

To : DOCUMENT CONTROL DESK
Facility : MP Department :
Address : U.S. NUCLEAR REGULATORY COMMISSION
 DOCUMENT CONTROL DESK (0140)
 WASHINGTON, DC 20555-0001

From : CONTROLLED DOCUMENTS
Date/Time : 07/25/16 13:10

Trans No. : 000156142 **Transmittal Group Id:** 1610972
Total Items: 00011

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0001	MP	PROC	HP	RPM 4.8.5 EMERGENCY RADIOLOGICAL EQUIPMENT MAINTENANCE INSPECTION] REF. 6.2!		009			P	01
* 0002	MP	PROC	HP	RPM 4.8.5-001 EMERGENCY RESPONSE FACILITY READINESS CHECK REPORT		008			P	01
* 0003	MP	PROC	HP	RPM 4.8.5-003 EMERGENCY OPERATIONS FACILITY TEAM 3		007			P	01
* 0004	MP	PROC	HP	RPM 4.8.5-004 EMERGENCY OPERATIONS FACILITY TEAM 4		007			P	01
* 0005	MP	PROC	HP	RPM 4.8.5-005 EMERGENCY OPERATIONS FACILITY TEAM 5		007			P	01
* 0006	MP	PROC	HP	RPM 4.8.5-013A EMERGENCY OPERATIONS FACILITY SPARE RMT KIT		009			P	01
* 0007	MP	PROC	HP	RPM 4.8.5-016 SAP		007			P	01
* 0008	MP	PROC	HP	RPM 4.8.5-019 OCA CHECKPOINT AND OFF-SITE EMERGENCY RESPONDER DOSIMETRY		005			P	01
* 0009	MP	PROC	HP	RPM 4.8.5-021 TECHNICAL SUPPORT CENTER		009			P	01

AX45
 NRR

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Item	Facility	Type	Sub	Document Number / Title	Sheet	Revision	Doc Date	Copy #	Media	Copies
* 0010	MP	PROC	HP	RPM 4.8.5-025 NAP		007			P	01
* 0011	MP	PROC	HP	RPM 4.8.5-029 BUILDING 532 OVER WATER MONITORING LOCKER		000			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: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5	2. Revision 009	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.:

10. Reason and Description of Change
Step 4.4.7 was modified to include notifying EP if there are discrepancies during inventory that will take greater than 24 hours to resolve.

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
------------------------------------	-----------------------------------	----------

FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Brandon L. Graber / Jean B. Olsen	25. Date 04/01/2016	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>PMB</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature)		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

MILLSTONE POWER STATION
HEALTH PHYSICS OPERATIONS PROCEDURE



**Emergency Radiological Equipment Maintenance
and Inspection [Ref. 6.2]**

RPM 4.8.5

Rev. 009



Approval Date: 07/21/16

Effective Date: 07/26/16

Level of Use
Information

**Millstone All Units
Health Physics Operations Procedure**

Emergency Radiological Equipment Maintenance and Inspection [Ref. 6.2]

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	ATTACHMENTS AND FORMS	

RPM 4.8.5-001, "Emergency Response Facility Readiness Check Report"

RPM 4.8.5-003, "Emergency Operations Facility, Team 3"

RPM 4.8.5-004, "Emergency Operations Facility, Team 4"

RPM 4.8.5-005, "Emergency Operations Facility, Team 5"

RPM 4.8.5-009, "Emergency Operations Facility"

RPM 4.8.5-011, "Unit 2 Control Room"

RPM 4.8.5-013A, "Emergency Operations Facility Spare RMT Kit"

RPM 4.8.5-015, "Unit 2 Personnel Decon Room Emergency Personnel Decon Kit"

RPM 4.8.5-016, "SAP"

RPM 4.8.5-019, "OCA Checkpoint and Off-Site Emergency Responder Dosimetry"

RPM 4.8.5-020, "Unit 3 Control Room"

RPM 4.8.5-021, "Technical Support Center Locker"

RPM 4.8.5-022A, "Technical Support Center TSC Kit"

**Level of Use
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ATTACHMENTS AND FORMS, CONT'D

RPM 4.8.5-022B, "OSC Assembly Area Kit and Locker Building 475, 1st floor"

RPM 4.8.5-024, "Unit 3 Personnel Decon Room Emergency Personnel Decon Kit"

RPM 4.8.5-025, "NAP"

RPM 4.8.5-027, "Security Station Emergency Dose Rate Equipment"

RPM 4.8.5-029, "Building 532, Over Water Monitoring Locker"

1. PURPOSE

1.1 Objective

This procedure ensures that the emergency radiological monitoring and protection equipment and other specified supplies at the Emergency Response Facilities are available when needed. It also ensures that the equipment is found in appropriate quantities, and is maintained in its proper operating condition, as required by Unit 2 Technical Specification 6.12 and Unit 3 Technical Specification 6.8.4 (b).

1.2 Discussion

This procedure is provided to ensure that:

- The minimum quantity of equipment is found at the locations specified on the inventory forms. [Ref. 6.7 and 6.9]
- Radiological equipment is found to be in satisfactory working condition.
- Respiratory equipment has been inspected using guidance from RP-AA-163, "Inspection and Inventory of Respiratory Protection Equipment."

Inventory seals are placed on kits by the Calibration Laboratory Technicians solely as an indication to them if the kits have been broken open between inventories.

This procedure impacts aspects of the Millstone Emergency Plan. Any changes to this procedure require evaluation under 10CFR50.54(q) to ensure that the effectiveness of the Emergency Plan has *not* been impacted.

1.3 Frequency

This procedure is to be completed in first, second, third, and fourth quarter of each year. The intent is to be as consistent as possible in the time frame of each inspection; avoid scheduling in January of the first quarter and June of the second quarter. This procedure shall also be completed on a post drill and on an as needed basis. [Ref. 6.7 and Ref. 6.8]

2. PREREQUISITES

2.1 General

N/A

2.2 Documents

2.2.1 RP-AA-163, "Inspection and Inventory of Respiratory Protection Equipment"

2.3 Responsibilities

2.3.1 Supervisor EC&I approves and makes changes to RPM 4.8.5-001 through 4.8.5-029.

2.3.2 Emergency Preparedness Specialist approves changes to RPM 4.8.5-001 through 4.8.5-029. [Ref. 6.7]

2.4 Definitions

2.4.1 Emergency Response Facility (ERF)— Facilities containing emergency equipment (including radiological monitoring and protection equipment) which are activated in the event of an incident class ALERT or above classification. The station ERFs include:

- Emergency Operations Facility
- Technical Support Center
- Control Rooms
- North Access Point Assembly Area
- South Access Point Assembly Area

2.4.2 EC&I – Exposure Control and Instrumentation

3. PRECAUTIONS

N/A

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4. INSTRUCTIONS

4.1 **Inventory Package Preparation**

4.1.1 RECORD the following on RPM 4.8.5-001:

- Date
- Reason for Inventory
- Kits to be Inventoried

4.1.2 For each kit or locker to be inventoried, **SELECT** and **DATE** the corresponding form from RPM 4.8.5-003 through 4.8.5-028.

4.2 **Kit or Locker Inventories [Ref. 6.8 and 6.10]**

4.2.1 **SELECT** a kit or locker and **PERFORM** inventory as follows:

- **CHECK** and **RECORD** quantity found.
- Where indicated on form, **RECORD** instrument serial numbers and calibration due dates.
- IF kit or locker contains potassium iodide tablets, silver zeolite cartridges, or emergency lantern batteries AND items will expire prior to the next quarterly inventory, **REPLACE** items and **RECORD** expiration date where indicated on form.
- **REPLACE** the following on dates indicated on form:
 - Batteries
 - TLD badges
 - Finger rings
- IF kit or locker contains respirators, Refer To RP-AA-163, "Inspection and Inventory of Respiratory Protection Equipment," and **ENSURE** respiratory equipment tags are correct and **RECORD** inspection date where indicated on form.

- IF kit or locker contains equipment with batteries or sources, ENSURE the following:
 - Equipment is operable
 - Calibration due dates are current
 - Battery condition is satisfactory
 - Source response is satisfactory
- IF any equipment is found missing OR is removed, RECORD the following information on RPM 4.8.5–001:
 - Kit and, if applicable, section title
 - Description of deficiency
 - Actions to be taken to correct deficiency

4.3 Equipment Restoration

- 4.3.1 WHEN all items have been checked, RESTORE equipment as follows:
- a. ENSURE all Ludlum 177 meters are on and plugged in.
 - b. ENSURE all equipment other than Ludlum 177 meters are off.
 - c. PLACE stop watches in “RUN” mode to relieve spring tension.
 - d. Neatly REPLACE equipment in storage location.
- 4.3.2 RESTORE any missing or removed equipment within 24 hours. [Ref. 6.10]
- 4.3.3 IF any equipment can *not* be restored within 24 hours, NOTIFY Supervisor EC&I.

4.3.4 IF any missing or removed items are restored prior to sending RPM 4.8.5-001 to Supervisor EC&I, **PERFORM** the following:

- a. RECORD date deficiency was corrected on RPM 4.8.5-001.
- b. RECORD date equipment was returned on the applicable kit or locker inventory form.
- c. RECORD quantity of equipment returned on applicable kit or locker inventory form.

4.4 Documentation

4.4.1 RECORD any inventory comments on RPM 4.8.5-001.

4.4.2 SIGN and DATE completed kit or locker inventory form.

4.4.3 IF there are more kits or lockers to be inventoried, Go To Section 4.2.

4.4.4 WHEN all kits or lockers have been inventoried, SIGN and DATE RPM 4.8.5-001.

4.4.5 COMPILE completed kit or locker inventory form(s) and RPM 4.8.5-001 and SUBMIT package to Supervisor EC&I for review.

Supervisor
EC&I →

4.4.6 REVIEW RPM 4.8.5-001 and inventory forms for inventory deficiencies.

4.4.7 WHEN any missing or removed item is restored, **PERFORM** the following:

- a. RECORD date deficiency was corrected on RPM 4.8.5-001.
- b. RECORD date equipment was returned on the applicable kit or locker inventory form.
- c. RECORD quantity of equipment returned on applicable kit or locker inventory form.

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d. IF missing or removed item will take greater than 24 hours to resolve, NOTIFY EP of the following:

- the discrepancy
- the compensatory actions
- the date when the item will be restored

4.4.8 REVIEW and SIGN inventory form(s).

4.4.9 REVIEW and SIGN RPM 4.8.5-001.

4.4.10 SEND a copy of RPM 4.8.5-001 to Station Emergency Preparedness Specialist.[Ref. 6.7 and 6.8]

4.4.11 SEND inventory forms to HP Calibration Laboratory to be filed.

4.4.12 Refer To the following and MAINTAIN original inventory forms and RPM 4.8.5-001 as instructed:

- RM-AA-101, "Record Creation, Transmittal and Retrieval"
- Health Physics Nuclear Records Retention Schedule (NRRS)

Calibration
Technician

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5. REVIEW AND SIGNOFF

- 5.1 The review and signoff for this procedure is located on RPM 4.8.5-001 through 4.8.5-029, of this procedure.

6. REFERENCES

- 6.1 NUREG-0654, FEME-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants," Section II, Part H
- 6.2 NUREG-0737, "Supplement 1 to NUREG-0737 - Requirements for Emergency Response Capability (Generic Letter No. 82-33)," dated December 17, 1982.
- 6.3 Millstone Nuclear Power Station Emergency Plan, Appendix E, "Emergency Equipment," Rev.17, June 1995.
- 6.4 EPPCR-94-22, "Emergency Planning and Health Physics Improvements"
- 6.5 EPPCR-95-05, "Silver Zeolite Cartridges"
- 6.6 EP-95-023, "Operational Support Center Change," T. J. Dembek dated January 6, 1995.
- 6.7 NOV VIO 50-245, 336, 423/97-81-02 and CR M3-97-4483
- 6.8 NU Letter A02567, Combined Inspection No. 50-245; 50-336; 50-423, "MNPS, Unit Nos. 1, 2, & 3 Response to Notice of Violation," dated September 18, 1982, specifies frequencies of inventories, operations checks, change out and replacement schedule for items having limited shelf life. It also specifies replacement for instruments taken for calibration and collectively states that finger rings will be provided in the on-site emergency monitoring team kits and at the EOF.
- 6.9 NU Letter, dated 12/27/76. Emergency Plan equipment is on an inventory list.
- 6.10 NU Letter, dated 12/27/76. Emergency Plan equipment is replaced in a timely manner.
- 6.11 Unit 2 Technical Specification 6.12
- 6.12 Unit 3 Technical Specification 6.8.4(b)

- 6.13 Memo EP-98-127, "Implementation of Millstone Emergency Plan Revision #24," from Mark White to Millstone HP Management Personnel
- 6.14 USNRC *Emergency Preparedness Position (EPPOS¹) on Emergency Plan and Implementing Procedures Changes*
- 6.15 MP-HPO-99081, "Closure of A/R 99006430-01," from A. S. Klotz to H. W. Siegrist, dated May 21, 1999.

7. SUMMARY OF CHANGES

- 7.1 Step 4.4.7 was modified to include Supervisor EC&I notifying EP if there are discrepancies during inventory that will take greater than 24 hours to resolve. This is corrective action to CA3028309.
- 7.2 The RMT notebooks (maps are usually inside front cover) have been placed in the lockers (or trucks for 3, 4, & 5) instead of the kits to allow EP personnel to update procedures without breaking the inventory seal. RPM 4.8.5-003, -004, -005, -016, and 025 were revised to move the RMT notebooks to a separate table. Because the one table was split and divided into two, the word "Kit" was removed from the title on RPM 4.8.5-003, -004, and -005.
- 7.3 RPM 4.8.5-001 was updated with new inventory form titles and deleted "Form" from the title.
- 7.4 RPM 4.8.5-013A was modified to move the Section for "Emergency Operations Facility Spare RMT Locker" to a new form, RPM 4.8.5-029, "Building 532 Over Water Monitoring Locker." This is corrective action to CA3032490.
- 7.5 RPM 4.8.5-019 was renamed "OCA Checkpoint and Off-Site Emergency Responder Dosimetry" as it no longer serves as the Forward Access Point.
- 7.6 RPM 4.8.5-021 was revised to change the number of battery sets to 3: there are only 2 portable meters plus a charger. This is corrective action to CA3029047.
- 7.7 Updated Section 4.4, "Documentation," section.



Technical Procedure Approval

AD-AA-100 - Attachment 2

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Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-001	2. Revision 008	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Response Facility Readiness Check Report				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.:
10. Reason and Description of Change Updated titles of applicable kits and lockers. Removed "Form" from the title of the form title.				
Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval				
11. CFAM, If Required (Print Name)		12. CFAM, If Required (Signature)		13. Date
FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.				
14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.				
17. A new procedure or procedure deletion?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. A change that decreases personnel safety or fire protection effectiveness?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Requestor/Writer (Printed Name) Brandon Graber / Jean Olsen		25. Date 04/01/2016	26. Reviewed By (Printed Name)	
			27. Date	
If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.				
Required Approval Authority - Determination From Above				
<input type="checkbox"/> 28. FSRC <input type="checkbox"/> 29. Peer Group (CFAM) <input type="checkbox"/> 30. Cognizant Management B <input checked="" type="checkbox"/> 31. Cognizant Management A				
Procedure Approvals <input checked="" type="checkbox"/> Millstone <input type="checkbox"/> North Anna <input type="checkbox"/> Surry				
32. Required Approval Authority (Print Name) P. Michael Bradley		33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)		36. SRO Approval For Changes (Signature)		37. Date
38. Site Vice President Approval, If Required (Print Name)		39. Site Vice President Approval, If Required (Signature)		40. Date
NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.				
Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A		42. Nuclear E-Forms Updated Print Name/Signature		43. Date

Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Emergency Response Facility Readiness Check ReportDate: _____ Reason for Inventory: ☐ Quarterly ☐ Post Drill ☐ Other: _____

Kit Or Locker To Be Inventoried	Form No.	✓ For Kits To Be Inventoried
All	N/A	
Emergency Operations Facility, Team 3	3	
Emergency Operations Facility, Team 4	4	
Emergency Operations Facility, Team 5	5	
Emergency Operations Facility	9	
Unit 2 Control Room	11	
Emergency Operations Facility Spare RMT Kit	13A	
Unit 2 Personnel Decon Room Emergency Personnel Decon Kit	15	
SAP	16	
OCA Checkpoint and Off-Site Emergency Responder Dosimetry	19	
Unit 3 Control Room	20	
Technical Support Center	21	
Technical Support Center TSC Kit	22A	
OSC Assembly Area, Building 475, 1st Floor	22B	
Unit 3 Personnel Decon Room Emergency Personnel Decon Kit	24	
NAP	25	
Security Station Emergency Dose Rate Equipment	27	
Building 532, Over Water Monitoring Locker	29	

Kit / Locker Section Title	Description of Deficiency	Actions to be Taken to Correct Deficiency	Date Corrected

Comments: _____

Completed By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

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Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-003	2. Revision 007	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Operations Facility Team 3				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			CR No.:	
10. Reason and Description of Change Removed RMT notebook (maps are usually inside front cover) from kit and placed it in RMT 3 Truck to allow EP personnel to update procedures without breaking the inventory seal.				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Bridget Beck / Jean Olsen	25. Date 10/04/2015	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature) <i>[Signature]</i>		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Emergency Operations Facility Team 3

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Facility Team 3 Kit				
Ludlum 2241-2 or equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger Batteries Replaced (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	2			
Smears (Pkg of 25)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Duct Tape, roll	1			
Silver Zeolite Cartridges Expiration Date: _____	4			
Calculator (Solar powered)	1			
Disposable Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Box of Staples	1			
Stapler	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Keys For Fox Island Wildlife Area	2			
Clipboard With Paper	1			
Pkg of Potassium Iodide Tablets (Expiration Date:)	1			

Facility Team 3 Truck				
RMT No. 3 EPP Notebook	1			
Map Of Sample Locations	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-004	2. Revision 007	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Operations Facility Team 4				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			CR No.:	
10. Reason and Description of Change Removed RMT notebook (maps are usually inside front cover) from kit and placed it in RMT 4 Truck to allow EP personnel to update procedures without breaking the inventory seal.				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Bridget Beck / Jean Olsen	25. Date 10/04/2015	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature) <i>[Signature]</i>		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Emergency Operations Facility Team 4

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Facility Team 4 Kit				
Ludlum 2241-2 or equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger Batteries Replaced (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	2			
Stopwatch	1			
Forceps	1			
Smears (Pkg of 25)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Duct Tape, roll	1			
Silver Zeolite Cartridges Expiration Date: _____	4			
Calculator (Solar powered)	1			
Disposable Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2			
Ballpoint Pens	2			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Screwdriver	1			
Markers, Felt Tip	2			
Stapler	1			
Box of Staples	1			
Scissors	1			
Clipboard With Paper	1			
Pkg of Potassium Iodide Tablets (Expiration Date:)	1			

Facility Team 4 Truck				
RMT No. 4 EPP Notebook	1			
Map of Sample Locations	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-005	2. Revision 007	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Operations Facility Team 5				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.:
10. Reason and Description of Change Removed RMT notebook (maps are usually inside front cover) from kit and placed it in RMT 5 Truck to allow EP personnel to update procedures without breaking the inventory seal.				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
------------------------------------	-----------------------------------	----------

FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Bridget Beck / Jean Olsen	25. Date 10/04/2015	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name) N/A	36. SRO Approval For Changes (Signature)		37. Date
38. Site Vice President Approval, If Required (Print Name) N/A	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Emergency Operations Facility Team 5

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Facility Team 5 Kit				
Ludlum 2241-2 or equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger Batteries Replaced (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	2			
Smears (Pkg of 25)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Duct Tape, roll	1			
Silver Zeolite Cartridges Expiration Date: _____	4			
Calculator (Solar powered)	1			
Disposable Gloves (Pairs)	6			
Coin Envelopes	12			
Rain Gear (Sets)	2			
Ballpoint Pens	2			
Screwdriver	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Stapler	1			
Markers, Felt Tip	2			
Box of Staples	1			
Scissors	1			
Stopwatch	1			
Forceps	1			
Clipboard With Paper	1			
Pkg of Potassium Iodide Tablets (Expiration Date:)	1			

Facility Team 5 Truck				
RMT No. 5 EPP Notebook	1			
Map of Sample Locations	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-013A	2. Revision 009	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Emergency Operations Facility Spare RMT Kit				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.: 1026823
10. Reason and Description of Change RPM 4.8.5-013A was modified to move the Section for "Emergency Operations Facility Spare RMT Locker" to a new form, RPM 4.8.5-029, "Building 532 Over Water Monitoring Locker."				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Steve Grondahl / Jean Olsen	25. Date 06/08/16	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature) <i>[Signature]</i>		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Emergency Operations Facility Spare RMT Kit

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Emergency Operations Facility Spare RMT Kit				
Ludlum 2241-2 or equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
ASP-1/HP-270 or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger Batteries Replaced (4th quarter)	4 Sets			
Dosimeters (Low Range) Date Due _____	2			
Dosimeters (High Range) Date Due _____	2			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
TLD Badges (Replace Semi-annually) Date Due _____	2			
Stopwatch	1			
Forceps	1			
Smears (Pkg of 25)	1			
Filters, Particulate (Pkg of 50)	1			
Bags, Clear Plastic 4x6	12			
Bags, Clear Plastic 6x12	6			
Duct Tape, roll	1			
Silver Zeolite Cartridges Expiration Date: _____	4			
Calculator, (Solar Powered)	1			
Disposable Gloves (Pairs)	6			
Coin Envelopes	12			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Rain Gear (Sets)	2			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Screwdriver	1			
Stapler	1			
Box of Staples	1			
Scissors	1			
Clipboard With Paper	1			
Spare Team EPP Notebook	1			
Map of Sample Locations	1			
Pkg of Potassium Iodide Tablets (Expiration Date:)	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-016	2. Revision 007	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title SAP				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.: 1026823
10. Reason and Description of Change Removed RMT notebook (maps are usually inside front cover) from kit and placed it in SAP Locker to allow EP personnel to update procedures without breaking the inventory seal.				
Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval				
11. CFAM, If Required (Print Name)		12. CFAM, If Required (Signature)		13. Date
FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.				
14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Change of Intent Checklist : If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.				
17. A new procedure or procedure deletion?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. A change that decreases personnel safety or fire protection effectiveness?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Requestor/Writer (Printed Name) Al Johnson / Jean Olsen		25. Date 06/30/2016	26. Reviewed By (Printed Name) 07/21/2016	
If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.				
Required Approval Authority - Determination From Above				
<input type="checkbox"/> 28. FSRC <input type="checkbox"/> 29. Peer Group (CFAM) <input type="checkbox"/> 30. Cognizant Management B <input checked="" type="checkbox"/> 31. Cognizant Management A				
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>				
32. Required Approval Authority (Print Name) P. Michael Bradley		33. Required Approval Authority (Signature) [Signature]		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)		36. SRO Approval For Changes (Signature) [Signature]		37. Date
38. Site Vice President Approval, If Required (Print Name)		39. Site Vice President Approval, If Required (Signature)		40. Date
NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.				
41. Nuclear E-Forms Updated for Site(s) <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A		42. Nuclear E-Forms Updated Print Name/Signature		43. Date

Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

SAP

Date: _____

Kit Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Ludlum 2241-2 Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger 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 Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger - Batteries Replaced (4th quarter)	1			
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 Expiration Date: _____	4			
Rain Gear (Sets)	2 Sets			
Disposable Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape	1			

Kit Item Description Con't	Quantity		Returned	
	Required	As Found	Quantity	Date
Stopwatch	1			
Screwdriver	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box of Staples	1			
Clipboard With Paper and Survey Forms	1			
Pkg of Potassium Iodide Tablets (Expiration Date: _____)	1			

Locker Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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 (batteries): Expiration Date: _____	5			
Particulate Filters	50			
Extension Cord	1			
PCs Complete Sets	6			
RMT No. 2 EPP Notebook	1			
On-Site Field Monitoring Map	1			
Source Plaque	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
ARM or Dose Rate Meter Serial No. _____ Date Due _____	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-019	2. Revision 005	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title OCA Checkpoint and Off-Site Emergency Responder Dosimetry				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.:
10. Reason and Description of Change RPM 4.8.5-019 was renamed "OCA Checkpoint and Off-Site Emergency Responder Dosimetry" as it no longer serves as the Forward Access Point.				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Steve Grondahl / Jean Olsen	25. Date 06/08/16	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals <input checked="" type="checkbox"/> Millstone <input type="checkbox"/> North Anna <input type="checkbox"/> Surry			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>PMB</i>	34. Date 07/21/2016	
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature)	37. Date	
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)	40. Date	

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

OCA Checkpoint and Off-Site Emergency Responder Dosimetry

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Paper Coveralls	3			
Rubber Shoe Covers (Pair)	3			
Plastic Booties (Pair)	3			
Rubber Gloves (Pair)	3			
Surgical Gloves (Pair)	3			
TLD Badges (Replace Semi-annually) Date Due _____	4			
Dosimeters (Low Range) Date Due _____	4			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Batteries, Spare For Charger Batteries Replaced (4th quarter)	1			
Hospital gown	2			
Hospital mask	2			
Herculite Sheet or Plastic tarp	1			
Radiation Area Sign	1			
Off-site Emergency Responder TLDs – located at security Guard check point (Replace Semi-annually) Date Due _____	24			
Duct Tape (Roll)	1			
Waste Bag	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-021	2. Revision 009	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Technical Support Center Locker <u>JB07/21/16</u>				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.:
10. Reason and Description of Change RPM 4.8.5-021 was revised to change the number of battery sets to 3: there are only 2 portable meters plus a charger.				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Bridget Beck / Jean Olsen	25. Date 04/12/2016	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <u>Amis</u>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature)		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Technical Support Center

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date

Technical Support Center Locker				
RM-14 or Equivalent 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____ 3. Serial No. _____ Date Due _____	3			
Teletector or Equivalent Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
110 Volt Air Sampler Serial No. _____ Date Due _____	1			
Batteries, Spares For Survey Meters and Dosimeter Charger Batteries Replaced (4th quarter)	3 Sets			
Radiation Area Signs	12			
Respirators With Charcoal Filters Date Inspection Due _____	20			
Emergency Lanterns (batteries) Expiration Date: _____	2			
Paper Coveralls	20			
Survey Forms	1 Set			
PCs (Sets)	20			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range -- 5R) Date Due _____	20			
Dosimeters (Accident) Date Due _____	3			
Dosimeter Charger Batteries Replaced (4th quarter)	1			
Source Plaque	2			
TLD Badges (Replace Semi-annually) Date Due _____	20			
Finger Rings [Ref.6.8] (Replace Semi-annually) Date Due _____	20			
Smears (Pkg of 50)	1			
Stopwatch	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Forceps	1			
Screwdriver	1			
Particulate Filters (Pkg of 50)	1			
Clear Plastic Bags 6x12	5			
Silver Zeolite Cartridges Expiration Date: _____	4			
Calculator, Extra Battery (N/A Solar) Batteries Replaced (4th quarter)	1			
Disposable Gloves (Pairs)	12			
Coin Envelopes	5			
Rain Gear	4 Sets			
Ballpoint Pens	12			
Markers, Felt Tip	12			
Scissors	1			
Stapler	1			
Clipboard with paper	1			
On-Site Field Monitoring Map	1			
RMT Procedures and Forms	1			
Pkg of Potassium Iodide Tablets (Expiration Date: _____)	1			

Technical Support Center				
Area Radiation Monitor Serial No. _____ Date Due _____	1			
SCBA	6			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-025	2. Revision 007	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title NAP				7. Expiration Date
8. Type of Request Change: <input type="checkbox"/> New Procedure <input checked="" type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				CR No.: 1026823

10. Reason and Description of Change
Removed RMT notebook (maps are usually inside front cover) from kit and placed it in RMT 4 Truck to allow EP personnel to update procedures without breaking the inventory seal.

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Steve Grondahl / Jean Olsen	25. Date 06/08/16	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals <input checked="" type="checkbox"/> Millstone <input type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature) <i>[Signature]</i>		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature) <i>[Signature]</i>		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
---	--	----------

Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

NAP

Date: _____

Kit Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Ludlum 2241-2 Serial No. _____ Date Due _____	1			
RO-2A or Equivalent Serial No. _____ Date Due _____	1			
Portable Air Sampler (12 Volts) 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 Semi-annually) Date Due _____	8			
Dosimeters (Low Range) Date Due _____	4			
Dosimeters (High Range) Date Due _____	4			
Dosimeter Charger -- Batteries Replaced (4th quarter)	1			
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 Expiration Date: _____	4			
Rain Gear (Sets)	2 Sets			
Disposable Gloves (Pairs)	6			
Ballpoint Pens	2			
Markers, Felt Tip	2			
Barrier Tape	1			
Tape	1			

Kit Item Description, Con't	Quantity		Returned	
	Required	As Found	Quantity	Date
Screwdriver	1			
Stopwatch	1			
Forceps	1			
Scissors	1			
Stapler	1			
Box of Staples	1			
Clipboard With Paper And Survey Forms	1			
Pkg of Potassium Iodide Tablets (Expiration Date: _____)	1			

Locker Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
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 (batteries) Expiration Date: _____	5			
Particulate Filters	50			
Extension Cord	1			
PCs Complete Sets	6			
RMT No. 2 EPP Notebook	1			
On-Site Field Monitoring Map	1			
Source Plaque	1			

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
NAP - ARM or Dose Rate Meter Serial No. _____ Date Due _____	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____



Technical Procedure Approval

AD-AA-100 - Attachment 2

Page of

Instructions for completing this form are included in AD-AA-100.

1. Procedure Number RPM 4.8.5-029	2. Revision 000	3. Change Type & No. 00 & 00	4. Page of	5. Effective Date (If not approval date) 07/26/2016
6. Procedure Title Building 532, Over Water Monitoring Locker				7. Expiration Date
8. Type of Request Change: <input checked="" type="checkbox"/> New Procedure <input type="checkbox"/> Revision <input type="checkbox"/> Deletion <input type="checkbox"/> Vendor Procedure <input type="checkbox"/> Minor Revision <input type="checkbox"/> OTO - Permanent Revision Required <input type="checkbox"/> OTO - No Permanent Revision Required				
9. Has a Condition Report (CR) Been Submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				CR No.: 1026823
10. Reason and Description of Change Original issue, created from RPM 4.8.5-013A, Section for "Emergency Operations Facility Spare RMT Locker."				

Fleet and Virginia Common Technical Procedures Require Peer Group (CFAM) Approval

11. CFAM, If Required (Print Name)	12. CFAM, If Required (Signature)	13. Date
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FSRC Approval Determination - If "Yes" to any of the following, FSRC approval required. Check item 28 and skip items 17 through 23.

14. Does this change involve a Temporary Modification that affects nuclear safety as documented in CM-AA-TCC-204?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Does this procedure require a 50.59 / 72.48 Evaluation (Form No. 730947)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is this a "Special Test" procedure, an EPIP or Security procedure, a FCA, a FSG, an EOP, required by RP-AA-274, or is it an ICCE-designated procedure that requires a 50.59 / 72.48 Screen?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Change of Intent Checklist - If "Yes" to any of the following questions, Cognizant Management "B" approval required. Check item 30. If "No" to all of the following questions, Cognizant Management "A" approval required. Check item 31.

17. A new procedure or procedure deletion?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
18. A change or addition to any of the following: <input type="checkbox"/> Purpose <input type="checkbox"/> Acceptance Criteria or Tolerances <input type="checkbox"/> "Level of Use" <input type="checkbox"/> Initial Conditions <input type="checkbox"/> Scaling or Setpoints <input type="checkbox"/> System/Component As-Left Condition(s) <input type="checkbox"/> The method for meeting a commitment <input type="checkbox"/> Reactivity Management	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. A change that adds or deletes a subsection, deletes a step verification (IV, CV, or PC), adds an alternative method for performing a task, involves a less conservative method for performing a task, or affects equipment qualification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. A change that decreases personnel safety or fire protection effectiveness?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. A change that modifies, relocates, deletes, or adds a hold point? (Review by the QIC or certified discipline QC Level II/III Inspector is required. For OTOs and MRs, QIC or Level II/III Inspector initial here _____.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
22. A change to CAUTION or WARNING statements? This does not include adding CAUTION or WARNING statements.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
23. A change to a procedure marked "Infrequently Conducted or Complex-Test or Evolution"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Requestor/Writer (Printed Name) Steve Grondahl / Jean Olsen	25. Date 06/08/2016	26. Reviewed By (Printed Name)	27. Date

If FSRC approval is required for a Procedure Change, it is not necessary for SRO to approve the Procedure Change. Place N/A in blocks 35 and 36.

Required Approval Authority - Determination From Above

<input type="checkbox"/> 28. FSRC	<input type="checkbox"/> 29. Peer Group (CFAM)	<input type="checkbox"/> 30. Cognizant Management B	<input checked="" type="checkbox"/> 31. Cognizant Management A
Procedure Approvals Millstone <input checked="" type="checkbox"/> North Anna <input type="checkbox"/> Surry <input type="checkbox"/>			
32. Required Approval Authority (Print Name) P. Michael Bradley	33. Required Approval Authority (Signature) <i>[Signature]</i>		34. Date 07/21/2016
35. SRO Approval For Changes (Print Name)	36. SRO Approval For Changes (Signature) <i>[Signature]</i>		37. Date
38. Site Vice President Approval, If Required (Print Name)	39. Site Vice President Approval, If Required (Signature)		40. Date

NOTE: The individual(s) posting a new or revised document to EDMS are responsible for ensuring Nuclear E-Forms is updated.

41. Nuclear E-Forms Updated for Site(s)? <input type="checkbox"/> MP <input type="checkbox"/> NA <input type="checkbox"/> SU <input checked="" type="checkbox"/> N/A	42. Nuclear E-Forms Updated Print Name/Signature	43. Date
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Key: FSRC-Facility Safety Review Committee; EPIP-Emergency Plan Implementing Procedures; EOP-Emergency Operating Procedure; OTO-One Time Only; MR-Minor Revision; ICCE-Infrequently Conducted or Complex Evolutions; FCA-Fire Contingency Action; FSGs-FLEX Support Guideline; SRO-Senior Reactor Operator; QIC-Quality Inspection Coordinator; CFAM-Corporate Functional Area Manager

Form No. 730682(April 2015)

07/21/16

Approval Date

07/26/16

Effective Date

Building 532, Over Water Monitoring Locker

Date: _____

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
Respirators with Charcoal Cartridges Date Inspection Due:	6			
Complete set of PCs	6			
All Weather Suit	2			
Flashlight	2			
Spare Batteries for Flashlights	2 sets			
Emergency Lantern (Expiration Date:)	1			

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____