



# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: TRANSMITTAL

FORM NO. 1013.02H

REV. # 12 PC #

Arkansas Nuclear One  
Russellville, Arkansas  
Date May 5, 1983

50-313

MEMORANDUM

TO: 108-NRC

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1903.60 REV. # 5 PC # \_\_\_\_\_ TC # \_\_\_\_\_

PROCEDURE TITLE EMERGENCY SUPPLIES & EQUIPMENT

PROCEDURE NUMBER \_\_\_\_\_ REV. # \_\_\_\_\_ PC # \_\_\_\_\_ TC # \_\_\_\_\_

PROCEDURE TITLE \_\_\_\_\_

PROCEDURE NUMBER \_\_\_\_\_ REV. # \_\_\_\_\_ PC # \_\_\_\_\_ TC # \_\_\_\_\_

PROCEDURE TITLE \_\_\_\_\_

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# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: TRANSMITTAL

FORM NO. 1013.02H

REV. # 12 PC #

Arkansas Nuclear One  
Russellville, Arkansas  
Date May 5, 1983

MEMORANDUM

TO: 111-NRC

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1903.60 REV. # 5 PC # \_\_\_\_\_ TC # \_\_\_\_\_

PROCEDURE TITLE EMERGENCY SUPPLIES & EQUIPMENT

PROCEDURE NUMBER \_\_\_\_\_ REV. # \_\_\_\_\_ PC # \_\_\_\_\_ TC # \_\_\_\_\_

PROCEDURE TITLE \_\_\_\_\_

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PROCEDURE TITLE \_\_\_\_\_

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# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. #12 PC #

Safety Related YES  NO

EMERGENCY SUPPLIES & EQUIPMENT

1903.60 REV. 5

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APPROVED BY:

*James M. Levine*  
 \_\_\_\_\_  
 (General Manager)

APPROVAL DATE

5/5/53

REQUIRED EFFECTIVE DATE:



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### 1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits and the periodic inventory requirements for the indicated emergency supplies and equipment.

### 2.0 SCOPE

This procedure applies to the emergency supplies and equipment contained in a designated emergency kit or room unless otherwise indicated.

### 3.0 REFERENCES

#### 3.1 References Used in Procedure Preparation:

3.1.1 Arkansas Nuclear One Emergency Plan

#### 3.2 References Used in Conjunction with this Procedure:

3.2.1 1000.09, "Surveillance Test Program Control".

3.2.2 1609.009, "Inspection, Testing and Maintenance of Respiratory Equipment".

3.2.3 1632.001, "Portable Survey and Monitoring Instruments".

3.2.4 1904.02, "Offsite Dose Projections - Pocket Computer Method"

#### 3.3 Related ANO Procedures:

3.3.1 1622.023, "Calibration of HP Instruments".

### 4.0 DEFINITIONS

None

### 5.0 RESPONSIBILITIES

#### 5.1 Emergency Planning Coordinator

The Emergency Planning Coordinator is responsible for ensuring the periodic inventory of emergency kits described in this procedure and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.



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### 5.2 Health Physics Superintendent

The Health Physics Superintendent is responsible for the periodic inventory of the emergency kits described in this procedure.

### 5.3 Surveillance Test Coordinator

The Surveillance Test Coordinator is responsible for scheduling the periodic inventory of the emergency kits described in this procedure.

## 6.0 DESCRIPTION

6.1 The following emergency kits are maintained by Arkansas Nuclear One for use in the event of an emergency:

- 6.1.1 Control Room Kit (Control Room Area; for shared use by both units)
- 6.1.2 Onsite Radiological Monitoring Kit (Operational Support Center)
- 6.1.3 Technical Support Center Kit (Technical Support Center)
- 6.1.4 Main Guard House Kit
- 6.1.5 Emergency Control Center Kit
- 6.1.6 Field Monitoring Kits A, B, C and D (Emergency Control Center)
- 6.1.7 Hospital Kit
- 6.1.8 Fire Lockers (Unit 1 Turbine Building El. 354, El. 386; Unit 2 Turbine Building El. 354)
- 6.1.9 First Aid Kits (Fire Lockers and First Aid Room)

6.2 A first aid room is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.

6.3 Contents of the emergency kits and the first aid room are listed on the forms attached to this procedure.

## 7.0 NOTES

NOTE: If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.09. "Surveillance Test Program Control" for instructions.



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- 7.1 Emergency kits should be checked at the intervals specified by the Surveillance Test Schedule. If found unlocked or unsealed, the contents of the kits shall be inventoried; otherwise, an inventory is not required (except as specified below).
- 7.2 Emergency kits shall be inventoried quarterly and after each use.
- 7.3 When performing an inventory, the applicable forms should be completed to document the inventory. Discrepancies should be noted.
- 7.4 Discrepancies should be resolved or corrective actions should be initiated. This should be indicated on the inventory form.
- 7.5 The inventory form should be forwarded to Records upon review.

### 8.0 INSTRUCTIONS

#### 8.1 Inventory

8.1.1 Perform a complete inventory of a kit using the appropriate inventory form if:

- A. The kit has been used.
- B. The kit is found unlocked/unsealed.
- C. The kit is due for its scheduled quarterly inventory.

NOTE: Batteries (not contained in the instruments) should be replaced annually.

8.1.2 If the seal is intact/kit locked and the kit is not due for quarterly inventory, perform only the required checks.

#### 8.2 Checks

8.2.1 Inspect the respirators per 1609.009, "Inspection, Testing, and Maintenance of Respiratory Equipment".

8.2.2 Check and record on the appropriate form the calibration due dates for the instruments in the kit. Replace or recalibrate any instrument whose due date is prior to the next scheduled inspection.

8.2.3 Perform a battery check and check the response of the instruments listed in 1632.001, "Portable Survey and Monitoring Instruments". Indicate the results of these checks on the appropriate form. Replace instruments as necessary.



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8.2.4 Plug in and allow to charge for approximately two hours the following items (unless they are continuously plugged in):

- A. Frisker
- B. Self Contained Air Sampler

Note on the appropriate form whether each item was "charged" or "plugged in".

8.2.5 Perform a battery check and run one test case as described in 1904.02, "Offsite Dose Projections-Pocket Computer Method", for each pocket computer.

8.2.6 Verify the operability of the remaining items indicated.

### 9.0 ACCEPTANCE CRITERIA

- 9.1 Emergency kit is re-sealed/re-locked after opening.
- 9.2 Inventory checklist is complete.
- 9.3 Discrepancies have been resolved.
- 9.4 Inventory checklist has been reviewed and approved.

### 10.0 ATTACHMENTS AND FORMS

- 10.1 Form 1903.60A, "Control Room Kit"
- 10.2 Form 1903.60B, "Onsite Radiological Monitoring Kit"
- 10.3 Form 1903.60C, "Technical Support Center Kit"
- 10.4 Form 1903.60D, "Main Guard House Kit"
- 10.5 Form 1903.60E, "Emergency Control Center Kit"
- 10.6 Form 1903.60F, "Field Monitoring Kit A"
- 10.7 Form 1903.60G, "Field Monitoring Kit B"
- 10.8 Form 1903.60H, "Field Monitoring Kit C"



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- 10.9 Form 1903.60I, "Field Monitoring Kit D"
- 10.10 Form 1903.60J, "Hospital Kit"
- 10.11 Form 1903.60K, "First Aid Room"
- 10.12 Form 1903.60L, "Fire Locker A"
- 10.13 Form 1903.60M, "Fire Locker B"
- 10.14 Form 1903.60N, "Fire Locker C"
- 10.15 Form 1903.60O, "Miscellaneous Equipment"





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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.603

REV. #5 PC #

LOCATION: Unit 1 Control Room

INSTRUCTIONS:

Page 1 of 9

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batterie. in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:      ( ) is due for quarterly inventory  
                   ( ) is not due for quarterly inventory  
                   ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                   ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:      (x) Cover Sheet  
                                       ( ) Checklist ( \_\_\_ pages)  
                                       ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward to: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A  
REV. # PC #

CHECKLIST

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Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Ion Chamber					(2)		
Frisker Detection Chamber	RM-14 HP-210				(2)	(5,6)	
Air Sampler	110V				(1)		
Air Sampler	Batt				(1)	(5,6)	
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. 2 PC #

CHECKLIST

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Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter							
Charger					(1)	(4)	
Dosimeter	0-200R						
	0-5R or						
Dosimeter	0-1GR						
	0-200mR						
	or						
Dosimeter	0-500mR						

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. #2 PC #

CHECKLIST

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Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Calculator					(1)		
Pocket Computer	TRS-80				(1)		
Cassette Recorder					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
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PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT FORM NO. 1903.60A  
REV. # 2 PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
SURVEY INSTRUMENTS					
High Range Ion Chamber	2				
Frisker w/Probe	1 ea.				
Air Sampler (110 VAC)	1				
Air Sampler (Batt)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES					
Watch	2				
Cloth Smear	10				
Paper Smear	50				
Particulate Filter	20				
Glassine Envelope	20				
Silver Zeolite Cartridge	20				
Air Sample Form	20				
PERSONNEL MONITORING EQUIPMENT					
Dosimeter (0-200R)	3				
Dosimeter (0-5R or 0-10R)	3				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT FORM NO. 1903.60A  
REV. # 1 PC # 2

INVENTORY LIST Page 6 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
(0-200mR or Dosimeter 0-500mR)	20				
Charger	1				
TLD Badge (incl. 1 as BKG)	6				
RESPIRATORY PROTECTION EQUIPMENT					
SCBA <sup>+</sup>	12				
Spare Bottle <sup>+</sup>	12				
Cannister Mask w/Iodine Cannister	12				
Iodine Cannister(Spare)	12				
PROTECTIVE CLOTHING					
Anti-c Clothing	12 sets				
Plastic Suit	6 sets				
Masking Tape	2 rolls				
Duct Tape	2 rolls				
POSTING MATERIALS					
Four-Pocket Signs	6				
"Radiation Area" Insert	6				

\*Where applicable; + 6 - Unit 1 CR, 6 - Unit 2 CR;  
Inventory By \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewed By \_\_\_\_\_



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A  
REV. # 3 PC #

INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
"High Radiation Area" Insert	6				
"RWP Required for Entry" Insert	6				
"Highest mR/HR Accessible in this Area" Insert	6				
"Health Physics Escort Required" Insert	6				
"Airborne Radioactivity Area" Insert	6				
"Respiratory Protection Required" Insert	6				
"Notify Health Physics Before Entering" Insert	6				
"Contamination Area" Insert	6				
"Type A or B Clothing" Insert	6				
"Type B Clothing" Insert	6				
"Type C Clothing" Insert	6				
"Radioactive Material Area" Insert	6				
"No Access Area" Insert	6				
"Keep Out" Insert	6				
Blank Insert	6				
Radiation Warning Ribbon	2 rolls				
Radiation Warning Tape	2 rolls				
Contamination Warning Tape	2 rolls				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_







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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT FORM NO. 1903.60A

REV. #1 PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
Flashlight	4				
Bulbs (Spare)	4				
Map	2				
Overlays	2 sets				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Plastic Bag (lg.)	--				

\*Where applicable  
Inventory By \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed By \_\_\_\_\_ Date \_\_\_\_\_



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 5 PC #

LOCATION: First Floor Administration Building

INSTRUCTIONS:

Page 1 of 7

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:           ( ) is due for quarterly inventory  
                       ( ) is not due for quarterly inventory  
                       ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                       ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:   (x) Cover Sheet  
                                   ( ) Checklist ( \_\_\_ pages)  
                                   ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B  
REV. # 2 PC #

CHECKLIST

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Instrument	Type	S/N	Cal. Due Date	(1) Operation/ Batt. Check (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (5) Charged	Instr. Off
Ion Chamber				(2)		
Beta-Gamma Survey Meter				(2)		
Beta-Gamma Geiger Counter	E-530			(2)		
Detection Chamber	HP-270					
Frisker	RM-14			(2)	(5,6)	
Detection Chamber	HP-210					
Air Sampler	Batt			(1)	(5,6)	
Air Sampler	110V			(1)		
Respirator	SCBA			(3)		
Respirator	SCBA			(3)		
Respirator	SCBA			(3)		
Respirator	SCBA			(3)		
Respirator	Cann.			(3)		
Respirator	Cann.			(3)		
Respirator	Cann.			(3)		
Respirator	Cann.			(3)		
Check Source						
Watch				(1)		

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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CHANGE DATE



## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 2 PC #

CHECKLIST

Page 3 of 7

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Inst. Off
Watch					(1)		
Dosimeter Charger					(1)	(4)	
Dosimeter	0-200R						
Dosimeter	0-5R or 0-10R						
Dosimeter	0-500Rad						
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 2 PC #

### INVENTORY LIST

Page 4 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
SURVEY INSTRUMENTS					
High Range Ion Chamber	1				
Beta-Gamma Survey Meter	1 ea.				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1 ea.				
Air Sampler (110V)	1				
Air Sampler (Batt)	1				
Sample Head	4				
Check Source	1				
SAMPLING SUPPLIES					
Watch	2				
Cloth Smear	50				
Paper Smear	100				
Particulate Filter	50				
Glassine Envelope	50				
Silver Zeolite Cartridge	25				
Air Sample Form	50				
Survey Map	--				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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**ARKANSAS NUCLEAR ONE**

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**ARKANSAS POWER & LIGHT COMPANY  
Arkansas Nuclear One**

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # PC #

INVENTORY LIST

Page 5 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or Dosimeter 0-500 mR)	20				
Dosimeter (0-5R or 0-10R)	3				
Dosimeter (0-200R)	6				
Charger	1				
TLD Badge (incl. 1 as BKG)	10				
RESPIRATORY PROTECTION EQUIPMENT	XX				
SCBA	4				
Spare Bottle	4				
Cannister Mask w/Iodine Cannister	4				
Iodine Cannister (Spare)	4				
PROTECTIVE CLOTHING	XX				
Anti-c Clothing	50 sets				
Plastic Suit	6 sets				
Masking Tape	3 rolls				
Duct Tape	3 rolls				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B  
REV. # 3 PC #

### INVENTORY LIST

Page 6 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
POSTING MATERIALS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Four-Pocket Signs	5				
"Radiation Area" Insert	5				
"High Radiation Area" Insert	5				
"RWP Required for Entry" Insert	5				
"Highest mR/HR Accessible in this Area" Insert	5				
"Health Physics Escort Required" Insert	5				
"Airborne Radioactivity Area" Insert	5				
"Respiratory Protection Required" Insert	5				
"Notify Health Physics Before Entering" Insert	5				
"Contamination Area" Insert	5				
"Type A or B Clothing" Insert	5				
"Type B Clothing" Insert	5				
"Type C Clothing" Insert	5				
"Radioactive Material Area" Insert	5				
"No Access Area" Insert	5				
"Keep Out" Insert	5				
Blank Insert	5				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_







PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT

FORM NO. 1903.60C

REV. # 5 PC #

LOCATION: Technical Support Center (3rd Floor Administration Building)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:           ( ) is due for quarterly inventory  
                       ( ) is not due for quarterly inventory  
                       ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                       ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:   (x) Cover Sheet  
                                       ( ) Checklist ( \_\_\_ pages)  
                                       ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT

FORM NO. 1903.60C

REV. #5 PC #

### CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Check Source							
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Pocket Computer	TRS-80				(1)		
Cassette Recorder					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions\*

Init./Date\*

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER SUT

FORM NO. 1903.60C

REV. #5 PC #

### INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
<b>SURVEY INSTRUMENTS</b>					
Frisker w/Detection Chamber	1 ea.				
Check Source	1				
<b>PERSONNEL MONITORING EQUIPMENT</b>					
(0-200 mR or Dosimeter 0-500 mR)	20				
Charger	1				
<b>BATTERIES</b> (Batteries not contained within an instrument should be replaced during the first quarter inventory).					
"D" Cell	6				Initials/Date
"AA" Cell	12				
Type 675	4				
<b>MISCELLANEOUS</b>					
Pencil	12				
Note Pad	3				
Clipboard	2				
Overlays	1 set				
Pocket Computer	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT

FORM NO. 1903.60D

REV. #5 PC #

LOCATION: Main Guard House

INSTRUCTIONS:

Page 1 of 3

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:      ( ) is due for quarterly inventory  
                   ( ) is not due for quarterly inventory  
                   ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                   ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:      (x) Cover Sheet  
   ( ) Checklist ( \_\_\_ pages)  
   (\*) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT

FORM NO. 1903.60D

REV. 4 PC #

### CHECKLIST

Page 2 of 3

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Inst. Off
Bull Horn					(1)	(4)	
Bull Horn					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT

FORM NO. 1903.60D

REV. #2 PC #

### INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
EVACUATION EQUIPMENT					
Vests	12				
Bull Horn	2				
MISCELLANEOUS					
Flashlight	3				
Bulbs (Spare)	3				
(Batteries not contained within an instrument should be replaced during the first quarter inventory).					
Batteries ("D" Cell)	6				Initials/Date
Batteries ("AA" Cell)	20				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60F  
REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

Page 1 of 9

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:
 

- is due for quarterly inventory
- is not due for quarterly inventory
- was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
- was found unsealed/unlocked (perform a complete inventory)

This packet consists of:
 

- Cover Sheet
- Checklist (\_\_\_ pages)
- Inventory List (\_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO 1903.60E

REV. # PC #

### CHECKLIST

Page 2 of 9

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Beta-Gamma Survey Meter					(2)		
Ion Chamber					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	110V				(1)		
Air Sampler	12VDC				(1)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter	0-5R or 0-10R						
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E

REV. # 2 PC #

CHECKLIST

Page 3 of 9

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Calculator					(1)		
Pocket Computer	TRS-80				(1)		
Cassette Recorder					(1)	(6)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_







PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER

FORM NO. 1903.60E

REV. # 3 PC #

### INVENTORY LIST

Page 6 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
POSTING MATERIALS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Four-Pocket Signs	20				
"Radiation Area" Insert	20				
"High Radiation Area" Insert	20				
"RWP Required for Entry" Insert	20				
"Highest mR/HR Accessible in this Area" Insert	20				
"Health Physics Escort Required" Insert	20				
"Airborne Radioactivity Area" Insert	20				
"Respiratory Protection Required" Insert	20				
"Notify Health Physics Before Entering" Insert	20				
"Contamination Area" Insert	20				
"Type A or B Clothing" Insert	20				
"Type B Clothing" Insert	20				
"Type C Clothing" Insert	20				
"Radioactive Material Area" Insert	20				
"No Access Area" Insert	20				
"Keep Out" Insert	20				
Blank Insert	20				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_







PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E

REV. #1 PC #

### INVENTORY LIST

Page 9 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
"Lava" Soap	3				
"Rad-Con"	4 cans				
Shaving Cream	2 cans				
"Tide"	1 box				
Corn Meal	1 pkg.				
Chlorox	1 btl.				
Eyewash Solution w/Applicator	2				
Paper Clothing	30				
Bioassay Sample Containers	--				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F  
REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:         is due for quarterly inventory  
                    is not due for quarterly inventory  
                    was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                    was found unsealed/unlocked (perform a complete inventory)

This packet consists of:     Cover Sheet  
      Checklist (\_\_\_ pages)  
      Inventory List (\_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. # 3 PC #  
Page 2 of 4

CHECKLIST

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detector	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detector	HP-210						
Single Channel Analyzer					(2)	(4)	
Detector							
Air Sampler	12VDC				(1)		
Check Sources							
Watch					(1)		
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions\*

Init./Date\*

\*Where applicable

\*\* During the first quarter inventory or after extended use, recharge the battery pack for 15-18 hours. Contact the Emergency Planning Coordinators for the battery chargers.

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F  
REV. # 3 PC #

### INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
<b>SURVEY INSTRUMENTS</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Single Channel Analyzer w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Sources	2				
<b>SAMPLING SUPPLIES</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
<b>PERSONNEL MONITORING EQUIPMENT</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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CHANGE	DATE



## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:             is due for quarterly inventory  
                        is not due for quarterly inventory  
                        was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                        was found unsealed/unlocked (perform a complete inventory)

This packet consists of:     Cover Sheet  
                                        Checklist ( \_\_\_ pages)  
                                        Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60C

REV. # 5 PC #

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### CHECKLIST

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detector	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detector	HP-210						
Single Channel Analyzer					(2)	(4)	
Detector							
Air Sampler	12VDC				(1)		
Check Source							
Watch					(1)		
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions\*

Init./Date\*

\*Where applicable

\*\* During the first quarter inventory or after extended use, recharge the battery pack for 15-18 hours. Contact the Emergency Planning Coordinators for the battery chargers.

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.606  
REV. # 3 PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
<b>SURVEY INSTRUMENTS</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber	1				
Beta-Gamma					
Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Single Channel Analyzer w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Sources	2				
<b>SAMPLING SUPPLIES</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
<b>PERSONNEL MONITORING EQUIPMENT</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. #5 PC #

### INVENTORY LIST

Page 4 of 4

Equipment:	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
<b>PROTECTIVE CLOTHING</b>					
Masking Tape	1 roll				
Duct Tape	1 roll				
*Batteries not contained within an instrument should be replaced during the first quarter inventory.					
Initials/Date					
"D" Cell	3				
9-Volt	3				
<b>MISCELLANEOUS</b>					
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H  
REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:
 

- is due for quarterly inventory
- is not due for quarterly inventory
- was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
- was found unsealed/unlocked (perform a complete inventory)

This packet consists of:
 

- Cover Sheet
- Checklist (\_\_\_ pages)
- Inventory List (\_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 5 PC #

CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detector	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detector	HP-210						
Single Channel Analyzer					(2)	(4)	
Detector							
Air Sampler	12VDC				(1)		
Check Sources							
Watch					(1)		
Dosimeter	0-200mk or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions\*

Init./Date\*

\*Where applicable

\*\* During the first quarter inventory or after extended use, recharge the battery pack for 15-18 hours. Contact the Emergency Planning Coordinators for the battery chargers.

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H  
REV. # 3 PC #

### INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
<b>SURVEY INSTRUMENTS</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber Beta-Gamma	1				
Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Single Channel Analyzer w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Sources	2				
<b>SAMPLING SUPPLIES</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
<b>PERSONNEL MONITORING EQUIPMENT</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 5 PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
PROTECTIVE CLOTHING	XX				
Masking Tape	1 roll				
Duct Tape	1 roll				
BATTERIES	(Batteries not contained within an instrument should be replaced during the first quarter inventory.				Initials/Date
"D" Cell	8				
9-Volt	3				
MISCELLANEOUS	XX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.60

REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:
 

- ( ) is due for quarterly inventory
- ( ) is not due for quarterly inventory
- ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
- ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:
 

- (x) Cover Sheet
- ( ) Checklist ( \_\_\_ pages)
- ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY

### Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.601  
REV. # 5 PC #

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**CHECKLIST**

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detector	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detector	HP-210						
Single Channel Analyzer					(2)	(4)	
Detector							
Air Sample: Check Sources	12VDC				(1)		
Watch					(1)		
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable  
\*\* During the first quarter inventory or after extended use, recharge the battery pack for 15-18 hours. Contact the Emergency Planning Coordinators for the battery chargers.

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.601  
REV. # 3 PC #

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### INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
<b>SURVEY INSTRUMENTS</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
High Range Ion Chamber Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Single Channel Analyzer w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Sources	2				
<b>SAMPLING SUPPLIES</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
<b>PERSONNEL MONITORING EQUIPMENT</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_







PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.601

REV. #5 PC #

LOCATION: St. Mary's Hospital

INSTRUCTIONS:

Page 1 of 6

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:           ( ) is due for quarterly inventory  
                       ( ) is not due for quarterly inventory  
                       ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                       ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:   (x) Cover Sheet  
                                   ( ) Checklist ( \_\_\_ pages)  
                                   ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. # 2 PC #

Page 2 of 6

### CHECKLIST

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt.Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Beta Gamma Survey Meter					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	110V				(1)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter							
Dosimeter Charger					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. # PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
Beta-Gamma Survey Meter	1				
Frisker w/Probe	1				
Air Sampler (110V)	1				
Sample Head	1				
Check Source	1				
SAMPLING SUPPLIES	XX				
Watch	1				
Cloth Smear	100				
Paper Smear	100				
Particulate Filter	25				
Glassine Envelope	25				
Charcoal Cartridge	15				
Air Sample Form	25				
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or Dosimeter 0-500mR)	20				
Charger	1				
TLD Badge (incl. 1 as BKG)	15				

\*Where applicable

Inventory by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.603  
REV. # 3 PC #

### INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Cannister Mask w/Iodine Cannister	1				
Iodine Cannister (Spare)	1				
PROTECTIVE CLOTHING	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Anti-C's	2 sets				
POSTING MATERIALS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXX
Four-Pocket Signs	10				
"Radiation Area" Insert	10				
"High Radiation Area" Insert	10				
"RWP Required for Entry" Insert	10				
"Highest mR/HR Accessible in this Area" Insert	10				
"Health Physics Escort Required" Insert	10				
"Airborne Radioactivity Area" Insert	10				
"Respiratory Protection Required" Insert	10				
"Notify Health Physics Before Entering" Insert	10				
"Contamination Area" Insert	10				
"Type A or B Clothing" Insert	10				
"Type B Clothing" Insert	10				
"Type C Clothing" Insert	10				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

**ARKANSAS NUCLEAR ONE**

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CHANGE DATE



**ARKANSAS POWER & LIGHT COMPANY  
Arkansas Nuclear One**

TITLE: HOSPITAL KIT FORM NO. 1903.60J  
REV. #1 PC #

INVENTORY LIST

Page 6 of 6

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PERSONNEL DECONTAMINATION SUPPLIES	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
"Rad-Con"	4 cans				
"Tide"	1 box				
Corn Meal	1 pkg.				
Chlorox	1 btl.				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K  
REV. # 5 PC #

LOCATION: Administration Building Second Floor

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the First Aid Room if the:
  - A. First Aid Room is due for inventory.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:        ( ) is due for quarterly inventory  
                  ( ) is not due for quarterly inventory

This packet consists of:    (x) Cover Sheet  
                                  ( ) Checklist (\_\_\_ pages)  
                                  ( ) Inventory List (\_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. # 2 PC #

### INVENTORY LIST

Page 2 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
FURNISHINGS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Treatment Table	1				
Med Lite	1				
Dressing Can	1				
Orthopedic Stretcher	1				
MEDICAL SUPPLIES AND EQUIPMENT	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Blankets	4				
Stethoscope	1				
Sphygmometer	1				
Otoscope-Ophthalmoscope w/Batteries	1				
Laryngoscope w/Batteries	1				
Aspirator w/Suction Probe	1				
Resuscitation Bag	1				
Inflatable Splints	1 set				
Phisohex Dispenser Bottle	1				
Oral Thermometer	2				
Emesis Basin	2				
Tourniquet	3				
Sponge, Forcep (~6 inch, straight)	1				
Thumb Dressing					
Forceps (~4.5 inch)	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

**ARKANSAS NUCLEAR ONE**

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**ARKANSAS POWER & LIGHT COMPANY**  
**Arkansas Nuclear One**

TITLE: FIRST AID ROOM

FORM NO. 1903.60K  
REV. #5 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
Splinter Forceps	1				
Bandage Scissors (~4.5 in.)	1				
Bandage Scissors (~6 in.)	1				
Airways	Asst.				
Oral Screw *	1				
Endo Tracheal Tube	Asst.				
Guide for Insertion of Endo Tracheal Tube	1				
Syringe (Asepto, 50cc)	1				
Syringe w/Needle	Asst.				
Blood Chemistry Tube (Exp. Date )	6				
Suture Pack (Exp. Date )	2				
Abboath	1				
IV Tubing	8 ft.				
Suture Material	Asst.				
Bandage Material	Asst.				
Bandage (Stretch)	Asst.				
Surgical Tape	Asst.				
Exam Gloves	1 box				
Surgical Gloves	6 pr.				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. # 5 PC #

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### INVENTORY LIST

Equipment	Minimum Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
<b>DRUGS</b>					
Isuprel	(1 cc ea.)				
(Exp. Date )	2 amps				
Aqueous Ephinephrin 1:1000	(1cc ea.)				
(Exp. Date )	2 amps				
Aminophyllin (500 mg)	(500 mg ea)				
(Exp. Date )	2 amps				
Lasix (40 mc/amp)	(4 cc ea.)				
(Exp. Date )	2 amps				
Valium (10 mg/amp)	(2 cc ea.)				
(Exp. Date )	2 amps				
Morphine Sulfate (10 mg/cc)	(1 cc ea.)				
(Exp. Date )	2 amps				
Sodium Bicarbonate (44.6 meq)					
(Exp. Date )	2 amps				
Decadron (4 mg/cc)	(1 cc ea.)				
(Exp. Date )	4 amps				
Atropine (1 mg/cc)	(1 cc ea.)				
(Exp. Date )	2 amps				
Nubain (10 mg/cc)	(1 cc ea.)				
(Exp. Date )	2 amps				
IV Glucose (50% Dextrose)	(50 cc ea.)				
(Exp. Date )	2 amps				
Ringers Lactate Solution					
(Exp. Date )	2 liters				
Xylocaine (2%, Plain)					
(Exp. Date )	20 cc				
Xylocaine (2%, Cardiac)					
(Exp. Date )	2 amps				
Pontocaine Eye Drops	(5 cc)				
(Exp. Date )	1 btl.				
Betadine Skin Antiseptic	1 pt.				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER A

FORM NO. 1903.601

REV. # 5 PC #

LOCATION: Unit 1 Turbine Building, El. 354'

INSTRUCTIONS:

Page 1 of 3

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.
3. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:           ( ) is due for quarterly inventory  
                       ( ) is not due for quarterly inventory  
                       ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                       ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:   (x) Cover Sheet  
                                   ( ) Checklist ( \_\_\_ pages)  
                                   ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER A

FORM NO. 1903.601

REV. # 2 PC # 2

CHECKLIST

Page 2 of 3

NOTE: SEWELL SHOULD BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Smoke Ejector	XXX	XXX	XXX	XXX	(1) +	XXX	XX
Smoke Ejector	XXX	XXX	XXX	XXX	(1) +	XXX	XX
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	

Corrective Actions*	Init./Date*

\*Where applicable; + quarterly only

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER A

FORM NO. 1903.60I

REV. #5 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
PROTECTIVE CLOTHING					
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT					
SCBA	5				
FIRE FIGHTING EQUIPMENT					
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS					
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER B.

FORM NO. 1903.60M

REV. 5# PC #

LOCATION: Unit 2 Turbine Building, El. 354'

INSTRUCTIONS:

Page 1 of 3

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.
3. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:        ( ) is due for quarterly inventory  
                   ( ) is not due for quarterly inventory  
                   ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                   ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:    (x) Cover Sheet  
                                   ( ) Checklist ( \_\_\_ pages)  
                                   ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER B

FORM NO. 1903.60M  
REV. # 5 PC #

### CHECKLIST

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NOTE: SEWELL SHOULD BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	XXX	XX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	XXX	XX
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	

Corrective Actions*	Init./Date*

\*Where applicable; + quarterly only

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER B

FORM NO. 1903.60M  
REV. # 5 PC #

### INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
PROTECTIVE CLOTHING					
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT					
SCBA	5				
FIRE FIGHTING EQUIPMENT					
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS					
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER C

FORM NO. 1903.60N  
REV. #5 PC #

LOCATION: Turbine Building, El. 386'

INSTRUCTIONS:

Page 1 of 3

1. Perform a complete inventory of the kit if the kit:
  - A. Has been used
  - B. Is found unsealed/unlocked
  - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.
3. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month; day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:      ( ) is due for quarterly inventory  
                   ( ) is not due for quarterly inventory  
                   ( ) was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)  
                   ( ) was found unsealed/unlocked (perform a complete inventory)

This packet consists of:      (x) Cover Sheet  
   ( ) Checklist ( \_\_\_ pages)  
   ( ) Inventory List ( \_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER C

FORM NO. 1903.60N  
REV. # 5 PC #

CHECKLIST

Page 2 of 3

NOTE: SEWELL SHOULD BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(3)	XXX	XXX
Respirator	SCBA			XXX	(?)	XXX	XXX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	XXX	XX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	XXX	XX
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	
Handlite	XXX	XXX	XXX	XXX	(1)	XXX	

Corrective Actions*	Init./Date*

\*Where applicable; + quarterly only

Checked By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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**ARKANSAS NUCLEAR ONE**

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**ARKANSAS POWER & LIGHT COMPANY  
Arkansas Nuclear One**

TITLE: FIRE LOCKER C

FORM NO. 1903.60M  
REV. # 5 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
PROTECTIVE CLOTHING					
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT					
SCBA	5				
FIRE FIGHTING EQUIPMENT					
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS					
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

\*Where applicable

Inventory By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
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PROCEDURE/WORK PLAN TITLE:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE MISCELLANEOUS EQUIPMENT

FORM NO. 1903.600

REV. # 1 PC #

Page 1 of 2

**CHECKS:**

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.

**NOTES:**

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

These items: ( ) are due for quarterly inventory  
( ) are not due for quarterly inventory

This packet consists of: (x) Cover Sheet  
( ) Checklist (\_\_\_ pages)  
( ) Inventory List (\_\_\_ pages)

Performed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_

Forward To: Emergency Planning Coordinator

