

VOL. 14

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January 8, 1981
Revision 8

FARLEY NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE
FNP-0-EIP-16

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EMERGENCY EQUIPMENT AND SUPPLIES

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Approved:

W. B. Martin III
Plant Manager

Date Issued: 1-27-81

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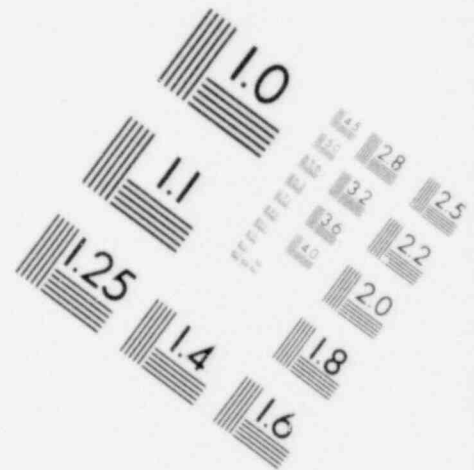
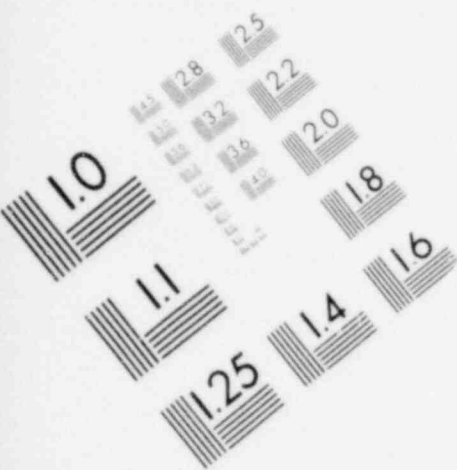
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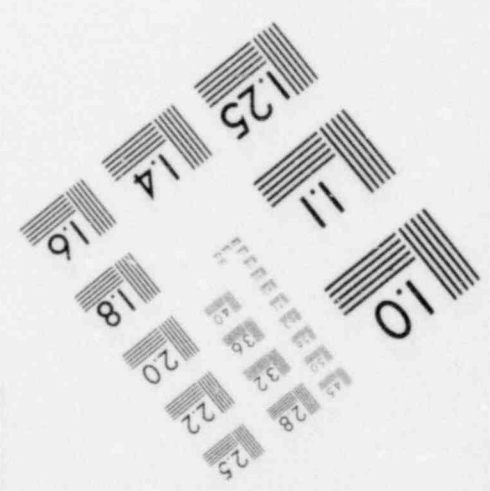
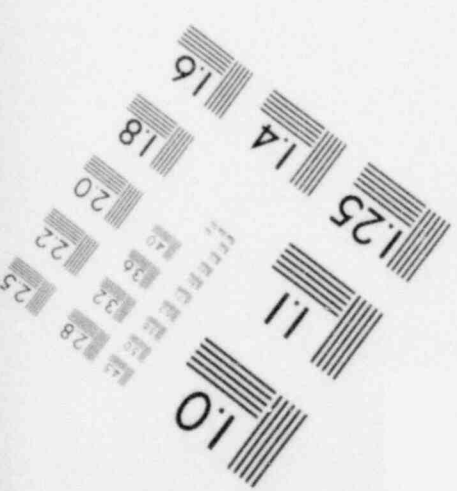
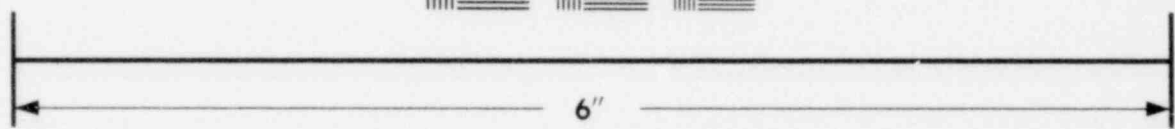
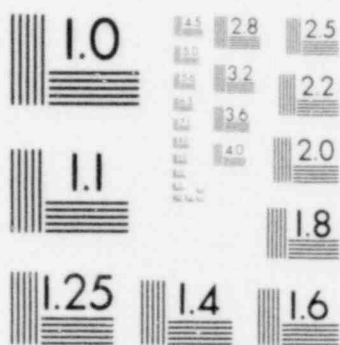
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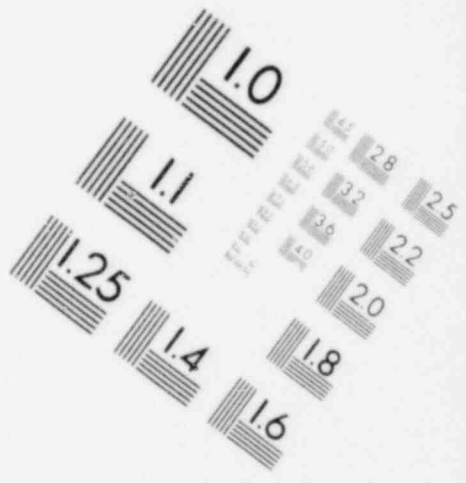
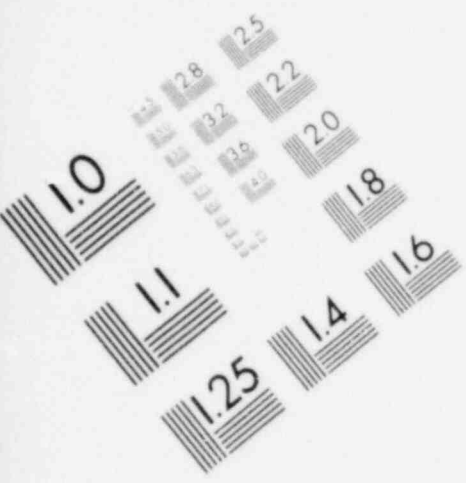
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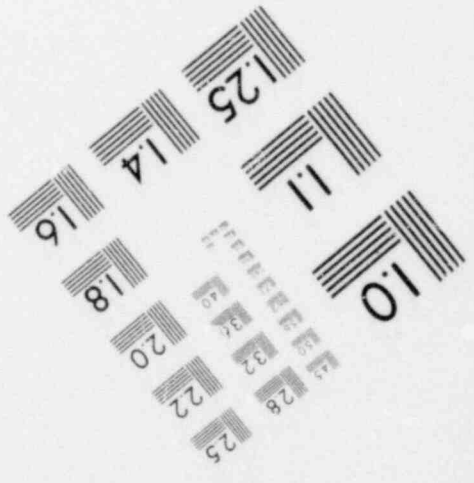
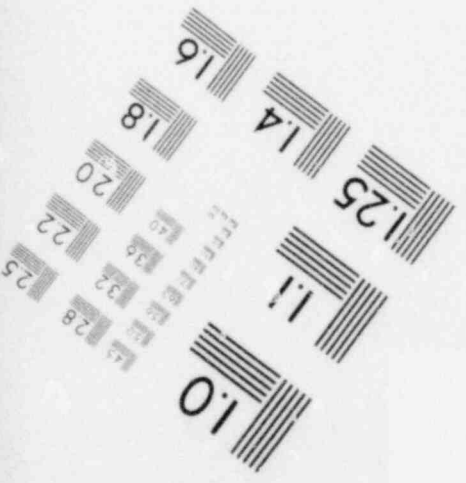
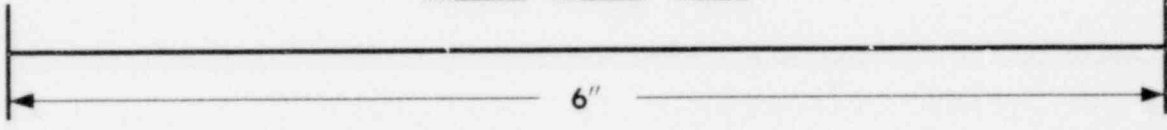
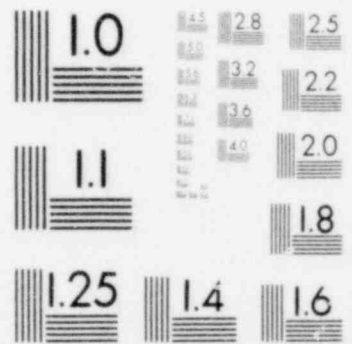


**IMAGE EVALUATION
TEST TARGET (MT-3)**





**IMAGE EVALUATION
TEST TARGET (MT-3)**



EMERGENCY EQUIPMENT AND SUPPLIES

1.0 Purpose

This procedure establishes the actions to be taken to ensure the operational readiness of emergency equipment and supplies.

2.0 References

- 2.1 Joseph M. Farley Nuclear Plant Emergency Plan
- 2.2 FNP Operating Manual, Vol. 10, FNP-0-RCP-103, Maintenance and Care of Respiratory Protection Equipment

3.0 General

- 3.1 The Chemistry and Health Physics Group shall be responsible for implementing the requirements of this procedure.
- 3.2 An inventory checklist shall be posted on the front of each emergency cabinet.
- 3.3 An inventory shall be performed:
 - 3.3.1 Quarterly
 - 3.3.2 After each emergency or drill during which the cabinet is opened.
 - 3.3.3 Any time the seal on a cabinet is found to be broken.
- 3.4 This procedure applies only to equipment and supplies stored for emergency use.

4.0 Procedure

- 4.1 The following actions shall be performed monthly.
Respiratory Protection Equipment
 - 4.1.1 Respirators
 - a. Check the expiration date on the filter cartridge. If the filter will expire prior to the next check date, replace the respirator.

- b. Ensure that the seal of the protective bag containing the respirator is not broken. If the seal is broken, replace the respirator.
- 4.1.2 Self-contained breathing apparatus
- a. Check the pressure in the air tank. If the tank is not full, replace the tank.
 - b. Check the regulator and warning device to ensure that they function properly.
- 4.2 The following actions shall be performed quarterly.
- 4.2.1 Portable instrumentation
- Insure portable instruments are within calibration using manufacturer's recommendations as guidelines and replace portable instruments with newly calibrated units (survey instruments and air samplers) as required.
- 4.2.2 Personnel dosimetry devices
- 4.2.2.1 Thermoluminescent dosimeters (TLD)
- Insure TLD's are within calibration and replace as required.
- 4.2.2.2 Direct-reading pocket dosimeter
- a. Insure pocket dosimeters are within calibration and replace as required.
 - b. Ensure that each pocket dosimeter is zeroed.
- 4.2.2.3 Pocket dosimeter charger
- a. Check battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.

- b. Rezero at least one pocket dosimeter to ensure that the charger is functional. If unit is not functional, replace it.

4.2.3 Other battery operated devices

- 4.2.3.1 Check the battery compartment for leakage from batteries. If leakage is found, clean compartment and replace batteries.

- 4.2.3.2 Operate the device. If the device is not functional, replace it.

4.2.4 Verify operation of the two-way radio in the Plant Emergency Vehicle and the Environmental Vehicle by establishing communications with the Security Tower.

4.2.5 Inventory all items at all emergency equipment locations.

4.2.6 Run the portable air samplers for at least 1 minute.

4.2.7 Check all supplies for deterioration.

4.2.8 Replace any non-servicable items.

4.3 Upon closing the cabinet, affix a seal to the door in such a manner that the seal must be broken if the cabinet is opened.

4.4 Initiate correction of discrepancies found.

5.0 Records and Reports

5.1 On each Equipment and Supplies Checklist, FNP-0-EIP-16A through FNP-0-EIP-16BB, initial the appropriate space after completing the actions as required by 4.1, 4.2 or 4.3.

5.2 Sign and date the Checklists and forward them to the Chemistry and Health Physics Supervisor.

5.3 After reviewing the Checklist, the Chemistry and Health Physics Supervisor shall forward them to Document Control.

6.0 Checklists

The following is a listing by location of the emergency equipment and supplies which are included in the checklists:

<u>Location</u>	<u>Checklist</u>
Aux. bldg. entrance west non-rad hallway, EL 155, Unit 1.....	16R
Aux. bldg. EL 155, Unit 2.....	16D
Aux. bldg. EL 139, Unit 1.....	16V
Aux. bldg. EL 121, Unit 2.....	16E
Aux. bldg. EL 100, Unit 1.....	16W
Aux. bldg. EL 83, Unit 1.....	16F
Aux. bldg. EL 83, Unit 2.....	16X
Aux. bldg. EL 83, Unit 2.....	16BB
CSC, Ambulance kit.....	16I
CSC, Fire Department.....	16J
CSC, Radiation Monitoring Team.....	16K
Control Room.....	16A
Drawings; Control Room, EOF, Switchhouse.....	16P
Environmental Vehicle.....	16Q
EOF.....	16M
First Aid Room, EL 155, Service bldg.....	16Q
Health Physics Office, EL 155, Aux. bldg.....	16B
Hot Shutdown Panel, Commo Room, Unit 1.....	16Y
Hot Shutdown Panel, Corridor, Unit 1.....	16U
Hot Shutdown Panel, Commo Room, Unit 2.....	16AA
Hot Shutdown Panel, Corridor, Unit 2.....	16Z
Kitchen, Control Room, Food.....	16T
Locker Room, EL 155, Aux. bldg.....	16C
Maintenance Shop, Service bldg.....	16S
Plant Emergency Vehicle.....	16H
Plant Emergency Vehicle.....	16Q
Southeast Alabama Medical Center.....	16N
Stretchers.....	16O
Switchhouse.....	16L

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Control Room

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Coveralls, Work Type.....	4.....	_____
Fire Brigade Equipment		
Fire Axes	2.....	_____
Sledge Hammers	2.....	_____
Crowbars	2.....	_____
Fire Rescue Unit	1.....	_____
First Aid Kit.....	1.....	_____
Flashlights.....	2.....	_____
Battery Compartment Operational.....		_____
Knives, Pocket.....	1.....	_____
Polybags.....	20.....	_____
Polysheets, roll.....	1.....	_____
Record Materials		
Clipboard, Paper, Pencil	2.....	_____
Drawings of Facility, set.....	1.....	_____
Emergency Plan	1.....	_____
Emergency Plan Implementing Procedures (1 set Shift Foremans Office)...		_____
Logbook	1.....	_____
Protective Action Sector Map	1.....	_____
Respirators		
Full Face	2.....	_____
Iodine Cannister	2.....	_____
Chlorine Cannister	8.....	_____
Next check prior to filter expiration date.....		_____
Protective Bag Unbroken.....		_____
Self-Contained Breathing Apparatus	8.....	_____
Full Tank.....		_____
Regulator and warning device operational.....		_____
Voice amplifier.....	8.....	_____
Operational.....		_____
Battery Compartment Operational.....		_____
Rope, Coil, ½" diam. 100".....	1.....	_____
Scissors.....	2.....	_____
Survey Instrument		
Ion Chamber	1.....	_____
Calibration O.K.....		_____
Tape, Electrical.....	2.....	_____
Tape, Masking.....	2.....	_____

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Tool Kit		
Channel Locks (1).....		_____
Hacksaw (1).....		_____
Hammer, Carpenters (1).....		_____
Hammer, Sledge (1).....		_____
Pliers (1).....		_____
Screwdriver Set (1).....		_____
Side Cutters (1).....		_____
Wrench, Pipe (1).....		_____
Wrench, Large Adjustable (1).....		_____
Wrench, Small Adjustable (1).....		_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Health Physics Office, El. 155, Auxiliary Building

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Bucket.....	1.....	_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....		_____
Dosimeters, Pocket (20R).....	5.....	_____
Calibration O.K.....		_____
Fire Brigade Equipment		
Fire Boots pr. (5).....		_____
Fire Hats (5).....		_____
Fire Turnout Suits (5).....		_____
First Aid Kit, 16 Units.....	1.....	_____
Flashlights.....	2.....	_____
Battery Compartment Operational.....		_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	2.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (5).....		_____
Cloth Gloves, pr (5).....		_____
Rubber Gloves, pr (5).....		_____
Cloth Shoe Covers, pr (5).....		_____
Rubber Shoe Covers, pr (5).....		_____
Hood (5).....		_____
Surgeons Cap (5).....		_____
Respirator, Full-Face and Cannister.....	5.....	_____
Next check date prior to filter expiration date.....		_____
Protective Bag Unbroken.....		_____
Rope, Coil, ½" diam. 100'.....	1.....	_____
Rope, Radiation, 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____
Tide, box.....	2.....	_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Locker Room, El. 155, Auxiliary Building

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Applicators, Cotton Tufted box.....	1.....	_____
Backboard.....	1.....	_____
Bags, Plastic.....	20.....	_____
Blankets.....	4.....	_____
Brushes, Hand.....	2.....	_____
Clippers, Hair.....	1.....	_____
Decon. Solution, btl.....	2.....	_____
Detergent Soap, box.....	1.....	_____
First Aid Kit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Icebags.....	2.....	_____
Lamp, Floor.....	1.....	_____
Protective Clothing		
Coveralls (5).....		_____
Cloth Gloves, pr (5).....		_____
Rubber Gloves, pr (5).....		_____
Cloth Shoe Covers, pr (5).....		_____
Rubber Shoe Covers, pr (5).....		_____
Hood (5).....		_____
Surgeons Cap (5).....		_____
Scissors.....	1.....	_____
Splints, Air Kit.....	1.....	_____
Splints, Arm.....	2.....	_____
Survey Meter, G.M.....	1.....	_____
Pancake Probe (1).....		_____
Medical Probe (1).....		_____
Calibration O.K.....		_____
Swabs, Nasal.....	20.....	_____
Tape, Masking, roll.....	2.....	_____
Tweezers.....	2.....	_____
Wristbands.....	10.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 155 - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Blankets.....	2.....	_____
Bucket.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	1.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (3).....		_____
Cloth Gloves, pr (3).....		_____
Rubber Gloves, pr (3).....		_____
Cloth Shoe Covers, pr (3).....		_____
Rubber Shoe Covers, pr (3).....		_____
Hood (3).....		_____
Surgeons Cap (3).....		_____
Respirator, Full-Face and Cannister.....	2.....	_____
Next check date prior to filter expiration date.....		_____
Rope, Radiation 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____

*Presently located in Unit 1; to be relocated to Unit 2 by fuel loading of Unit 2.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 121 - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Blankets.....	2.....	_____
Bucket.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	1.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (3).....		_____
Cloth Gloves, pr (3).....		_____
Rubber Gloves, pr (3).....		_____
Cloth Shoe Covers, pr (3).....		_____
Rubber Shoe Covers, pr (3).....		_____
Hood (3).....		_____
Surgeons Cap (3).....		_____
Respirator, Full-Face and Cannister.....	2.....	_____
Next check date prior to filter expiration date.....		_____
Rope, Radiation 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____

*Presently located in Unit 1; to be relocated to Unit 2 by fuel loading of Unit 2.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Auxiliary Building, El. 83 - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Respirator		
Self-Contained Breathing Apparatus (1).....		_____
Full Tank.....		_____
Regulator and warning device operational.....		_____

PURPOSE OF INSPECTION

Monthly	Semi-Annual	Lock Broken
Quarterly	Post-Drill	Emergency Use
Other _____		

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - First Aid Room, El. 155, Service Building

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Applicators, Cotton Tufted box.....	1.....	_____
Backboard.....	1.....	_____
Bags, Pl	20.....	_____
Blankets.....	4.....	_____
Brushes, Hand.....	2.....	_____
Clippers, Hair.....	1.....	_____
Couch.....	1.....	_____
Decon. Solution, btl.....	2.....	_____
Detergent Soap, box.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
First Aid Kit.....	1.....	_____
Icebags.....	2.....	_____
Lamp, Floor.....	1.....	_____
Pen.....	1.....	_____
Protective Clothing		
Coveralls (5).....	_____	_____
Cloth Gloves, pr (5).....	_____	_____
Rubber Gloves, pr (5).....	_____	_____
Cloth Shoe Covers, pr (5).....	_____	_____
Rubber Shoe Covers, pr (5).....	_____	_____
Hood (5).....	_____	_____
Surgeons Cap (5).....	_____	_____
Scissors.....	1.....	_____
Splints, Air Kit.....	1.....	_____
Splints, Arm.....	2.....	_____
Smears, box.....	1.....	_____
Survey Meter, G.M.....	1.....	_____
Pancake Probe (1).....	_____	_____
Medical Probe (1).....	_____	_____
Calibration O.K.....	_____	_____
Swabs, Nasal.....	20.....	_____
Tape, Masking, roll.....	2.....	_____
TLD's.....	5.....	_____
Tweezers.....	2.....	_____
Wristbands.....	10.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Plant Emergency Vehicle

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Backboard, long.....	1.....	_____
Backboard, short.....	1.....	_____
Bags, Plastic.....	10.....	_____
Blankets.....	2.....	_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....	.....	_____
Dosimeters, Pocket (5R).....	2.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Labels, Self Sticking "RADIOACTIVE" roll.....	1.....	_____
Lead Covering Material, sheet.....	1.....	_____
Pen.....	2.....	_____
Protective Clothing		
Lab Coats (4).....	.....	_____
Cloth Gloves, pr (4).....	.....	_____
Rubber Gloves, pr (4).....	.....	_____
Canvas Shoe Covers, pr (4).....	.....	_____
Surgeons Caps (4).....	.....	_____
Rubber Shoe Covers, pr (4).....	.....	_____
Radio, Two-way operational.....	1.....	_____
Signs "RADIOACTIVE".....	4.....	_____
Tape, Masking, roll.....	1.....	_____
TLD's.....	5.....	_____
Wristbands.....	10.....	_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Central Security Control Building, Ambulance Kit

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Bags, Plastic.....	10.....	_____
Blankets.....	2.....	_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....	.....	_____
Dosimeters, Pocket (5R).....	4.....	_____
Labels, Self Sticking "RADIOACTIVE" roll.....	1.....	_____
Lead Covering Material, sheet.....	1.....	_____
Pen.....	2.....	_____
Protective Clothing		
Lab Coats (4).....	.....	_____
Cloth Gloves, pr (4).....	.....	_____
Rubber Gloves, pr (4).....	.....	_____
Cloth Shoe Covers, pr (4).....	.....	_____
Rubber Shoe Covers, pr (4).....	.....	_____
Hood (4).....	.....	_____
Surgeons Caps (4).....	.....	_____
Signs "RADIOACTIVE".....	4.....	_____
Tape, Masking, roll.....	1.....	_____
TLD's.....	4.....	_____
Wristbands.....	10.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Central Security Control Building, Fire Department

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....		_____
Dosimeters, Pocket (5R).....	5.....	_____
Calibration O.K.....		_____
Fire Rescue Suit.....	1.....	_____
Gloves, pr.....	5.....	_____
Respirator		
Self Contained Breathing Apparatus (2).....		_____
Full Tank.....		_____
Regulator and warning device operational.....		_____
Survey Meter G.M.....	1.....	_____
Pancake Probe (1).....		_____
Calibration O.K.....		_____
Survey Instrument Ion Chamber.....	1.....	_____
Calibration O.K.....		_____
TLD's.....	10.....	_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Central Security Control Bldg., Radiation Monitoring Team Kit
Each of 2 Kits Should Contain Items Listed Below.

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Air Sampler.....	1.....	_____
Calibration O.K.....	.....	_____
Bags, Plastic.....	10.....	_____
Cartridges, Iodine.....	6.....	_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....	.....	_____
Dosimeters, Pocket (5R).....	2.....	_____
Calibration O.K.....	.....	_____
Filter Paper, box.....	1.....	_____
Flashlights.....	2.....	_____
Battery Compartment Operational.....	.....	_____
Key to Monitoring Cabinet.....	1.....	_____
Protective Clothing		
Coveralls (2).....	.....	_____
Cloth Gloves, pr (2).....	.....	_____
Rubber Gloves, pr (2).....	.....	_____
Cloth Shoe Covers, pr (2).....	.....	_____
Rubber Shoe Covers, pr (2).....	.....	_____
Hood (2).....	.....	_____
Surgeons Cap (2).....	.....	_____
Records Materials		
Clipboard, Paper, Pencil (1).....	.....	_____
Logbook (1).....	.....	_____
Protective Action Sectors Map (1).....	.....	_____
Site Map (1).....	.....	_____
Respirator		
Full Face (2).....	.....	_____
Iodine Cannister (2).....	.....	_____
Next check prior to filter expiration date.....	.....	_____
Protective Bag Unbroken.....	.....	_____
TLD's.....	5.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Switchhouse

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Air Sampler.....	1.....	_____
Calibration O.K.....		_____
Bags, Plastic.....	50.....	_____
Bottles		
Large Poly (10).....		_____
Small Poly (50).....		_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....		_____
Dosimeters, Pocket (5R) and (20R).....	5 each.....	_____
Calibration O.K.....		_____
First Aid Kit.....	1.....	_____
Flashlights.....	2.....	_____
Battery Compartment Operational.....		_____
Hats, Hard.....	4.....	_____
Knives, Pocket.....	1.....	_____
Poly Sheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (20).....		_____
Cloth Gloves, pr (20).....		_____
Rubber Gloves, pr (20).....		_____
Cloth Shoe Covers, pr (20).....		_____
Rubber Shoe Covers, pr (20).....		_____
Hood (20).....		_____
Surgeons Cap (20).....		_____
Records Materials		
Clipboard, Paper, Pencil (2).....		_____
Drawings of Facility (1 set).....		_____
Emergency Plan (1 copy).....		_____
Emergency Plan Implementing Procedures (1 set).....		_____
Logbook (1).....		_____
Protective Action Sectors Map (1).....		_____
Respirators, Full-Face and Cannister.....	2.....	_____
Next check prior to filter expiration date.....		_____
Protective Bag Unbroken.....		_____
Rope, Coil. ½" diam. 100'.....	1.....	_____
Rope, Radiation, 100'.....	1.....	_____
Scissors.....	2.....	_____
Smears, box.....	2.....	_____

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Survey Meter, G.M.....	1.....	_____
Pancake Probe (1) or Sidewindow Probe (1).....		_____
Calibration O.K.....		_____
Survey Instrument Ion Chamber.....	1.....	_____
Calibration O.K.....		_____
Tape, Electrical, roll.....	2.....	_____
Tape, Masking, roll.....	2.....	_____
TLD's.....	20.....	_____
Tool Kit		
Channel Locks (1).....		_____
Hacksaw (1).....		_____
Hammer, Carpenters (1).....		_____
Pliers (1).....		_____
Screwdriver Set (1).....		_____
Side Cutters (1).....		_____
Wrench, Pipe (1).....		_____
Wrench, Large Adjustable (1).....		_____
Wrench, Small Adjustable (1).....		_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Emergency Operations Facility

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Records Materials		
Clipboard, Paper, Pencil.....	1.....	_____
Drawings of Facility, Set.....	1.....	_____
Emergency Plan.....	1.....	_____
Emergency Plan Implementing Procedures, Set.....	1.....	_____
Protective Action Sectors Map.....	1.....	_____
INPO Emergency Resources Manual.....	1.....	_____
Potassium Iodide, Bottle.....	50.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Southeast Alabama Medical Center

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Applicators, Cotton Tip, pkg.....	1.....	_____
Bags, Plastic.....	20.....	_____
Basin.....	1.....	_____
Brushes, Hand.....	2.....	_____
Charger, Dosimeter.....	1.....	_____
Battery Compartment Operational.....	.....	_____
Clippers, Hair.....	1.....	_____
Containers, Specimen.....	10.....	_____
Cotton Balls box.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
Detergent Soap, box.....	1.....	_____
Dosimeter, Pocket (5R).....	5.....	_____
Drums, Waste.....	3.....	_____
Filter Paper, box.....	2.....	_____
Labels, Self Sticking "RADIOACTIVE" roll.....	1.....	_____
Mask, Surgeon's Face.....	4.....	_____
Needles, pkg.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Poly Sheets, roll.....	1.....	_____
Protective Clothing		
Lab Coats (6).....	.....	_____
Rubber Gloves, pr (20).....	.....	_____
Surgeon's Gloves, pr (8).....	.....	_____
Plastic Shoe Covers, pr (20).....	.....	_____
Surgeons Cap (4).....	.....	_____
Records Materials		
Clipboard, Paper, Pencil (1).....	.....	_____
Logbook (1).....	.....	_____
Pen, w/waterproof ink (1).....	.....	_____
Survey Forms, (1 set).....	.....	_____
Rope, Radiation 100'.....	1.....	_____
Scissors, Metzenbalm, Small.....	1.....	_____
Scissors, Sewing.....	1.....	_____
Signs, Radiation.....	10.....	_____
Suits, Surgical.....	4.....	_____
Survey Meter, G.M.....	1.....	_____
Pancake Probe (1).....	.....	_____
Medical Probe (1).....	.....	_____
Calibration O.K.....	.....	_____
Survey Instrument Ion Chamber.....	1.....	_____
Calibration O.K.....	.....	_____

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Suture Set.....	1.....	_____
Syringe Bulb.....	1.....	_____
Tags.....	10.....	_____
Tape, Masking, roll.....	2.....	_____
TLJ's.....	10.....	_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
Quarterly Post-Drill Emergency Use
Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - FNP Stretcher Cabinets

<u>Description</u>	<u>Location</u>	<u>Quantity</u>	<u>Initials</u>
Stretcher, Pole.....	Utility Building.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Basket.....	Water Treatment Plant.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
Stretcher, Basket.....	Srv. Bldg. First Aid Room.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
Stretcher, Pole.....	C.S.C. Building.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole.....	Switchhouse.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole.....	Control Room.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Basket Unit I.....	Aux-RCA 155' W. Stairs.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
Stretcher, Pole Unit I.....	Aux-RCA 139' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-RCA 121' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-RCA 105' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-RCA 83' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-NON-RAD 139' Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-NON-RAD 121' Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Aux-NON-RAD 105' Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Turb Bldg 189' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole Unit I.....	Turb Bldg 137' S. Stairs.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole.....	Srv. Wtr. W. Entrance.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole.....	River Wtr. S. Compartment.....	1.....	_____
Blanket.....		1.....	_____
Stretcher, Pole.....	Diesel Gen Bldg W. Entrance.....	1.....	_____
Blanket.....		1.....	_____

<u>Description</u>	<u>Location</u>	<u>Quantity</u>	<u>Initials</u>
*Stretcher, Basket, Unit II.....	Cl ₂ House/Cooling Tower A.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
*Stretcher, Basket, Unit II.....	Turbine Bldg. El. 155'.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
*Stretcher, Basket, Unit II.....	Aux. Rad 155' E. Stairs.....	1.....	_____
4-Point Sling.....		1.....	_____
Body Straps.....		4.....	_____
Blankets.....		2.....	_____
*Stretcher, Pole Unit II.....	Turbine Bldg. 137' N. Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Turbine Bldg. 189' N. Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux-NON-RAD 139' Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux-NON-RAD 121' Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux-NON-RAD 105' Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux RAD 139' E. Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	ix RAD 121' E. Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux RAD 105' E. Stairs.....	1.....	_____
Blanket.....		1.....	_____
*Stretcher, Pole Unit II.....	Aux RAD 83' W. Stairs.....	1.....	_____
Blanket.....		1.....	_____

*Items to be place by Unit 2 fuel loading.

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location: Control Room, Switchhouse, Emergency Operations Facility

Description: Each location should contain the following listed drawings:

Unit 1: pp. 2 - 6

Unit 2: pp. 7 - 10

PURPOSE OF INSPECTION

Monthly
Quarterly
Semi-Annual
Post-drill
Lock broken
Emergency use
Other _____

Checked By: _____

Title: _____

Date: _____

UNIT 1 EMERGENCY PLAN DRAWINGS

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
I-170064	_____	_____	_____
D-170066	_____	_____	_____
D-170067	_____	_____	_____
D-170069	_____	_____	_____
D-170070 Sh. 1, 2, 3	_____	_____	_____
D-170071	_____	_____	_____
D-170077	_____	_____	_____
D-170079	_____	_____	_____
D-170080	_____	_____	_____
D-170084	_____	_____	_____
D-170085	_____	_____	_____
D-170087	_____	_____	_____
D-170089	_____	_____	_____
D-170110	_____	_____	_____
D-170111	_____	_____	_____
D-170112	_____	_____	_____
D-170113	_____	_____	_____
D-170114 Sh. 1, 2	_____	_____	_____
D-170117 Sh. 1 through 4	_____	_____	_____
D-170118	_____	_____	_____
D-170119 Sh. 1 through 11	_____	_____	_____
D-170120	_____	_____	_____
D-170121	_____	_____	_____
D-170124 Sh. 1, 2, 3, 4, 5, 6	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-170125	_____	_____	_____
D-170127	_____	_____	_____
D-175029 Sh. 1, 2	_____	_____	_____
D-170130 Sh. 1, 2, 3, 4, 5	_____	_____	_____
D-170131 Sh. 1, 2, 3	_____	_____	_____
D-170132 Sh. 1, 2	_____	_____	_____
D-170133	_____	_____	_____
D-170177	_____	_____	_____
D-170208	_____	_____	_____
D-170295	_____	_____	_____
D-170296	_____	_____	_____
D-170381 Sh. 1, 2, 3, 4, 5, 6	_____	_____	_____
D-170382 Sh. 1, 2	_____	_____	_____
D-170384 Sh. 1, 2, 3, 4, 5	_____	_____	_____
D-170385 Sh. 1, 2	_____	_____	_____
D-170386	_____	_____	_____
D-170473 Sh. 1, 2, 3, 4, 5	_____	_____	_____
D-170475	_____	_____	_____
D-170476	_____	_____	_____
D-170481	_____	_____	_____
D-170480 Sh. 1, 2	_____	_____	_____
D-170481 Sh. 1, 2	_____	_____	_____
D-170802 Sh. 1, 2	_____	_____	_____
D-170803 Sh. 1, 2	_____	_____	_____
D-170804 Sh. 1, 2	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-170805 Sh. 1, 2	_____	_____	_____
D-170806 Sh. 1, 2	_____	_____	_____
D-170807 Sh. 1, 2	_____	_____	_____
D-170808 Sh. 1, 2	_____	_____	_____
D-170809 Sh. 1, 2	_____	_____	_____
D-170810	_____	_____	_____
D-170811	_____	_____	_____
D-170812 Sh. 1, 2	_____	_____	_____
D-170813	_____	_____	_____
D-170814	_____	_____	_____
D-171276	_____	_____	_____
D-171331	_____	_____	_____
D-171815	_____	_____	_____
D-171827	_____	_____	_____
D-171829	_____	_____	_____
D-174001	_____	_____	_____
D-174002	_____	_____	_____
D-175000 Sh. 1, 2	_____	_____	_____
D-175001	_____	_____	_____
D-175002 Sh. 1, 2, 3	_____	_____	_____
D-175003 Sh. 1, 2, 3	_____	_____	_____
D-175004 Sh. 1, 2	_____	_____	_____
D-175005	_____	_____	_____
D-175006	_____	_____	_____
D-175007	_____	_____	_____
D-175008	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-175009 Sh. 1, 2	_____	_____	_____
D-175010 Sh. 1, 2	_____	_____	_____
D-175011 Sh. 1, 2, 3	_____	_____	_____
D-175012	_____	_____	_____
D-175014 Sh. 1, 2	_____	_____	_____
D-175016 Sh. 2	_____	_____	_____
D-175017	_____	_____	_____
D-175022	_____	_____	_____
D-175027 Sh. 1, 2	_____	_____	_____
D-175031 Sh. 1, 2	_____	_____	_____
D-175033 Sh. 1, 2	_____	_____	_____
D-175034 Sh. 1, 2, 3	_____	_____	_____
D-175035 Sh. 1, 2	_____	_____	_____
D-175036	_____	_____	_____
D-175037 Sh. 1, 2, 3	_____	_____	_____
D-175038 Sh. 1, 2, 3	_____	_____	_____
D-175039 Sh. 1, 3, 4	_____	_____	_____
D-175040	_____	_____	_____
D-175041	_____	_____	_____
D-175042 Sh. 1, 2, 3, 4, 5, 6, 7	_____	_____	_____
D-175043	_____	_____	_____
D-175044	_____	_____	_____
D-175045	_____	_____	_____
D-175047	_____	_____	_____
D-175050	_____	_____	_____
D-175055	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-175056	_____	_____	_____
D-175057	_____	_____	_____
D-175058	_____	_____	_____
D-175059	_____	_____	_____
D-175060	_____	_____	_____
D-175063	_____	_____	_____
D-175071 Sh. 1, 2	_____	_____	_____
D-175073	_____	_____	_____
D-175074	_____	_____	_____
F-314236	_____	_____	_____

UNIT 2 EMERGENCY PLAN DRAWINGS

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-200002 Sh. 1, 2, 3	_____	_____	_____
D-200003	_____	_____	_____
D-200004	_____	_____	_____
D-200005	_____	_____	_____
D-200007	_____	_____	_____
D-200008 Sh. 1, 2, 3, 4, 5, 6	_____	_____	_____
D-200011 Sh. 1, 2	_____	_____	_____
D-200013 Sh. 1, 2, 3, 4, 5, 6, 7, 8, 9	_____	_____	_____
D-200014	_____	_____	_____
D-200016	_____	_____	_____
D-200017	_____	_____	_____
D-200018	_____	_____	_____
D-200019 Sh. 1, 2	_____	_____	_____
D-200022	_____	_____	_____
D-200023	_____	_____	_____
D-200024	_____	_____	_____
D-200025	_____	_____	_____
D-200027	_____	_____	_____
D-200028	_____	_____	_____
D-200042 Sh. 1, 2, 3	_____	_____	_____
D-200049	_____	_____	_____
D-200067 Sh. 1, 2	_____	_____	_____
D-200118	_____	_____	_____
D-200132	_____	_____	_____
D-200149	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-200150	_____	_____	_____
D-200151	_____	_____	_____
D-200152	_____	_____	_____
D-200153	_____	_____	_____
D-200175	_____	_____	_____
D-200176	_____	_____	_____
D-200177	_____	_____	_____
D-200180	_____	_____	_____
D-200183	_____	_____	_____
D-200195 Sh. 1, 2, 3, 4, 5, 6	_____	_____	_____
D-200196	_____	_____	_____
D-200197 Sh. 1, 2	_____	_____	_____
D-200198	_____	_____	_____
D-200209	_____	_____	_____
D-200210	_____	_____	_____
D-200211	_____	_____	_____
D-200212	_____	_____	_____
D-200213	_____	_____	_____
D-200215	_____	_____	_____
D-200216	_____	_____	_____
D-200217 Sh. 1, 2	_____	_____	_____
D-200218	_____	_____	_____
D-200222	_____	_____	_____
D-201250	_____	_____	_____
D-201829	_____	_____	_____
D-201857	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-205000 Sh. 1, 2	_____	_____	_____
D-205002 Sh. 1, 2, 3	_____	_____	_____
D-205003 Sh. 1, 2, 3	_____	_____	_____
D-205004 Sh. 1, 2	_____	_____	_____
D-205005	_____	_____	_____
D-205006	_____	_____	_____
D-205007	_____	_____	_____
D-205008	_____	_____	_____
D-205009 Sh. 1, 2	_____	_____	_____
D-205010 Sh. 1, 2	_____	_____	_____
D-205011 Sh. 1, 2, 3	_____	_____	_____
D-205012	_____	_____	_____
D-205014 Sh. 1, 2	_____	_____	_____
D-205016	_____	_____	_____
D-205017	_____	_____	_____
D-205021	_____	_____	_____
D-205022	_____	_____	_____
D-205027	_____	_____	_____
D-205031 Sh. 1, 2	_____	_____	_____
D-205033 Sh. 1, 2	_____	_____	_____
D-205034 Sh. 1, 2, 3, 4	_____	_____	_____
D-205035 Sh. 1, 2	_____	_____	_____
D-205036	_____	_____	_____
D-205037 Sh. 1, 2, 3	_____	_____	_____
D-205038 Sh. 1, 2, 3	_____	_____	_____
D-205039 Sh. 1, 3, 4	_____	_____	_____

	<u>Control Room</u>	<u>EOF</u>	<u>Switch Yard</u>
D-205040	_____	_____	_____
D-205041	_____	_____	_____
D-205042 Sh. 1, 2, 3, 4, 5, 6	_____	_____	_____
D-205043	_____	_____	_____
D-205044	_____	_____	_____
D-205045	_____	_____	_____
D-205047	_____	_____	_____
D-205050	_____	_____	_____
D-205055	_____	_____	_____
D-205056	_____	_____	_____
D-205057	_____	_____	_____
D-205058	_____	_____	_____
D-205059	_____	_____	_____
D-205060	_____	_____	_____
D-205063	_____	_____	_____
D-205071 Sh. 1, 2, 3	_____	_____	_____
D-205073	_____	_____	_____
D-205074	_____	_____	_____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Plant Emergency Vehicle and Environmental Vehicle

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Plant Emergency Vehicle		
Two-Way Radio.....	1.....	_____
Operational.....		_____
Environmental Vehicle		
Two-Way Radio.....	1.....	_____
Operational.....		_____

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Aux. Bldg. Entrance West Non-Rad Hallway - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Self Contained Breathing Apparatus (upper rack)		
Air Bottles.....	48.....	_____
Full Tank.....		_____
*Self Contained Breathing Apparatus (lower rack)		
Air Bottles.....	48.....	_____
Full Tank.....		_____

*To be implemented commencing with Unit 2 fuel loading.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Service Bldg. Maintenance Shop

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Protective Clothing		
Coveralls (20).....		_____
Cloth Gloves, pr. (20).....		_____
Rubber Gloves, pr. (20).....		_____
Cloth Shoe Covers, pr. (20).....		_____
Rubber Shoe Covers, pr. (20).....		_____
Hood (20).....		_____
Surgeons Cap (20).....		_____
 *Chlorine Institute Emergency Kit "A"		
Hood (#1A).....	1	_____
Gasket, Flat, Neoprene, 4 ID x 6½ OD x ¼ (#1B)....	3	_____
Yoke (#1C).....	1	_____
Cap Screw (#1D).....	1	_____
Base Assembly with Chains (#1EH).....	1	_____
Spacer Plat (#1P).....	1	_____
Ramp (#1R).....	1	_____
Vent Valve (part of 1A) (#1V).....	1	_____
Block (#2A).....	1	_____
Gasket, Garlock 951, 15/16 dia. x 1/16 (#2P)....	10	_____
Clamp (#2C).....	1	_____
Set Screw (#2D).....	1	_____
Chain (#8A).....	1	_____
Yoke (#8B).....	1	_____
Cap Screw (#8C).....	1	_____
Steel Patch (#8D).....	1	_____
Gasket, Neoprene, 2-1/2 sq. x 1/8 (#8E).....	3	_____
Wrench, 3/8 sq. box, 1-½ open end x 5-1/8(#200)...	1	_____
Wrench, straight open end, 1-½x1-1/8x12-3/8(#201)...	1	_____
Wrench, double box 7/16 x 9/16 x 8-3/8 (#203)....	1	_____
Hammer, Machinist 3 lb (#A-1).....	1	_____
Hacksaw, 10" and 3 blades (#A-2).....	1	_____
Drift Pin, 9/32 x 1/2 x 6 (#A-3).....	2	_____
Drift Pin, 7/8 x 1-1/4 x 8(A-4).....	2	_____
Ring, vent valve packing, set of 5, 7/8 OD x 15/32 ID x 1/4 sq. (#A-5).....	5	_____
Metal Railroad Car Seal (#A-6).....	15	_____
Gasket Sack (#A-7).....	1	_____
Paint Scraper, 1-1/4 blade (#A-8).....	1	_____
Valve Yoke (#A-9).....	1	_____
Valve Adapter (823 - Hose) (#A-10).....	1	_____
Packing Pick #8 (#A-11).....	1	_____
Washer, valve outlet 35/64 ID x 15/16 OD x 1/16 (#A-12).....	5	_____
Plastic Box (#A-13).....	1	_____
File, 8" (#A-14).....	1	_____

Description

Quantity

Initials

*Chlorine Institute Emergency Kit "A" (con't)

Tool Room (#144).....1.....
 Steel Box (#152A).....1.....

*Chlorine Institute Emergency Kit "B"

Hood (#4A).....1.....
 Gasket, Neoprene, 4OD x 2-3/8 ID x 1/4 (#4B).....3.....
 Yoke (#4C).....1.....
 Gasket, Garlock, 1-1/2 OD x 11/16 ID x 1/16 (#4D).....3.....
 Stud (#4E).....1.....
 Cap Nut (#4F).....1.....
 Gasket, Garlock, 15/16 dia. x 1/16 (#4G).....5.....
 Chain (#9A).....1.....
 Yoke (#9B).....1.....
 Cap Screw (#9C).....1.....
 Steel Patch (#9D).....1.....
 Gasket, Neoprene, 3" sq. x 1/8 (#9E).....3.....
 Hood Assembly (#12A).....1.....
 Gasket, Neoprene, 5 OD x 2 ID x 1/4 (#12B).....3.....
 Gasket, Neoprene, 5 OD x 2 ID x 1/2 (#12BB).....1.....
 Bar Assembly (#12C).....1.....
 Gasket, Neoprene, Molded 5-1/5 OD x 2-1/4 ID x
 3/4 (#12M).....1.....
 Vent Valve (Part of 12A) (#12V).....1.....
 Wrench, straight open end, 1-14 x 12 (#101).....1.....
 Wrench, socket, 1-1/4 hex (#104).....1.....
 Wrench extension, 1" sq. drive x 9 (#104A).....1.....
 Wrench bar, 1" dia. x 20 (#104B).....1.....
 Wrench, crowfoot special, 1-5/32 x 11 (#106).....1.....
 Wrench, 3/8 sq. box & 1-1/2 open end x 7-1/2 (#200).....1.....
 Drift Pin, 9/32 x 1/2 x 6 (#B-1).....2.....
 Drift Pin, 7/8 x 1-1/4 x 8 (#B-2).....2.....
 Drift Pin, 1-1/6 x 1-7/16 x 8 (#B-3).....2.....
 Plug, vent valve packing (#B-4).....5.....
 Paint Scraper, 1-1/4 blade (#B-5).....1.....
 Hammer, Machinist, 3# (#B-6).....1.....
 Metal Railroad Car Seal (#B-7).....15.....
 Gasket Sack (#B-8).....1.....
 Valve Yoke (#B-9).....1.....
 Valve Adapter (#B-10).....1.....
 Gasket, Garlock 15/16 OD x 9/16 ID x 1/16 (#B-11).....5.....
 Plastic Box (#B-12).....1.....
 Steel Box (#151B).....1.....
 Tool Roll (#153).....1.....

*Chlorine Emergency Repair Kits (A and B) - Inventory all items separately only if seal is broken on outside of kit.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
FOOD SUPPLY
CHECKLIST

Location - Control Room Kitchen

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Emergency Food Supply		
Apple Nuggets (#10 can).....	1.....	_____
Apple Pieces (#10 can).....	1.....	_____
Meat Flavor Textured Vegetable Protein (#10 can).....	5.....	_____
Bacon Flavor Bits (#10 can).....	1.....	_____
Whole Wheat Flour (#10 can).....	18.....	_____
Powdered Butter (#10 can).....	6.....	_____
Culinary Capers Cookbook.....	1.....	_____
Plastic Lids (#10 can).....	38.....	_____
Plastic Lids (#3 can).....	5.....	_____
Allocation Sheet.....	1.....	_____
Cheddar Cheese Mix (#10 can).....	1.....	_____
Egg Mix (#10 can).....	6.....	_____
Gelatin Dessert (#10 can).....	2.....	_____
Cornstarch (#10 can).....	1.....	_____
Beef Gravy (#10 can).....	1.....	_____
Salt (#10 can).....	1.....	_____
Beef Bouillon (#10 can).....	1.....	_____
Chicken Gravy (#10 can).....	1.....	_____
Elbow Spagetti (#10 can).....	2.....	_____
Yellow Cornmeal (#10 can).....	1.....	_____
White Rice (#10 can).....	3.....	_____
White Flour (#10 can).....	7.....	_____
Whole Wheat Flour (#10 can).....	35.....	_____
Tomato Crystals (#10 can).....	1.....	_____
Peas (#10 can).....	1.....	_____
Gran. Potatoes w/milk (#10 can).....	2.....	_____
Diced Potatoes (#10 can).....	1.....	_____
Carrots (#10 can).....	2.....	_____
Powdered Shortening (#10 can).....	6.....	_____
Regular Non-Fat Milk (#10 can).....	12.....	_____
Yam Flakes (#10 can).....	1.....	_____
Vegetable Soup Blend (#10 can).....	1.....	_____
Minced Onions (#10 can).....	1.....	_____
Green Beans (#10 can).....	2.....	_____
Sweet Corn (#10 can).....	1.....	_____
Dry Beans (#10 can).....	3.....	_____
Quick Cooking Oatmeal (#10 can).....	2.....	_____
Pear Barley (#10 can).....	1.....	_____
Granulated Sugar (#10 can).....	6.....	_____
Apple Flavored Nuggets (#10 can).....	2.....	_____
Fruit Galaxy (#10 can).....	2.....	_____
Peach Slices (#10 can).....	1.....	_____
Breakfast Drink (#10 can).....	2.....	_____
Syrup Mix (#10 can).....	2.....	_____
Non-Dairy Creamer (#10 can).....	2.....	_____

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Powdered Shortening (#10 can).....	6.....	_____
Multi-Purpose Food (#10 can).....	1.....	_____
Pinto Beans (#10 can).....	1.....	_____
Banana Chips (#10 can).....	1.....	_____
Chicken Flavored Granules (#10 can).....	1.....	_____
Yam Flakes (#10 can).....	1.....	_____
Crispy Chips (#10 can).....	1.....	_____
Ham Flavored Granules (#10 can).....	1.....	_____
Ghili Beans (#10 can).....	1.....	_____
Cracken Wheat Cereal (#10 can).....	1.....	_____
Chicken Flavored Gravy Mix (#3 can).....	1.....	_____
Orange Drink (#3 can).....	1.....	_____
Baking Powder (#3 can).....	1.....	_____
Yeast (#3 can).....	1.....	_____
Yukon Biscuits (#10 can).....	3.....	_____
Dry Milk (#10 can).....	1.....	_____
Cracked Wheat Cereal (#10 can).....	6.....	_____
Dry Milk (#10 can).....	3.....	_____
Mashed Potatoes (#10 can).....	1.....	_____

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Hot Shutdown Panel - Corridor - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
EIP Procedures - EIP 8.....	1.....	_____
EIP-18.....	1.....	_____
Operating Procedures FNP-1-UOP-2.1.....	1.....	_____
FNP-1-SOP-2.3.....	1.....	_____
FNP-1-EOP-8.0.....	1.....	_____
FNP-1-STP-29.1.....	1.....	_____
FNP-1-STP-29.2.....	1.....	_____
Headset, sound-powered.....	1.....	_____
Operational.....		_____
Extension cord, headset.....	1.....	_____

Purpose of Inspection
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

Checked By: _____

Title: _____

Date: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 139 - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Blanket.....	2.....	_____
Bucket.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	1.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (3).....		_____
Cloth Gloves, pr (3).....		_____
Rubber Gloves, pr (3).....		_____
Cloth Shoe Covers, pr (3).....		_____
Rubber Shoe Covers, pr (3).....		_____
Hood (3).....		_____
Surgeons Cap (3).....		_____
Respirator, Full-Face and Cannister.....	2.....	_____
Next check date prior to filter expiration date.....		_____
Rope, Radiation 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____

*To be placed by fuel loading of Unit 2.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 100 - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Blanket.....	2.....	_____
Bucket.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	1.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (3).....		_____
Cloth Gloves, pr (3).....		_____
Rubber Gloves, pr (3).....		_____
Cloth Shoe Covers, pr (3).....		_____
Rubber Shoe Covers, pr (3).....		_____
Hood (3).....		_____
Surgeons Cap (3).....		_____
Respirator, Full-Face and Cannister.....	2.....	_____
Next check date prior to filter expiration date.....		_____
Rope, Radiation 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____

*To be placed by fuel loading of Unit 2.

PURPOSE OF INSPECTION

Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____

TITLE: _____

DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 83' - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Blanket.....	2.....	_____
Bucket.....	1.....	_____
Decon. Solution, btl.....	1.....	_____
First Aid Kit, 16 Unit.....	1.....	_____
Gloves, Disposable, box.....	1.....	_____
Kimwipes, box.....	1.....	_____
Mop.....	1.....	_____
Paper, Absorbent, roll.....	1.....	_____
Polysheets, roll.....	1.....	_____
Protective Clothing		
Coveralls (3).....		_____
Cloth Gloves, pr (3).....		_____
Rubber Gloves, pr (3).....		_____
Cloth Shoe Covers, pr (3).....		_____
Rubber Shoe Covers, pr (3).....		_____
Hood (3).....		_____
Surgeons Cap (3).....		_____
Respirator, Full-Face and Cannister.....	2.....	_____
Next check date prior to filter expiration date.....		_____
Rope, Radiation 100'.....	1.....	_____
Scissors, pr.....	1.....	_____
Signs		
Airborne Radioactivity Area (3).....		_____
Contaminated Area (3).....		_____
High Radiation Area (3).....		_____
Radiation Area (3).....		_____
Tape, Masking, roll.....	2.....	_____

*To be placed by fuel loading of Unit 2.

PURPOSE OF INSPECTION
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

CHECKED BY: _____
 TITLE: _____
 DATE: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

Location - Hot Shutdown Panel - Communications Room - Unit 1

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
EIP Procedures - EIP 8.....	1.....	_____
EIP-18.....	1.....	_____
Operating Procedures FNP-1-UOP-2.1.....	1.....	_____
FNP-1-SOP-2.3.....	1.....	_____
FNP-1-EOP-8.0.....	1.....	_____
FNP-1-STP-29.1.....	1.....	_____
FNP-1-STP-29.2.....	1.....	_____
Headset, sound-powered.....	1.....	_____
Operational.....		_____
Extension cord, headset.....	1.....	_____

Purpose of Inspection
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

Checked By: _____

Title: _____

Date: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Hot Shutdown Panel - Corridor - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
EIP Procedures - EIP 8.....	1.....	_____
EIP-18.....	1.....	_____
Operating Procedures FNP-2-UOP-2.1.....	1.....	_____
FNP-2-SOP-2.3.....	1.....	_____
FNP-2-EOP-8.0.....	1.....	_____
FNP-2-STP-29.1.....	1.....	_____
FNP-2-STP-29.2.....	1.....	_____
Headset, sound-powered.....	1.....	_____
Operational.....		_____
Extension cord, headset.....	1.....	_____

*To be placed by Unit 2 fuel loading.

Purpose of Inspection
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

Checked By: _____

Title: _____

Date: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Hot Shutdown Panel - Communications Room - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
EIP Procedures - EIP 8.....	1.....	_____
EIP-18.....	1.....	_____
Operating Procedures FNP-2-UOP-2.1.....	1.....	_____
FNP-2-SOP-2.3.....	1.....	_____
FNP-2-EOP-8.0.....	1.....	_____
FNP-2-STP-29.1.....	1.....	_____
FNP-2-STP-29.2.....	1.....	_____
Headset, sound-powered.....	1.....	_____
Operational.....		_____
Extension cord, headset.....	1.....	_____

*To be placed by Unit 2 fuel loading.

Purpose of Inspection
 Monthly Semi-Annual Lock Broken
 Quarterly Post-Drill Emergency Use
 Other _____

Checked By: _____

Title: _____

Date: _____

EMERGENCY PLAN
EQUIPMENT AND SUPPLIES
CHECKLIST

*Location - Auxiliary Building, El. 83 - Unit 2

<u>Description</u>	<u>Quantity</u>	<u>Initials</u>
Respirator		
Self-Contained Breathing Apparatus (1).....		_____
Full Tank.....		_____
Regulator and warning device operational.....		_____

*To be placed by Unit 2 fuel loading.

PURPOSE OF INSPECTION

Monthly	Semi-Annual	Lock Broken
Quarterly	Post-Drill	Emergency Use
Other _____		

CHECKED BY: _____
 TITLE: _____
 DATE: _____