves	1	~25 pr		Assorted sizes
Hearing Protection	1	~50		
Safety Glasses	1	~20		
Fire Resistant Suit	1	~3		
Hard Hats	1	20		Located in OSC Seating Room

SHELF LOCK BOX*				
Item	REQ	Required	Present	Comments
Eng Calculators	1, 3	2		
HP Calculator	1, 3	1		
Binoculars	1, 3	1		
Clock/Timer	1, 3	1		
Camera	1, 3	1		
Camera Battery	1	1		

\*See Engineering or Maintenance Coordinator for key



## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

### OSC ASSEMBLY ROOM

MEDICAL KITS / DECON KIT / MAINTENANCE TOOL BOXES				
Item	REQ	Required	Present	Comments
First Aid Kit (Must be sealed) Seal Date _____	1, 2	1		If opened, contact Health Services to inventory, restock and reseal
Medical Response Kit (Must be sealed) Seal Date _____	1, 2	1		If opened, contact Health Services to inventory, restock and reseal
Decon Kit (Must be sealed) Seal Date _____	1, 2	1		If opened, inventory, restock and reseal
Maintenance Tool Box (Must be sealed) Seal Date _____	1, 2	2		If opened, inventory, restock and reseal

RADIOS / ONSITE PMP MAPS / LEAD BRICKS				
Item	REQ	Required	Present	Comments
Hand-Held Radios	1, 3	7		
Hand-Held Radio Batteries	1, 3	7		
Onsite PMP Map	1	1		In Holder on wall
Lead Bricks	1	10		

LOCKED STORAGE CABINET*				
Item	REQ	Required	Present	Comments
Potassium Iodide Tablets Exp. Date _____	1	200 pkgs		
Charging Water Flanges	1	3		
Check Sources, # _____ # _____ # _____ # _____ # _____	1	5		
Respirator, Full Face	1	55		

\*Key located in Gray Key Box

## TECHNICAL SUPPORT CENTER INVENTORY CHECKLIST

Quarter: \_\_\_\_\_ Date: \_\_\_\_\_ Other: \_\_\_\_\_

### HVAC ROOM

Item	REQ	Required	Present	Comments
Rope Stanchions	1	6		

### DOCUMENT ROOM

Item	REQ	Required	Present	Comments
Copier/Fax Toner	1	1		
Printer Cartridges	1	3		
NPIS Printer Cartridges (HP Color 4650hdn LaserJet)				
Black	1	1		
Yellow	1	1		
Cyan	1	1		
Magenta	1	1		

### MAIN ROOM

Classification Signs	1	5		Wall Holder - Main Room
Dehydrated Food	1	~18 cases		Main Room or kitchen
Telephone Headset with remote, battery and base (or equivalent)	1	3		ENS Communicator, Ops Recorder-1 and Ops Recorder-2
Radio Headset	1	1		Onsite Team Communications Area
10 Mile EPZ Map Isopleths A-G (1 inch to a mile)	1	1 set		Dose Assessment area or Document Room
Water - 3 Liter Bottles or equivalent quantity	1	~140		Count water in this room only

