

**JAFP-16-0157**

**Enclosures**

Including change documentation and screening:

- EAP-4C, Revision 2
- EAP-30, Revision 5
- SAP-2, Revision 59
- SAP-3, Revision 88

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

PROTECTIVE ACTION RECOMMENDATIONS  
EAP-4C  
REVISION 2

EFFECTIVE DATE: 9/29/16

*****	*****
*	*
* INFORMATIONAL USE *	* QUALITY RELATED *
*	*
*****	*****
*****	
*	
* ADMINISTRATIVE *	CONTROLLED
*	
*****	

PERIODIC REVIEW DUE DATE: December 2019

## REVISION SUMMARY SHEET

REV. NO.

2

- Revised the Attachment 1 Rapidly Progressing Severe Accident box by splitting in to two boxes each with one question. This is a human factors improvement which removes multiple questions from a single step and creates two steps with no content or intent change
- Revised the Attachment 1-4 ERPA tables to correspond with the revised ETE document (Appendix K) dated February 24, 2016 which aligned ERPA tables based on cardinal wind directions as summarized below:

			Table 3 Initial PAR 2 mile Radius 2 - 10 Downwind		Table 2 Initial PAR 2 mile Radius 2 - 5 Downwind	
Wind Direction From			ERPA' Deleted	ERPA's Added	ERPA' Deleted	ERPA's Added
349°	to	011°	15, 16	28	None	None
012°	to	033°	None	25	None	None
034°	to	056°	None	None	None	None
057°	to	078°	None	None	10	None
079°	to	101°	19, 24	None	11	None
102°	to	124°	6	None	6	None
125°	to	146°	None	None	None	None
147°	to	169°	None	None	None	None
170°	to	191°	None	None	None	None
192°	to	214°	None	None	None	None
215°	to	236°	None	None	4, 7	None
237°	to	258°	9	None	7, 9	None
259°	to	281°	5	None	5, 7	None
282°	to	303°	None	None	7	None
304°	to	326°	11, 21	None	7, 11	None
327°	to	348°	14	None	7	None

			Table 2 Initial PAR 5 mile Radius	
Wind Direction From			ERPA' Deleted	ERPA's Added
0°	to	359°	7	None

			Table X Subsequent PAR 2 mile Radius 2 - 10 Downwind		Table A Subsequent PAR 2 mile Radius 2 - 5 Downwind	
Wind Direction From			ERPA' Deleted	ERPA's Added	ERPA' Deleted	ERPA's Added

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PROTECTIVE ACTION RECOMMENDATIONS

EAP-4C

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349°	to	011°	None	None	None	None
012°	to	033°	None	None	None	None
034°	to	056°	None	None	10	None
057°	to	078°	10, 19, 24	None	10, 11	None
079°	to	101°	6	None	6	None
102°	to	124°	None	None	None	None
125°	to	146°	None	None	None	None
147°	to	169°	None	None	None	None
170°	to	191°	None	None	None	None
192°	to	214°	None	None	None	None
215°	to	236°	None	None	None	None
237°	to	258°	None	None	4, 7	None
259°	to	281°	9	None	7, 9	None
282°	to	303°	5, 10	None	5, 7, 10	None
304°	to	326°	14	None	7	None
327°	to	348°	7, 11, 15, 16, 21, 25	None	7, 11	None

			Table H Subsequent PAR 2 mile Radius	
Wind Direction From			ERPA' Deleted	ERPA's Added
0°	to	359°	None	None

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE.....	5
2.0 REFERENCES.....	5
3.0 INITIATING EVENTS.....	5
4.0 RESPONSIBILITIES.....	5
5.0 DEFINITIONS AND TERMS.....	6
6.0 PROCEDURE.....	7
7.0 RECORDS.....	8
8.0 ATTACHMENTS.....	8
1. <u>FITZPATRICK PAR FLOWCHART (POSTED ATTACHMENT)</u> .....	8

**1.0 PURPOSE**

This procedure provides guidelines for determining Protective Action Recommendations (PARs) to be made to offsite authorities during a General Emergency.

**2.0 REFERENCES****2.1 Performance References**

- 2.1.1 EAP-4A, Onshift Dose Assessment
- 2.1.2 EAP-4B, Detailed Dose Assessment
- 2.1.3 EAP-1.1, Offsite Notifications
- 2.1.4 EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring
- 2.1.5 EAP-42, Obtaining Meteorological Data
- 2.1.6 IAP-2, Classifications of Emergency Conditions

**2.2 Developmental References**

- 2.2.1 NEI 12-10 Guidelines for Developing a Licensee Protective Action Recommendation Procedure Using NUREG-0654 Supplement 3, Revision 0, April 2014
- 2.2.2 NUREG 0654/FEMA-REP-1, Supplements 3

**3.0 INITIATING EVENTS**

- 3.1 A General Emergency has been declared.

**4.0 RESPONSIBILITIES****4.1 Shift Manager/Emergency Director (SM/ED)**

When in Command and Control the SM/ED is responsible for ensuring that Protective Action Recommendations (PARs) are developed in accordance with this procedure and approves PARs prior to communicating the PARs to offsite agencies.

**4.2 TSC Radiological Coordinator**

The TSC Radiological Coordinator is responsible to the Emergency Director for managing the radiological monitoring and assessment aspects onsite and in plant during an emergency and of those functions specified in Step 4.3 until relieved of those functions by the EOF.

**4.3 EOF Radiological Assessment Coordinator**

The EOF Radiological Assessment Coordinator (RAC) is responsible to the Emergency Director for managing the radiological monitoring and assessment aspects offsite during an emergency, in order to assess the radiological consequences to the public including providing PARs to the ED for timely review and approval.

**4.5 Onshift Chemistry Technician**

When Command and Control is in the Control Room the Onshift Chemistry Technician is responsible to the Shift Manager for developing Protective Action Recommendations (PARs) in accordance with this procedure.

**5.0 DEFINITIONS AND TERMS**

- 5.1 **EPA Protective Action Guideline (PAG)**: Guidance developed by the Environmental Protection Agency regarding projected radiological dose or dose commitment values to individuals in the general population that warrant protective action following a release of radioactive materials. These levels have been established at 1 Rem TEDE or 5 Rem CDE Thyroid.
- 5.2 **Emergency Planning Zones (EPZ)**: That area surrounding the plant in which emergency planning is conducted for the protection of the public. With respect to protecting the public from the plume exposure resulting from an incident, the EPZ is an area with a radius of about 10 miles surrounding the plant. With respect to the ingestion exposure pathway, the EPZ is an area with a radius of 50 miles.
- 5.3 **Emergency Response Planning Area (ERPA)**: Pre-designated sub-area within the 10 mile Emergency Planning Zone used to more specifically target the recommendation of offsite protective actions. The FitzPatrick/Nine Mile Point Site utilizes 27 ERPAs based on geopolitical boundaries.
- 5.4 **Initiating Condition (IC)**: one of a predetermined subset of plant conditions where either the potential exists for a radiological emergency, or such an emergency has occurred.
- 5.5 **Potential**: mitigation actions are not effective and trended information indicates that the parameters are outside desirable bands and not stable or improving.
- 5.6 **Controlled Containment Vent (Puff Release)**: A venting of the containment that is anticipated to be terminated prior to exceeding 60 minutes in duration (short term release).
- 5.7 **Protective Action Recommendations (PARs)**: In the context of this procedure, PARs are protective actions recommended to government officials for the purpose of protecting the public from the effects of the release of radioactive materials from JAF. PARs are recommended based on EPA 400 Protective Action Guidelines and plant conditions.
- 5.8 **Rapidly Progressing Severe Accident (RPSA)**: a General Emergency with a rapid loss of containment integrity and loss of the ability to cool the core.

## 6.0 PROCEDURE

6.1 Protective Action Recommendations

## NOTE

INITIAL Protective Action Recommendations (PARs) can be made from any Emergency Facility where the Shift Manager (SM) OR the Emergency Director (ED) are in command and control.

- 6.1.1 DETERMINE PARs USING Attachment 1, FitzPatrick PAR Flowchart.
- 6.1.2 IF an evacuation recommendation for an ERPA has been given, THEN DO NOT reduce it to shelter.

## NOTES

1. Does Assessment performed in the Control Room (EAP-4A) can only be used for projections out to 10 miles. Therefore, step 6.1.3 will only apply to the EOF.
2. Beyond 10 miles the uncertainties in dose projection methods may result in significant inaccuracies in dose projection results. When available, field surveys results should be used in conjunction with dose projections to estimate doses beyond 10 miles.

- 6.1.3 IF dose assessment results indicate the need to recommend actions beyond 10 miles, then **PERFORM** the following steps:
- A. **EXPAND** the PAR to include areas outside the EPZ where PAGs have been exceeded using convenient geographic boundaries (i.e., townships).
    1. IF not already performed, THEN direct **DISPATCH** of Field Monitoring Teams to downwind areas outside the 10 mile EPZ to validate expanded PARs adequately bound the areas with PAGs exceeded.
    2. Continue monitoring beyond the current PAR areas to determine the need for further PAR expansion beyond 10 miles.
- 6.1.4 **ENTER** the PAR information on the Part 1 Form (EAP-1.1, Attachment 1).



6.1.5 The PAR **MUST** be provided to Oswego County and New York State via step 6.1.7 within 15 minutes of:

A. The classification of the General Emergency

OR

B. Any change in recommended actions

6.1.6 **ALL** PARs **SHALL** include the recommendation to implement the KI plan.

6.1.7 **COMPLETE** the PAR notification in accordance with EAP-1.1.

6.1.8 **CONTINUE** to evaluate applicable Flowchart entry points for PAR upgrades.

#### 7.0 RECORDS

7.1 There are no records generated by this procedure that are subject to the requirements of EN-AD-103 - Document Control and Records Management Programs.

#### 8.0 ATTACHMENTS

1. ATTACHMENT 1, FITZPATRICK PAR FLOWCHART  
(POSTED ATTACHMENT)



**Page 1**  
**Initial Protective Action Recommendation ONLY**

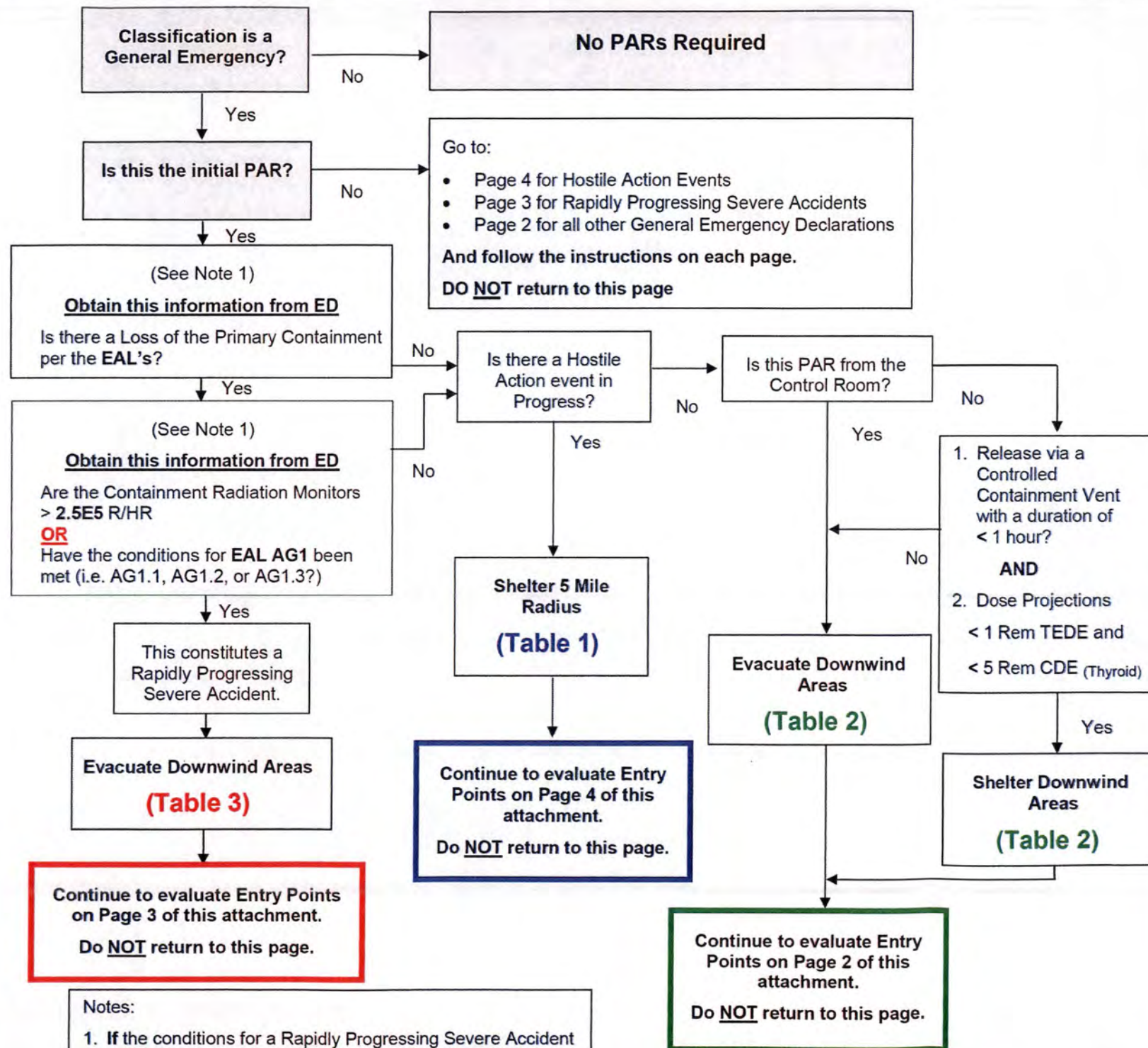


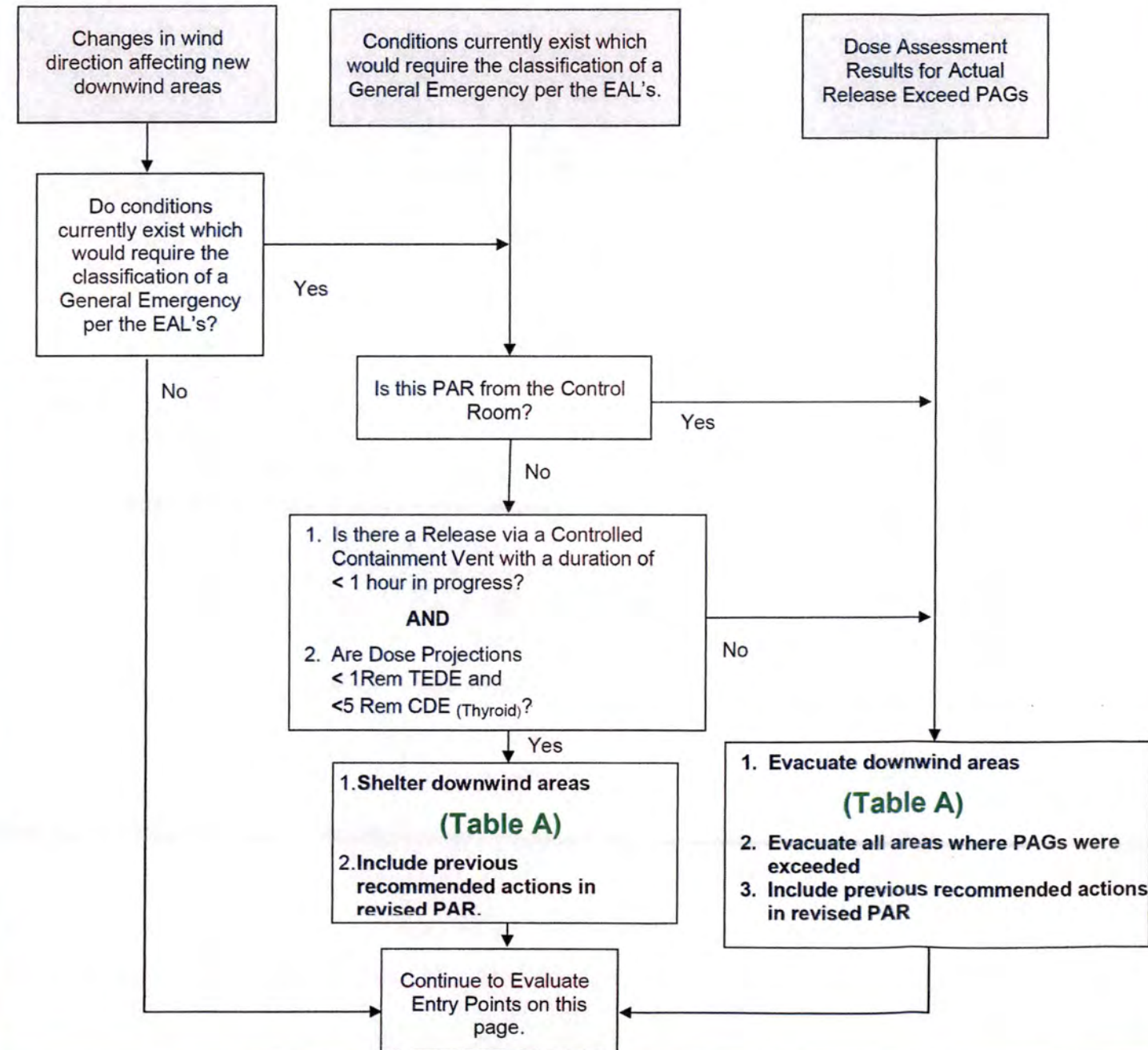
Table 1 (5 Mile Radius)			
WD From		ERPA's	
0°	to 360°	1, 2, 3, 4, 5, 6, 9, 10, 11, 26, 27	

Table 2 (2 Mile Radius & 5 Miles Down Wind)			
WD From		ERPA's	
349°	to 011°	1, 2, 3, 4, 5, 6, 9, 10, 11, 26, 27	
012°	to 033°	1, 2, 3, 5, 6, 9, 10, 11, 26, 27	
034°	to 056°	1, 2, 3, 5, 6, 10, 11, 26, 27	
057°	to 078°	1, 2, 3, 5, 6, 11, 26, 27	
079°	to 101°	1, 2, 3, 6, 26, 27	
102°	to 124°	1, 2, 3, 26, 27	
125°	to 146°	1, 2, 3, 26, 27	
147°	to 169°	1, 2, 3, 26, 27	
170°	to 191°	1, 2, 3, 26, 27	
192°	to 214°	1, 2, 3, 26, 27	
215°	to 236°	1, 2, 3, 26, 27	
237°	to 258°	1, 2, 3, 4, 26, 27	
259°	to 281°	1, 2, 3, 4, 9, 26, 27	
282°	to 303°	1, 2, 3, 4, 5, 9, 10, 26, 27	
304°	to 326°	1, 2, 3, 4, 5, 9, 10, 26, 27	
327°	to 348°	1, 2, 3, 4, 5, 6, 9, 10, 11, 26, 27	

Table 3 (2 Mile Radius & 10 Miles Down Wind)			
WD From		ERPA's	
349°	to 011°	1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28	
012°	to 033°	1, 2, 3, 5, 6, 9, 10, 11, 12, 13, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28	
034°	to 056°	1, 2, 3, 5, 6, 10, 11, 12, 13, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28	
057°	to 078°	1, 2, 3, 5, 6, 10, 11, 12, 13, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28	
079°	to 101°	1, 2, 3, 6, 11, 12, 13, 21, 22, 23, 26, 27, 28	
102°	to 124°	1, 2, 3, 26, 27, 28	
125°	to 146°	1, 2, 3, 26, 27, 28, 29	
147°	to 169°	1, 2, 3, 26, 27, 28, 29	
170°	to 191°	1, 2, 3, 26, 27, 28, 29	
192°	to 214°	1, 2, 3, 14, 26, 27, 28, 29	
215°	to 236°	1, 2, 3, 4, 7, 14, 15, 26, 27, 28, 29	
237°	to 258°	1, 2, 3, 4, 7, 8, 14, 15, 16, 17, 26, 27, 29	
259°	to 281°	1, 2, 3, 4, 7, 8, 9, 14, 15, 16, 17, 18, 26, 27, 29	
282°	to 303°	1, 2, 3, 4, 5, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19, 20, 26, 27, 29	
304°	to 326°	1, 2, 3, 4, 5, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19, 20, 26, 27, 29	
327°	to 348°	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27	



**Page 2**  
**All Other General Emergencies**



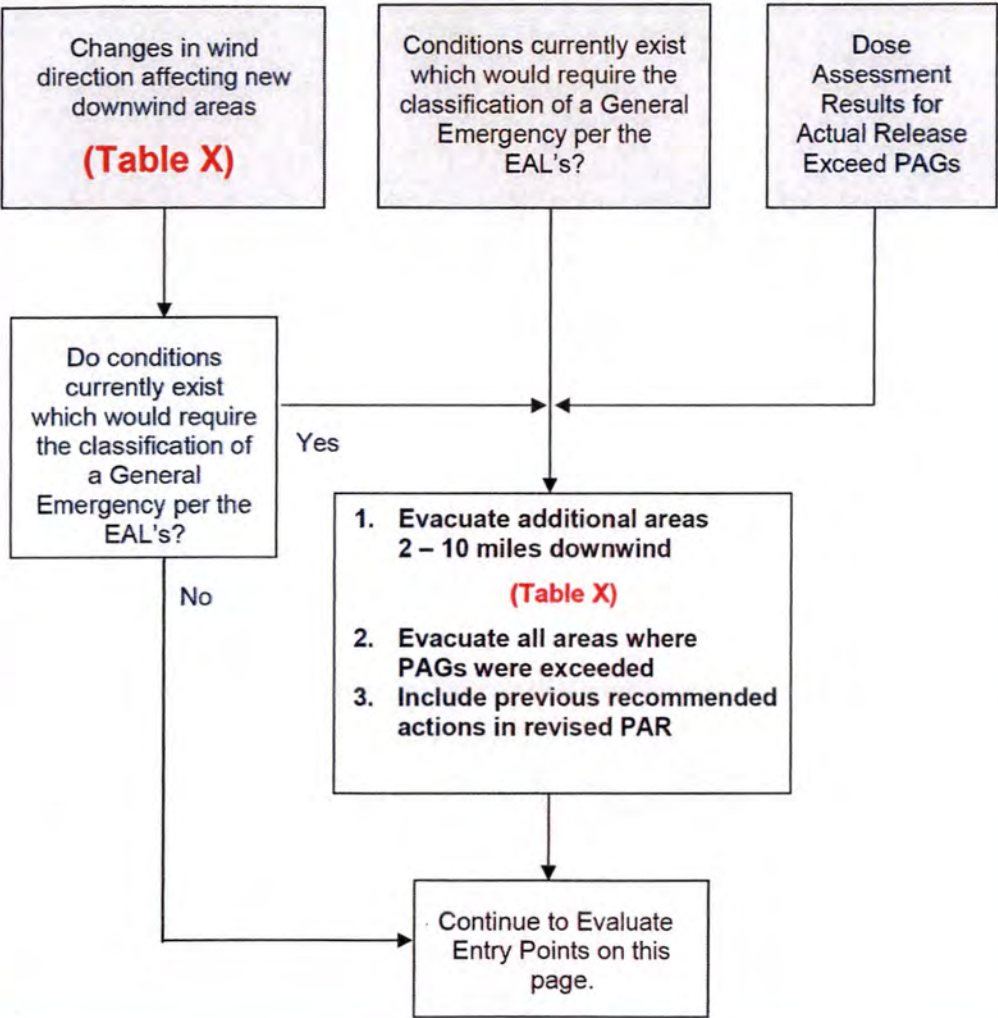
**Table A (2 Mile Radius & 5 Miles Down Wind)**

WD From			ERPA's
349°	to	011°	1, 2, 3, 5, 6, 9, 10, 11, 26, 27
012°	to	033°	1, 2, 3, 5, 6, 10, 11, 26, 27
034°	to	056°	1, 2, 3, 5, 6, 11, 26, 27
057°	to	078°	1, 2, 3, 6, 26, 27
079°	to	101°	1, 2, 3, 26, 27
102°	to	124°	1, 2, 3, 26, 27
125°	to	146°	1, 2, 3, 26, 27
147°	to	169°	1, 2, 3, 26, 27
170°	to	191°	1, 2, 3, 26, 27
192°	to	214°	1, 2, 3, 26, 27
215°	to	236°	1, 2, 3, 26, 27
237°	to	258°	1, 2, 3, 26, 27
259°	to	281°	1, 2, 3, 4, 26, 27
282°	to	303°	1, 2, 3, 4, 9, 26, 27
304°	to	326°	1, 2, 3, 4, 5, 9, 10, 26, 27
327°	to	348°	1, 2, 3, 4, 5, 9, 10, 26, 27



Page 3

**Rapidly Progressing Severe Accident ONLY**



**Table X (2 Mile Radius & 10 Miles Down Wind)**

WD From			ERPA's
349°	to	011°	1, 2, 3, 5, 6, 9, 10, 11, 12, 13, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27
012°	to	033°	1, 2, 3, 5, 6, 10, 11, 12, 13, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28
034°	to	056°	1, 2, 3, 5, 6, 10, 11, 12, 13, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28
057°	to	078°	1, 2, 3, 6, 11, 12, 13, 21, 22, 23, 26, 27, 28
079°	to	101°	1, 2, 3, 26, 27, 28
102°	to	124°	1, 2, 3, 26, 27, 28
125°	to	146°	1, 2, 3, 26, 27, 28
147°	to	169°	1, 2, 3, 26, 27, 28, 29
170°	to	191°	1, 2, 3, 26, 27, 28, 29
192°	to	214°	1, 2, 3, 26, 27, 28, 29
215°	to	236°	1, 2, 3, 14, 26, 27, 29
237°	to	258°	1, 2, 3, 4, 7, 14, 15, 26, 27, 29
259°	to	281°	1, 2, 3, 4, 7, 8, 14, 15, 16, 17, 26, 27, 29
282°	to	303°	1, 2, 3, 4, 7, 8, 9, 14, 15, 16, 17, 18, 26, 27, 29
304°	to	326°	1, 2, 3, 4, 5, 7, 8, 9, 10, 15, 16, 17, 18, 19, 20, 26, 27
327°	to	348°	1, 2, 3, 4, 5, 8, 9, 10, 17, 18, 19, 20, 26, 27

**Page 4**  
**Hostile Action ONLY**

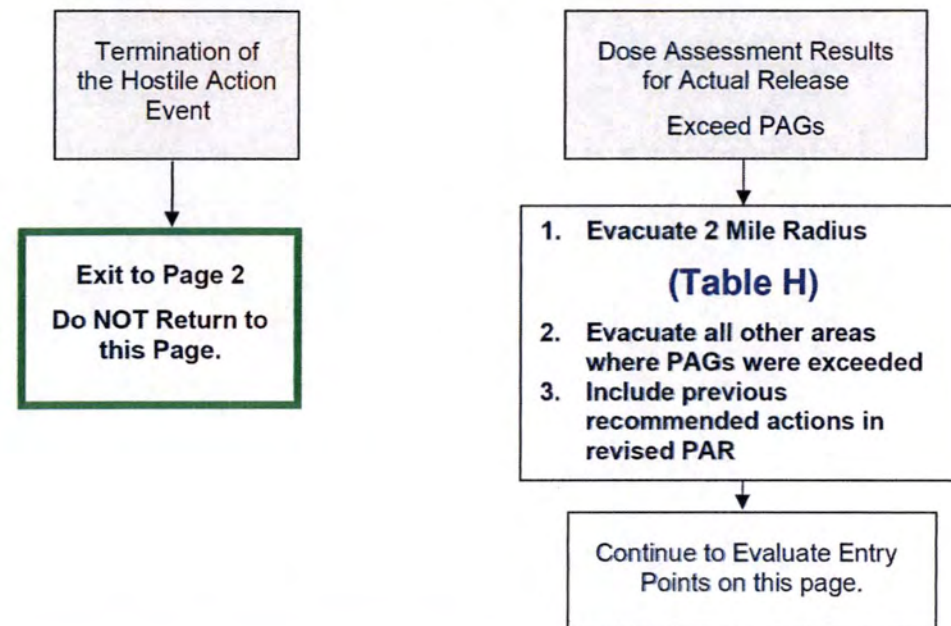


Table H (2 Mile Radius)				
WD From			ERPA's	
0°	to	360°	1, 2, 3, 26, 27	



Procedure/Document Number: EAP-4C

Revision: 2

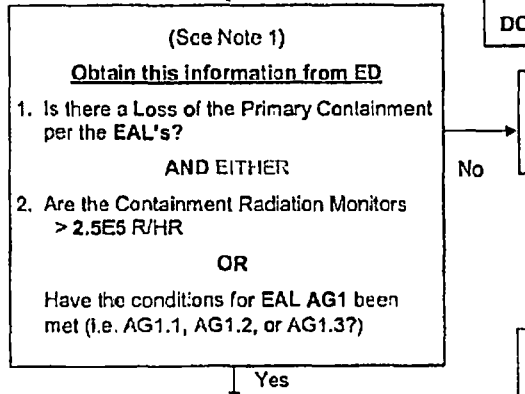
Equipment/Facility/Other: James A. FitzPatrick NPP

Title: Protective Action Recommendations

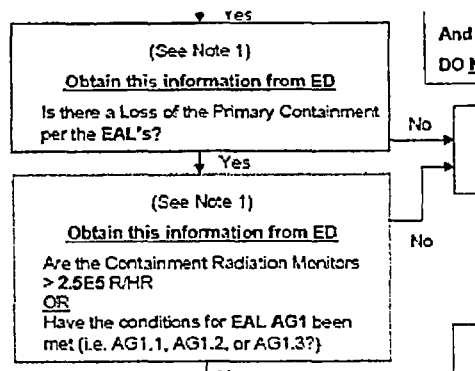
**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

1. Attachment 1, Page 1 - Revised the formatting on Initial Protective Action Recommendation ONLY Flowchart by splitting the Rapidly Progressing Severe Accident decision box as follows:

Original:



Revised:



2. Attachment 1 - Revised Tables 1, 2, 3, A, X, and H to align with the revised ETE document (Appendix K) dated February 24, 2016:

			Table 3 Initial PAR 2 mile Radius 2 – 10 Downwind		Table 2 Initial PAR 2 mile Radius 2 – 5 Downwind	
Wind Direction From			ERPA' Deleted	ERPA's Added	ERPA' Deleted	ERPA's Added
349°	to	011°	15, 16	28	None	None
012°	to	033°	None	25	None	None
034°	to	056°	None	None	None	None
057°	to	078°	None	None	10	None

Procedure/Document Number: EAP-4C

Revision: 2

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Title: Protective Action Recommendations

079°	to	101°	19, 24	None	11	None
102°	to	124°	6	None	6	None
125°	to	146°	None	None	None	None
147°	to	169°	None	None	None	None
170°	to	191°	None	None	None	None
192°	to	214°	None	None	None	None
215°	to	236°	None	None	4, 7	None
237°	to	258°	9	None	7, 9	None
259°	to	281°	5	None	5, 7	None
282°	to	303°	None	None	7	None
304°	to	326°	11, 21	None	7, 11	None
327°	to	348°	14	None	7	None

			Table 2 Initial PAR 5 mile Radius	
Wind Direction From			ERPA' Deleted	ERPA's Added
0°	to	359°	7	None

			Table X Subsequent PAR 2 mile Radius 2 – 10 Downwind		Table A Subsequent PAR 2 mile Radius 2 – 5 Downwind	
Wind Direction From			ERPA' Deleted	ERPA's Added	ERPA' Deleted	ERPA's Added
349°	to	011°	None	None	None	None
012°	to	033°	None	None	None	None
034°	to	056°	None	None	10	None
057°	to	078°	10, 19, 24	None	10, 11	None
079°	to	101°	6	None	6	None
102°	to	124°	None	None	None	None
125°	to	146°	None	None	None	None
147°	to	169°	None	None	None	None
170°	to	191°	None	None	None	None
192°	to	214°	None	None	None	None
215°	to	236°	None	None	None	None
237°	to	258°	None	None	4, 7	None
259°	to	281°	9	None	7, 9	None
282°	to	303°	5, 10	None	5, 7, 10	None
304°	to	326°	14	None	7	None

Procedure/Document Number: EAP-4C

Revision: 2

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Title: Protective Action Recommendations

327°

to

348°

7, 11, 15, 16, 21,  
25

None

7, 11

None

Table H

## Subsequent PAR 2 mile Radius

Wind Direction From

ERPA' Deleted

ERPA's Added

0°

to

359°

None

None

**Part II. Activity Previously Reviewed?**

Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?

If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below:

Justification:

☐ YES  
50.54(q)(3)  
Evaluation is  
NOT required.  
Enter  
justification  
below and  
complete Part  
VI.

☒ NO  
Continue to  
next part

☐ Bounding document attached (optional)

**Part III. Applicability of Other Regulatory Change Control Processes**

Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100)

**NOTE:** For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are **NOT** to be included in this 50.54(q)(3) Screening.

**APPLICABILITY CONCLUSION**

☒ If there are no controlling change processes, continue the 50.54(q)(3) Screening.

☐ One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below.

☐ One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.

**CONTROLLING CHANGE PROCESSES**

50.54(q)(3) Screening.

**Part IV. Editorial Change**

Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?

Justification:

Change #1 from Part I - This is a formatting change with no change to the content or intent. This splits a question box which previously had two questions in it. This change is editorial in nature in accordance with EN-AD-101. It does not change the intent or purpose of the procedure. No further evaluation is required.

☐ YES  
50.54(q)(3)  
Evaluation is  
NOT required.  
Enter  
justification and  
complete Part  
VI.

☒ NO  
Continue to next  
part



Procedure/Document Number: EAP-4C

Revision: 2

Equipment/Facility/Other: James A. FitzPatrick NPP

Title: Protective Action Recommendations

**Part V. Emergency Planning Element/Function Screen** (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?

1. Responsibility for emergency response is assigned. [1]	<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]	<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]	<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]	<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]	<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]	<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]	<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]	<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]	<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]	<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]	<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]	<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]	<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]	<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]	<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]	<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]	<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]	<input type="checkbox"/>
21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify	<input type="checkbox"/>

Procedure/Document Number: EAP-4C	Revision: 2
Equipment/Facility/Other: James A. FitzPatrick NPP	
Title: Protective Action Recommendations	

weaknesses. [14]	
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>

**APPLICABILITY CONCLUSION**

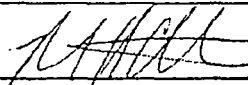
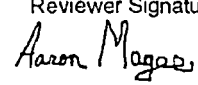
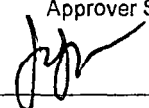
☒ If no Part V criteria are checked, a 50.54(q)(3) Evaluation is NOT required; document the basis for conclusion below and complete Part VI.

☐ If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.

**BASIS FOR CONCLUSION**

Change #2 from Part I - The revision to Tables 1, 2, 3, A, X, and H align them with the revised ETE and Appendix K of the Emergency Plan. These changes were previously reviewed under a 10CFR50.54(q) evaluation for Emergency Plan Appendix K, Revision 10 dated 4/18/16, which is attached. It was deemed that there was no reduction in effectiveness and therefore, no further evaluation is required.

**Part VI. Signatures:**

Preparer Name (Print) Pete Cullinan	Preparer Signature 	Date: 9/21/16
(Optional) Reviewer Name (Print)	Reviewer Signature	Date:
Reviewer Name (Print) Aaron Magee Nuclear EP Project Manager	Reviewer Signature 	Date: 9/21/16
Approver Name (Print) JD Jones EP manager or designee	Approver Signature 	Date: 9-21-2016

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

EMERGENCY TERMINATION AND TRANSITION TO RECOVERY  
EAP-30  
REVISION 5

EFFECTIVE DATE: 9/28/16

*****	*****
* INFORMATIONAL USE *	* QUALITY RELATED *
*****	*****
*****	<b>CONTROLLED</b>
* ADMINISTRATIVE *	
*****	
*****	

PERIODIC REVIEW DUE DATE: Sept. 2021

## REVISION SUMMARY SHEET

REV. NO.

5 FULL REVISION

1. Update to cover page removing signatures. Reason: to align with the requirements of AP-02.01.
2. Section 5.2.2.G & Section 5.2.2.I - change Plant Operations Manager (POM) to Manager of Operations. Reason: to align with current title being used.
3. Section 5.2 - add "to recovery" to the sentence Transition following an Alert, making the statement "Transition to recovery following an Alert". Reason: to recovery is necessary for the reader to understand what JAF is transitioning to.
4. Section 6.1 - INTERFACES - Remove reference to EAP-14.2 and replaced it with EN-EP-609. Reason: EAP-14.2 no longer exists and was replaced with EN-EP-609.

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE .....	4
2.0 REFERENCES .....	4
3.0 DEFINITIONS .....	5
4.0 RESPONSIBILITIES .....	7
5.0 DETAILS .....	8
5.1 Transition and Recovery Following an Unusual Event .....	8
5.2 Transition Following an Alert or Higher Classification ..	9
5.3 Recovery Following an Alert or Higher Classification ..	12
5.4 Exit from Recovery .....	16
5.5 Terminate the Recovery Phase .....	17
6.0 INTERFACES .....	17
7.0 RECORDS .....	17
8.0 REQUIREMENTS AND COMMITMENTS .....	17
9.0 ATTACHMENTS .....	18
1. <u>ILLUSTRATED RECOVERY PROCESS</u> .....	19
2. <u>RECOVERY PLAN OUTLINE</u> .....	20
3. <u>TYPICAL RECOVERY ORGANIZATION</u> .....	21
4. <u>CORPORATE RECOVERY ISSUES/STRATEGIES GUIDE</u> .....	22
5. <u>ONSITE RECOVERY ISSUES/STRATEGIES GUIDE</u> .....	23
6. <u>OFFSITE RECOVERY ISSUES/STRATEGIES GUIDE</u> .....	26
7. <u>PUBLIC INFORMATION RECOVERY ISSUES/STRATEGIES GUIDE</u> ...	28
8. <u>EVENT SUMMERY REPORT FORMAT</u> .....	29

## 1.0 PURPOSE

This procedure provides guidance for the transition into, conduct of operations while in, and termination of the recovery phase of a classified emergency event involving the implementation of the James A. FitzPatrick Nuclear Power Plant Emergency Plan.

This procedure is entered when:

- An event has been classified as an emergency in accordance with the site Emergency Classification procedure.
- Conditions have stabilized and the Emergency Director is preparing to terminate the emergency.

## 2.0 REFERENCES

### 2.1 Performance References

- 2.1.1 James A. FitzPatrick Nuclear Power Plant Emergency Plan
- 2.1.2 Referenced Emergency Plan Implementing Procedures
- 2.1.3 EN-EP-601, Corporate Support During Classified Emergencies
- 2.1.4 EN-EP-602, Corporate Support During Off-Normal Situations

### 2.2 Developmental References

- 2.2.1 NUREG-0654 - Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants
- 2.2.2 Reportability Determination Procedures

### 3.0 DEFINITIONS

#### 3.1 Recovery Goals

- 3.1.1 To assess the on- and off-site consequences of the emergency.
- 3.1.2 Identify and plan for clean up and repair operations as necessary to return plant to pre-event conditions.
- 3.1.3 Investigate the causes of the event and plan actions to prevent reoccurrence.

#### 3.2 Federal Response

- 3.2.1 The NRC and/or FEMA will coordinate support from multiple federal government agencies.
- 3.2.2 Federal Agencies may request Entergy provide logistical resources (space, phones, etc.) to aid in their recovery efforts.

#### 3.3 Critique

A fact-finding meeting with the individuals involved in the occurrence to review the event(s), cause(s) and actions leading up to and throughout the declaration of an emergency.

#### 3.4 Event Summary Report

A written report summarizing the incident prepared for delivery to offsite authorities (NRC, State and local). This report is required ASAP, but within 24 hours of terminating an Unusual Event and within 8 hours of terminating any higher event. The final Part 1, of the NYS Radiological Emergency Data Form or the NRC Notification form may be used as the Event Summary Report for Unusual Events.

#### 3.5 Investigation

An investigation is conducted to evaluate the event causes, actions and response each time the emergency plan is implemented. This will be accomplished by a close examination of the facts through critique(s), interviews, and a review of pertinent documentation and logs.

### 3.6 Recovery

The classification describing the plant status and organization which occurs after the emergency situation has been controlled/corrected and the event has been terminated. Recovery consists of the actions required to restore the plant to its pre-incident condition or to place the plant into a safe, long-term shutdown condition.

### 3.7 Termination

The point at which the classified emergency event is no longer considered to be an emergency. Termination of the emergency is formally identified by transmission of change of status on a NYS Radiological Emergency Data Form and entry into Recovery.

### 3.8 Transition

The passage from the emergency phase into the recovery phase of an accident. Transition is the period of time following the stabilization of the emergency when plans and personnel necessary to the recovery are developed and identified. Transition activities are performed while in a classified event and immediately after termination. The emergency should not be terminated until a Recovery Plan Outline has been developed and a Recovery Organization identified.



#### 4.0 RESPONSIBILITIES

**NOTE:** Once most recovery issues have been identified and a system of tracking them to completion has been established, JAF and Corporate organizations may return to a routine organizational structure using non-recovery position titles.

##### 4.1 The Corporate Support Manager is responsible for:

- 4.1.1 Ensuring adequate corporate support to maintain JAF in a safe condition.
- 4.1.2 Ensuring Site Recovery Director is aware of Entergy Corporate goals and expectations for recovery of JAF after an event.
- 4.1.3 Ensuring adequate support to the site to carryout recovery activities.
- 4.1.4 Overseeing development of corporate recovery issues dealing with support of the site.

##### 4.2 The Site Recovery Director is responsible for:

- 4.2.1 Ensuring JAF is maintained in a safe condition.
- 4.2.2 Managing onsite recovery activities during the initial recovery phase.
- 4.2.3 Keeping the Corporate Support Manager apprised of JAF Site activities and requirements.

##### 4.3 The Onsite Recovery Manager is responsible for:

- 4.3.1 Overseeing development of plant specific recovery issues.
- 4.3.2 Keeping the Site Recovery Director apprised of onsite activities and requirements.

##### 4.4 The Offsite Recovery Manager is responsible for:

- 4.4.1 Overseeing development of offsite (state and county) recovery issues.
- 4.4.2 Keeping the Site Recovery Director apprised of offsite activities and requirements.

**4.5 The Company Spokesperson is responsible for:**

- 4.5.1 Overseeing development of public information recovery issues.
- 4.5.2 Keeping the Site Recovery Director apprised of public information activities and requirements.

**5.0 DETAILS****5.1 Transition and Recovery Following an Unusual Event**

**NOTE:** The steps described in Sections 5.2 and 5.3 shall be used whenever the classification level has exceeded an Unusual Event.

**5.1.1 The Emergency Director shall:**

- A. Direct the completion and distribution of a NYS Radiological Emergency Data Form Part I and ENS form to signify termination of the Unusual Event. Summarize event in description section of form so this notification can also be considered the Event Summary Report.
- B. Announce (or direct someone to announce) the following (or similar) message to plant personnel over the public address system:  
  
"Attention all personnel, attention all personnel. The Unusual Event has been terminated. I repeat, the Unusual Event has been terminated."
- C. Notify a qualified Emergency Director to enter this procedure upon entry into Recovery from an Unusual Event. This individual becomes the Site Recovery Director.

5.1.2 The Site Recovery Director shall:

**NOTE:** At the discretion of the Site Recovery Director, the start of the recovery activities following an Unusual Event may be delayed until the next morning.

- A. Ensure any reportable event(s) is/are reported to the NRC per station procedures.
- B. Convene an event review meeting as soon as practical following termination from the Unusual Event. The review should involve key participants from the event and focus on establishing lessons learned and the generation of follow up action items.
- C. Ensure that a Condition Report is initiated, to identify the condition that resulted in emergency declaration.

**5.2 Transition to recovery following an Alert or Higher Classification**

5.2.1 As conditions improve and additional personnel and resources become available, certain recovery activities should be initiated prior to termination of the emergency. The process for transition to Recovery is illustrated in Attachment 1, Illustrated Recovery Process.

5.2.2 The Emergency Director shall:

- A. Review the EALs and document any that are still being exceeded. This review shall include a fission product barrier integrity status assessment. Develop a written agreement with state and local agencies/NRC why exceeding the EAL no longer requires remaining in the Emergency Classification required by the EAL (e.g., plant now being cooled down, removing driving force for impact on offsite areas, etc.). Distribute the explanation to Shift Managers so that unnecessary reclassifications are avoided.
- B. Verify that the following conditions are met prior to transition into the recovery phase:
  - 1. Reactor and associated systems are considered to be in a safe, stable condition;
  - 2. Radiation levels in all in-plant areas are stable or decreasing with time;
  - 3. Release of radioactive materials to the environment from the plant are under control or have ceased;
  - 4. Fire, flooding, or similar emergency conditions are controlled or have ceased.
- C. Determine Emergency Response Facilities staffing requirements until a Recovery Plan Outline describing the necessary Recovery Organization has been approved (see Attachment 2, Recovery Plan Outline).
- D. For events of the Alert classification, Emergency Response Organization personnel may be adequate to perform initial recovery actions prior to returning to the normal JAF Organization.

## 5.2.2. Cont'd

- E. For event classifications of a Site Area Emergency or a General Emergency, the basic Recovery Organization (as illustrated in Attachment 3, Typical Recovery Organization) should be established (unless the event was transitory in nature - downgraded at time of first notification). Additional positions may be assigned to perform specific recovery activities.

**NOTE:** Detailed plans and procedures are not required to be developed prior to event termination and entry into Recovery. However, a Recovery Plan Outline should be completed and the recovery organization management positions identified and ready for staffing.

- F. If possible, ensure that key ERO members initially responding to the event are debriefed prior to discharge from the site so their input can be captured while recollection of the event is fresh.
- G. Direct the Emergency Plant Manager (EPM), Manager of Operations and the Company Spokesperson (or JIC Manager) to each develop an Issues/Strategies Package, Attachment 5 and determine the Onsite and Public Information Recovery Organization staffing requirements, Attachment 7. Use the attachments as guidance.
- H. Develop an Offsite Issues/Strategies Package, Attachment 6 and determine the Offsite Recovery Organization staffing requirements using this attachment for guidance.

## 5.2.2. Cont'd

- I. Convene a joint conference with the EPM/Manager of Operations and the Company Spokesperson (or JIC Manager) to:
  - 1. Review the Recovery Issues/Strategies Packages.
  - 2. Review the Recovery Organization staffing requirements.
  - 3. Develop and approve the Recovery Plan Outline.
- J. Conduct a formal discussion with regulatory, State and local authorities to ensure coordination and agreement is met for entry into Recovery.
- K. Concurrent with offsite notification, announce or direct the announcement of the following message (or similar message) to plant personnel over the public address system:

"Attention all personnel, attention all personnel. The emergency has been terminated and we have entered Recovery. I repeat, the emergency has been terminated and we have entered Recovery."
- L. Notify the ERO of the decision to terminate the emergency and enter into Recovery.

**5.3 Recovery Following an Alert or Higher Classification**

**NOTE:** Select emergency response facilities or portions thereof may remain activated for some time after event termination during Recovery (for example, the JIC, Communications portions of the EOF).

## 5.3.1 The Corporate Support Manager should:

- A. Work closely with the Site Recovery Director to ensure all resources are available to maintain the plant(s) in a safe condition.
- B. Coordinate with Entergy Corporate and the site, efforts to return the plant to pre-event conditions or identify company goals and expectations for the JAF personnel after an event.
- C. Direct the Corporate Duty Manager to continue to identify and document issues relating to recovery operations using guidance in Attachment 4, Corporate Recovery Issues/Strategies Guide and to provide support to the site as needed.

## 5.3.2 The Site Recovery Director should:

- A. Ensure non-emergency (10 CFR 20) limits and controls for radiation exposure are used for repair activities conducted during Recovery (see existing plant exposure control procedures for guidance).
- B. Within eight (8) hours of entering Recovery, complete an Event Summary Report and transmit it to offsite authorities. Attachment 8, Event Summary Report Format, provides guidance on report content and format.
- C. Ensure existing plant procedures, or procedures developed for specific tasks are used for plant repair activities during Recovery.
- D. Maintain a log of specific recovery actions taken such as:
  - 1. Specific actions taken per this procedure.
  - 2. Communications with offsite authorities related to emergency and/or Recovery.
  - 3. Meetings held to discuss conduct /close out of the recovery phase.

## 5.3.2 Cont'd

- E. Ensure any reportable event(s) is/are reported per station procedures (events such as 10CFR50.72, 10CFR20 Subpart M, or JAF Technical Specifications).
- F. Approve any special procedures developed for recovery activities outside the plant.
- G. As necessary, determine the scope and direct the Onsite Recovery Manager to conduct an investigation and initiate a Condition Report in accordance with station procedures.
- H. Ensure action items identified during the transition phase are entered for tracking per the corrective action program.
- I. Direct and/or coordinate all actions of the Recovery Organization, and approve any reports released to offsite authorities.
- J. Ensure a support program is developed for Entergy employees and their families (see JAFNPP Plan Section 9)
- K. Continue to develop and direct the activities of the Recovery Plan and supporting procedures.
- L. Continue verification and approval of information released by the Company Spokesperson, which pertains to the emergency or recovery from the accident.

## 5.3.3 The Onsite Recovery Manager should perform the following as required:

- A. Continue to identify and document issues relating to Recovery operations using guidance in Attachment 5, Onsite Recovery Issues/Strategies Guide, and the corrective action program.
- B. Develop and implement the Recovery Plan and procedures for onsite activities. Procedures used for outage planning should be used to plan and schedule details of specific tasks.



- 5.3.4 The Offsite Recovery Manager should perform the following as required:
- A. Continue to identify and document issues relating to recovery operations using guidance in Attachment 6, Offsite Recovery Issues/Strategies Guide, and the corrective action program.
  - B. Develop and implement the Recovery Plan and procedures for offsite activities.
  - C. Communicate with offsite agencies and coordinate Entergy assistance for offsite recovery activities as needed.
  - D. Develop and deliver any post-accident reports to offsite agencies (such as; development of an offsite accident analysis report).
  - E. Coordinate Entergy environmental sampling activities. This should include calculations per EAP-27 for total population exposure based on data from available sources and/or mathematical modeling.
  - F. Develop a radiological release report including an estimation of the total projected population exposure as applicable.
  - G. Coordinate a post-event critique with State and County Officials. This event should be held within approximately 10 days of the event.
- 5.3.5 The Company Spokesperson should direct the following as required:
- A. Continue to identify and document issues relating to recovery operations using guidance in Attachment 7, Public Information Recovery Issues/Strategies Guide, and the corrective action program.
  - B. Construct and implement the Recovery Plan and procedures for Public Information activities.

#### 5.4 Exit from Recovery

- 5.4.1 The recovery phase can be terminated for an Unusual Event, when the Station Management has ensured the following:
- A. Corrective items are assigned to the responsible organizations and entered into the PCRS for tracking.
  - B. Plant conditions warrant exiting the recovery phase (i.e. normal station staff is now performing all required recovery actions)
- 5.4.2 For any event or series of events which reached an Alert classification or higher, the Site Recovery Director should consider the following prior to terminating the recovery phase:
- A. Onsite and offsite organizations involved with the emergency and the recovery have been appraised of the existing conditions and of the anticipated termination of activities.
  - B. The news media has received a final status report on the emergency and recovery operations.
  - C. The emergency response facilities are no longer required, and actions have commenced to restore them to their pre-emergency condition.
  - D. A thorough review of all actions taken during the emergency and recovery phases has been conducted and a cause investigation has been prepared.
  - E. Necessary revisions of the James A. FitzPatrick Emergency Plan and Implementing Procedures have been identified and provided to the Emergency Planning Department Manager.

## 5.5 Terminate the Recovery Phase

5.5.1 Issue a report containing the results of the cause investigation and a summary of major action items identified. This should be done in the form of a memo to the JAF Site Vice President with copies going to all personnel involved in the event (use of computer distribution to all plant personnel is preferred).

5.5.2 Ensure that the cause report, along with all emergency records (position logs and forms completed per Emergency Plan Implementing Procedures), are collected and submitted for records retention.

## 6.0 INTERFACES

6.1 EN-EP-609, Emergency Operations Facility

6.2 Referenced Emergency Plan Implementing Procedures

6.2.1 IAP-2, Classification of Emergency Conditions

6.2.2. EAP-1.1, Offsite Notifications

## 7.0 RECORDS

Any logs, reports or forms completed after an emergency has been declared and the Recovery Phase is entered are permanent quality records.

## 8.0 REQUIREMENTS AND COMMITMENTS

None

## 9.0 ATTACHMENTS

1. Illustrated Recovery Process
2. Recovery Plan Outline
3. Typical Recovery Organization
4. Corporate Recovery Issues/Strategies Guide
5. Onsite Recovery Issues/Strategies Guide
6. Offsite Recovery Issues/Strategies Guide
7. Public Information Recovery Issues/Strategies Guide
8. Event Summary Report Format

## ATTACHMENT 1

Page 1 of 1

ILLUSTRATED RECOVERY PROCESS

1	<b>Emergency Event</b>	<ul style="list-style-type: none"> <li>Emergency Plan is implemented.</li> <li>Actions are taken to return the plant to a safe condition.</li> </ul>
2	<b>Transition</b>	<ul style="list-style-type: none"> <li>Select Facilities are maintained at full or partial staffing.</li> <li>The ED, EPM, CSM and Entergy Spokesperson prepare a Recovery Issues/Strategies Package.</li> <li>A Recovery Plan Outline is developed.</li> <li>Organizational requirements are determined.</li> <li>Personnel are standing by to assume the identified recovery positions.</li> </ul>
3	<b>Recovery</b>	<ul style="list-style-type: none"> <li>An Event Summary Report is developed and issued.</li> <li>A cause investigation is conducted and action items identified</li> <li>A detailed Recovery Plan is developed and implemented.</li> <li>Activities to restore the plant to pre-incident conditions are identified.</li> </ul>
	<b>Exit Recovery</b>	<ul style="list-style-type: none"> <li>Cause report is developed and issued.</li> <li>Action items entered into the Corrective Action Program or other action plan to track completion.</li> <li>Records collected and stored.</li> </ul>

The above arrows represent points in time in the chronology of a classified emergency:

1. The initiating state of emergency no longer exists.
2. Formal termination of the emergency occurs (Notification of termination to Federal, State and County Officials by the Emergency Response Manager).
  - Emergency dose limits and special exceptions to procedures no longer apply.
  - Organizational titles are changed to reflect the new status.
3. Exit from Recovery.

ATTACHMENT 2

Page 1 of 1

RECOVERY PLAN OUTLINE

SECTION I. RECOVERY ORGANIZATION

A. Organization structure

B. Assignment of authorities/responsibilities

SECTION II. CORPORATE RECOVERY PROGRAM

A. Major Goals

B. Issues and Strategies

SECTION III. ONSITE RECOVERY PROGRAM

A. Major Goals

B. Issues and Strategies

SECTION IV. OFFSITE RECOVERY PROGRAM

A. Major Goals

B. Issues and Strategies

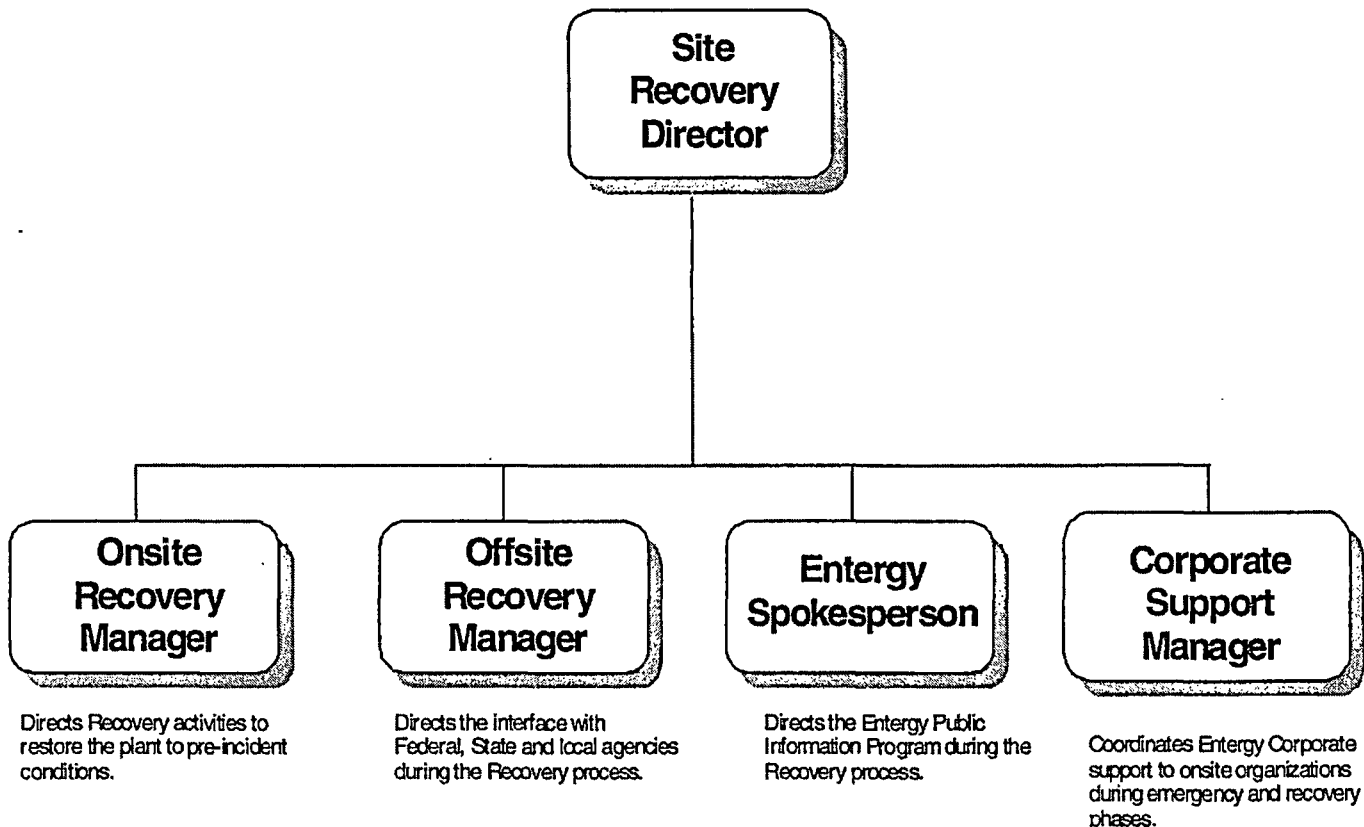
SECTION V. PUBLIC INFORMATION RECOVERY PROGRAM

A. Major Goals

B. Issues and Strategies

## ATTACHMENT 3

Page 1 of 1

TYPICAL RECOVERY ORGANIZATIONNOTES:

- (1) The Corporate Support Manager position will normally be filled by a director level manager - or designee. The Corporate Support Center Coordinator assists in coordinating in the early phases of an event.
- (2) The Site Recovery Director position will normally be filled by a qualified Emergency Director or designee.
- (3) The Onsite Recovery Manager position will normally be filled by the Plant Manager or designee. The normal plant staff will support recovery activities as required. A special Radiological Controls Manager and/or Administrative and Logistics Manager may need to be appointed for events which involving severe plant damage or large releases of radioactive materials inside or outside the plant.
- (4) The Offsite Recovery Manager position will normally be filled by the Emergency Planning Department Manager or designee.
- (5) The Company Spokesperson position will normally be filled by a member of the corporate public information group, or designee.

## ATTACHMENT 4

Page 1 of 1

CORPORATE RECOVERY ISSUES/STRATEGIES GUIDE

1. When directed, convene a meeting of key corporate personnel and key normal station department heads. It is suggested as a minimum the following members attend:
  - Corporate Recovery Group Support Manager
  - Representative from Nuclear Support
  - Representative from Nuclear Oversight
  - Representative from Nuclear Safety
  - Senior representatives of the Maintenance, I&C, Radiological and Operations Department.
2. Review existing conditions, outline the issues to be resolved, and develop an Issues/Strategies Package that will form the basis for the corporate support of the plant Recovery Plan. Issues that should be considered in the formation of the package include:
  - A. Present Activities Being Performed by Corporate Staff to Support Site
    - Identify ongoing activities and determine the need to continue
  - B. Procurement needs
  - C. Legal Issues
    - Regulatory Requirements
    - Insurance Issues
  - D. Financial Issues
    - Insurance Issues
    - Aid to affected company personnel
    - Short term budget items



## ATTACHMENT 5

Page 1 of 3

ONSITE RECOVERY ISSUES/STRATEGIES GUIDE

1. When directed, convene a meeting of key plant ERO personnel and key normal station department heads. It is suggested as a minimum the following members attend:
  - Emergency Plant Manager/Plant Operations Manager
  - TSC Manager
  - OSC Manager
  - Radiation Protection Coordinator / Lead
  - Senior representatives of the Maintenance, I&C, Radiological and Operations Department.
  - PS&O Manager
2. Review existing conditions, outline the onsite issues to be resolved, and develop an Issues/Strategies Package that will form the basis for the onsite portion of the plant Recovery Plan. Issues that should be considered in the formation of the package include:
  - A. Present Activities Being Performed By Plant Staff (Onsite ERO)
    - Identify ongoing activities and determine the need to continue
  - B. Equipment Status Verifications
    - Establish/document secured lineups
    - List/identify inoperable equipment
    - Hang appropriate tagouts
    - Document temporary repairs/lineup
    - Obtain appropriate samples to verify core status

ONSITE RECOVERY ISSUES/STRATEGIES GUIDE (Cont'd)**C. Stabilization Of Plant For Long Term Cooling**

- Identify present cooling lineup(s)
- Document available back-up cooling lineup(s)
- Confirm condition of RHR/Service Water/Cont. Spray
- Develop a plan to transition to long term cooling if required

**D. System Repairs and Restorations**

- Prioritize out of service equipment for restoration
- Plan restoration process by milestones
- Determine testing to increase/ensure equipment reliability
- Determine long term resolution of temporary modifications and repairs
- Examine options for temporary systems
- Bring in industry expertise (such as INPO, Westinghouse) as necessary
- Insure proper QA on any repairs made during the emergency

**E. Radiological Controls And Area Decontamination**

- Perform comprehensive surveys of onsite areas
- Establish additional survey and sampling frequency requirements
- Determine if additional monitoring equipment is required
- Develop a decon plan based on prioritized recovery of plant areas
- Commence bioassay program
- Contract for large volume decontamination equipment/expertise

**F. Water Management**

- Identify sources, volumes and activity of water inventories
- Prioritize clean-up
- Verify/evaluate condition of existing clean-up systems

ONSITE RECOVERY ISSUES/STRATEGIES GUIDE (Cont'd)**F. Water Management - Cont'd**

- Establish tagouts/controls to preclude inadvertent discharges
- Evaluate need to contract portable filtering systems/expertise
- Establish berms and restraints for control and mitigation of spills
- Evaluate need for additional onsite waste storage capability
- Evaluate need for additional burial space for waste

**G. Logistics (Use guidelines for Forced Outage Scheduling)**

- Identify manpower needs
- Obtain (if necessary) damage control equipment
- Consider use of outside specialist (INPO, Westinghouse)
- Set up training for off normal conditions (ALARA)
- Consider restricting site access
- Order extra HP supplies to support recovery
- Evaluate the need for additional security (crowd control)
- Evaluate the need for remote technology for inspections and cleanup
- Evaluate the need for additional communications capabilities

**H. Documentation**

- Initiate actions to complete any required NRC reports
- Develop onsite portions of cause report
- Develop onsite portion of the Recovery Plan (short/long term)
- Write special procedures to perform tasks outside the scope of normal procedures

**I. Other**

- Any item which does not fall into one of the listed categories

OFFSITE RECOVERY ISSUES/STRATEGIES GUIDE

1. Convene a meeting of key EOF Emergency Response Organization (ERO) personnel and the Emergency Plan Manager. It is suggested as a minimum the following members attend:
  - Emergency Director
  - EOF Manager
  - Offsite Radiological Manager
  - Technical Advisor to the Emergency Director
  - Emergency Planning Department Manager
2. Review existing conditions, outline the issues to be resolved, and develop an Issues/Strategies Package that will form the basis for the offsite portion of the plant Recovery Plan. Issues that should be considered include:

**A. Present Activities Being Performed by EOF Staff**

- Identify ongoing activities and determine the need to continue

**B. Radiological**

- Evaluate the need for an environmental sampling program
- Arrange for the analysis of the field team samples
- Use the field team air sample analysis results with the projections calculated during the event
- If required, estimate total population dose per EAP-27
- Evaluate clean-up requirements
- Evaluate the need to bring in outside expertise for radiological monitoring
- Determine the final disposition of field team samples

**C. Support to Offsite Authorities**

- Consider outstanding requests from offsite authorities
- Keep offsite authorities apprised of onsite conditions and activities

## ATTACHMENT 6

Page 2 of 2

OFFSITE RECOVERY ISSUES/STRATEGIES GUIDE (CONT'D)**D. Corporate Interface**

- Keep corporate management apprised of conditions and activities
- Provide information to legal organization as requested
- Identify issues applicable to Human Resources and Employee Assistance

**E. Logistics**

- Identify manpower needs to support offsite recovery activities
- Identify all non-Entergy personnel and activities currently in place
- Review equipment and material needs for EOF recovery activities
- Assist onsite and Public Information organizations in obtaining offsite support
- Evaluate the need for additional communications capabilities
- Evaluate the need for a support program for Entergy employees and their families.

**F. Documentation**

- Direct that an Event Summary Report be prepared
- Develop offsite portions of cause report
- Develop offsite portion of the Recovery Plan (short/long term)

**G. Other**

- Any item which does not fall into one of the listed categories

PUBLIC INFORMATION RECOVERY ISSUES/STRATEGIES GUIDE

1. When directed, convene a meeting of key Joint Information Center Emergency Response Organization personnel. It is suggested as a minimum the following ERO members attend:
  - Company Spokesperson
  - JIC Manager
  - Also include JAF and Corporate communications representatives
2. Review existing conditions, outline the public information issues to be resolved, and develop an Issues/Strategies Package that will form the basis for the public information portion of the plant Recovery Plan. Issues that should be considered in the formation of the package include:
  - A. Present Activities Being Performed by JIC Staff**
    - Identify ongoing activities and determine the need to continue
  - B. Offsite Interface**
    - Identify activities needed to keep offsite authorities apprised of Entergy Public Information activities
  - C. Documentation**
    - Develop the Public Information portion of the Recovery Plan
  - D. Other**
    - Any item which does not fall into one of the listed categories

## ATTACHMENT 8

Page 1 of 1

EVENT SUMMERY REPORT FORMATDate  
Time

To: Offsite Authority (NRC, State, County)

From: Name

Subject: Event Summary Report of Emergency Declared at James  
A. FitzPatrick Nuclear Plant

The James A. FitzPatrick Nuclear Plant terminated from emergency status at [time] and entered into Recovery.

The following is a review of events and items pertaining to [Indicate EAL and Type] reported on [date].

[Provide a narrative of the event] (Describe the event giving the facts of the emergency including as a minimum:)

1. Time and description of initiating events (i.e., "On July x, 2xxx, at 0640 hours a bomb threat was received at..."). Include information on personnel injuries and status. **(DO NOT INCLUDE NAME (S) OF VICTIMS UNLESS THE FAMILY HAS BEEN NOTIFIED)**.
2. Performance of initial notifications to offsite authorities, to include time, location and mode of notification (That is: fax, radio, telephone).
3. Requests for offsite assistance, including time and type.
4. The magnitude of any radiological release and Protective Action Recommendation information as applicable.
5. Telephone numbers where people can call for any additional information (such as the Rumor Control or Media Centers).

Approval: Signature

Procedure/Document Number: EAP-30	Revision: 5
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY TERMINATION AND TRANSITION TO RECOVERY	

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. This is an enhancement.

1. Update to cover page removing signatures.
2. Section 5.2.2.G & Section 5.2.2.I - change Plant Operations Manager (POM) to Manager of Operations.
3. Section 5.2 - add "to recovery" to the sentence Transition following an Alert or higher classification, making the statement "Transition to recovery following an Alert or higher classification".
4. Section 6.1 - INTERFACES - Remove reference to EAP-14.2 and replaced it with EN-EP-609.

**Part II. Activity Previously Reviewed?**

Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?

If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below:

Justification:

☐ YES  
50.54(q)(3)  
Evaluation is  
NOT required.  
Enter  
justification  
below and  
complete Part  
VI.

☒ NO  
Continue to next part

☐ Bounding document attached (optional)

**Part III. Applicability of Other Regulatory Change Control Processes**

Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100)

**NOTE:** For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are **NOT** to be included in this 50.54(q)(3) Screening.

**APPLICABILITY CONCLUSION**

- ☒ If there are no controlling change processes, continue the 50.54(q)(3) Screening.
- ☐ One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below.
- ☐ One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.

**CONTROLLING CHANGE PROCESSES:**

**10CFR50.54(q)**

**Part IV. Editorial Change**

Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?

Justification:

1. Update to cover page removing signatures. This is a formatting change to be consistent with site procedures.
2. Section 5.2.2.G & Section 5.2.2.I - Change title of Plant Operations Manager (POM) to Manager of Operations to align with current title being used at JAF. This is a title change therefore, no further evaluation is required.
4. Section 6.1 - INTERFACES - Remove reference to EAP-14.2 and replaced it with EN-EP-609. This is editorial because EAP-14.2 no longer exists.

☐ YES  
50.54(q)(3)  
Evaluation is  
NOT required.  
Enter  
justification  
and complete  
Part VI.

☒ NO  
Continue to next part



Procedure/Document Number: EAP-30	Revision: 5
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY TERMINATION AND TRANSITION TO RECOVERY	

These changes are editorial in nature in accordance with EN-AD-101. They do not change the intent or purpose of the procedure. No further evaluation is required.		
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<b>Part V. Emergency Planning Element/Function Screen</b> (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?		
1. Responsibility for emergency response is assigned. [1]		<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]		<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]		<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]		<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]		<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]		<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]		<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]		<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]		<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]		<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]		<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]		<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]		<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]		<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]		<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]		<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]		<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]		<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]		<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]		<input type="checkbox"/>

Procedure/Document Number: EAP-30	Revision: 5
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY TERMINATION AND TRANSITION TO RECOVERY	

21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses. [14]	<input type="checkbox"/>
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>

**APPLICABILITY CONCLUSION**

- ☒ If no Part V criteria are checked, a 50.54(q)(3) Evaluation is NOT required; document the basis for conclusion below and complete Part VI.
- ☐ If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.

**BASIS FOR CONCLUSION**

Change 3 - Section 5.2 – add "to recovery" to the sentence "Transition following an Alert", making the statement "Transition to recovery following an Alert" because "to recovery" is necessary for the reader to understand what JAF is transitioning to. Previously the sentence was vague and needed more exact detail forcing "to recovery" to be added. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. This change does not require a change to the Emergency Plan. No further evaluation is required.

<b>Part VI. Signatures:</b>		
Preparer Name (Print) Mellonie Christman	Preparer Signature <i>MJ Christman</i>	Date: 9-19-2016
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date:
Reviewer Name (Print) Aaron Magee Nuclear EP Project Manager	Reviewer Signature <i>A Magee</i>	Date: 9-19-16
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>J D Jones</i>	Date: 9-20-2016

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

EMERGENCY EQUIPMENT INVENTORY  
SAP-2  
REVISION 59

EFFECTIVE DATE: 9/28/16

*****	*****
*	*
*           REFERENCE USE           *	*           QUALITY RELATED           *
*	*
*****	*****
*****	*****
*	* <b>CONTROLLED</b>
*           ADMINISTRATIVE           *	
*	*
*****	*****

PERIODIC REVIEW DUE DATE: SEPT. 2021

## REVISION SUMMARY SHEET

REV.NO. CHANGE AND REASON FOR CHANGE

59 FULL REVISION

1. Attachment 6A - Remove EPIC Printer. Reason: The printer is obsolete, non-repairable and not required.
2. Attachment 23 - Remove SAP-3 and Add EAP-1.1 Attachments 1, 3, 5, 6 and 15. Reason: The attachments being removed are not needed at the EOF and the attachments that were added are needed but were not listed on the surveillance.
3. Attachment 23A - Revised entire attachment to make it user friendly. We added EAP-1.1 Attachments 11, 12 and 13 to the chart. We added binder columns for SM1 and SM2. We organized the chart to better show the locations of the documents. Reason: This will allow for the binders to be checked in both locations and the new format will help to save time when doing inventories.
4. Attachment 23B - Remove EAP-1.1 Attachment 2 and 8 and SAP-3 from the list. Reason: The attachments being removed are not needed at the TSC.

## TABLE OF CONTENTS

<u>SECTION</u>		<u>PAGE</u>
1.0	<b>PURPOSE</b> .....	<b>4</b>
2.0	<b>REFERENCES</b> .....	<b>4</b>
3.0	<b>INITIATING EVENTS</b> .....	<b>5</b>
4.0	<b>PROCEDURE</b> .....	<b>5</b>
5.0	<b>ATTACHMENTS</b> .....	<b>12</b>
1.	EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES.....	13
2.	AMBULANCE KIT INVENTORY.....	18
3.	RESCUE KIT INVENTORY.....	19
4.	FIELD SURVEY KIT INVENTORY.....	19
5.	EOF EMERGENCY PLAN INVENTORY.....	21
6.	EOF OFFICE SUPPLY/EQUIPMENT INVENTORY.....	26
6A.	EOF COMPUTER TERMINALS AND PRINTERS.....	29
6B.	EOF/JIC PROCEDURES INVENTORY.....	31
7.	OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY.....	32
8.	TRAUMA KIT INVENTORY.....	35
9.	SECURITY BUILDING INVENTORY.....	36
10.	CONTROL ROOM EP SUPPLIES INVENTORY.....	38
11.	TSC COMPUTER TERMINALS AND PRINTERS.....	39
11A.	TECHNICAL SUPPORT CENTER EPLAN SUPPLIES INVENTORY...	39
11B.	TECHNICAL SUPPORT CENTER PROCEDURES INVENTORY.....	40
12.	EOF DECONTAMINATION ROOM INVENTORY.....	41
13.	EMERGENCY KEY INVENTORY.....	42
14.	PASS CABINET INVENTORY.....	43
15.	DECON SUPPLY INVENTORY.....	45
16.	OSC EMERGENCY PLAN INVENTORY.....	48
16A.	OSC PROCEDURES .....	51
16B.	OSC COMPUTER TERMINALS AND PRINTERS.....	52
17.	POTASSIUM IODIDE (KI) INVENTORY.....	53
18.	AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION.....	54
19.	EMS RESCUE EQUIPMENT INVENTORY.....	55
20.	EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE....	56
21.	SITE RE-ENTRY KIT INVENTORY.....	59
22.	DOSE ASSESSMENT COMPUTER SURVEILLANCE.....	59
23.	EMERGENCY PLAN PROCEDURE FORMS INVENTORY (EOF).....	60
23A.	EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR).....	61
23B.	EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC).....	62
24.	ACCOUNTABILITY CARD READER SURVEILLANCE.....	63
25.	INCIDENT COMMAND POST SURVEILLANCE.....	64

**1.0 PURPOSE**

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

**2.0 REFERENCES****2.1 Performance References**

2.1.1 EN-RP-502 - INSPECTION AND MAINTENANCE OF RESPIRATORY PROTECTION EQUIPMENT

2.1.2 EN-RP-143 - SOURCE CONTROL

**2.2 Developmental References**

2.2.1 Emergency Plan SECTION 8-Maintaining Emergency Preparedness

2.2.2 Equipment Manufacturers' Manuals

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

2.2.4 Radiation Protection Procedures

2.2.5 NUREG 0696 - Functional Criteria for Emergency Response Facilities

2.2.6 EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAM

2.2.7 EN-RP-104 - PERSONNEL CONTAMINATION EVENTS

2.2.8 RP-INST-02.09 - CALIBRATION OF MINI-SCALER MS-2 AND MS-3

2.2.9 EAP-1.1 - OFFSITE NOTIFICATIONS

2.2.10 EAP-2 - PERSONNEL INJURY

2.2.11 EAP-5.3 - ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING

2.2.12 EAP-6 - IN-PLANT EMERGENCY SURVEY/ENTRY

2.2.13 EAP-9 - SEARCH AND RESCUE OPERATIONS

2.2.14 EAP-19 - EMERGENCY USE OF POTASSIUM IODINE (KI)

2.2.15 IAP-1 - EMERGENCY PLAN IMPLEMENTATION CHECKLIST

2.2.16 IAP-2 - CLASSIFICATION OF EMERGENCY CONDITIONS

2.2.17 SAP-3 - EMERGENCY COMMUNICATIONS TESTING

2.2.18 SAP-8 - PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION

**3.0 INITIATING EVENTS**

NONE

**4.0 PROCEDURE**

- 4.1 The Emergency Planning Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment in accordance with Attachment 1.
- 4.2 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked as follows:
- 4.2.1 In accordance with the frequency detailed in Attachment 1
  - 4.2.2 After each use
  - 4.2.3 After a seal has been found broken
- 4.3 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with EN-RP-502. That process is performed by RP outside this procedure.
- 4.4 Use of Seals
- 4.4.1 Numbered seals may be used on kits or inventoried items to indicate the inventory has not been accessed since seal was attached.
  - 4.4.2 **IF** a seal has **NOT** been broken, **THEN**:

**NOTE:**

It is **NOT** necessary to inventory items that are within a container with an intact seal.

- A. **BREAK** the seal and **ASSESS** contents for signs of poor material condition that would impair operability of the item **OR** any item with an expiration date.
  - B. **REPLACE** items as needed.
  - C. **REPLACE** the seal.
- 4.4.3 Seals shall be broken on the first quarter of each year and a complete inventory performed.

- 
- 4.5 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs or DLRs) and Calibration Group (DRDs).
  - 4.6 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:
    - 4.6.1 Tracking calibration due dates
    - 4.6.2 Replacing instrument(s) prior to calibration due date
    - 4.6.3 Ensuring sufficient reserves of instruments are available to replace instruments removed from service for repair and/or calibration
  - 4.7 The following information should be used as a guide for performing inventories:
    - 4.7.1 Survey Instruments
      - A. Notify Rad Protection Calibration Group to replace any missing instruments.
      - B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking, weak or fail the battery check, replace the batteries.
      - C. Perform an operability check in accordance with applicable instrument procedure.
      - D. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.
      - E. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
      - F. Replace any instrument(s) due for calibration prior to expiration.
      - G. Ensure any radioactive sources are accounted for in accordance with EN-RP-143.
      - H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
    - 4.7.2 Air Samplers
      - A. Replace any missing samplers.
      - B. Check that calibration dates are current. Notify the Respiratory Group to replace with recently calibrated instruments as necessary.
      - C. Record the identification number and calibration date of any replacement samplers on the checklist.
      - D. Replace any air samplers due for calibration prior to expiration.
      - E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.



- 4.7.3 Self-contained Breathing Apparatus/Breathing Air Systems
  - A. Notify the Respiratory Group to replace any missing equipment.
  - B. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.4 Iodine Cartridges for Respirators
  - A. Notify the Respiratory Group to replace any missing equipment.
  - B. Check the expiration date on the iodine cartridges (silver zeolite) and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges. If the plastic wrapper needs to be opened to determine the expiration date, reseal the wrapper with tape.
  - C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.5 Rubber Equipment
  - A. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.
  - B. Note any equipment replacement on the checklist.
  - C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.6 Decontamination Supplies and Solutions
  - A. Check containers, which contain liquid for any evidence of leakage and replace, as necessary.
  - B. Note any other equipment replacement on the checklist.
  - C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.7 Mechanical Equipment
  - A. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
  - B. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.8 Office Supplies
  - A. Replace any items that appear to be deteriorated or unusable for any reason.
  - B. Note any equipment replacement on the checklist.

- 4.7.9 Plans, Maps, Lists, Procedures, etc.
- A. Replace any missing items with a copy of the current revision.
  - B. Prior to performing the inventory, obtain the current revision numbers of the JAF Emergency Plan and Procedures from the Electronic Data Management System (EDMS) (i.e., MERLIN).
  - C. Replace any items which appear to be deteriorated or unusable for any reason.
  - D. Verify procedures, issued since last documented inventory, are the current revision and replace, as necessary.
  - E. Note any replacement on the checklist.
- 4.7.10 Medical Supplies
- A. Check for open containers and damaged items. Replace, as necessary.
  - B. Check the expiration date on items and replace any which are past that date.
  - C. **IF** the expiration date is before the next scheduled inventory, **THEN** replace the supplies.
  - D. Note any equipment replacement on the checklist.
- 4.7.11 110 Volt Power Supplies (Inverters)

**NOTE:**

Do not run the air sampler at flow rates greater than 2.0 cfm. Exceeding that flow rate will cause the inverter to trip.

- A. Perform operational check with the vehicle running. Energize power supply and run an air sampler for at least 12.5 minutes.
  - B. Note any malfunction on the checklist.
- 4.7.12 Computer Operational Check
- A. Turn on computer, monitor and peripherals.
  - B. Perform visual inspection of monitor and verify monitor is working, (screen is viewable).
  - C. Visually inspect computer case, keyboard, monitor, mouse, wiring, connections, external wiring, power cords and peripherals for damage, abuse, or abnormal indications of condition and/or operation.
  - D. Ensure the computer station is restarted when done with inspection and operational check.

- 4.7.13 WEBEOC ceiling mounted projectors at Joint Information Center (JIC) Emergency Operations Facility (EOC), and Technical Support Center (TSC).
- A. Verify each projector powers up manually OR with remote control.
  - B. Visually verify projector is projecting a view on a screen or wall.
  - C. Ensure projectors are powered off.
- 4.7.14 WEBEOC - three wall mounted computer monitor screens at Operations Support Center (OSC).
- A. Verify each wall mounted screen powers up manually OR with remote control, checking that default screen display is viewable.
  - B. Ensure wall monitors are powered off.
- 4.7.15 Medical Stretchers
- A. Blue restraints - check for fraying and signs of wear.
  - B. Lifting bridle - check for fraying and signs of wear.
  - C. Blue swing - check for fraying and signs of wear.
  - D. Stokes Baskets - check for cracking, especially the hand hold areas and weld joints.
  - E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.7.16 Accountability Card
- A. Perform a test of accountability card readers at the following locations:
    - Control Room (1) reader
    - OSC (2) readers
    - TSC (1) reader
    - Old Admin Bldg, 272' E1., near the OSC Control Point
  - B. Contact Security to perform an accountability system check with the SAMS computer/printer.
  - C. Swipe badge at each accountability card reader.
  - D. Obtain verbal verification from Security that accountability indicated satisfactory from all card readers.
  - E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.17 Potassium Iodide (KI)

- A. Perform an inventory. Replace any missing KI.
- B. Replace any KI due to expire prior to the next inventory.
- C. Assure storage boxes in the TSC, OSC, Training lobby, Main Security, and EOF are locked. The storage boxes in the Control Room (Shift Manager's Office) and EP office area do not need to be locked.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.18 Automatic External Defibrillator (AED)

- A. Perform an inspection of the AED units at the locations specified in Attachment 18.
- B. Record actions taken on Attachment 18 checklist, as applicable.
  1. Examine AED for:
    - Damage
    - Signs of wear
    - Foreign substances
- C. Check seals on electrode pads:
  1. Verify there are two sets of pads in kit.
  2. Record expiration date of pads.
  3. **IF** pads expiration date has expired **OR** is near expiration before next inspection period, **THEN** notify Emergency Planning Manager (or designee) immediately.
- D. Battery checks:
  1. Press the ON/OFF button to turn the AED on and verify self test.
  2. Verify "**connect electrodes**" message appears on the screen/is audible. Message should appear on screen in approximately 10 seconds.
  3. Verify "**battery low**" or "**replace battery**" or red battery light **IS NOT** illuminated continuously (and during the self test).
- E. Check display panel:
  1. "WRENCH" light/symbol **IS NOT** displayed continuously. Symbol will display briefly on start up.
  2. Verify "**OK**" is displayed. This display should be on prior to turning the AED on.

## 4.7.19 Portable Generators

**CAUTION**

USE ONLY WITH ADEQUATE VENTILATION

KEEP GENERATOR UPRIGHT - DO NOT TIP

- A. Test each portable generator by running for several minutes to power an air sampler.
- B. Refer to the EP Aid attached to each portable generator for detailed instructions on starting and stopping.
- C. **IF** there are any unsatisfactory results, **THEN**:
  1. **IF** possible, take immediate actions to resolve the issue.
  2. NOTIFY EP staff of any unsatisfactory results and corrective actions taken.
  3. Record date, time, and name of individual notified on inventory sheet.

## 4.8 The person performing the inventory shall:

## 4.8.1 Assess items as SAT or UNSAT

- A. SAT = items are present in at least minimum quantities, are within expiration dates and meet the physical checks described above.
- B. UNSAT = Any deviation from 4.8.1.A.

## 4.8.2 Address UNSAT items as follows:

- A. Resolve UNSAT items to the extent possible
- B. If UNSAT items cannot be quickly resolved, then notify EP.
- C. Write the Condition Report number in the remarks area on the attachment for any unsatisfactory attribute not immediately corrected.

## 4.8.3 COMPLETE and SIGN the appropriate checklists

## 4.8.4 FORWARD the completed checklists to the Emergency Planning Manager.

## 4.9 The Emergency Planning Manager, or designee, shall

- 4.9.1 **REVIEW** the checklists for completeness, accuracy, discrepant, or unsatisfactory conditions,
- 4.9.2 **SIGN** and **FILE** the completed checklists
- 4.9.3 **INITIATE** a Condition Report (CR) or appropriate site approved tracking process for any unsatisfactory attributes not immediately corrected.

4.10 Attachments 2 through 24 are **QUALITY RECORDS** retained per EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAM.

---

5.0 ATTACHMENTS

1. EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES
2. AMBULANCE KIT INVENTORY
3. RESCUE KIT INVENTORY
4. FIELD SURVEY KIT INVENTORY
5. EOF EMERGENCY PLAN INVENTORY
6. EOF OFFICE SUPPLY/EQUIPMENT INVENTORY
- 6A. EOF COMPUTER TERMINALS AND PRINTERS
- 6B. EOF/JIC PROCEDURES INVENTORY
7. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
8. TRAUMA KIT INVENTORY
9. SECURITY BUILDING INVENTORY
10. CONTROL ROOM EP SUPPLIES INVENTORY
11. TSC COMPUTER TERMINALS AND PRINTERS
- 11A. TECHNICAL SUPPORT CENTER EPLAN SUPPLY INVENTORY
- 11B. TECHNICAL SUPPORT CENTER PROCEDURES INVENTORY
12. EOF DECONTAMINATION ROOM INVENTORY
13. EMERGENCY KEY INVENTORY
14. PASS CABINET INVENTORY
15. DECON SUPPLY INVENTORY
16. OSC EMERGENCY PLAN INVENTORY
- 16A. OSC PROCEDURES
- 16B. OSC COMPUTER TERMINALS AND PRINTERS
17. POTASSIUM IODIDE (KI) INVENTORY
18. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION
19. EMS RESCUE EQUIPMENT INVENTORY
20. EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE
21. SITE RE-ENTRY KIT INVENTORY
22. DOSE ASSESSMENT COMPUTER SURVEILLANCE
23. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (EOF)
- 23A. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)
- 23B. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC)
24. ACCOUNTABILITY CARD READER SURVEILLANCE
25. INCIDENT COMMAND POST SURVEILLANCE

## ATTACHMENT 1

Page 1 of 4

EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Ambulance Kit	2	Q	Admin. Bldg. 272' El, Near elevator	Rad Protection
Rescue Kit	3	Q	Admin. Bldg. 272' El, Near elevator	Operations
Field Survey Kits	4	Q	OSC & EOF	Rad Protection
EOF Emergency Plan	5	Q	EOF	Rad Protection
EOF Office Supplies	6	Q	EOF	Document Control & Records Mgmt.
EOF Computer Terminals and Printers	6A	Q	EOF	EP to perform at each quarterly drill
EOF/JIC Procedures	6B	A	EOF	Document Control & Records Mgmt.
Oswego Hospital Emergency Plan	7	Q	Oswego Hospital Emergency Entrance	Rad Protection
Trauma Kits	8	Q	1. Control Room 2. Radwaste Control Room 3. OSC 4. Administration & Support Facility - 272', Emergency Response Storage Area (under the stairs) 5. Warehouse	Operations
Security Building Kit	9	Q	Main Security Building	Rad Protection
Control Room EP Supplies	10	Q	Control Room	Rad Protection

## ATTACHMENT 1

Page 2 of 4

EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
TSC Computer Terminals and Printers	11	Q	TSC	EP to perform at each quarterly drill
TSC EP Supplies	11A	Q	TSC	Document Control & Records Mgmt.
TSC Procedures	11B	Q	TSC	Document Control & Records Mgmt.
EOF Decontamination Room	12	Q	EOF	Rad Protection
Emergency Keys	13	Q	1. FSS Office (Control Room) 2. EOF	Emergency Planning
PASS Cabinet	14	Q	Fan Room Entrance / MG Set Room	Rad Protection
Decon Supplies	15	Q	Old Admin Building Near Control Point	Rad Protection
OSC Emergency Plan	16	Q	OSC	Rad Protection
OSC Procedures	16A	Q	OSC	Document Control & Records Mgmt.
OSC Computer Terminals and Printers	16B	Q	OSC	EP to perform at each quarterly drill



## ATTACHMENT 1

Page 3 of 4

EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Potassium Iodide (KI)	17	Q	TSC, OSC, Training, Security, EOF, CR	Rad Protection
Automatic External Defibrillator (AED)	18	Q	Security Dept. Firearms Range JAF Wellness Center Training Building Lobby Main Security Building (Search Area)	Performance Improvement 10 - 13
	18	Q	Control Room Radwaste Control Room Refuel Floor OSC Fire Brigade Mechanical Maintenance Shop Warehouse Lobby Support Admin. Building B&G Supervisors Hallway Electrical field Maintenance	Operations 1 - 9
EMS Rescue Equipment	19	Q	Various (see Attachment)	Operations 1-7, PI 8-11
ERF Surveillance	20	M	TSC, OSC, EOF, JIC, CR	Emergency Planning
Site Re-entry Kit	21	Q	Offsite receiving area adjacent to the Wellness Center	Rad Protection
Dose Assessment Computer Surveillance	22	S	CR, EOF, County EMO	Emergency Planning

## ATTACHMENT 1

Page 4 of 4

EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Emergency Plan Procedure Forms Inventory	23	Q	EOF	EP (EOF)
Emergency Plan Procedure Forms Inventory	23A	Q	CR	Operations
Emergency Plan Procedure Forms Inventory	23B	Q	OSC/TSC	Operations
Accountability Card Reader Surveillance	24	Q	Control Room, OSC (2 readers), TSC, Old Admin Bldg. (272' near the OSC Control Point)	Security
Incident Command Post Surveillance	25	Q	Incident Command Post (Public Safety Center)	Emergency Planning

AMBULANCE KIT INVENTORY

Page 1 of 1

**LOCATION:** Old Admin. Bldg., 272' el, Near Elevator

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-2-PERSONNEL INJURY	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104 - PERSONNEL CONTAMINATION EVENTS	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.11	10	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.12	10	Required Rev No: _____ As found Rev. No: _____		
Air Sample Collection Envelopes	24			
Particulate Air Sample Filters	24			
Filter Heads for Sampler	2			
Dosimeters (0 - 500 mR) (Replace prior to Cal. Due date)	10	Cal Due Date: _____		
Dosimeter Charger	1			
TLDs or DLRs	10	Date Issued: _____		
Portable Count Rate Meter Inst. No: _____ (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Hi Vol. Sampler: Instrument # _____ with spare fuses (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Portable Dose Rate Meter Inst. No: _____ (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Keys To Emergency Vehicles: EP-1 EP-2	2		_____ _____	_____ _____
Radioactive Sources accounted for per EN-RP-143 - SOURCE CONTROL	NA			
Gurney (outside OSC 272' by fire brigade equipment cage)	1			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 2  
Page 17 of 64

RESCUE KIT INVENTORY

Page 1 of 1

**LOCATION:** Old Admin. Bldg., 272' el, Near Elevator

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Hacksaw	2			
Flashlights	2			
Spare batteries for flashlight <sup>(1)</sup>	4			
EAP-9 - SEARCH & RESCUE OPERATIONS	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19 – EMERGENCY USE OF POTASSIUM IODIDE (KI)	1	Required Rev No: _____ As found Rev. No: _____		
Life Lines 100'	2			
Bolt Cutter	1			
Sledgehammer (6 pound)	1			
Sledgehammer (12 pound)	1			
Wrecking Bars	2			
Tripod with winch	1			
Portable Torch	1			
Stretcher (OSC Fire Brigade Cage)	1			
STOKES Basket (Outside CR)	1			

**(1):** Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 3  
Page 18 of 64

## FIELD SURVEY KIT INVENTORY

Page 1 of 2

( ) EP 1

( ) EP 2

( ) RES 3

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*	1	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 2	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 3	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 14	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 15	5	Required Rev No: _____ As found Rev. No: _____		
EAP-6, In-plant Emergency Survey/Entry	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-19, Attachment 5	5	Required Rev No: _____ As found Rev. No: _____		
Clipboards	1			
Masking Tape	2 rolls			
Pads	1			
Rain suits	2			
Hearing Protectors	2			
Surgeons Gloves	1 box			
Plastic Food Wrap	1 roll			
Sampling Utensils	1 set			
Masslin Cloth	1 pkg			
P-5 Key to Environmental Stations	1			
Gallon Jugs	3			

Notify EP Staff immediately of any UNSAT items.

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SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 4  
Page 19 of 64

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Pens	3			
Disc Smears	1 box			
Watch	1			
Tweezers	2			
Assorted plastic bags	12			
Quart size Ziploc bags	1 pkg.			
Pint size Ziploc bags	1 pkg.			
Filter Heads for Sampler	2			
Silver Zeolite Cartridge (Replace prior to expiration date)	10	Exp. Date: _____		
Particulate air sample filters	24			
Ring Planchets	10			
Air Sample Collection Envelopes	24			
Sample Location Stakes	12			
High Visibility Vests	3			
Disposable Coveralls	4			
Shoe Covers	8 pair			
Rubbers	8 pair			
Folder of Maps	1			
110VAC Power Supply operational check Run air sampler for at least 12.5 minutes with vehicle running (Do not run the air sampler at flow rates greater than 2.0 cfm. Exceeding that will cause the inverter to trip.)	1			
\$100.00 Gas Card	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS:

\_\_\_\_\_  
Condition report number (if needed):

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

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	1	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 2	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 3	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 12	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 13	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 14	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 15	5	Required Rev No: _____ As found Rev. No: _____		
EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)	1	Required Rev No: _____ As found Rev. No: _____		
RP-INST-02.09, MINI-SCALER MS-2 AND MS-3	1	Required Rev No: _____ As found Rev. No: _____		
Surgeons Gloves	6 boxes			
Masslin	6 pkgs			
Respirators (MSA Ultravue)	8			
Respirator Cartridges (Iodine) (replace prior to expiration)	16	Exp Date: _____		
Respirator Filters (Particulate)	16			

Notify EP Staff immediately of any UNSAT items.

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 5  
Page 21 of 64

**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
DRDs (0-500 Mr) (replace prior to Cal Due Date)	5	Due Date: _____		
Charger	2			
Dosimeters (0-200 Mr) (replace prior to expiration)	50	Cal Due Date: _____		
Hearing Protection	1 set			
Masking Tape	3 rolls			
Pens	6			
Tape Dispenser	1			
AA Batteries <sup>(1)</sup>	24 each	Exp. Date _____		
"C" Batteries <sup>(1)</sup>	4 each	Exp. Date _____		
"D" Batteries <sup>(1)</sup>	24 each	Exp. Date _____		
"9 VDC" Batteries <sup>(1)</sup>	6 each	Exp. Date _____		
<b>Remote Assembly Area Kit (located on storage shelf)</b>				
Airport Access key-card	1			
Clipboards	2			
Pens	6			
Accountability Log	1			
EAP-14.7, REMOTE ASSEMBLY AREA ACTIVATION	1			
EAP-14.7, Attachment 4	1			

**(1):** Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -



LOCATION: EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Flashlights	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 pkg			
Quart bags	1 pkg			
Pint bags	1 pkg			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets (survey teams) (replace prior to expiration)	Min. 56 tablets	Exp. Date: _____		
Disc Smears	4 boxes			
Particulate Air Sample Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges (replace prior to expiration)	20	Exp. Date: _____		
Ring Planchets	20			
Hi Vol. Sampler and spare fuses (replace prior to Cal Due Date).	4	Cal Due Date:		
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

LOCATION: EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Portable Count Rate Meter (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date: _____ _____ _____ _____ _____ _____		
Portable Dose Rate Meters (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____ _____		
Teletector (or equivalent) Inst. No: _____ (replace prior to calibration due date)	1	Cal Due Date: _____ _____		
Radioactive Sources accounted for per EN-RP-143-SOURCE CONTROL		Source ID: 397 _____ 404 _____ 134 _____ 391 _____ 20 _____		
Mini-Scaler with HP210 Probe and spare fuses (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____ _____		
Disposable Coveralls	16			
Rain suits	4			
Plastic shoe covers (high top)	24			
Coveralls	5			
Hoods	5			
Boot Covers	20 pair			
Rubbers	20 pair			
Rubber Gloves	40 pair			

Notify EP Staff immediately of any UNSAT items.

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**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Cotton liners	40 pair			
Work Gloves	8 pair			
Sampling tools	1 set			
Rope - yellow & magenta - 100'	1			
Radiation warning signs	4			
Stanchions	3			
Collection container (40 gal)	1			
Garden hose	1			
Buckets	2			
Sponges	6			
TLD or DLR Labeled "Control"	1	Date Issued: _____		
TLDs or DLR	55	Date Issued: _____		
Oil Spill clean-up kit	1			
Portable Generator	1	Verify operation per step 4.7.19		

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 5  
Page 25 of 64

LOCATION: EOF

OFFICE SUPPLIES FAX/COPY ROOM NOTE: Refer to EP JOB Aid for specific toners/ribbons	MINIMUM AMOUNT REQUIRED	SAT	UNSAT
Pads of Paper	35 each		
Clipboards	6 each		
Pens	50 each		
Dry Erase Markers	24 each		
Copier Paper	1 case		
Telecopier Paper	6 rolls		
Seiko Paper	2 rolls		
Seiko Instruments Film (EPIC) – 3 color ink sheet – CH5500	1 case		

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

LOCATION: EOF

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
FAX A (593-5951)				
FAX B (592-0673)				
DOSE ASSESSMENT ROOM (593-5992)				
STATE/LOCAL ROOM (593-5975)				
COMMUNICATIONS (593-5875)				
STATE/LOCAL COMMUNICATOR (593-5865)				

COPY MACHINES (Check for Operability)	SAT	UNSAT
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM – XEROX 5632 JAFPR135		

PUBLIC ADDRESS	SAT	UNSAT
Dial "5899" from any phone		

LOCATION: ALTERNATE TSC/OSC

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
593-5707				

COPY MACHINES (Check for Operability)	SAT	UNSAT
XEROX 5632 JAFPR068		

Notify EP Staff immediately of any UNSAT items.

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LOCATION: EOF

READER PRINTERS - PLANT ASSESSMENT ROOM	AMOUNT REQUIRED	SAT	UNSAT
Minolta RP600Z (Check for Operability)	2		
Toner (PN 8910-404)	2 cart		
Minolta RP 605Z (Check for Operability)			
Toner (PN 8910-204)	1 cart		

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

LOCATION: EOF

COMPUTER TERMINALS AND PRINTERS(Check for Operability) (Reference Steps 4.7.12 and 4.7.13)	SAT	UNSAT
<b>NETWORK COMPUTERS</b>		
Plant Assessment Room - Terminal		
Dose Assessment Room - Computer		
Dose Assessment Room - 2 EPIC slave monitors		
Technical Liaison - Computer		
State/Local Room - Terminal		
Computer on front desk across from Entergy Plant Assessment Room		
Main EOF Area projector for EPIC display		
NRC Area - Computer		
NRC Area - EPIC display projector		
<b>WEATHER (Dose Assessment Room)</b>		
Computer on West wall desk (JAFPC06)		
Printer next to JAFPC06		
EOF - WEBEOC projector operational check (manually <b>OR</b> remote)		
JIC - WEBEOC projector operational check (manually <b>OR</b> remote)		
JIC - Utility Work Room EPIC slave monitor JAF EPIC 06		
<b>NOTE:</b> Must coordinate with an individual in the TSC to allow access to EPIC from remote		

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<b>EPIC</b> (Check for Operability)			
<b>NOTE:</b> Must coordinate with an individual in the TSC to allow access to EPIC from remote locations. As posted on the EPIC computers in the JIC and EOF.			
Technical Liaison			
Dose Assessment Room			
<b>Minolta RP-609Z (aperture card)</b> (Check for Operability)			
Paper 18" (item 8975-018)	1 roll		
Toner (item 8910-704)	1 cart		
Bulbs, type DDL	3		

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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EOF/JIC PROCEDURES INVENTORY

Page 1 of 1

DOCUMENT NO.	TITLE	CONTROLLED COPY NO.	DOCUMENT LOCATED YES/NO	REV. NO.	LATEST REVISION YES/NO
A.1	JAFNPP Emergency Plan/Procedures - EOF	8, 9, 10			
A.1	JAFNPP Emergency Plan/Procedures - JIC	27			
A.2	FSAR	10			
A.3	Technical Specifications	29, 30			
A.4	Operating Procedures	4			
A.5	Emergency Operating Procedures	9			
A.6	Operating Drawings	4			
A.7	Abnormal Operating Procedures (AOP)	9			
A.8	Operations Dept. Standing Orders (ODSO)	9			
A.9	EOP Support Procedures (EP)	9			
A.10	RP and Chemistry Procedures and Programs (both)	Memory Stick			
A.11	EOP Support Procedures (EP) JIC	50			
B.1	JAFNPP Emergency Plan/Procedures (ATSC/OSC)	5			
C.1	New York State Comprehensive Emergency Management Plan	N/A		N/A	N/A
D.1	Oswego County Radiological Emergency Preparedness Plan	19, 24		N/A	N/A
F.1	Onondaga County Radiological Emergency Response Host Plan	N/A		N/A	N/A
	Technical Support Guidelines (TSG's)	7, 8			
	Medical Management of the Radioactively Contaminated Patient at Oswego Hospital	7		N/A	N/A
	University Hospital (Upstate) Plan	N/A		N/A	N/A

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

Condition report number (if needed): \_\_\_\_\_

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 6B  
Page 31 of 64

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

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
White Herculite	1			
Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (Nine Mile Point)	1			
Count Rate Meter (JAF) (Qty 2) (replace prior to calibration due date) Inst. No.: _____	1	Cal Due Date: _____	_____	_____
Inst. No.: _____	1	Cal Due Date: _____	_____	_____
Dose Rate Meter (JAF) (replace prior to calibration due date) Inst. No.: _____	1	Cal Due Date: _____		
Dose Rate Meter (Nine Mile Point) (check calibration due date) Inst. No.: _____	1	Cal Due Date: _____		
Extension Cord	1			
EAP-2 - PERSONNEL INJURY	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104 - PERSONNEL CONTAMINATION EVENTS	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.11	10	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.12	10	Required Rev No: _____ As found Rev. No: _____		
Nine Mile Point Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (Nine Mile Point) (check calibration due date) Inst. No.: _____	1	Cal Due Date: _____		

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Magnets	6			
Atomic Wipes	50			
Q Tips	1 pkg.			
Markers	2			
Smears	50			
Surgeons Gloves	1 pkg.			
Sodium Chloride (replace prior to expiration)	1 bottle	Exp. Date: _____		
Betadine (replace prior to expiration)	1 bottle	Exp. Date: _____		
Dosimeters (Nine Mile Point)	5			
Dosimetry Issue Log and Cross Reference to Kit # (Nine Mile Point)	1			
Assorted Bags	15			
Radiation Signs	10			
Radiation Tags (tie)	20			
Radiation Tags (adhesive)	20			
Sample Collection Kit	1			
Decontamination Kit	1			
Accident Proc. Poster	1			
Stanchion	2			
Lead Pig	1			
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (typically located at nurses' station)	1			
Check all procedure revision numbers in nurse's binder				

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 7  
Page 33 of 64

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Protective Clothing Kits (each containing the following items:)	10			
Shoe covers	1 pair			
Long sleeve gowns	2			
Head cover	1			
Mask with shield	1			
Exam gloves	1 pair			
Gauntlet gloves	1 pair			
Tape	1 roll or 2 strips			

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
TLD badges (may be in separate box)	1			
Self reading dosimeters (low range Nine Mile Point)(may be stored separately)	1			
Self reading dosimeters (high range Nine Mile Point) (may be stored separately)	1			
Decontamination Table Top (normally stored in Radiological Emergency Room; check with ER staff for exact location)	1			
Yellow Trash Receptacles	2			
Yellow Water Receptacles	2			
Movable Base for Trash Receptacles	2			
Hose and Nozzle for Decontamination Table Top	2			
Step-off Pads	2			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 7  
Page 34 of 64

- ( ) CONTROL ROOM                      ( ) OSC                      ( ) WAREHOUSE  
( ) RAD WASTE CONTROL ROOM                      ( ) ADMINISTRATION & SUPPORT FACILITY  
272' EMERGENCY RESPONSE STORAGE  
AREA (UNDER THE STAIRS)

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Pocket Mask	2			
Medic Shears	1			
Blanket	1			
9 ft. Patient Restraint Strap	3			
10 x 30 Multi-Trauma Dressing	3			
1 x 3 Sheer Band-Aids	1 pkg			
4 x 4 Dressing (Size is Approximate)	50			
Adhesive Tape 1"	2 rolls			
Red Biohazard Bags	3			
Nitrile Gloves	1 pkg			

Notify EP Staff immediately of any UNSAT items.

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

\_\_\_\_\_

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 8  
Page 35 of 64

LOCATION: Main Security Building

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Disposable Coveralls	8			
Booties	8 pair			
Hoods	8			
Work Gloves	8 pair			
Rubber Gloves	8 pair			
Cotton Liners	8 pair			
Surgeons Gloves	1 box			
Rubbers	8 pair			
Resp. Cartridges (Iodine) (replace prior to expiration)	16	Exp Date: _____		
Resp. Cart. (Particulate)	16			
Tape	2 rolls			
Herculite for ambulance	1			
TLDs / DLRs	50	Date Issued: _____		
TLD / DLR Issue Log	20			
DRDs (0-500 mR) (replace prior to cal. due date)	50	Cal Due Date: _____		
Dosimeter Charger	1			
Respirators (MSA Ultravue)	8			
Scott Pak	4			
Spare Air Cylinders	4			

Notify EP Staff immediately of any UNSAT items.

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

\_\_\_\_\_

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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CONTROL ROOM EP SUPPLIES INVENTORY

Page 1 of 1

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Face Masks (18 total including those with SCBAs and Cascade System)				
X-LARGE	6			
LARGE	6			
SMALL	6			
Air Bottles: verify >2250 psi on last RP-RESP-02.04 Attachment 1. Date: _____	5			
Air Lines	5			
SCBA	8			
Spare Bottles	4			
Meals (replace prior to expiration)	90	Exp. Date: _____		
JAFNPP Emergency Plan and Implementing Procedures (Typically located inside the Briefing Room)	2			
Bottled Water (break room)	6 – 8			
Pager number and password activation envelope (in fuse satellite warehouse cabinet)	1 envelope	Unopened		
Shift Manager desk calculator	1			

Notify EP Staff immediately of any UNSAT items.

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

\_\_\_\_\_

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 10  
Page 37 of 64

DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
<b>Operability check – Technical Support Center</b>				
Monitor/Computer - Computer 1	1			
Monitor/Computer - Computer 2	1			
Monitor/Computer - Computer 3	1			
Fax Machine (342-2255)	1			
Monitor/Computer - Computer 4	1			
Monitor/Computer - Computer 5	1			
Monitor/Computer - Computer 6	1			
Monitor/Computer - Computer 10	1			
Printer OPCON5 – Printer 1	1			
Printer LP2 – LOGS – Printer 2	1			
Printer LP6 – ALARMS – Printer 3	1			
Printer JAFPR059 – Printer 4	1			
17-MDAS-PNL Recorder 100D	1			
17-MDAS-PNL Recorder 100G	1			
17-MDAS-PNL Recorder 100J	1			
17-MDAS-PNL Recorder 100K	1			
<b>Operability check – TSC Conference Room 2</b>				
Monitor/Computer - Computer 7	1			
Monitor/Computer - Computer 8	1			
Monitor / Computer - Computer 9	1			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size) <sup>(1)</sup>	1 box	Exp.Date		
Spare 9 volt batteries for microphone (replace prior to expiration)	2	Exp.Date		
AMS-4 CAM / Iodine Monitor Inst. No: _____ (Replace or Calibrate prior to Cal due date)	1	Cal Due Date:		
Wall Map 10 Mile EPZ	1			
Wall Map 50 Mile EPZ	1			
Fax Machine Operability Check (315-349-6053) (Date and Time)	1			
Fax Machine Operability Check (315-342-4268) (Date and Time)	1			
Printer / scanner JAFPR105	1			
WEBEOC Projector operational check (manually or remote)	All			

(1): Replace batteries prior to expiration.

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 11A  
Page 39 of 64

DOCUMENT TITLE	QUANTITY (MINIMUM)	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT	UNSAT
JAFNPP FSAR (Volumes 1-10) CD Version	1 CD					
JAFNPP Operating Procedures	1 set					
JAFNPP Emergency Plan and Implementing Procedures	3		N/A	N/A		
* The following procedures are located in the E-Plan office in the New Administration Building. Verify document revision numbers during the first quarter of each calendar year by calling the specific department.						
New York State Radiological Plan/Procedures	1			*		
Oswego County Radiological Emergency Plan	1			*		
Onondaga County Radiological Emergency Response Host Plan	1			*		
Nine Mile Point - 1 & 2 Emergency Plan/Procedures	1			*		
FPP- Fire Protection and Prevention	1					
PFP – Pre Fire Plans	1					
Radiation Protection Procedures	1					
EOP	1					
SAOG	1					
TSG	1					
AOP	1					
OP	1					
EP	1					
Chemistry Procedures	1					

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
 Performed by (print name/initial) / Date

\_\_\_\_\_  
 EP Dept. (print name/initial) / Date

- This is a Quality Record -

EOF DECONTAMINATION ROOM INVENTORY

Page 1 of 1

**LOCATION:** Decontamination Room

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Bar soap	20			
Surgical Scrub Brushes	10			
Cotton swabs	1 pkg			
Hair Remover	4			
Shaving Cream	4			
Disposable razors	12			
Shampoo	6 bottles			
Cotton Gauze Pads	100			
Surgical Tape	2			
Scissors	3			
Plastic wrap	2 rolls			
Disposable Hand Towels	8 pkgs			
Plastic Bags	4			
Plastic Rain Suits	4			
Plastic Booties	20 pair			
Masslin	4 pkgs			
Surgeons Gloves	1 pkg			
Coveralls	8 pair			
Work Gloves	8 pair			
Step-off pads	2			
Glove liners	20			
Bath Towels	3 pkgs			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 12  
Page 41 of 64

EMERGENCY KEY INVENTORY

Page 1 of 1

LOCATION: FSS Office and EOF

FSS OFFICE

KEY	SAT	UNSAT
EMERGENCY VEHICLES (4)		
TSC/OSC DOOR		
METEOROLOGICAL COMPUTER ROOM(AB 286' EL, NE)		
EPIC ROOM		
MEDICAL OFFICE		
EMERGENCY CABINETS		
ENVIRONMENTAL STATIONS		
EOF DOOR		
JOINT INFORMATION CENTER		
PORTABLE GENERATOR		

EOF

KEY	SAT	UNSAT
EMERGENCY VEHICLES (3)		
ENVIRONMENTAL STATIONS (P-5)		
METEOROLOGICAL BUILDINGS		
JOINT INFORMATION CENTER		
PORTABLE GENERATOR		

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 13  
Page 42 of 64

LOCATION: Fan Room (AB 300')

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Dosimeters (0 - 1 R) (replace prior to cal. due date)	5	Cal Due Date: _____		
Dosimeters (0 - 5 R) (replace prior to cal. due date)	5	Cal Due Date: _____		
Dosimeter Charger	1			
Radios - base station	1			
Radios - headsets	5			
Spare AA Batteries <sup>(1)</sup>	12	Exp. Date _____		
Extension Cord	1			
RAD Rope - 50'	1			
RAD Signs	2			
Absorbent Towels (paper)	1 pkg			
Surgeons Gloves	2 pks			
Portable Count Rate Meter (replace prior to expiration) Inst. No: _____	1	Cal Due Date: _____		
Duct Tape	1 roll			
Trash and PC Bags	2 yellow 2 red 2 white		_____ _____ _____	_____ _____ _____
Plastic Bags	10			
Bath Towels	2			
Full Face Respirator (SCOTT AV-2000)	3			
Finger Ring TLDs	5 sets	Issue Date: _____		
TLDs	5	Issue Date: _____		
Control TLD	1	Issue Date: _____		
Radioactive Sources accounted for per EN-RP-143 - SOURCE CONTROL	N/A			

(1):Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 14  
Page 43 of 64

PASS CABINET INVENTORY

Page 2 of 2

**LOCATION:** Fan Room (Old Admin Building 300')

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Teletector or equivalent (replace prior to expiration) Inst. No.: _____	1	Cal Due Date: _____		
Booties	10 pair			
Hoods	10			
Surgeon's Caps	10			
Rubbers	10 pair			
Cotton Liners	1 pkg			
Rubber Gloves (size 9 or med)	15 pair			
Rubber Gloves (size 10 or lg)	15 pair			
Disposable Coveralls	10			
Trash and PC Bag Stands	1			
Step off pad	3			
Stanchions	2			
Rad Rope Eyebolt Magnets	2			
AMS-4 (in MG Set Room) (replace prior to cal due date) Inst. No.: _____	1	Cal Due Date: _____		
Airline 100' (located in MG Set Room)	4			
Airline Triple Connection (located on Cascade System in MG Set Room)	1			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 14  
Page 44 of 64

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

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

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 15  
Page 45 of 64

DECON SUPPLY INVENTORY

Page 2 of 2

**LOCATION:** Old Admin Building Near Control Point (AB 272')**NOTE:** Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Cotton Balls	1 pkg			
Phisoderm	1 bottle			
Ear Plugs	6 pair			
Irrigating Eye Wash Sterile Solution (replace prior to expiration)	3 bottles	Exp. Date: _____		

Notify EP Staff immediately of any UNSAT items.

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

\_\_\_\_\_

\_\_\_\_\_

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 15  
Page 46 of 64



LOCATION: Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Respirator Filters (Particulate)	15			
Respirator Cartridges (Iodine) (replace prior to expiration)	25	Exp. Date: _____		
Respirators (MSA Ultravue)	25			
Scott Pak	2			
Spare Air Cylinders	4			
Clipboard	10			
Pads	20			
Pens	25			
Watch	1			
Pencils	10			
Tweezers	2 pair			
Assorted Plastic Bags	10			
Paper Towels	2 pkgs			
Surgeons Gloves	1 pkg			
Dry Erase Markers	10			
Permanent Ink Markers with 'TEC' designation (NOTE 1)	5			
Disc Smears	1 box			

**NOTE 1:** Authorized permanent markers for use on or near plant equipment are required to have 'TEC' designation on them. (TEC=Trace Element Chemical).

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16  
Page 47 of 64

OSC EMERGENCY PLAN INVENTORY

Page 2 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Dosimeters (0-200 mR (replace prior to expiration)	10	Cal Due Date: _____		
Dosimeters (0-500 mR (replace prior to expiration)	15	Cal Due Date: _____		
Dosimeters (0-1 R) (replace prior to expiration)	15	Cal Due Date: _____		
Dosimeters (0-5 R) (replace prior to expiration)	10	Cal Due Date: _____		
Dosimeters (0 - 100 R) (replace prior to expiration)	10	Cal Due Date: _____		
Ring Planchets	10			
Particulate Air Sample Filters	24			
EP Vehicle Keys	3 sets			
Teletector or equivalent Inst. No: _____ (replace prior to cal due date)	1	Cal Due Date: _____		
Dosimeter Charger	1			
Portable Dose Rate Meter (replace prior to cal due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
TLDs/DLRs	35	Date Issued: _____		

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16  
Page 48 of 64

LOCATION: Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Air Sample Collection Envelopes	25			
Hi Vol Sampler with spare fuses (replace prior to expiration)  Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date:  _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries for flashlights <sup>(1)</sup>	20	Exp. Date: _____		
KI Tablets (survey teams) (replace prior to expiration)	Min. 56 tablets	Exp. Date: _____		
RAD Rope	1 spool			
Silver Zeolite Cartridge (replace prior to expiration)	24	Exp. Date: _____		
Radioactive source accounted for per EN-RP-143 - SOURCE CONTROL	NA			
Step-Off Pads	2			
Portable Count Rate Meter: (replace prior to cal. due date)  Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date:  _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
Portable Scales: (replace prior to cal due date)  Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date:  _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

(1): Replace battery(ies) prior to expiration date.  
Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16  
Page 49 of 64

OSC EMERGENCY PLAN INVENTORY

Page 4 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Area Radiation Monitor (replace prior to cal due date) Inst. No: _____	1	Cal Due Date: _____		
Personal Computer Operability Check	ALL			
Hoods	30			
Caps	30			
Booties	30 pair			
Cotton Liners	30 pair			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
Disposable Coveralls	30			
Booties, Plastic	30 pair			
Rubber Shoe Covers	30 pair			
Rubber Gloves (size 9 & 10)	30 pair			
Gore Tex Suits	5			
Portable generators (1 each):  EP-1 Vehicle EP-2 Vehicle M-1 Vehicle	3	Verify operation per step 4.7.19	_____ _____ _____	_____ _____ _____

Notify EP Staff immediately of any UNSAT items.

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

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\_\_\_\_\_

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial/date)

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16  
Page 50 of 64

LOCATION: Old Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	Document Located Yes/No	Controlled Copy Number	SAT	UNSAT
Emergency Planning Procedures	2 Complete Sets				
RP Procedures: RP-RESP	1 SET				
RP-ALARA	1 SET				
RP-OPS	1 SET				
RP-INST	1 SET				
RP-DOS	1 SET				
OP's (Operating Procedures)	1 SET				
MP (Maintenance Procedures)	1 SET				
MST (Maintenance Surveillance Test)	1 SET				
IMP'S (I&C Procedures)	1 SET				
ISP'S (I&C Procedures)	1 SET				
Procurement Warehouse CD (located on desk in Briefing Room #3)	1 CD				
WEBEOC wall displays (manual power switch on monitor)	N/A				

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59EMERGENCY EQUIPMENT  
INVENTORYATTACHMENT 16A  
Page 51 of 64

DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Operability check				
Monitor/Computer (Room 1) – Computer 1	1			
Monitor/Computer (Room 1) – Computer 2	1			
Printer (Room 1) – Printer 1	1			
Monitor/Computer (Room 2) – Computer 3	1			
Monitors (2) /Computer (Room 3) – Computer 4	1			
Monitor/Computer (Main ) – Computer 5	1			
Monitor/Computer (Main) – Computer 6	1			
Monitor/Computer (Main) – Computer 7	1			
Printer (Main) – Printer 2	1			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16B  
Page 52 of 64

POTASSIUM IODIDE (KI) INVENTORY

Page 1 of 1

**NOTE:** Keys to locked storage boxes are available from Emergency Planning Key Locker - located in the TSC by the East door.

KI STORAGE LOCATION	QUANTITY (MINIMUM)	OTHER	SAT (seal #)	UNSAT	LOCKED
TSC (column post near podium) (replace prior to expiration)	300 tablets	Exp date: _____			
OSC (wall between briefing room 1 and 2) (replace prior to expiration)	300 tablets	Exp date: _____			
Training (lobby wall of auditorium) (replace prior to expiration)	300 tablets	Exp date: _____			
Main Security (wall after exiting) (replace prior to expiration)	700 tablets	Exp date: _____			
EOF (Dose Assessment Room) (replace prior to expiration)	600 tablets	Exp date: _____			
CR (Shift Manager's Desk) (replace prior to expiration)	100 tablets	Exp date: _____			
EP Office Area (replace prior to expiration)	1000 tablets	Exp. date: _____			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 17  
Page 53 of 64

AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)  
INSPECTION

Page 1 of 1

**LOCATION:**

1. OSC Fire Brigade Cage, 272' El.
2. Control Room, 300' El.
3. Refuel Floor
4. Support Admin Bldg. 272' El. At Medical Office
5. Mechanical Maintenance Shop
6. Warehouse Lobby 272' El. Near entry doors
7. Radwaste Control Room, 286' El.
8. B&G Supervisor's Hallway
9. Electrical Maintenance field AED
10. Main Security Bldg. Search Area
11. Training Bldg. Lobby outside Fitness for Duty Office
12. JAF Wellness Center
13. Security Dept. Firearms Range

INSPECTION (Reference Section 4.7.18)	Operations									Performance Improvement			
	1	2	3	4	5	6	7	8	9	10	11	12	13
Mark <b>S</b> for SATISFACTORY Mark <b>U</b> for UNSATISFACTORY													
Step 4.7.18.A, AED in place													
Step 4.7.18.B.1, Damage check													
Step 4.7.18.C, Check seals on electrode PADS													
Step 4.7.18.C.3, Record PAD exp. Date													
Step 4.7.18.D.1, AED self check													
Step 4.7.18.D.3, Battery Indication													
Step 4.7.18.E.1, 'wrench' indicator													
Step 4.7.18.E.2, 'OK' indicator													

Notify EP Staff immediately of any UNSAT items.

**REMARKS/NOTES**

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Condition report number (if needed):

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Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 18  
Page 54 of 64



EMS RESCUE EQUIPMENT INVENTORY

Page 1 of 1

**LOCATION:**

- |   |  |
|---|--|
| 1. Old Admin OSC Fire Brigade Cage, 272' elev.              | 7. Radwaste Control Room, 286' elev., near door              |
| 2. Control Room Lobby, near stairwell 300' elev.            | 8. Main Security Search Area                                 |
| 3. Refuel Floor 369' elev., near Quiet Room stairs          | 9. Wellness Center/Receiving (Owner Controlled Area - South) |
| 4. Support Admin. Building, 272' elev., near Medical Office | 10. Training Building Lobby, near Fitness For Duty Office    |
| 5. Main Warehouse Lobby, near main entrance                 | 11. SEC Firing Range   |
| 6. Screenwell 272' elev., North Wall near OH Door           |  |

		Owner Protected Area (OPA)							Owner Controlled Area (OCA)				
Description	Qty	1	2	3	4	5	6	7	8	9	10	11	REMARKS
		S=Satisfactory UN=Unsatisfactory N/A= Not Applicable											
Back Board w/harness	1												
Head Immobilizer	1												
Cervical Spine Collar	1												
STOKES Basket	1					N/A		N/A		N/A	N/A		
SKED Stretcher	1		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Wheeled Stretcher	1		N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Notify EP Staff immediately of any UNSAT items. Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 19  
Page 55 of 64

# EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE

Page 1 of 2

Month \_\_\_\_\_ Year \_\_\_\_\_ EOF (includes Alternate TSC/OSC) \_\_\_\_\_ JIC \_\_\_\_\_ OSC \_\_\_\_\_ TSC \_\_\_\_\_ CR \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Facility cleanliness                            | <input type="checkbox"/> Rad Instrumentation (TSC)                        |
| <input type="checkbox"/> General maintenance (lights, furniture, phones) | <input type="checkbox"/> Procedures                                       |
| <input type="checkbox"/> Wall clocks                                     | <input type="checkbox"/> EOPs (TSC/EOF)                                   |
| <input type="checkbox"/> Keys/break-away box                             | <input type="checkbox"/> PING (TSC)                                       |
| <input type="checkbox"/> Emergency ventilation (TSC)                     | <input type="checkbox"/> Portable Instrumentation (OSC/EOF)               |
| <input type="checkbox"/> Media/film readers (verify print capability)    | <input type="checkbox"/> Computers/Faxes                                  |
| <input type="checkbox"/> Normal Communication Devices (All)              | <input type="checkbox"/> Key Pads (EOF/JIC only)                          |
| <input type="checkbox"/> All phones work (POTS, OPX, Sat, FTS)           | <input type="checkbox"/> All radios work                                  |
| <input type="checkbox"/> Everything is labeled                           | <input type="checkbox"/> Previous month's deficiencies reviewed/corrected |

ISSUE	CORRECTIVE ACTION (IT Ticket #, WT #, CR # etc.)

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SAP-2  
Rev. N 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20  
Page 56 of 64

EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE  
MONTHLY FACILITY INSPECTION CHECKLIST

Page 2 of 2

Focus of the walk-downs:

- a. General cleanliness (dust, carpets, sinks, restrooms, trash receptacles, etc).
- b. Safety hazards:
  - Tripping hazards
  - Walkway blockage
  - Exterior access hazards
  - Lighting deficiencies
  - Other potential hazards
- c. Facility readiness
  - Procedures available and properly located
  - Equipment moved to locations that would impact startup of the facility
  - Evidence of personnel using the facility for non-ep purposes (need to make an assessment as to the impact on readiness of the facility – i.e. some ancillary uses are permitted)
  - Any alarm conditions that are recognized (e.g. JIC septic tank in need of pumping, fire alarms, etc.)
- d. The walk-down should include areas of the facility that may be considered out of the way – e.g. EOF mechanical room, JIC mechanical room, etc.
- e. Include an assessment of the exterior of the facility:
  - Grass requires mowing
  - Shrubs need trimming
  - External walk-ways have tripping hazards
  - Snow not removed from walk-ways
  - Exterior building in disrepair (e.g.):
    - gutters hanging
    - signs damaged/illegible
    - flashing hanging
    - lighting damaged

Condition report number (if needed): \_\_\_\_\_

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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SAP-2

Rev. No. 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20

Page 57 of 64

SITE RE-ENTRY KIT INVENTORY

Page 1 of 1

**LOCATION:** In offsite receiving area adjacent to the Wellness Center  
 (May require WA 6 key for after hours access to building)  
 (Locked cabinet requires B2 key for access)

DESCRIPTION	QTY (min)	OTHER	SAT	UNSAT
Portable Dose Rate Meters (replace prior to cal due date)	2			
Inst. No. _____		Cal. Due: _____	_____	_____
Inst. No. _____		Cal. Due: _____	_____	_____
Check Source No. _____	1			

Notify EP Staff immediately of any UNSAT items.

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

Condition report number (if needed): \_\_\_\_\_

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

Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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SAP-2  
 Rev. N 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 21  
 Page 58 of 6

- Record the date this surveillance was conducted: \_\_\_\_\_
- Record results in the table below as "SAT" (Satisfactory) or "UNSAT" (Unsatisfactory)

Surveillance Action		Control Rm URI 1	Control Rm URI 2	SIM	EOF URI 1	EOF URI 2	County URI 1	County URI 2
a.	Computer able to gain access to URI via the network in accordance with EAP-4A for CR and EAP-4B for other ERFs. Record URI Version #:						N/A	N/A
b.	Computer able to gain access to URI via the local hard disk in accordance with EAP-4A or 4B. Record URI Version #:			N/A				
c.	Verify URI version on local hard disk is the same as that on the network			N/A			N/A	N/A
d.	Computer able to access meteorological data in accordance with EAP-42			(LAPTOP)				
e.	Verify computer print capability						N/A	N/A
f.	Verify computer display is satisfactory							

- Document details of "UNSAT" results and disposition below.

Computer	Issue	Disposition

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

Condition report number (if needed): \_\_\_\_\_

Performed By (Print name/initial/date) \_\_\_\_\_

EP Dept Review (Print name/initial/date) \_\_\_\_\_

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EMERGENCY PLAN PROCEDURE FORMS INVENTORY (EOF)

Page 1 of 1

Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-4B, Attach 1, 2, 3, 6, 7, 8, 9, 10, 12	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-4.1 Attach 1, 2, 3, 4, 5	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-5.3 Attach 1 & 2	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-1.1 Attach 1, 3, 5, 6 & 15	EOF Forms Drawer (20 copies)	EOF	
		EAP-4B, Attach 1, 2, 3, 6, 7, 8, 9, 10, 12	EOF Forms Drawer (20 copies)	EOF	
		EAP-4.1 Attach 2, 3, 4, 5	EOF Forms Drawer (20 copies)	EOF	
		EAP-5.3 Attach 1, 2, 3, 4, 14 & 15	EOF Forms Drawer (20 copies)	EOF	
		EAP-12 Attach 1	EOF Forms Drawer (20 copies)	EOF	
		EAP-15 Attach 1	EOF Forms Drawer (20 copies)	EOF	
		EAP-24 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-27 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-35 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-42 Attach 2	EOF Forms Drawer (20 copies)	EOF	
		IAP-1 Attach 2	EOF Forms Drawer (20 copies)	EOF	

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed By (Print name/initial/date)

\_\_\_\_\_  
EP Dept Review (Print name/initial/date)

- This is a Quality Record -

SAP-2  
Rev. N 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23  
Page 60 of 64

EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)

Page 1 of 1

Found Rev	Current Rev	Procedure/Form	Location		Verified
		EAP-1.1 Attachment 1, 4, 5, 6	Control Room (30 copies)	Forms Drawer	
		EAP-1.1 Attachment 1, 6	1 copy	SM-1 & SM-2 Binders	
		EAP-1.1 Attachment 9	Control Room (30 copies) pages 1-4 individual copies	Forms Drawer	
		EAP-1.1 Attachment 9	Control Room (30 copies) pages 1-4 stapled together	Forms Drawer	
		EAP-1.1 Attachment 11, 12, 13 Page 2 Only	1 copy	SM-1 & SM-2 Binders	
		EAP-2 Attachment 1	Control Room (30 copies)	Forms Drawer	
		EAP-2 Attachment 1	1 copy each binder	SM-1 & SM-2 Binders	
		EAP-4A Attachment 1, 2, 3, 5, 6	Control Room (30 copies)	Forms Drawer	
		EAP-4A Attachment 1	1 copy	SM-1 & SM-2 Binders	
		EAP-4C Attachment 1 (11x17)	Control Room SM Office Posted on Wall-1 copy	CR	
		EAP-4C Attachment 1 (11x17)	Control Room SM Desk (5 copies, non-laminated)	CR	
		EAP-4.1 Attachment 1, 3, 4, 5	Control Room (30 copies)	Forms Drawer	
		EAP-4.1 Attachment 3, 4, 5	1 copy	SM-1 & SM-2 Binders	
		EAP-17 Attachments 1, 2 (11x17)	Control Room (30 copies)	Forms Drawer	
		EAP-17 Attachments 1, 2 (8.5x11)	1 copy each	SM-1 & SM-2 Binders	
		IAP-1 Attachment 1	Control Room (30 copies)	Forms Drawer	
		IAP-1 Attachment 1	1 copy	SM-1 & SM-2 Binders	
		IAP-2 Figure IAP-2.1 (in Merlin)	Control Room – EAL's Minimum Qty. 1	CR	
		IAP-2 Attachment 1	Binder cover	SM-1 & SM-2 Binders	
		SAP-8 Attachment 1	Control Room (30 copies)	Forms Drawer	

REMARKS: \_\_\_\_\_ Condition report number (if needed): \_\_\_\_\_

Performed By (Print name/initial/date) \_\_\_\_\_

EP Dept Review (Print name/initial/date) \_\_\_\_\_

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SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23A  
Page 61 of 64

EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC)

Page 1 of 1

Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-13 Attach 1, 2 & 3	OSC Forms Box (Yellow box on OSC Mgr Desk) 30 copies	OSC	
Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-1.1 Attach 1, 3, 5 & 6	TSC Forms Drawer (20 copies)	TSC	
		EAP-5.3 Attach 1, 2, 3, 4, 14 & 15	TSC Forms Drawer (20 copies)	TSC	
		EAP-8 Attach 1, 2 & 3	TSC Forms Drawer (20 copies)	TSC	
		EAP-12 Attach 1	TSC Forms Drawer (20 copies)	TSC	
		EAP-15 Attach 1	TSC Forms Drawer (20 copies)	TSC	
		EAP-42 Attach 2	TSC Forms Drawer (20 copies)	TSC	
		SAP-2 Attach 20	TSC Forms Drawer (20 copies)	TSC	
		SAP-10 Attach 1	TSC Forms Drawer (20 copies)	TSC	

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed By (Print name/initial/date)

\_\_\_\_\_  
EP Dept Review (Print name/initial/date)

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23B  
Page 62 of 6



ACCOUNTABILITY CARD READER LOCATION	SAT	UNSAT
Control Room		
OSC Reader #1		
OSC Reader #2		
TSC		
Old Admin Bldg, 272' El., near the OSC Control Point		

Notify EP Staff immediately of any UNSAT items.

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

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 24  
Page 63 of 64

INCIDENT COMMAND POST SURVEILLANCE

Page 1 of 1

(In accordance with inventory inside kits)	SAT	UNSAT
Incident Command Post Offsite Liaison Kits (Located at Oswego County Sheriff's Dept.)		
State Offsite Liaison Kit (Located at EOF)		
County Offsite Liaison Kit (Located at EOF)		

Notify EP Staff immediately of any UNSAT items.

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

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

Condition report number (if needed): \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2  
Rev. No. 59

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 25  
Page 64 of 64

Procedure/Document Number: SAP-2	Revision: 59
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. This is an enhancement.

1. Attachment 6A - Remove EPIC Printer.
2. Attachment 23 - Remove SAP-3 and Add EAP-1.1 Attachments 1, 3, 5, 6 and 15
3. Attachment 23A - Revised format of the attachment and added EAP-1.1 Attachments 11, 12 and 13 to the chart. We added binder columns for SM1 and SM2. We organized the chart to better show the locations of the documents.
4. Attachment 23B - Remove EAP-1.1 Attachment 2 and 8 and SAP-3 from the list

Procedure/Document Number: SAP-2	Revision: 59
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

<b>Part II. Activity Previously Reviewed?</b> Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?  If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below: <b>Justification:</b>  <input type="checkbox"/> Bounding document attached (optional)		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
<b>Part III. Applicability of Other Regulatory Change Control Processes</b> Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100) <b>NOTE:</b> For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are <b>NOT</b> to be included in this 50.54(q)(3) Screening.			
<b>APPLICABILITY CONCLUSION</b> <input checked="" type="checkbox"/> If there are no controlling change processes, continue the 50.54(q)(3) Screening. <input type="checkbox"/> One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below. <input type="checkbox"/> One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.			
<b>CONTROLLING CHANGE PROCESSES:</b>  10CFR50.54(q)			
<b>Part IV. Editorial Change</b> Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? <b>Justification:</b> There are no editorial changes.		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part

Procedure/Document Number: SAP-2	Revision: 59
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

<b>Part V. Emergency Planning Element/Function Screen</b> (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?	
1. Responsibility for emergency response is assigned. [1]	<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]	<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]	<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]	<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]	<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]	<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]	<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]	<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]	<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]	<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]	<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]	<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]	<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]	<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]	<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]	<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]	<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]	<input type="checkbox"/>
21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify	<input type="checkbox"/>

Procedure/Document Number: SAP-2	Revision: 59
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

weaknesses. [14]	
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>

**APPLICABILITY CONCLUSION**

- ☒ If no Part V criteria are checked, a 50.54(q)(3) Evaluation is NOT required; document the basis for conclusion below and complete Part VI.
- ☐ If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.

**BASIS FOR CONCLUSION**

Change 1 - Attachment 6A - Remove EPIC Printer because the printer is obsolete, non-repairable and not required. The EPIC system is functional and available in the EOF and the printer is not a requirement to support emergency response. The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. This change does not require a change to the Emergency Plan. No further evaluation is required.

Changes 2, 3 and 4 - Updated Attachment lists on Attachment 23, 23A and 23B. Some attachments were not needed at certain facilities. Update the format of Attachment 23A for ease of use. The Attachments are not part of facilities or equipment necessary to support emergency response. The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature <i>Mg Christman</i>	Date: 9-19-2016
(Optional) Reviewer Name (Print)	Reviewer Signature <i>N/A</i>	Date:
Reviewer Name (Print) <i>Aaron Magee</i> Nuclear EP Project Manager	Reviewer Signature <i>A3</i>	Date: <i>9-19-16</i>
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>James Jones</i>	Date: <i>9-20-2016</i>

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

EMERGENCY COMMUNICATIONS TESTING  
SAP-3  
REVISION 88

EFFECTIVE DATE: 9/28/16

*****	*****
* REFERENCE USE *	* QUALITY RELATED *
*****	*****
* ADMINISTRATIVE *	<b>CONTROLLED</b>
*****	
*****	

PERIODIC REVIEW DUE DATE: Sept. 2021

## REVISION SUMMARY SHEET

REV. NO. CHANGE AND REASON FOR CHANGE

88 FULL REVISION

1. Attachment 1 - Section 3 - TSC Table for HPN was listed as "RSC desk" but should be "RC desk".  
Reason: name of position has been changed but desk name was never updated to reflect RC.
2. Attachment 2, Page 1 of 3 - ECC Marcy - Update phone number to 315-792-8228. Reason: Outdated number was listed.
3. Attachment 2, Page 1 of 3 - Replace Ed Knutsen (NRC) with Eric Miller (NRC) cell number 814-934-4572.  
Reason: Eric Miller is the new NRC person replacing Ed Knutson.
4. Attachment 2, Page 1 of 3 - NY State Office of Emergency Management - Update secondary phone number to 518-369-4914. Reason: Secondary phone number was outdated.



## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE .....	4
2.0 REFERENCES .....	4
3.0 INITIATING EVENTS .....	4
4.0 PROCEDURE .....	5
5.0 ATTACHMENTS .....	6
1. <u>MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST</u> .....	7
2. <u>QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST</u> .....	13
3. <u>EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS</u> ....	16

## 1.0 PURPOSE

The purpose of this procedure is to provide instructions for testing emergency communications systems and checking and updating the telephone number list. This procedure also provides a mechanism for determining if an organization has changed key personnel.

## 2.0 REFERENCES

### 2.1 Performance References

2.1.1 EAP-1.1 - OFFSITE NOTIFICATIONS

2.1.2 AP-02.04 - CONTROL OF PROCEDURES

### 2.2 Developmental References

2.2.1 EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAMS

2.2.2 EN-PL-147 - PERSONNEL EXPECTATIONS RELATED TO EMERGENCY RESPONSE AT ENTERGY NUCLEAR SITES

2.2.3 SAP-20 - EMERGENCY PLAN ASSIGNMENTS

2.2.4 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

2.2.5 EN-EP-310, Emergency Response Organization Notification System

## 3.0 INITIATING EVENTS

None

#### 4.0 PROCEDURE

4.1 Communication checks shall be performed by individuals assigned by the Radiation Protection Manager, except for the following which may be performed by Emergency Planning Department personnel:

4.1.1 The B.5.b Extreme Damage Scenario radio checks (Attachment 2).

4.2 Communications checks shall be performed using the appropriate checklist(s) at the frequencies shown below:

4.2.1 Monthly checks are performed using Attachment 1, MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST.

4.2.2 Quarterly checks are performed using Attachment 2, QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST.

4.3 The Quarterly Communication Check shall include the following:

4.3.1 For each agency contacted, verify personnel names and phone numbers are current. Note any changes on the checklist and ensure a Procedure Change Request (PCR) is initiated per AP-02.04 for this procedure and for EAP-1.1, as applicable.

4.3.2 ERO members verify contact information quarterly consistent with EN-EP-310 Quarterly Member Profile Update Review.

4.4 **IF** a discrepancy or UNSAT condition is discovered, **THEN**:

4.4.1 The person who discovered the problem shall:

- a. Consider repeating the portion of the surveillance that failed
- b. Document the results, including details that will help understand the problem
- c. Contact EP and inform them of the failure
- d. Initiate a Condition Report

4.4.2 EP shall:

- a. Determine and implement compensatory actions, as required.

## b. Initiate corrective actions as follows:

1. Telephone (except NRC ETS) issues:  
Initiate WR with I&C
2. RECS system issues: Reference EAP 1.1  
Attachment 11
3. NRC ETS issues: Reference EAP 1.1  
Attachment 9
4. Dedicated line issues: Initiate WR with  
I&C
5. Radio issues: Initiate WR with I&C
6. Satellite phone issues: Initiate WR with  
I&C
7. Radio issues: Initiate WR with I&C

**NOTE:** EAP-1.1 - OFFSITE NOTIFICATIONS, provides guidance for the use of communications systems.

- 4.5 Forward the completed checklists to the Emergency Preparedness Manager, or designee, who shall take appropriate action.
- 4.6 The Emergency Preparedness Manager, or designee, will review completed checklists for completeness, accuracy, and any discrepant or unsatisfactory conditions.
  - 4.6.1 **IF** unsatisfactory conditions are not immediately corrected, **THEN** initiate the appropriate tracking item for resolution, such as INDUS, help desk ticket, or Condition Report.
  - 4.6.2 **IF** telephone number changes are identified, **THEN** initiate a Procedure Change Request (PCR).
  - 4.6.3 Notify the Emergency Preparedness Manager or designee, and appropriate RP supervision, of unsatisfactory surveillance items.

5.0 **ATTACHMENTS**

1. MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST
2. QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST
3. EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

**1. Land-Line Communications**

	Location	Telephone #	SAT/UNSAT	Verified by Initial / Date
a.	Oswego County E-911 Center	911		
b.	NYS Watch Center	1-518-292-2200		
c.	Alt. NYS Watch Center (NY State Police)	1-518-457-6811		
d.	JAF Control Room	1-315-349-6666		
e.	Security (SAS)	Plant Ext-3456		
f.	OSC	1-315-349-6837		
g.	TSC Back-up - Training Bldg, 2 <sup>nd</sup> floor	1-315-349-6396		
h.	TSC Back-up - Training Bldg, 2 <sup>nd</sup> floor	1-315-349-6398		
i.	OSC Back-up - Mech. Trng. Classroom	1-315-349-6240		
j.	Everbridge (verify recording reached)	888-440-4911		
k.	Everbridge-alt. (verify recording reached)	303-825-2212		

**2. NYS Radiological Emergency Communication System (RECS) Hotline**

For EOF only, check the area used: (test different drop periodically)

Main Area Communicator \_\_\_\_ County Rm and State \_\_\_\_ Communications Rm \_\_\_\_

CR DATE	TSC DATE	EOF DATE	SEQUENCE OF RECS ROLL CALL FOR JAFNPP	Verified by Initial / Date
			Nine Mile Point Unit 1 Control Room	
			Nine Mile Point Unit 2 Control Room	
			Oswego County Warning Point	
			Oswego County EOC	
			NYS Watch Center (State Office of Emergency Management)	

**MESSAGE CONTENT FOR RECS LINE TEST INITIATED BY JAF**

1. Press A then \* to activate all call. (Wait 10 seconds before speaking).
2. "This is a Test. This is a test. This is the James A. FitzPatrick Nuclear Power Plant \_\_\_\_\_ (state location - Control Room, Technical Support Center, Emergency Operations Facility). Standby for Roll Call. This is a Test"
3. (Call Roll in Accordance with 2 above)
4. Upon hearing their station name called during roll call, stations will confirm by answering.
5. After completing roll call, recall all stations not answering by saying "JAF (State Location) recalling (Name of Station Not Answering)".
6. Sign off by saying "This has been a test from the James A. FitzPatrick (State Location), (Time), and (Date)".

**3. NRC Emergency Telecommunications System (ETS)**

(Note: See Attachment 3 for ETS Testing Guidance)

Control Room

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS <sup>1</sup>	1-700-371-532	SM Office			

<sup>1</sup> This phone must be checked at the same time as the TSC ENS phone.TSC

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS <sup>2</sup>	1-700-371-5321	NRC Comm. Desk			
HPN	1-700-371-6773	RC Desk			
HPN	1-700-371-6773	NRC Office			
RSCL	1-700-371-5319	NRC Office			
PMCL	1-700-371-5322	NRC Office			

<sup>2</sup> This phone must be checked at the same time as the CR ENS phone.EOF

Phone	Phone No.	Location	Outgoing SAT/UNSAT	Incoming SAT/UNSAT	Verified by Initial / Date
ENS	1-700-371-0064	Main Area - Communicator Desk			
ENS	1-700-371-0064	Comm. Room			
HPN	1-700-371-6299	Dose Assessment Room - Communicator			
RSCL	1-700-371-0063	NRC Office Area			
PMCL	1-700-371-0062	NRC Office Area			
PMCL	1-700-371-0062	ENTERGY Plant Assessment Room			
RSCL	1-700-371-0063	ENTERGY Plant Assessment Room			
SPARE	1-700-371-0065	Communications Room			
PMCL	1-700-371-0062	Main Area - Protective Measures Coordinator			
MC	1-700-371-0060	NRC Office Area			
MCL	1-700-371-0060	Main Area - Protective Measures Coordinator			
LAN	1-700-371-0061	Entergy Plant Assessment Room			
RSCL	1-700-371-0063	Main Room - Reactor Safety Coordinator			

**4. Dedicated Lines (Hotlines)**

Communications Link Utilized		SAT/UNSAT	Verified by Initial / Date
a.	4-way Talker Conference Bridge (See Emergency Telephone Directory for bridge numbers)		
b.	TSC-OSC #63 PL-18382		
c.	TSC-AOSC #63 PL-16960		
d.	TSC-EOF #63 PLNA-28775		

**5. Radio Communications (Refer to attachment 3 - Notify Security Coordinator 6422 before and after radio tests)**

TSC RADIO SYSTEM - VHF (Motorola MC2500)

Radiological Channel 2		SAT/UNSAT	Verified by Initial/date
To/From EOF Dose Assessment Room			
To/From Control Room			
To/From EP-1			
To/From EP-2			

911 Channel		SAT/UNSAT	Verified by Initial/date
To/From Oswego County 911			

Security VHF Channel		SAT/UNSAT	Verified by Initial/date
To/From Security			

TSC RADIO SYSTEM - UHF (Motorola MC 1000 radios)

Station 1/Frequency 1		SAT/UNSAT	Verified by Initial/date
To/From EOF			

Station 1/Frequency 2		SAT/UNSAT	Verified by Initial/date
To/From EOF			

## TSC SATELLITE LIBRARY RADIOS - (Motorola hand held radios)

Test all 4 hand held radios with each other	SAT/UNSAT	Verified by Initial/date
To/From radio		
To/From radio		
To/From radio		
To/From radio		

## CONTROL ROOM RADIO SYSTEM - VHF (Motorola MC2000)

Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From EOF Dose Assessment Room		
To/From EP-1		
To/From EP-2		

911 Channel	SAT/UNSAT	Verified by Initial/date
To/From Oswego County 911		

Security VHF Channel	SAT/UNSAT	Verified by Initial/date
To/From Security		

## CONTROL ROOM RADIO SYSTEM - UHF (Motorola MC 1000 radio)

Station 1/Frequency 1	SAT/UNSAT	Verified by Initial/date
To/From EOF		

Station 1/Frequency 2	SAT/UNSAT	Verified by Initial/date
To/From EOF		



EOF RADIO SYSTEM - VHF (Motorola MC1000) in Dose Assessment Room

Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From RES-3		

Security VHF Channel	SAT/UNSAT	Verified by Initial/date
To/From JAF Security		

EOF RADIO SYSTEM - UHF (Motorola MC 1000 radios)

Tested/Recorded per TSC and Control Room Sections - No data entry required here.

EOF HAND-HELD RADIOS (4) - VHF (Motorola) in EOF storage room near roll-up door

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From each EOF hand-held		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From each EOF hand-held		

OSC HAND-HELD RADIOS (5) - VHF (Motorola) on table in OSC main area

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From each OSC hand-held		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From each OSC hand-held		

M-1 Radio - (For Backup DWST vehicle) in OSC

Security Channel 1	SAT/UNSAT	Verified by Initial/date
To/From Radio		
Radiological Channel 2	SAT/UNSAT	Verified by Initial/date
To/From Radio		

## CELLULAR AND SATELLITE TELEPHONES

	Location	Telephone #	SAT/UNSAT	Verified by Initial/Date
a.	EP-1 (Cell)	591-2165		
b.	EP-2 (Cell)	591-2173		
c.	RES-3 (Cell)	593-5005		
d.	M-1 Onsite Survey Vehicle (Cell Phone in OSC)	593-5027		
e.	Control Room (Cell)	591-0482		
f.	TSC (Cells)	591-0473		
		591-0476		
		591-0479		
g.	OSC (Cell)	593-4757		
h.	Security Shift Supervisor (Cell)	593-9539		
i.	TSC (Satellite) Wait 4 to 5 minutes after power on to establish service.	1-800-988-7278		
j.	NRC - Simulator (In-plant Cell)	315-349-6203		
k.	4 -way Comm. Simulator (In-plant Cell)	315-349-6550		
l.	NRC - Control Room (In- plant Cell)	315-349-6527		
m.	4 way Comm. Control Rm (In-plant Cell)	315-349-6538		

## REMARKS

Condition report number (if needed)

Performed by:

Initials	Print Name	Signature	Date

Emergency Preparedness Manager / Designee \_\_\_\_\_ Date \_\_\_\_\_

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Page 1 of 3

Agency/Individual	Phone #	SAT/UNSAT	Verified By Init/Date
Coast Guard-Buffalo Search & Rescue	(716) 843-9500		
Operations Center	(716) 843-9525		
Coast Guard-Oswego Officer in Charge	(315) 343-1551		
ECC Marcy	(315) 792-8228		
INPO Emergency Response	(404) 290-3980 (404) 290-3977		
NMPNS #1 Control Room	(315) 349-5201		
NMPNS #2 Control Room	(315) 349-5202		
NRC Emergency Operations Center	(301) 816-5100		
	(301) 951-0550		
	(301) 415-0550		
	(301) 415-0553		
NRC Resident Office	(315) 342-4907		
	(315) 349-6667		
Eric Miller (cell)	(814) 934-4572		
Beth Sienel (cell) (home)	(315) 944-8259		
	(315) 638-0524		
NY State Office of Emergency Management	(518) 292-2200		
	(518) 369-4914		
Oswego County EOC	(315) 591-9150		

**B.5.B EXTREME DAMAGE SCENARIO RADIO CHECK (TSG-12)**

THIS SECTION MAY BE PERFORMED BY EMERGENCY PLANNING DEPT. PERSONNEL			
QTY		SAT/UNSAT	Initial/Date
(6)	Test each of (6) hand held B.5.b radios in B&G garage with a hand held radio at the Training Center		
(6)	Test each of (6) hand held radios in the Training Center with a hand held B.5.b radio at the B&G garage.		
(4)	Test each of (4) county radios with 911 center or OCEMO		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Page 2 of 3

Agency/Individual	Phone	SAT/UNSAT	Verified by Init/Date
NYS Bureau of Environmental Radiation Control - Director	(518) 402-7550		
General Electric BWR Emergency Support	(910) 819-6446		
US Dept. Of Energy RAP/IRAP, Police Headquarters for Brookhaven National Labs	(631) 344-2200		
US Dept. Of Energy REAC/TS	(865) 576-1005		
OSWEGO HOSPITAL Administration	(315) 349-5520		
OSWEGO HOSPITAL Emergency Room	(315) 349-5522		
University Hospital Radiation Physics Office	(315) 464-6510		
University Hospital Emergency Room	(315) 464-5612		
American Nuclear Insurers	(860) 682-1341		
National Earthquake Information Center Website <a href="http://earthquake.usgs.gov">http://earthquake.usgs.gov</a>	(303) 273-8500		
TSC NRC Cell Phone / headset	(315) 326-2135		
Test 4 GETS Cards in TSC	See Attachment 3 for guidance		
Test 4 GETS Cards in EOF	See Attachment 3 for guidance		
American Nuclear Insurers (ANI) Emergency Contact	(877) 680-2644		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Page 3 of 3

Hand-held Satellite phones - must be used outside with antenna raised and in vertical position. Wait for display to indicate service is available prior to dialing. Check both incoming and outgoing, refer to EP aid for dialing instructions.

Location	Telephone#	SAT/UNSAT	Verified by Initial/Date
CR - Equipment storage area next to operator kitchen	8816-224-11819		
CR - Equipment storage area next to operator kitchen	8816-414-94557		
TSC - EPM Desk	8816-414-94554		
TSC - RECS Communicator Desk	8816-414-94549		
OSC - OSC Manager Desk	8816-414-94561		
OSC - Equipment Storage Room	8816-224-11820		
EOF - ED Desk	8816-414-94559		
EOF - Communicator Desk	8816-414-94558		
EOF - Rad Coordinator Desk	8816-414-94555		
EOF - Rad Survey Team Radio Operator	8816-414-94543		
JIC - JAF Spokesperson Desk	8816-414-94565		

Remarks / Phone # Changes Required:

Condition report number (if needed):

Performed by:

Initials	Print Name	Signature	Date

Emergency Preparedness Manager / Designee

Date

## ATTACHMENT 3

Page 1 of 5

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

**NOTE 1:** The UHF radio system has 2 stations and 2 frequencies available. The sending and receiving radio consoles must be set to the same station number and frequency in order to communicate.

**NOTE 2:** The station must be selected prior to selecting the frequency.

1. RADIO CHECK OPERATING GUIDANCE

## A. UHF Radio Operation (TSC, EOF and Control Room)

1. Locate Motorola MC1000 UHF Link radio (at Radio Dispatcher desk in TSC, Shift Manager's office in Control Room, and Communications Room at the EOF).
2. Verify power is ON.  
Select Station 1 (Green LED Off)
  - **IF** Station 1 is already displayed, **THEN** you must "toggle" stations by first selecting Station 2, then re-select Station 1.
  - The UHF radio you want to communicate with must be set to the same station number in the same manner as the previous step.
3. Select Frequency 1 (F1). IF F1 is already displayed, **THEN** you must "toggle" frequencies by first selecting F2, then re-select F1. The UHF radio you want to communicate with must be set to the same frequency number, in the same manner.
4. Rotate the volume knob to about the halfway point (12 o'clock).
5. Lift handset and depress handset button to transmit. Release button to receive.
6. **IF** communication using a different station frequency number is needed:
  - **THEN** the sending and receiving radios must be set to the same station AND frequency.
  - **FIRST** select the desired station number
  - **THEN** select the desired frequency using the associated push buttons and observing the adjacent LED.

## ATTACHMENT 3

Page 2 of 5

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

## B. VHF RADIO (TSC)

**NOTE:** Make sure the volume on the desk set is turned up as it controls both the hands-free speaker and the handset speaker.

1. Locate Motorola MC2500 VHF radio at Radio Dispatcher desk.
2. Verify power is ON.
3. Verify VHF is selected by observing that the top green LED is lit.
  - IF NOT lit, THEN select VHF by depressing the top green button.
4. Select Radiological channel by using up and down arrows until "Radiological" is displayed in window. Select 911 or Security channels as needed using up and down arrows.
5. Rotate the volume knob to approximately the halfway point (12 o'clock).
6. Lift the handset and depress handset button to transmit. Release button to receive.

## C. CONTROL ROOM VHF RADIO

1. Locate Motorola MC2000 VHF radio in the Shift Manager's office.
2. Verify the power is ON.
3. Select Radiological channel by using up and down arrows until "Radiological" is displayed in window. Select 911 or Security channels as needed using up and down arrows.
4. Rotate the volume knob to about the halfway point (12 o'clock).
5. Lift handset and depress handset button to transmit. Release button to receive.

## D. EOF VHF RADIO

1. Locate the Motorola MC1000 Radio at the Radio Operators' Desk in the Dose Assessment Room.
2. Verify power is ON. (If power is not ON, hit RESET button on power strip on floor.)
3. Verify toggle switch is in the "Radiological" (OP) position.
4. Select F1 for Radiological VHF channel.
5. Select F2 for Security VHF channel.
6. Adjust volume using volume dial, as needed.
7. Lift handset and depress handset button to transmit. Release button to receive.

## ATTACHMENT 3

Page 3 of 5

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

## E. EOF and OSC VHF Hand-Held Radios

**NOTE:** Testing shall be performed where the radios are  $\geq 50$  feet from each other.

1. Locate the Motorola VHF Hand-held Radios in the EOF Storage Room (roll-up door area)
2. Verify power is ON for all radios.
3. Select Frequency 1 on all radios.
4. Depress handset button to transmit.
5. Release button to receive.
6. Adjust volume using up and down arrows, as needed.
7. Repeat for Frequency 2.
8. Verify that the hand-held radios can send and receive between each other.
9. Turn radios off and return to chargers (verify yellow charge light is on).

2. TEST PROCEDURES FOR THE NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)

## A. Description

The ETS is a separate and distinct system from the public switched network (NY Telephone, Alltel, etc.). It is part of the Federal Telecommunications System (FTS) 2001 network which provides a separate government network for all essential communications functions.

## B. Requirements

Emergency Notification System (ENS) - The Control Room extension is tested daily by Operations personnel. However, a monthly test shall also be conducted from all locations (Control Room, TSC, EOF) in accordance with step D below.

Health Physics Network (HPN) - All bridged extensions shall be tested monthly in accordance with step D below.

Emergency Response Data System (ERDS) - This line is located in the TSC (Aux Computer Room) and shall be tested monthly in accordance with step D below.

Other ETS lines shall be tested monthly per step D below.

## C. Instructions for operating ETS phones

Lift the receiver on the telephone instrument and listen for dial tone. After receiving dial tone, dial the desired eleven (11) digit number.



EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

## D. Instructions for monthly testing all ETS lines

All ETS lines and bridged extension shall be tested each month for both incoming and outgoing calls.

DO NOT call the NRC Operations Center when testing these phones. Each phone shall be tested by placing and receiving a call to/from any other on site ETS phone.

3. SATELLITE PHONE MAINTENANCE - VENDOR RECOMMENDATIONS

- A. If possible, keep all hand held satellite phones and spare batteries on continuous charge. Batteries will maintain approximately 95% of charge for 3 months, so rotate onto charge quarterly if continuous charge is not possible.
- B. Deployable kits should be left on continuous charge.
- C. Test phones installed in control rooms quarterly by calling the Iridium Platform at 1-480-752-5105.
- D. Verify functionality of portable phones by powering up quarterly
- E. Perform operability check of portable phones annually by calling the Iridium Platform at 1-480-752-5105.
- F. Test battery capability annually by powering up a fully charged phone and leaving it on standby for 6-8 hours; verify 50-75% charge remaining.
- G. Deployable phone large batteries should be replaced every 4-5 years.
- H. Small batteries should be replaced every 3-4 years.

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

4. GETS CARDS (GOVERNMENT EMERGENCY TELECOMMUNICATIONS SERVICE) TESTING

- A. Ask Emergency Planning how to obtain key to KI lock box where GETS cards are located
- B. Obtain 4 envelopes containing GETS cards and instructions
- C. Follow instructions on the back of each plastic card:
  - Dial the number on the back of the card
  - Enter PIN on the front of the card
  - When prompted, say the phone number that you want to call (usually a phone next to you)
  - When the phone next to you rings, answer it, you should hear your own voice; hang up, call is completed.

<b>Procedure/Document Number:</b> SAP-3	<b>Revision:</b> 88		
<b>Equipment/Facility/Other:</b> JAF			
<b>Title:</b> Emergency Communications Testing			
<b>Part I. Description of Activity Being Reviewed</b> (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan): 1. Attachment 1 - Section 3 - TSC Table for HPN was listed as "RSC desk" but should be "RC desk".  2. Attachment 2, Page 1 of 3 - ECC Marcy - Update phone number to 315-792-8228.  3. Attachment 2, Page 1 of 3 - Replace Ed Knutsen (NRC) with Eric Miller (NRC) cell number 814-934-4572.  4. Attachment 2, Page 1 of 3 - NY State Office of Emergency Management - Update secondary phone number to 518-369-4914.			
<b>Part II. Activity Previously Reviewed?</b> Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?  If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> YES            50.54(q)(3)            Evaluation is NOT required.            Enter justification below and complete Part VI.         </td> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> NO            Continue to next part         </td> </tr> </table>	<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part		

**Justification:**

☐ Bounding document attached (optional)

**Part III. Applicability of Other Regulatory Change Control Processes**

Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100)

**NOTE:** For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are **NOT** to be included in this 50.54(q)(3) Screening.

**APPLICABILITY CONCLUSION**

- ☒ If there are no controlling change processes, continue the 50.54(q)(3) Screening.
- ☐ One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below.
- ☐ One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.

**CONTROLLING CHANGE PROCESSES**

10CFR50.54(q)

<b>Part IV. Editorial Change</b> Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? <b>Justification:</b> Change #2 from Part I - Attachment 2, Page 1 of 3 - ECC Marcy - Update phone number to 315-792-8228. Change #4 from Part I - Attachment 2, Page 1 of 3 - NY State Office of Emergency Management - Update secondary phone number to 518-369-4914. These changes are editorial in nature in accordance with EN-AD-101. They do not change the intent or purpose of the procedure. No further evaluation is required.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> YES            50.54(q)(3)            Evaluation is NOT required.            Enter justification and complete Part VI.         </td> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> NO            Continue to next part         </td> </tr> </table>	<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part		

Procedure/Document Number: SAP-3		Revision: 88	
Equipment/Facility/Other: JAF			
Title: Emergency Communications Testing			
Part V. Emergency Planning Element/Function Screen (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?			
1. Responsibility for emergency response is assigned. [1]		<input type="checkbox"/>	
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]		<input type="checkbox"/>	
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]		<input type="checkbox"/>	
4. The process for timely augmentation of onshift staff is established and maintained. [2]		<input type="checkbox"/>	
5. Arrangements for requesting and using off site assistance have been made. [3]		<input type="checkbox"/>	
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]		<input type="checkbox"/>	
7. A standard scheme of emergency classification and action levels is in use. [4]		<input type="checkbox"/>	
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]		<input type="checkbox"/>	
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]		<input type="checkbox"/>	
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]		<input type="checkbox"/>	
11. Systems are established for prompt communication among principal emergency response organizations. [6]		<input type="checkbox"/>	
12. Systems are established for prompt communication to emergency response personnel. [6]		<input type="checkbox"/>	
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]		<input type="checkbox"/>	
14. Coordinated dissemination of public information during emergencies is established. [7]		<input type="checkbox"/>	
15. Adequate facilities are maintained to support emergency response. [8]		<input type="checkbox"/>	
16. Adequate equipment is maintained to support emergency response. [8]		<input type="checkbox"/>	
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]		<input type="checkbox"/>	
18. A range of public PARs is available for implementation during emergencies. [10]		<input type="checkbox"/>	
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]		<input type="checkbox"/>	
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]		<input type="checkbox"/>	

Procedure/Document Number: SAP-3		Revision: 88	
Equipment/Facility/Other: JAF			
Title: Emergency Communications Testing			
21. The resources for controlling radiological exposures for emergency workers are established. [11]			<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]			<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]			<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]			<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses. [14]			<input type="checkbox"/>
26. Identified weaknesses are corrected. [14]			<input type="checkbox"/>
27. Training is provided to emergency responders. [15]			<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]			<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]			<input type="checkbox"/>
<b>APPLICABILITY CONCLUSION</b>			
<input checked="" type="checkbox"/> If no Part V criteria are checked, a 50.54(q)(3) Evaluation is <u>NOT</u> required; document the basis for conclusion below and complete Part VI.			
<input type="checkbox"/> If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.			
<b>BASIS FOR CONCLUSION</b>			
<p>1. Attachment 1 – Section 3 – TSC Table for HPN was listed as "RSC desk" but should be "RC desk". Because the name of position has been changed but desk name was never updated to reflect RC. We corrected the reference of HPN desk to a correct ERO position. The proposed changes revise the surveillance and inventory information without affecting changes to the capabilities or equipment detailed in the emergency plan or procedure. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p>			
<p>3. Attachment 2, Page 1 of 3 – Replace Ed Knutsen (NRC) with Eric Miller (NRC) cell number 814-934-4572 because Eric Miller is the new NRC person replacing Ed Knutson. The proposed changes revise the surveillance and inventory information without affecting changes to the capabilities or equipment detailed in the emergency plan or procedure. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p>			

Procedure/Document Number: SAP-3	Revision: 88
Equipment/Facility/Other: JAF	
Title: Emergency Communications Testing	

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature <i>MJ Christman</i>	Date: 9-19-2016
(Optional) Reviewer Name (Print)	Reviewer Signature <i>N/A</i>	Date:
Reviewer Name (Print) <i>Aaron Magee</i> Nuclear EP Project Manager	Reviewer Signature <i>A3</i>	Date: 9-19-16
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>James D. Jones</i>	Date: 9-20-2016