

**JAFP-18-0027**

**Enclosure**

**SAP-2, Revision 64**

<b>Procedure/Document Number:</b> SAP-2		<b>Revision:</b> 64
<b>Equipment/Facility/Other:</b> JAF		
<b>Title:</b> EMERGENCY EQUIPMENT INVENTORY		
<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): <ol style="list-style-type: none"><li>1. Attachment 2 – Replace procedure EN-RP-104(PERSONNEL CONTAMINATION EVENTS)and its attachments with currently used procedure RP-AA-350(PERSONNEL CONTAMINATION MONITORING, DECONTAMINATION AND REPORTING)and its attachments. Reason: Entergy procedures have been updated with Exelon procedures. This is a one for one replacement.</li><li>2. Attachment 4 - Update wording from "Disposable Coveralls" to "PC's" Reason: PC's are used at JAF and we do not carry disposable coveralls anymore.</li><li>3. Attachment 5 – Merged quantity and changed title from "disposable coveralls and coveralls" to "PC's" and made quantity 21. Reason: The procedure had 2 separate descriptions and 2 separate quantities – merged the items for ease of doing the surveillance.</li><li>4. Attachment 7 – Replace procedure EN-RP-104(PERSONNEL CONTAMINATION EVENTS)and its attachments with currently used procedure RP-AA-350(PERSONNEL CONTAMINATION MONITORING, DECONTAMINATION AND REPORTING)and its attachments. Reason: Entergy procedures have been updated with Exelon procedures. This is a one for one replacement.</li><li>5. Attachment 9 – Update wording from "Disposable Coveralls" to "PC's" Reason: PC's are used at JAF and we do not carry disposable coveralls anymore.</li><li>6. Attachment 12 - Update wording from "Coveralls" to "PC's" Reason: PC's are used at JAF and we do not carry disposable coveralls anymore.</li><li>7. Attachment 14 - Remove "Surgeon's Caps" Reason: Surgeon's Caps are no longer used at JAF.</li><li>8. Attachment 14 - Update wording from "Disposable Coveralls" to "PC's" Reason: PC's are used at JAF and we do not carry disposable coveralls anymore.</li><li>9. Attachment 16 – Remove "Caps" Reason: Caps are no longer used at JAF.</li><li>10. Attachment 16 – Update wording from "Disposable Coveralls" to "PC's" Reason: PC's are used at JAF and we do not carry disposable coveralls anymore.</li></ol>		
<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"/> 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

☐ Bounding document attached (optional)

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**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:**

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

☒ NO  
Continue to next  
part

**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?

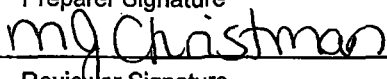
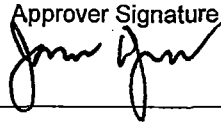
1. Responsibility for emergency response is assigned. [1]	<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]	<input type="checkbox"/>
3. The process ensures that on shift 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"/>

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Title: EMERGENCY EQUIPMENT INVENTORY			
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. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]			<input type="checkbox"/>
22. 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"/>
23. Identified weaknesses are corrected. [14]			<input type="checkbox"/>
24. Training is provided to emergency responders. [15]			<input type="checkbox"/>
25. Responsibility for emergency plan development and review is established. [16]			<input type="checkbox"/>
26. 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>Changes 7 and 9 - Remove "Surgeon's Caps" from the surveillance due to the fact that Surgeon's Caps are no longer used at JAF. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.</p>			
<p>Changes 2, 3, 5, 6, 8 and 10 - Update wording from "Disposable Coveralls" to "PC's" because disposable coveralls have been replaced by PC's and we do not stock disposable coveralls anymore. The quantity remains the same but with a different title. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.</p>			

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Change 1 and 4 – Update the old Entergy procedure to the new Exelon procedure because JAF is currently using RP-AA-350. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature 	Date: 2/05/2018
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date:
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature N/A	Date:
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature 	Date: 2.9.2018

# 50.59 REVIEW COVERSHEET FORM

LS-AA-104-1001

Revision 4

Page 1 of 2

Station/Unit(s): James A. Fitzpatrick /01Activity/Document Number: SAP-2Revision Number: 64

NOTE: For 50.59 Evaluations, information on this form will provide the basis for preparing the biennial summary report submitted to the NRC in accordance with the requirements of 10 CFR 50.59(d)(2).

**Description of Activity:**

(Provide a brief, concise description of what the proposed activity involves.)

Revision of SAP-2, EMERGENCY EQUIPMENT INVENTORY

**Reason for Activity:**

(Discuss why the proposed activity is being performed.)

Revision of SAP-2 to update titles, quantities and wording.

1. Attachment 2 – Replace procedure EN-RP-104(PERSONNEL CONTAMINATION EVENTS)and its attachments with currently used procedure RP-AA-350(PERSONNEL CONTAMINATION MONITORING, DECONTAMINATION AND REPORTING)and its attachments. Reason: Entergy procedures have been updated with Exelon procedures. This is a one for one replacement.
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**Effect of Activity:**

(Discuss how the activity impacts plant operations, design bases, or safety analyses described in the UFSAR.)

This activity will have no impact on plant operations, design bases, or safety analyses described in the USFAR.

Revision of SAP-2, Rev 64 is necessary due to the fact that the procedure contained outdated information.

**Summary of Conclusion for the Activity's 50.59 Review:**

(Provide justification for the conclusion, including sufficient detail to recognize and understand the essential arguments leading to the conclusion. Provide more than a simple statement that a 50.59 Screening, 50.59 Evaluation, or a License Amendment Request, as applicable, is not required.)

SAP-2 contains information on EMERGENCY EQUIPMENT INVENTORY only. This is an administrative task that provides guidelines. This does not involve plant operations, design bases, or safety analyses described in the UFSAR.

The revision to SAP-2 is controlled by the Emergency Plan 10CFR50.54(q) process and because of this process being used, a 50.59 Screening is NOT required. A 10CFR50.54(q) screening will be performed.

**Attachments:**

Attach all 50.59 Review forms completed, as appropriate.

**Forms Attached:** (Check all that apply.)

☒ **Applicability Review**

☐ **50.59 Screening**      **50.59 Screening No.** \_\_\_\_\_ **Rev.** \_\_\_\_\_

☐ **50.59 Evaluation**      **50.59 Evaluation No.** \_\_\_\_\_ **Rev.** \_\_\_\_\_

See LS-AA-104, Section 5, Documentation, for record retention requirements for this and all other 50.59 forms associated with the Activity.

JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY  
SAP-2  
REVISION 64

EFFECTIVE DATE: 2/14/2018

*****	*****
*	*
*           REFERENCE USE	*           QUALITY RELATED
*	*
*****	*****
*****	
*	
*           ADMINISTRATIVE	
*	
*****	

PERIODIC REVIEW DUE DATE: Feb 2023



## REVISION SUMMARY SHEET

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## 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 Performance of Surveillances

**NOTE:**

Numbered seals may be used on kits or inventoried items to indicate the inventory has not been accessed since seal was attached.

- 4.4.1 IF a seal is broken go to step 4.4.2.B
- 4.4.2 **IF** a seal has **NOT** been broken, **THEN**:
- A. **BREAK** the seal
- B. **IF** it is the first quarter of the year OR the seal was found broken in step 4.4.1, **THEN** a complete inventory must be performed.
- C. **ASSESS** contents for signs of poor material condition that would impair operability of the item **OR** any item with an expiration date.
- D. **REPLACE** items as needed.
- E. **REPLACE** the seal.
- 4.4.3 Perform surveillance in accordance with step 4.7 of this procedure.

- 
- 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).
  - 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' El., 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 Issue 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** an Issue Report (IR) or appropriate site approved tracking process for any unsatisfactory attributes not immediately corrected.
  - 4.10 Attachments 2 through 25 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. Support Admin Bldg. 272' Fire Brigade Locker Room 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

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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

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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  
EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

Page 4 of 4

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



**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: _____		
RP-AA-350 - PERSONNEL CONTAMINATION MONITORING, DECONTAMINATION AND REPORTING	1	Required Rev No: _____ As found Rev. No: _____		
RP-AA-350 - ATTACHMENT 1	10	Required Rev No: _____ As found Rev. No: _____		
RP-AA-350 - ATTACHMENT 10	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: \_\_\_\_\_

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

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

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

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

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ATTACHMENT 2

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**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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( ) 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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ATTACHMENT 4  
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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			
PC's	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 <b>(Do not run the air sampler at flow rates greater than 2.0 cfm. Exceeding that will cause the inverter to trip.)</b>	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS:

Issue report number (if needed):

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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ATTACHMENT 4  
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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	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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ATTACHMENT 5  
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**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.

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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.

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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: _____ _____ _____ _____		
PC's	21			
Rain suits	4			
Plastic shoe covers (high top)	24			
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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ATTACHMENT 5  
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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.

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SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 6
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LOCATION: EOF

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
FAX A (315-593-5951)				
FAX B (315-592-0673)				
STATE/LOCAL ROOM (315-593-5975)				
COMMUNICATIONS (315-593-5875)				
STATE/LOCAL COMMUNICATOR (315-593-5865)				

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

PUBLIC ADDRESS	SAT	UNSAT
Dial "5899" from any phone		

LOCATION: ALTERNATE TSC/OSC

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
315-593-5707				

Notify EP Staff immediately of any UNSAT items.

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SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 6
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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: \_\_\_\_\_

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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INVENTORY

ATTACHMENT 6

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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 JAF 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)			
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			

- This is a Quality Record -

**EPIC**

(Check for Operability)

**NOTE:** 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

**Minolta RP-609Z (aperture card)**(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: \_\_\_\_\_

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

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INVENTORY

ATTACHMENT 6A

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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	18		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: \_\_\_\_\_

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

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

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

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ATTACHMENT 6B

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**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: _____		
RP-AA-350 - PERSONNEL CONTAMINATION MONITORING, DECONTAMINATION AND REPORTING	1	Required Rev No: _____ As found Rev. No: _____		
RP-AA-350 - ATTACHMENT 1	10	Required Rev No: _____ As found Rev. No: _____		
RP-AA-350 - ATTACHMENT 10	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.

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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.

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INVENTORY

ATTACHMENT 7

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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: \_\_\_\_\_

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

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

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

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- ☐ 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			
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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ATTACHMENT 8  
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LOCATION: Main Security Building

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
PC's	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	8			
Scott Pak	4			
Spare Air Cylinders	4			

Notify EP Staff immediately of any UNSAT items.

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

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

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

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

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

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ATTACHMENT 9

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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			
Shift Manager desk calculator	1			

Notify EP Staff immediately of any UNSAT items.

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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ATTACHMENT 10

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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 (315-342-2255)	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 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Performed by (print name/initial) / Date

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ATTACHMENT 11

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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	1			
WEBEOC Projector operational check (manually or remote)	All			

(1): Replace batteries prior to expiration.

Notify EP Staff immediately of any UNSAT items.

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

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

Performed by (print name/initial) / Date

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INVENTORY

ATTACHMENT 11A  
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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: \_\_\_\_\_

\_\_\_\_\_

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

Performed by (print name/initial) / Date

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INVENTORY

ATTACHMENT 11B

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**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			
PC's	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: \_\_\_\_\_

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

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

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

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

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ATTACHMENT 12  
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# 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: \_\_\_\_\_

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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ATTACHMENT 13  
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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	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.

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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			
Rubbers	10 pair			
Cotton Liners	1 pkg			
Rubber Gloves (size 9 or med)	15 pair			
Rubber Gloves (size 10 or lg)	15 pair			
PC's	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: \_\_\_\_\_

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

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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**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.

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ATTACHMENT 15  
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**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: \_\_\_\_\_

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

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

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

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

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ATTACHMENT 15  
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**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	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.

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ATTACHMENT 16  
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**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.

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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)	6	Cal Due Date:		
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
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)	4	Cal Due Date:		
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Portable Scalers: (replace prior to cal due date)	3	Cal Due Date:		
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____

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

Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 16

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**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			
Booties	30 pair			
Cotton Liners	30 pair			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
PC's	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: \_\_\_\_\_

\_\_\_\_\_

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

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

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INVENTORY

ATTACHMENT 16

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**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				
WEBEOC wall displays (manual power switch on monitor)	N/A				

Notify EP Staff immediately of any UNSAT items.

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

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

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

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

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

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INVENTORYATTACHMENT 16A  
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DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
<b>Operability check</b>				
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16B  
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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 17  
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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' Fire Brigade Locker Room
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**

Issue report number (if needed):

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 18  
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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 Bldg. 272' Fire Brigade Locker Room | 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. Issue report number (if needed): \_\_\_\_\_

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

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

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 19

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# 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 #, IR # etc.)

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20

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MONTHLY FACILITY INSPECTION CHECKLIST

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

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

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

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ATTACHMENT 20

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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)  <div style="text-align: right;">Inst. No. _____</div> <div style="text-align: right;">Inst. No. _____</div>	2	<div style="text-align: right;">Cal. Due: _____</div> <div style="text-align: right;">Cal. Due: _____</div>	<div style="text-align: right;">_____</div> <div style="text-align: right;">_____</div>	<div style="text-align: right;">_____</div> <div style="text-align: right;">_____</div>
<div style="text-align: right;">Check Source No. _____</div>	1			

Notify EP Staff immediately of any UNSAT items.

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

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

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

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

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

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## DOSE ASSESSMENT COMPUTER SURVEILLANCE

Page 1 of 1

1. Record the date this surveillance was conducted: \_\_\_\_\_
2. 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							

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

Computer	Issue	Disposition

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

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

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

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

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 22

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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	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	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: \_\_\_\_\_

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

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

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

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23  
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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), 3	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 EDMS)	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: \_\_\_\_\_ Issue report number (if needed): \_\_\_\_\_

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

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

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23A

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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: \_\_\_\_\_

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

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

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

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23B  
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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: \_\_\_\_\_

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

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

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

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 24

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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: \_\_\_\_\_

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

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

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

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INVENTORY

ATTACHMENT 25

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**JAFP-18-0027**

**Enclosure**

**SAP-3, Revision 93**

<b>Procedure/Document Number:</b> SAP-3		<b>Revision:</b> 93	
<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): <ol style="list-style-type: none"><li>1. Replace "4 way line" with "Operations Status Line" throughout.</li><li>2. Attachment 1: Section 1.a – add (9) to 911 center.</li><li>3. Section 4.3.2: Replace "ERO members verify contact information quarterly consistent with EN-EP-310 Quarterly Member Profile Update Review" with "ERO members are expected to maintain their contact information current and accurate on the Exelon Home Page".</li></ol>			
<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:		<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)

<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>Procedure/Document Number:</b> SAP-3	<b>Revision:</b> 93	
<b>Equipment/Facility/Other:</b> JAF		
<b>Title:</b> Emergency Communications Testing		
<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>	<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
<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"/>	

<b>Procedure/Document Number:</b> SAP-3	<b>Revision:</b> 93
<b>Equipment/Facility/Other:</b> JAF	
<b>Title:</b> Emergency Communications Testing	
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. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
22. 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"/>
23. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
24. Training is provided to emergency responders. [15]	<input type="checkbox"/>
25. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
26. 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>Change 1 - Replace "4 way line" with "Operations Status Line" throughout to be aligned with Exelon terminology. This is still the same line but with a different title. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.</p> <p>Change 2 - Attachment 1: Section 1.a – add (9) to 911 center to avoid confusion between calling the control room and the real 911. The surveillance is still calling 911 but the change will help the performers remember to dial a "9" for an outside line. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.</p> <p>Change 3 - Section 4.3.2: Replace "ERO members verify contact information quarterly consistent with EN-EP-310 Quarterly Member Profile Update Review" with "ERO members are expected to maintain their contact information current and accurate on the Exelon Home Page". The need for this change is because the Entergy procedure is no longer being used for contact information. JAF will use the Exelon process of updating contact information. The proposed change revises 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. The change does not require a change to the Emergency Plan. No further evaluation is required.</p>	

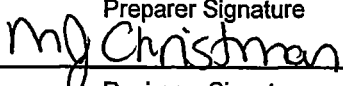
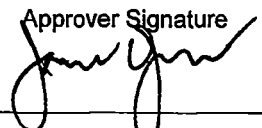
Procedure/Document Number: SAP-3

Revision: 93

Equipment/Facility/Other: JAF

Title: Emergency Communications Testing

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature 	Date: 2/05/2018
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date:
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature N/A	Date:
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature 	Date: 2-9-2018

# 50.59 REVIEW COVERSHEET FORM

LS-AA-104-1001

Revision 4

Page 1 of 1

Station/Unit(s): James A. Fitzpatrick /01Activity/Document Number: SAP-3Revision Number: 93

NOTE: For 50.59 Evaluations, information on this form will provide the basis for preparing the biennial summary report submitted to the NRC in accordance with the requirements of 10 CFR 50.59(d)(2).

**Description of Activity:**

(Provide a brief, concise description of what the proposed activity involves.)

Revision of SAP-3, EMERGENCY COMMUNICATIONS TESTING

**Reason for Activity:**

(Discuss why the proposed activity is being performed.)

Revision of SAP-3 to update a title, phone number and directions for ERO members to update contact information.

**Effect of Activity:**

(Discuss how the activity impacts plant operations, design bases, or safety analyses described in the UFSAR.)

This activity will have no impact on plant operations, design bases, or safety analyses described in the USFAR.

Revision of SAP-3, Rev 93 is necessary due to the fact that the procedure contained outdated information.

**Summary of Conclusion for the Activity's 50.59 Review:**

(Provide justification for the conclusion, including sufficient detail to recognize and understand the essential arguments leading to the conclusion. Provide more than a simple statement that a 50.59 Screening, 50.59 Evaluation, or a License Amendment Request, as applicable, is not required.)

SAP-3 contains information on Emergency Communication testing only. This is an administrative task that provides guidelines. This does not involve plant operations, design bases, or safety analyses described in the UFSAR.

The revision to SAP-3 is controlled by the Emergency Plan 10CFR50.54(q) process and because of this process being used, a 50.59 Screening is NOT required. A 10CFR50.54(q) screening will be performed.

**Attachments:**

Attach all 50.59 Review forms completed, as appropriate.

**Forms Attached: (Check all that apply.)**

Applicability Review



50.59 Screening

50.59 Screening No. \_\_\_\_\_

Rev. \_\_\_\_\_



50.59 Evaluation

50.59 Evaluation No. \_\_\_\_\_

Rev. \_\_\_\_\_

See LS-AA-104, Section 5, Documentation, for record retention requirements for this and all other 50.59 forms associated with the Activity.

JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY COMMUNICATIONS TESTING  
SAP-3  
REVISION 93

EFFECTIVE DATE: 2/14/2018

*****	*****
*	*
*           REFERENCE USE	*           QUALITY RELATED
*	*
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*	*
*           ADMINISTRATIVE	*
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*****	

PERIODIC REVIEW DUE DATE: Feb 2023

## REVISION SUMMARY SHEET

REV.NO. CHANGE AND REASON FOR CHANGE

93 Full Revision

1. Replace "4 way line" with "Operations Status Line" throughout. Reason: to be aligned with Exelon terminology
2. Attachment 1: Section 1.a - add (9) to 911 center. Reason: to avoid confusion between calling the control room and the real 911.
3. Section 4.3.2: Replace "ERO members verify contact information quarterly consistent with EN-EP-310 Quarterly Member Profile Update Review" with "ERO members are expected to maintain their contact information current and accurate on the Exelon Home Page". Reason: Entergy procedure is no longer being used for contact information. JAF will use the Exelon process of updating contact information.



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## 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

2.2.6 NEI 12-06 Rev 4, DIVERSE AND FLEXIBLE COPING STRATEGIES (FLEX) IMPEMENTATION GUIDE

2.2.7 NEI 12-01, Guideline for Assessing Beyond Design Basis Accident Response Staffing and Communications Capabilities, Table 3.1

2.2.8 EC-9000053903, FLEX Emergency Plan (EP) Communications Modification to Support NEI 12-01

2.2.9 James A. FitzPatrick N.P.P. Fukushima Project Phase 2 Communication Assessment

### 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:

4.1.1 The B.5.b Extreme Damage Scenario radio checks (Attachment 2) will be performed by EP.

4.1.2 Operations will be responsible for the following deployable satellite phones in Attachment 2 "Beyond Design Basis External Event (BDBEE) EP Comms Equipment Checks":

- FSS Office & Hallway
- OSC
- TSC

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 are expected to maintain their contact information current and accurate on the Exelon Home Page.

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	(9) 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)	1-315-349-3456		
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	1-877-220-4911		
k.	Everbridge-alt.	1-866-515-4852		

**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 "NMP/JAF Notify" to initiate the call
2. Select "Yes" when asked "Call NMP/JAF Notify?" Wait approximately 10 seconds before starting to transmit. This will allow time for other parties to pick up their phones.
3. Press the push-to-talk button on the handset to talk.
4. "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"
5. (Call Roll in Accordance with 2 above)
6. Upon hearing their station name called during roll call, stations will confirm by answering.

7. After completing roll call, recall all stations not answering by saying "JAF (State Location) recalling (Name of Station Not Answering)".
8. Select "Hang Up" to end the call.
9. 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.	Operations Status Line (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		

## 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)	315-591-2165		
b.	EP-2 (Cell)	315-591-2173		
c.	RES-3 (Cell)	315-593-5005		
d.	M-1 Onsite Survey Vehicle (Cell Phone in OSC)	315-593-5027		
e.	Control Room (Cell)	315-591-0482		
f.	TSC (Cells)	315-591-0473		
		315-591-0476		
		315-591-0479		
g.	OSC (Cell)	315-593-4757		
h.	Security Shift Supervisor (Cell)	315-593-9539		
i.	NRC - Simulator (In-plant Cell)	315-349-6203		
j.	4 -way Comm. Simulator (In-plant Cell)	315-349-6550		
k.	NRC - Control Room (In- plant Cell)	315-349-6527		
l.	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 9

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		
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		
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		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Page 2 of 9

Agency/Individual	Phone #	SAT/UNSAT	Verified By Init/Date
OSWEGO HOSPITAL Administration	(315) 349-5520		
Oswego Hospital Emergency Room	(315) 349-5522		
University Hospital Radiation Physics Off	(315) 464-6510		
University Hospital Emergency Room	(315) 464-5612		
American Nuclear Insurers	(860) 682-1341		
National Earthquake Information Center Web <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		

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

THIS SECTION MAY BE PERFORMED BY EMERGENCY PLANNING DEPT. PERSONNEL			
QTY	ITEM TO BE TESTED	SAT/UNSAT	Verified by 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 OCEDO		

**(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)**

**Set up Deployable satellite phones as follows:**

1. Locate tripod, reel of cable and hard phone case (components are labeled 1, 2 and 3).
2. Locate all three items and bring them outside away from the building.
3. Fully spread tripod, remove antenna from satellite phone case AND secure to tripod.
4. Remove the analog phone handset from the case.
5. Connect the antenna cable (short cable) to the TNC-type connector on the front of the phone case and to the antenna.
6. Connect the analog handset cable (long cable) to the RJ11 jack on the front of the case.
7. Run the analog handset cable to the desired location AND connect to analog handset.
8. Turn on the power to the docking station. Close and latch the satellite phone Pelican case.
9. Calls can now be made using the analog handset: (1+Area Code+ phone number for domestic calls).
10. Using any working number test the ability of the satellite phone to send and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place (3 labeled pieces).

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Deployable satellite phone -Labeled EOF 1	EOF STORAGE ROOM	EOF 8816-414-22005		
1	Deployable satellite phone -Labeled EOF 2	EOF STORAGE ROOM	EOF 8816-414-22026		
1	Deployable satellite phone -Labeled EOF 3	EOF STORAGE ROOM	EOF 8816-414-22025		
1	Deployable satellite phone -Labeled EOF 4	EOF STORAGE ROOM	EOF 8816-414-22040		
1	Deployable satellite phone -Labeled EOF 5	EOF STORAGE ROOM	EOF 8816-414-22039		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

PAGE 4 OF 9

**(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)**

**Set up Deployable satellite phones as follows:**

1. Locate tripod, reel of cable and hard phone case (components are labeled 1, 2 and 3).
2. Locate all three items and bring them outside away from the building.
3. Fully spread tripod, remove antenna from satellite phone case AND secure to tripod.
4. Remove the analog phone handset from the case.
5. Connect the antenna cable (short cable) to the TNC-type connector on the front of the phone case and to the antenna.
6. Connect the analog handset cable (long cable) to the RJ11 jack on the front of the case.
7. Run the analog handset cable to the desired location AND connect to analog handset.
8. Turn on the power to the docking station. Close and latch the satellite phone Pelican case.
9. Calls can now be made using the analog handset: (1+Area Code+ phone number for domestic calls).
10. Using any working number test the ability of the satellite phone to send and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place (3 labeled pieces).

1	Deployable satellite phone -Labeled JIC-1 (For use at the JIC)	EOF STORAGE ROOM	JIC 8816-414-22008		
1	Deployable satellite phone -Labeled CR-1 (Tripod and reel of cable in hallway)	CABINET 1	FSS OFFICE 8816-414-22034		
1	Deployable satellite phone -Labeled CR-2	CABINET 1	FSS OFFICE 8816-414-22024		
1	Deployable satellite phone -Labeled OSC	Room #7 Cabinet 1	OSC 8816-414-22023		
1	Deployable satellite phone -Labeled TSC-1	TSC LIBRARY CABINET 1&2	TSC 8816-414-22042		
1	Deployable satellite phone -Labeled TSC-2	TSC LIBRARY CABINET 1&2	TSC 8816-414-22041		
1	Deployable satellite phone -Labeled TSC-3	TSC LIBRARY CABINET 1&2	TSC 8816-414-22022		
1	Deployable satellite phone -Labeled TSC-4	TSC LIBRARY CABINET 1&2	TSC 8816-414-22038		



## (BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)

Set up Hand-held Satellite phones as follows:

NOTE: Phone must be used outside with antenna raised and in vertical position.

1. Turn phone ON.
2. Wait for display to indicate service is available prior to dialing.
3. Using any working number, check the ability of the phone to make and receive calls (refer to EP aid for dialing instructions).
4. Turn phone off and reconnect charger.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful and all the equipment was in place

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Hand-held satellite phone Labeled TSC-1	TSC LIBRARY CABINET 1	TSC 8816-414-94557		
1	Hand-held satellite phone Labeled TSC-2	TSC LIBRARY CABINET 1	TSC 8816-414-94561		
1	Hand-held satellite phone Labeled TSC-3	TSC LIBRARY CABINET 1	TSC 8816-414-94554		
1	Hand-held satellite phone Labeled TSC-4	TSC LIBRARY CABINET 1	TSC 8816-224-11819		
1	Hand-held satellite phone Labeled TSC-5	TSC LIBRARY CABINET 1	TSC 8816-414-22044		
1	Hand-held satellite phone Labeled OSC-1	ROOM #7 CABINET 1	OSC 8816-224-11820		
1	Hand-held satellite phone Labeled EOF-1	EOF STORAGE ROOM	EOF 8816-414-94559		
1	Hand-held satellite phone Labeled EOF-2	EOF STORAGE ROOM	EOF 8816-414-94565		

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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**(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)**

QTY	ITEM TO BE TESTED	LOCATION	FACILITY & PHONE NUMBER	SAT/ UNSAT	Verified by Initial & Date
1	Hand-held satellite phone Labeled EOF-3	EOF STORAGE ROOM	EOF 8816-414-94555		
1	Hand-held satellite phone Labeled EOF-4	EOF STORAGE ROOM	EOF 8816-414-94558		
1	Hand-held satellite phone Labeled EOF-5	EOF STORAGE ROOM	EOF 8816-414-94543		
1	Hand-held satellite phone Labeled ALT TSC-1	EOF STORAGE ROOM	EOF 8816-414-94549		
1	Hand-held satellite phone Labeled ALT OSC-1	EOF STORAGE ROOM	EOF 8816-414-22043		

**Test installed satellite phones as follows:**

1. Using any working number, check the ability of the phone to make and receive calls.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful.

1	Test installed satellite phone	CABINET 2	FSS OFFICE 877-622-7460		
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**Test Security UHF Radio Console as follows:**

1. Turn Radio to Security Channel 3 and test incoming and outgoing calls with Security personnel.

NOTE: SAT in this section indicates that incoming and outgoing calls were successful.

1	Test the radio Console on the CRS desk with a security UHF channel radio	CRS DESK	CONTROL ROOM		
---	---	----------	--------------	--	--

**Test Security UHF radios as follows:**

1. Place 2 radios a few feet apart.

2. Turn on both radios, set to mid-volume and select Security Channel 3.

3. To test:

a. Transmit a short test message on first radio. You should hear it on the second radio.

b. Transmit a short test message on second radio. You should hear it on the first radio.

c. Turn radios off and return to charger.

NOTE: The above actions tests transmit and receive functions on both radios.

NOTE: SAT in this section indicates that the radio can transmit and receive.

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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**(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)**

OSC ROOM #7 CABINET 1					
	SAT/UNSAT	INITIAL		SAT/UNSAT	INITIAL
RADIO 1			RADIO 6		
RADIO 2			RADIO 7		
RADIO 3			RADIO 8		
RADIO 4			RADIO 9		
RADIO 5			RADIO 10		
OSC ROOM #2 CABINET 2					
	SAT/UNSAT	INITIAL		SAT/UNSAT	INITIAL
RADIO 1			RADIO 10		
RADIO 2			RADIO 11		
RADIO 3			RADIO 12		
RADIO 4			RADIO 13		
RADIO 5			RADIO 14		
RADIO 6			RADIO 15		
RADIO 7			RADIO 16		
RADIO 8			RADIO 17		
RADIO 9					

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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**(BDBEE) BEYOND DESIGN BASIS EXTERNAL EVENTS EQUIPMENT CHECK (FSG-101)**

Spare Batteries:

1. Verify required quantity.
2. Verify charger is plugged in by visualizing lights on charger.
3. For UHF radio batteries, in the first quarter of each year, condition the batteries by rapidly removing and inserting the batteries twice until yellow light comes on.

NOTE: SAT in this section indicates that the quantity is correct and the charger is plugged in.

FACILITY	REQUIRED QUANTITY	AS FOUND QUANTITY	SAT/UNSAT	INITIAL
Spare Satellite Batteries				
EOF	7			
TSC	5			
OSC	1			
Spare UHF Portable Radio Batteries				
OSC	54			

☐ Battery conditioning initiated for UHF radio batteries in first quarter of each year.

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

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

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Performed by:

Initials	Print Name	Signature	Date

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

\_\_\_\_\_  
Date

SAP-3

EMERGENCY COMMUNICATIONS  
TESTING

ATTACHMENT 2

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## ATTACHMENT 3

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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.

## ATTACHMENT 3

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

- **FIRST** select the desired station number
- **THEN** select the desired frequency using the associated push buttons and observing the adjacent LED.

## 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.

## ATTACHMENT 3

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EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONSEMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS

## 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.

## 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).



EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS2. 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.

## 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.

EMERGENCY COMMUNICATIONS CHECKLIST INSTRUCTIONS3. 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.

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.