

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

	108-NRC			
FROM:	ANO DOCUMENT CONTROL			
SUBJECT:	ANO MASTER PLANT MANUAL UPDATE			
	PROCEDURE NUMBER 1903.60	REV. # 5	PC #	TC #
	PROCEDURE TITLE EMERGENCY SU	PPLIES & FOU	JIPMENT	
	PROCEDURE NUMBER	REV. #	PC #	TC #
	PROCEDURE TITLE			
	PROCEDURE NUMBER	REV. #	PC #	TC #
	PROCEDURE TITLE			
	The following pages of the indicated which involve personal privacy of the INDICATED MATERIAL PRIOR TO ETC. PROCEDURE (S)	DISTRIBUTION	ry material.	PLEASE RE
				TIAT
PRO	CEDURE (S) HAS BEEN PLACED IN YO	UR SET OF TH	E PLANT MAN	UAL.
/	CEDURE (S) HAS BEEN PLACED IN YOU CEDURE (S) SHOULD BE PLACED IN Y			
PRO		OUR SET OF T	THE PLANT MA	NUAL.



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

TO:	111 - NRC							
FROM:	ANO DOCUMENT CONTROL							
SUBJECT:	ANO MASTER PLANT MANUAL	UPDATE						
	PROCEDURE NUMBER 1903.	60 REV. #_ 5	PC #	TC #				
	PROCEDURE TITLE EMERG							
	PROCEDURE NUMBER	REV. #	PC #	TC #				
	PROCEDURE TITLE							
	PROCEDURE NUMBER	REV. #	PC #	TC #				
	PROCEDURE TITLE							
	The following pages of the indicated procedure (s) contains items which involve personal privacy or proprietary material. PLEASE REMOVE THE INDICATED MATERIAL PRIOR TO DISTRIBUTION TO PUBLIC DOCUMENT ROOMS ETC. PROCEDURE (S) PAGE (S)							
PRO	CEDURE (S) HAS BEEN PLACE	D IN YOUR SET OF T	HE PLANT MAN	TUAL.				
PRO	CEDURE (S) SHOULD BE PLACE	ED IN YOUR SET OF	THE PLANT MA	NUAL.				
OTE: PLE	ASE RETURN SIGNED TRANSMI	TTAL TO DOCUMENT C	ONTROL - 4TH	FLOOR:				





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 P NO □

EMERGENCY SUPPLIES & EQUIPMENT

1903.60 REV. 5

#____

1	nn.	DC# 1	DACE	REV	PC#	PAGE	REV	PC#	PAGE	REV	PC#	PAGE	REV	PC#
PAGE	REV	PC#	PAGE		run									
1	5		37	5		73	5							
2	5		38	5		74	5							
3	5		39	5										
4	5		40	5								100		
5	5		41	5							41			
6	5		42	5										
7	5		43	5		- 1			4. 1					
8	5		44	5		11.								
9	5		45	5										
10	5		46	5										
11	5		47	5										
12	5		48	5 5 5										
13	5		49	5										
14	5		50	5										
15	5		51	5 5 5 5 5										
16	- 5		52	5										
17	5		53	5										
18	5		54	5										
19	5		55	5										
20	5		56	5										
21	5		57	5		1								
22	5		58	5										
23	5		59	5										
24	5		60	5										
25	5		61	5										
26	5		62	5										
27	5		63	5		1								
28	5		64	5										
29	5		65	5										
30	5		66	5										
31	5		67	5										
32	5		68	5										
33	5		69	5								1		
34	5 5 5		70	5										
35	5		71	5										
36	5		72	5										
						1								

A	PF	O	2	U	C.	n	P	V	
м	\mathbf{r}	n	u	Ψ.	D.	\mathbf{r}	D		

(General Manager)

APPROVAL DATE

REQUIRED EFFECTIVE DATE:

0/0/53



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

ENT 1903.60

ARKANSAS NUCLEAR ONE

PAGE 1 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

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.



EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 2 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

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.



PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 3 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

- 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.



PLANT MANUAL SECTION: EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 4 of 74 DATE REVISION

4/15/83 DATE CHANGE

- Plug in and allow to charge for approximately two hours the 8.2.4 following items (unless they are continuously plugged in):
 - Frisker A.
 - Self Contained Air Sampler

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

- Perform a battery check and run one test case as described 8.2.5 in 1904.02, "Offsite Dose Projections-Pocket Computer Method", for each pocket computer.
- Verify the operability of the remaining items indicated. 8.2.6

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"



PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

 PAGE
 5 of 74

 REVISION
 5 DATE
 4/15/83

 CHANGE
 DATE

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 1903.600, "Miscellaneous Equipment"



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 6 of 74 REVISION DATE 4/15/83 CHANGE DATE

		R & LIGHT COMPANY Nuclear One
	TITLE: CONTROL ROOM KIT	FORM NO.
		REV. #5 PC #
LOCATION:	Unit 1 Control Room	
INSTRUCTI	ONS:	Page 1 of 9
В.	orm a complete inventory of the kit if Has been used Is found unsealed/unlocked Is due for inventory	the kit:
If the perfect of the perfec	he seal is intact/kit locked and the k	it is not due for inventory,
CHECKS:		
2. Perfo neces 3. Verif neces 4. Charq (unle	rd the calibration due date of the instance as necessary. Form a battery check on the indicated in sary. Fy the operability of the indicated instance. Fy the batterie, in the indicated instruction of the continuously rugged in). For the calibration due date of the indicated instruction.	nstruments. Replace as
1. Quant 2. Date 3. If ro to in 4. If ro appli	ity should include units, where applic should include month, day, year. utine checks are satisfactory, initial dicate this. utine checks are unsatisfactory, indic cable column then describe and date the ns taken.	s should be used
This kit:	 () is due for quarterly inventor () is not due for quarterly inve () was found sealed/locked (components of the components of the co	ntory lete only the required duled for complete
This packe	t consists of: (x) Cover Sheet () Checklist (() Inventory List	(pages)



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

1903.60

NO:

EMERGENCY SUPPLIES & EQUIPMENT PAGE **ARKANSAS NUCLEAR ONE**

7 of 74

DATE REVISION 4/15/83 CHANGE

		12.15	Ark	ansa	ER & LIGH s Nuclear	One	
	TITLE: C	ONTROL	ROOM KIT			FORM NO.	1000 (4
						REV. #	1903 60 PC #
CHECKLIST						Page 2	of 9
Instrument	Туре	S/N	Cal.Due Date	Batt. Check	(2) nesponse/	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Insti
Ion Chamber					(2)	Olcharged	Off
Ion Chamber							
Frisker	RM-14				(2)		
Detection Chamber	HP-210				(2)	(5,6)	
Air Sampler	110V					***	
Air Sampler	Batt				(1)		
Respirator	SCBA				(1)	(5,6)	
Respirator	SCBA				(3)		
Respirator					(3)		
	SCBA				(3)		
Respirator	SCBA	-			(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		.6
Respirator	SCBA				(3)	· A	
despirator	SCBA				(3)		
espirator	SCBA						
espirator	SCBA				(3)		
Where applical	ble				(3)		
hecked By			Date				
eviewed By			Date				



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 8 of 74
REVISION 5 DATE

CHANGE

DATE 4/15/83

			Ark	ansas	s Nuclear	One	
	TITLE: (CONTROL	ROOM KIT			FORM NO.	1903.60A
						REV. 1/2	PC #
CHECKLIST						Page	3 of 9
Instrument	Туре	S/N	Cal.Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove (5)Plugged in (6)Charged	
Respirator	Cann.			ā	(3)		
Respirator	Cann.				(3)		
Respirator	Cann.						
				4	(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.	-		1.1	(3)		
Check Source			-		relessors.		
Watch					(1)		
Dosimeter Charger		-			(1)!	(4)	1
Dosimeter	0-200R	*					
Dosimeter	0-5R or 0-10R		Mes. W			1	
Josimeter	0-10R 0-200mF					To be a second	
Dosimeter	0-500mF					1	
Where applic			UF A FA	(lelevier		•	
Checked By Reviewed By _				e			



EMERGENCY PLAN PROCEDURE PROCED! REWORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 9 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

REV. #2 PC # CHECKLIST Page 4 of 9		TITLE:	CONTROL	DOOM VIT	-		FORM NO.	
Page 4 of 9			CONTROL	ROUN KII				1903.60A
Instrument Type S/N Cal.Due Batt. (1)Operation/ (4)Batt Remove/ (5)Plugged in/ Off Calculator Pocket (1) Cassette Recorder (1) (4) Flashlight (1) (4)	CHECALICA							
Instrument Type S/N Date Cal.Due Batt. (2)Response/ (5)Plugged in/ Off Check (3)Inspected (6)Charged (6)Charge	CHECKLIST						Page 4	of 9
Pocket Computer Cassette Recorder (1) (4) Flashlight (1) Flashlight (1) (4) Flashlight (1) Flashlight (1) (4) Flashlight (1) Flashlight (1) (2) Flashlight (3) Flashlight (4) Flashlight (4) Flashlight (4) Flashlight (5) Flashlight (6) Flashlight (7) Flashlight (8) Flashlight (8) Flashlight (9) Flashlight	Instrument	Type	S/N		Batt. Check	(2)Response/	(5)Plugged in/	Instr. Off
Pocket Computer Cassette Recorder (1) (4) Flashlight (1) Flashlight (1) (4) Flashlight (1) Fla			1.6			(1)		
Cassette Recorder (1) (4) Flashlight (1) Flashlight		TRS-8	0					
Flashlight (1) (4) Flashlight (1) (4) Flashlight (1) (4) Flashlight (1) (4) Corrective Actions* Init./Date*			-				(4)	MA
Flashlight (1) (4) Flashlight (1) (4) Corrective Actions* Init./Date*						THE RESERVE		
Flashlight (1) (4) Flashlight (1) (4) Corrective Actions* Init./Date*					./			
Flashlight (1) (4) Corrective Actions* Init./Date* *Where applicable								
Corrective Actions* Init./Date* Where applicable		0	1					
Where applicable	riasniight					(1)	(4)	
Where applicable								
Where applicable								
Where applicable								
[2] [2] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Corrective	Actions*					Init./I)ate*
[2] [2] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4		ياتيه						
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]								
[2] [2] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4								
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]								
[2] [2] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4								
Checked By Date	Where appl	icable						
	Checked By			Da	te			
Reviewed By	Reviewed By							



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

CONTROL ROOM KIT

10 of 74 PAGE REVISION DATE 4/15/83 CHANGE DATE

FORM NO.

E Gal
Н

TITLE:

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

REV. # 2 PC # INVENTORY LIST Page 5 of 9 Required Actual Corrective Equipment Quantity Quantity Actions* Date* SURVEY INSTRUMENTS High Range Ion Chamber Frisker w/Probe l ea. Air Sampler (110 VAC) Air Sampler (Batt) Sample Head 2 Check Source SAMPLING SUPPLIES Watch 2 Cloth Smear 10 Paper Smear 50 Particulate Filter 20 Glassine Envelope Silver Zeolite Cartridge 20 Air Sample Form 20 PERSONNEL MONITORING EQUIPMENT Dosimeter (0-200R) Dosimeter (0-5R or 0-10R)

*Where a	oplic	able
----------	-------	------

Inventory By Date

Reviewed By



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 11 of 74 5 DATE REVISION 4/15/83 CHANGE DATE

	TITLE: CONTROL DOG	M VIT			FORM NO.	FORM NO. 1903.60A			
	CONTROL ROC	M KIT				# 2			
INVENTORY	LIST				Page 6 o	f 9			
	Equipment	Required Quantity	Actual	Init.	Corrective Actions*	Init./			
	0-200mR or	20	Quantity	III.C.	Actions	Date			
Charger		1							
TLD Badge	(incl. 1 as BKG)	6							
RESPIRATOR	Y PROTECTION EQUIPMEN	T XXXXXXXXXXXXX	\$CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	xxxxxxx	**************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
SCBA ⁺		12							
Spare Bott	le ⁺	12							
Cannister	Mask w/Iodine Cannist	er 12		100					
Iodine Can	nister(Spare)	12							
PROTECTIVE	CLOTHING	xxxxxxxxx	\$XXXXXXXXXXXXXX	xxxxxxx	***********************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Anti-c Clo	thing	12 sets							
Plastic Su	it	6 sets							
Masking Ta	pe	2 rolls							
Duct Tape		2 rolls							
POSTING MA	TERIALS	XXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX	000000000000000000000000000000000000000	xxxxxxx			
Four-Pocke	t Signs	6							
"Radiation	Area" Insert	6							
*Where app	licable; + 6 - Unit 1	CR, 6 - Uni	t 2 CR;						
Inventory !	Ву	Date							
Reviewed B									



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 12 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

TITLE: CONTROL ROO	M PIT		F	ORM NO.	1000 11	
I COSTRILL ROLL			RI	EV. # 3	PC #	
NVENTORY LIST				Page	7_ of	9
Equipment	Required Quantity	Actual Quantity	Init.	Corre		Init Date
"High Radiation Area" Insert	6					
"RWP Required for						-
Entry" Insert	16	i				
"Highest mR/HR Accessible in this Area" Insert						
"Health Physics Escort	6					-
Required" Insert	6					
"Airborne Radioactivity			-			-
Area" Insert	6	1				
"Respiratory Protection						
Required" Insert	6					
"Notify Health Physics Before Entering" Insert						
"Contamination Area"	6					
Insert	6		1		1.0	
"Type A or B						
Clothing" Insert "Type B Clothing"	6					
			i			
Insert	6					
"Type C Clothing" Insert						
"Radioactive Material	6					-
Area" Insert	6					
"No Access Area" Insert	6	i i			1	
"Keep Out" Insert	6					
Blank Insert	6					
DIGHT HISELE	- 0					
Radiation Warning Ribbon	2 rolls					
Radiation Warning Tape	2 rolls		i		i	
Contamination Warning Tape	'2 rolls					
There applicable		'	· · ·			-
mere applicable						
nventory By	Date					



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 13 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

AE	ARKAI	COMPAN	IY			
	TITLE: CONTROL F	ROOM KIT			FORM NO.	903.60A
						#
INVENTORY	LIST				Page 8	of 9
	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init., Date*
Internal Co	ontamination Tape	1 roll				
Step-Off Pa	ads	10				
BATTERIES	(Batteries not be replaced d	contained wit uring the firs	hin an inst	rument s	hould Initial	/ c/Pata
"D" Cell		18			1	synace
"AA" Cell		10	112.11			
9-Volt		5				
Type 675		4				
MISCELLANEO	US	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX
Pencil		12				
Magic Marke	r	2				
Clipboard		2				
Knife		1				
Calculator		2				
Pocket Comp	uter	2				
Cassette In	terface	1				
Cassette Re	corder	1				
Programmed (Cassette	1				
Plug Adapte		2				
*Where appli	icable					
Inventory By		Date				
Reviewed By		Date				

War.



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

ARKANSAS NUCLEAR ONE

EMERGENCY SUPPLIES & EQUIPMENT

NO:

MENT

PAGE 14 of 74
REVISION 5 DATE

DATE

CHANGE

4/15/83

1903.60



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL RO	TITLE: CONTROL ROOM KIT				
				REV. #1 P	C #
INVENTORY LIST				Page 9	of 9
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Flashlight	4				
Bulbs (Spare)	4				
Мар	2				
Overlays	2 sets				
Plastic Bag (sm.)					
Plastic Bag (med.)					
Plastic Bag (lg.)					
	1				
	1				
	1				
*Where applicable					
Inventory By	Date				
Reviewed By	Date				



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

DATE

PAGE

CHANGE

15 of 74 5 DATE REVISION

4/15/83

1903.60

ARKANSAS NUCLEAR ONE

ALL		Arkansas Nu	
	TITLE: ONSITE RADI	TOLOGICAL MONITORING KIT	FORM NO. 1903 608
			REV. # 5 PC #
LOCATION:	First Floor Admi	inistration Building	
INSTRUCTI	ONS:		Page 1 of 7
A. B.	orm a complete in Has been used Is found unseale Is due for inver	The state of the s	kit:
	he seal is intact orm only the requ	t/kit locked and the kit i gired checks.	s not due for inventory,
CHECKS:			
Repl	ace as necessary.	on due date of the instrum eck on the indicated instr	
nece	ssary.		
	fy the operabilit ssary.	ty of the indicated instru	ments. Replace as
	ge the batteries ess continuously	in the indicated instrume	nts for ~ 1 hour
	ect or replace re		
NOTES:			
		ude µnits, where applicabl	e.
		month, day, year. e satisfactory, initials s	hould be used
to i	ndicate this.		
		e unsatisfactory, indicate en describe and date the c	
acti	ons taken.		
This kit:	() is due	for quarterly inventory	
		due for quarterly invento	
		und sealed/locked (complet unless the kit is schedul	
	invento	ory)	
	() was for	und unsealed/unlocked (per	form a complete inventory)
This pack	et consists of:	(x) Cover Sheet	
		() Checklist (pa () Inventory List (nages)
			- hades)
Performed	Ву	Date	
Reviewed	D.,		



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 16 of 74
REVISION 5 DATE 4/15/83
CHANGE DATE

	An	MMIN			Nuclear O	COMPAN	
	TITLE: ONSITE	RADIOL	OGICAL MON	ITORING	KIT	FORM NO. 1903	.60B
							C #
CHECKLIST						Page 2	of _7
 Instrumer	it Type	S/N		Batt.		(4) Pact Remove (5) Plugged in/ (5) Charged	
 Ion Chamb	er				(2)		
Beta-Gamm					(2)		ar .
Beta-Gamm Geiger Counter					(2)		
Detection Chamber	 HP-270					1	1
Frisker	 RM-14				(2)	(5,6)	
Detection Chamber	 HP-210		1 1				r. (
 Air Sampl	er Batt				(1)	(5,6)	
 Air Sampl	er 110V				(1)		1
Respirato	r ISCBA				(3)		157)
Respirato	r ISCBA				(3)		
Respirato	r ISCBA				(3)		
Respirato	r SCBA				(3)		
Respirato	r Cann.				(3)		
Respirato	r Cann.				(3)		
Respirato	r Cann.				(3)	The state of the s	
Respirato	r Cann.				(3)		
Check Sou	rcel				(1)		
Watch					(1)		
Where app	licable						
Checked By		F.Y	Dat	te			



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

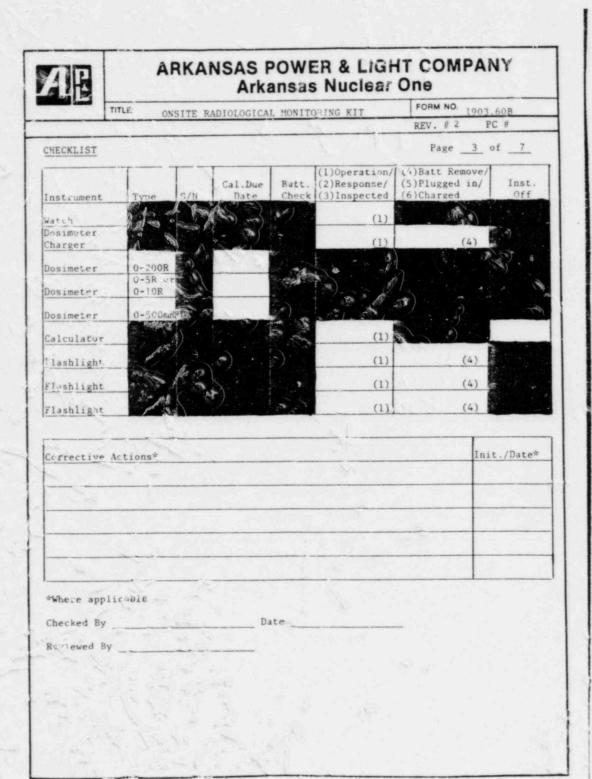
EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE of 74 REVISION DATE 4/15/83 CHANGE DATE





EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

REV. # 2

1903.60

ARKANSAS NUCLEAR ONE

PAGE 18 of 74 5 DATE REVISION 4/15/83 DATE CHANGE

> PC # Page 4 of 7

AR	ARKAN	NSAS POW Arkans	
	TITLE: ONSITE RADIOL	OGICAL MONITOR	ING KIT
INVENTOR	Y LIST		
	Euipment	Required Quantity	Actual
SURVEY I	NSTRUMENTS	xxxxxxxxxx	000000000
High Ran	ge Ion Chamber	1	
	ma Survey Meter ma Geiger	1 ea.	

ARKANSAS POWER & LIGHT COMPAN						
Arkansas Nuclear	0	ne				
TTE PARIOLOGICAL MONITORING VIT		FORM NO.	1903.60B			

Required Ouantity	Actual	Init.	Corrective Actions*	Init., Date*
		00000000	000000000000000000000000000000000000000	xxxxxxx
1				
l ea.			Marie Land	1.33
1				
l ea.				4
1		1		_
1				-
4	house			4
1				
XXXXXXXXXX	XXXXXXXXXXXX	00000000	000000000000000000000000000000000000000	OXXXXXXX
2				
50		1		
100				
50				-
50				
25				_
		1 1		
50		-		
	Quantity XXXXXXXXX 1 1 ea. 1 1 ea. 1 1 xxxxxxxxx 2 50 100 50 50	Quantity Quantity XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Quantity Quantity Init. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Quantity Quantity Init. Actions* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*Where applicable	
Inventory By	Date
Parriamed By	



PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 19 of 74 REVISION DATE 4/15/83 DATE CHANGE

TITLE: ONSITE RADIOL	OGICAL MON	NITORING KIT		FORM NO. 1903.60	В
ONSTIT TOUST VE				REV. /2 PC	
INVENTORY LIST				Page5 o	f7
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init.
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXXXXXXX	ccccccc	000000000000000000000000000000000000000	0000000000
(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	XXXXXXXXXX	ccxxxxxxxxx	0000000	xxxxxxxxxxxxx	XXXXXXXXX
SCBA	4				
			1		
Spare Bottle	4				
Spare Bottle Cannister Mask w/Iodine Canniste					
Cannister Mask w/Iodine Canniste	4	xxxxxxxxxxx	S CKNOOOX	x x xxxxxxxxxxxxx	000000000
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) !	4	2000000000000	¢xxxxx	X2000000000000000000000000000000000000	000000000
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) ! PROTECTIVE CLOTHING	4	200000000000000	(SXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	00000000
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) ! PROTECTIVE CLOTHING Anti-c Clothing	4 4 XXXXXXXXXX 50 sets	200000000000000000000000000000000000000	¢xxxxxx	xpoxxxxxxxxxxxxxxxx	OOXXXXXXX
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) ! PROTECTIVE CLOTHING Anti-c Clothing Plastic Suit	4 XXXXXXXXXXXX 50 sets 6 sets	000000000000000000000000000000000000000	¢. «XXXXX	XDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OXXXXXXXX
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) ! PROTECTIVE CLOTHING Anti-c Clothing Plastic Suit Masking Tape	4 XXXXXXXXXX 50 sets 6 sets 3 rolls	20000000000000	G XXXXXX	X20000000000000	OXXXXXXXXXX
Cannister Mask w/Iodine Cannister Iodine Cannister (Spare) ! PROTECTIVE CLOTHING Anti-c Clothing Plastic Suit Masking Tape Duct Tape	4 XXXXXXXXXXX 50 sets 6 sets 3 rolls 3 rolls		« «xxxx	X2000000000000000000000000000000000000	00000000



EMERGENCY PLAN PROCEDURE

Reviewed By

PROCEDURE/WORK PLAN TITLE:

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 20 of 74 DATE REVISION 4/15/83 CHANGE DATE

	TITLE: ONSITE RADIOLOGI	OLI HONITODIO	u.m	F	ORM NO.		-
	THATTE BACHILLING	CAL MUNITORIS	NG KIT	R	EV. # 3	PC #	
NVENTORY	LIST				Page	_6of	7
	Equipment	Required Quantity	Actual Quantity	I Init.	Corre		Init.
POSTING	MATERIALS	XXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXX
Four-Poc	ket Signs	5					
"Radiati	on Area" Insert	5					
"High Ra	diation Area" Insert	5					
Entry" I	nsert mR/HR Accessible	5					
in this	Area" Insert	5					
Required	Physics Escort " Insert e Radioactivity	5					
Area" In	e Radioactivity sert tory Protection	5					
Required	" Insert Health Physics	5			17		
Before E	ntering" Insert nation Area"	5					
"Contami Insert	nation Area"	5					
"Type A	or B Clothing" Insert	5					
"Туре В	Clothing" Insert	5					
"Type C	Clothing" Insert	5		1			
"Radioac Area" In	tive Material sert	5					
"No Acces	ss Area" Insert	5					
"Keep Out	t" Insert	5					
Blank In:	sert	5		-			



PLANT MANUAL SECTION: EMERGENCY PLAN PROCEDURE

PROCEDUREWORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 21 of 74 5 DATE REVISION 4/15/83 CHANGE DATE

TITLE				FORM NO.			
ONSITE RADIOLO	GICAL MONITO	RING KIT		REV. # 5 PC	60B		
NVENTORY LIST Page 7 of 7							
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date:		
Radiation Warning Ribbon	3 rolls			_	-		
Radiation Warning Tape	3 rolls				-		
Contamination Warning Tape	3 rolis				-		
Internal Contamination Tape	2 rolls				_		
Step-Off Pads	10						
BATTERIES be replaced du	contained wit ring the firs	hin an inst t quarter i	rument nventor	should y). Initia	ls/Date		
"D" Cell	24						
9-Volt	24						
MISCELLANEOUS	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX		
Pencil	12						
Magic Marker	2				_		
Clipboard	3						
Knife	1						
Calculator	1				_		
Plug Adapter	1						
Flashlight	3		-		_		
Bulbs (Spare)	3						
Мар	2				-		
Plastic Bag (sm.)							
Plastic Bag (med.)					_		
Plastic Bag (lg.)					_		
Zip-Lock Baggies	15						



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

PAGE

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60 22 of 74

REVISION DATE 4/15/83 CHANGE DATE

ARKANSAS NUCLEAR ONE

ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One FORM NO. 1903 600 TITLE TECHNICAL SUPPORT CENTER KIT REV. # 5 PC # LOCATION: Technical Support Center (3rd Floor Administration Building) Page 1 of 4 Perform a complete inventory of the kit if the kit: A. Has been used B. Is found unsealed/unlocked C. Is due for inventory If the seal is intact/kit locked and the kit is not due for inventory. perform only the required checks. CHECKS: Record the calibration due date of the instruments in the kit. Replace as necessary. Perform a battery check on the indicated instruments. Replace as necessary. Verify the operability of the indicated instruments. Replace as 3. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in). NOTES: Quantity should include units, where applicable. Date should include month, day, year. If routine checks are satisfactory, initials should be used to indicate this. 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 (() Inventory List (___pages) Performed By Date Reviewed By Forward To: Emergency Planning Coordinator



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

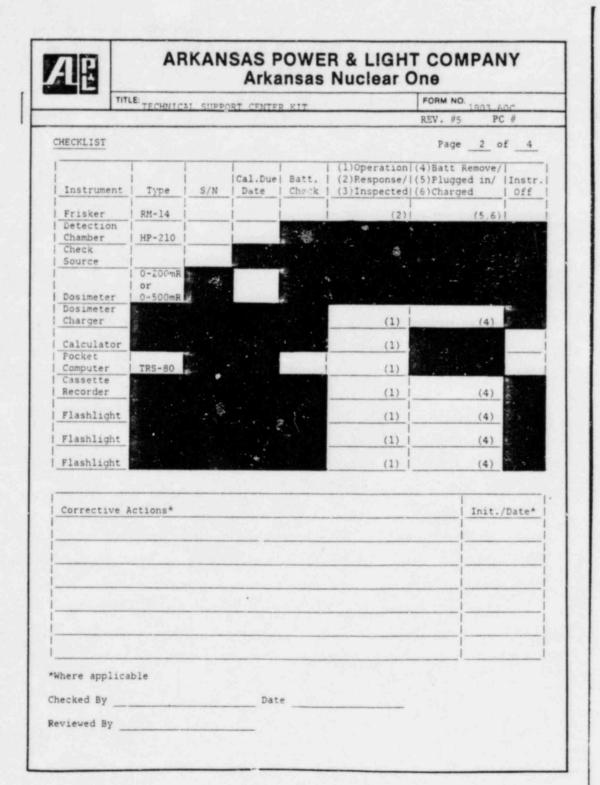
EMERGENCY SUPPLIES & FOULPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 23 of 74 DATE

REVISION 4/15/83 CHANGE DATE





PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

PROCEDURE

EMERGENCY SUPPLIES & EQUIPMENT PAGE

24 of 74

1903.60

ARKANSAS NUCLEAR ONE

REVISION CHANGE

DATE 4/15/83 DATE

TITLE: TECHNICAL S	UPPORT CENTER SIT			FORM NO.	
THE STATE OF THE S				REV. #5	PC #
NVENTORY LIST				Page	3 of 4
Equipment	Required Quantity	Actual Quantity	 Init.	Correcti	ve Init. * Date*
SURVEY INSTRUMENTS	XXXXXXXXXXXX	XXXXXXXXXX 		***********	
Frisker w/Detection Chamber	1 ea.			I	
Check Source	1				
PERSONNEL MONITORING EQUI	PMENT XXXXXXXXXXX	CXXXXXXXXXXX	CXXXXXX	CXXXXXXXXXX	XXXXXXXXXX
Dosimeter 0-500 mR)	i_20				
Charger_	1				
BATTERIES be replaced	ot contained with during the first	in an instr quarter in	ument s	hould). Ini	/ tials/Date
"D" Cell	6				
"AA" Cell	1 12				
Type 675	1 4				
MISCELLANEOUS	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pencil	1 12		*************		1
Note Pad					
Clipboard	2			1	
Overlays	l l set				i
Pocket Computer	1				
here applicable					-
ventory By	Date				
			-		



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NC:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 25 of 74

REVISION 5 DATE 4/15/83

DATE

CHANGE

AR

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: TECHNICAL SUI	PPORT CENTER KIT			FORM NO. 1903 600 REV. #5 PC #		
WENTORY LIST				Page 4	of 4	
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init.	
Calculator	11					
Cassette Interface	1					
Cassette Recorder	1					
Programmed Cassette	1			HE:-1.		
Flashlight	3					
Bulbs (Spare)	3					
Map	1					
		7				
nere applicable						
ventory By	Date					
viewed By			-			



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 26 of 74 REVISION DATE 4/15/83 CHANGE DATE

A	ARKAN	NSAS POWER & Arkansas Nuc	
	TITLE: MAIN GUARD HO	UCE VIT	FORM NO. 1903, 600
	BAIR SUARD HO		REV. #5 PC #
LOCAT	TION: Main Guard House		
INSTR	RUCTIONS:		Page 1 of 3
1.	Perform a complete inventa. Has been used B. Is found unsealed/ C. Is due for invento		kit:
2.	If the seal is intact/k perform only the requir	it locked and the kit is ed checks.	not due for inventory,
CHECH	KS:		
1.	necessary.	on the indicated instru	
2.	Verify the operability necessary.	of the indicated instrum	ents. Replace as
NOTE	S :		
1.	Quantity should include Date should include mon	units, where applicable	
3.	If routine checks are s to indicate this.	atisfactory, initials sh	
4.	If routine checks are u	insatisfactory, indicate describe and date the co	that in the prrective
This		or quarterly inventory me for quarterly inventor	y
	() was found checks un inventory	i sealed/locked (complete nless the kit is schedule))	e only the required ed for complete
	() was found	i unsealed/unlocked (peri	form a complete inventory)
This	packet consists of:	(x) Cover Sheet () Checklist (pag (') Inventory List (

Date

Forward To: Emergency Planning Coordinator

Performed By Reviewed By



PROCEDURE

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 27 of 74 REVISION DATE 4/15/83 CHANGE DATE

MAIN GUA	Cal.Due	Batt.	(2)Response/	Page 2 (4)Batt Remove (5)Plugged in/ (6)Charged	of <u>3</u>
S/N		Batt. Check	(2)Response/	Page 2 (4)Batt Remove (5)Plugged in/	of _3_
S/N		Batt. Check	(2)Response/	(4)Batt Remove (5)Plugged in/	
S/N		Batt. Check	(2)Response/	(5)Plugged in/	/1
				(o)charged	Inst. Off
			(1)	(4)	
			(1)	(4)	
			(1)	(4)	
			(1)	(4)	
			(1)	(4)	
	Dat	e			



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUTPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 28 of 74
REVISION 5 DATE

CHANGE

DATE

4/15/83

	TITLE: MA	TH CHARD		as Nuc			
	MA	IN GUARD	FORM NO. 1903. 6				
INVENTORY	LIST						
111111111111111111111111111111111111111			Required			Page 3	
	Equipment		Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
EVACUATION EQUIPMENT		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
Vests			12		14-		
Bull Horn			2			1	
MISCELLANE	ous		XXXXXXXXXXX	00000000000000	DOXXXXXXXX	*****************	XXXXXXXXXXX
Flashlight			3				
Bulbs (Spa			3				
Batteries	(Batter replace	ies not co	ontained wit	thin an inst quarter inve	rument s		als/Date
Batteries	("D" Cell)		6				
Batteries ("AA" Cell)		20					
	licable						



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

29 of 74 5 DATE PAGE REVISION 4/15/83 CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY

	TITLE: FMERGENCY CONTROL CENTER KIT FORM NO. 1903					
	FMERGENCY CONTROL CENTER KIT	FORM NO. 1903 60F				
		REV. #5 PC #				
LOCATION:	Emergency Control Center First Floor (Mecha	anical Equipment Room)				
INSTRUCTIO	NS:	Page 1 of 9				
В.	rm a complete inventory of the kit if the k Has been used Is found unsealed/unlocked Is due for inventory	it:				
2. If th perfo	e seal is intact/kit locked and the kit is rm only the required checks.	not due for inventory,				
CHECKS:						
1. Record	d the calibration due date of the instrumen	ts in the kit.				
 Performeces: 	rm a battery check on the indicated instrum sary.					
neces						
(unles	the batteries in the indicated instrument scantinuously plugged in). t or replace respirators.	s for ~ 1 hour				
NOTES:						
 Date s If rot 	ty should include units, where applicable. should include month, day, year. stine checks are satisfactory, initials should this.	uld be used				
 If rou applic 	tine checks are unsatisfactory, indicate the column then describe and date the cores taken.	hat in the rective				
This kit:	 () is due for quarterly inventory () is not due for quarterly inventory () was found sealed/locked (complete of checks unless the kit is scheduled 	only the required				
	inventory) () was found unjealed/unlocked (performance)	rm a complete inventory)				
This packet	consists of: (x) Cover Sheet () Checklist (pages	5)				
	() Inventory List (pages)				
Performed B	Y Date					
Reviewed By						



PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

ARKANSAS NUCLEAR ONE

PAGE	30	of 74	
REVISION	5	DATE	4/15/83
CHANGE		DATE	

	TITLE: EN	1ERGENO	CY CONTROL	CENTER I	KIT	FORM NO. 1903. 6	OF
							7 #
CHECKLIST						Page 2 o	f 9
Instrument Beta-Gamma	Туре	S/N	Cal.Due Date	Batt. Check	(2)Response/	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr
Survey Mete	r				(2)		
Ion Chamber					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler Air	110V				(1)		
Sampler	12VDC				(1)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.		1		(3)		
Check Source							
Watch	200				(1)		
Dosimeter	0-5R or 0-10R				a		
Dosimeter	0-200mR or 0-500mR						
Oosimeter					(1)	(4)	



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 3

CHANGE

of 74 DATE

DATE

4/15/83

AR	ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One										
	TITLE: EMERGENCY CONTROL CENTER KIT FORM NO						. 1903.60E				
	REV. # ²										
CHECKLIST						Page 3	of <u>9</u>				
Instrumen	t Type	S/N	Cal.Due Date	Batt. Check	(1)Operation (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr Off				
Calculato: Pocket	r			N.	(1)						
Computer Cassette	TRS-8	0			(1)						
Recorder		311			(1)	(6)					
Radio	4 char	1			(1)	(5)					
Radio	4 char	1	8 6	6	(1)	(5)					
Radio	4 char	1			(1)	(5)					
Radio	4 char			10	(1)	(5)					
Flashlight					(1)	(4)					
Flashlight					(1)	(4)					
Flashlight		-			(1)	(4)					
Corrective	Actions*					Init	./Date*				
Where app	licable	-		5 TE.							



EMERGENCY PLAN

PROCEDUREWORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

ARKANSAS NUCLEAR ONE

PAGE 32 of 74 REVISION

DATE CHANGE

4/15/83 DATE

NO:

1903.60



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

FORM NO. 1903, 60E TITLE: EMERGENCY CONTROL CENTER KIT REV. # 2 PC # Page 4 of 9 INVENTORY LIST Actual Init./ Required Corrective Equipment Quantity | Quantity Actions* SURVEY INSTRUMENTS Beta-Gamma Survey Meter High Range Ion Chamber 1 l ea. Frisker w/Probe Air Sampler (110V) 1 Air Sampler (12V) 2 Sample Head Check Source SAMPLING SUPPLIES Watch Cloth Smear 50 250 Paper Smear 100 Particulate Filter 100 Glassine Envelope 75 Silver Zeolite Cartridge Sample Bottles 100 (~ 1 gal.)+ Grass Shears *Where applicable; + located outside the sealed kit Date Inventory By Reviewed By



PLANT MANUAL SECTION: EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

ARKANSAS NUCLEAR ONE

PAGE 33 of 74 REVISION DATE 4/15/83 DATE CHANGE

	TITLE: EMERGENCY CO		FORM NO.1903.60E			
		REV. A PC #				
INVENTORY I	IST				Page 5	of 9_
E	quipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
Shovel		1				
Formaldehyd	le	l gal.				
Air Sample Form		100				
Survey Map						
PERSONNEL 1	MONITORING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX	CXXXXXXXX	000000000000000000000000000000000000000	000000000000000000000000000000000000000
	(0-5R or 0-10R)	10				_
Dosimeter (0-200mR or 0-500mR)	50				
Charger		1				-
TLD Badge	(incl. 1 as BKG)	20				
RESPIRATOR	Y PROTECTION EQUIPMEN	T XXXXXXXXXX	000000000000000000000000000000000000000	XXXXXXXX	000000000000000000000000000000000000000	000000000
Cannister 1 Cannister	Mask w/Iodine	5				
Iodine Can	nister (Spare)	5				
PROTECTIVE	CLOTHING	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	000000000000000000000000000000000000000	0000000000
Anti-c Clo	thing	30 sets				
Plastic Su	it	15 sets				
Masking Ta	pe	3 roils				-
Duct Tape		3 rolls				
*Where app	licable					
Inventory	Ву	Date				



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60 34 of 74 DATE

ARKANSAS NUCLEAR ONE

REVISION CHANGE

PAGE

FORM NO.

4/15/83 DATE

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

WENTORY LIST				Page 6 of	9
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
POSTING MATERIALS	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX
Four-Pocket Signs	20				
"Radiation Area" Insert	20				11
"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				71
"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	11.14			111
"Radioactive Material Area" Insert	20	7		51 1165	
"No Access Area" Insert	20				
"Keep Out" Insert	20	1743			1
Blank Insert	. 20			A Richard	

Inventory By _____ Date

Reviewed By



PLANT MANUAL SECTION: EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 35 of 74 DATE

REVISION CHANGE

4/15/83 DATE

TITLE: EMERGENCY	CONTROL CENT	RKIT		FORM NO. 190	3.60E	
EMERGENCI	CONTROL CLAI			REV. #2	PC #	
NVENTORY LIST				Page	7 of	9
Equipment	Required Quantity	Actual Quantity	Init.	Corrections		Init./ Date*
Radiation Warning Ribbon	5 rolls			-	-	
Radiation Warning Tape	3 rolls				-	
Contamination Warning Tape	3 rolls			-	-	
Internal Contamination Tape	1 roll					
Step-Off Pads	20			1 11 12		-,
(Batteries not replaced during	contained wi	quarter inv	entory).	should be	Initia	ls/Date
"D" Cell	24					
"AA" Cell	14				-	
9-Volt	24				-	
MISCELLANEOUS	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXX	OXXXXXX	XXXXXXXX
Pencil	12			-	-	
Magic Marker	3			-		
Clipboard	3			1		
Knife	2	-	-	-		
Calculator	1					
Pocket Computer	1					
Cassette Interface	1	-	-			
Cassette Recorder	1					
*Where applicable						
Inventory By	Date					



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT PAGE

NO:

ARKANSAS NUCLEAR ONE

36 of 74 5 DATE REVISION 4/15/83 CHANGE DATE

LIFE		NSAS PO	as Nucl				
	TITLE: EMERGENO	Y CONTROL CENT	ER KIT		FORM NO. 1	903.60	E
					REV. #1		
INVENTORY	LIST				Page _	8 0	f 9
	Equipment	Required Quantity	Actual Quantity	Init.	Correct		Init. Date*
Programmed	rogrammed Cassette						
Plug Adapter		2					
Flashlight		3					
Bulbs (Spa	re)	3					
Мар		2					
Plastic Ba	g (sm.)						
Plastic Ba	g (med.)						
Plastic Ba	g (1g.)						
SUPPLIES	DECONTAMINATION	xxxxxxxxxxx	000000000000	XXXXXXXXX	0000000000	XXXXXXX	XXXXXXXXXXXX
Scissors		2					
Razor		4					
Manicure S	et	1					
Wash Cloth	S						
Towels							
Bristle Br	ush	30				1.44	
Cotton Bal	ls	1 pkg.					
Cotton Swa	bs	l pkg.					
Hand Soap	(Regular)	. 3					
*Where app	licable						
Inventory	Ву	Date					
Reviewed By	у						



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE

37 of 74 5 DATE

REVISION

DATE

4/15/83

	TITLE: EMERGENCY C	ONTROL CENT	ER KIT		FORM NO. 1903.60E	
	1 2 2 2 2 2 2 2 2 2 2				REV. #1 PC #	
INVENTORY	LIST				Page 9 of	9_
	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
"Lava" Soa	p	3				
"Rad-Con"		4 cans				
Shaving Cr	eam	2 cans				
"Tide"		1 box				
Corn Meal		1 pkg.				
Chlorox		1 btl.				-
Eyewash So	lution w/Applicator	2				
Paper Clot		30				
Bioassay S Containers						-
						-
*Where app	olicable					
Inventory	Ву	Date				



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

PAGE

REVISION 5 DATE

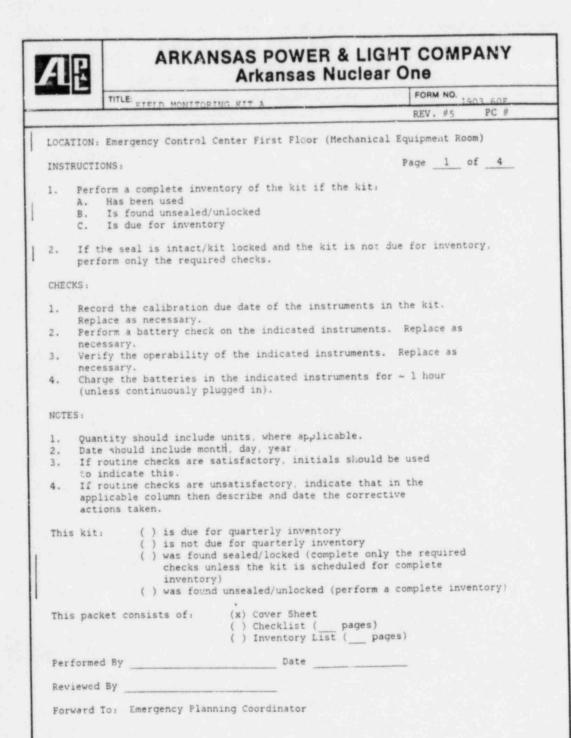
4/15/83

1903.60

NO:

ARKANSAS NUCLEAR ONE

CHANGE DATE





EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

39 of 74 5 DATE PAGE REVISION 4/15/83 CHANGE DATE

AR		AR	KAN			R & LIGHT Nuclear O	COMPANY
	TITLE	FIELD M	ONITOR	ING KIT A			FORM NO. 1903.60F
CHECKLIST							REV. # 5 PC #
1.				 Cal. Due		(2)Response/	(4)Batt Remove/ (5)Plugged in/ Inst
Instrum	nent	Type	S/N	Date	Check	(3)Inspected	(6)Charged Off
Ion Cha Beta-Ga Geiger Counter	mma	E-530				(2)	
Detecto	r	HP-270				COLUMN	
Frisker		RM-14				(2)	(5,6)
Detecto Single Channel Analyze		HP-210				(2)	(4)
Detecto	r						
Air Sam Check Sources	1	12VDC				(1)	
Watch		0-200mk			-	(1)	
Dosimete		or 0-500mR					
Charger	_					(1)	(4)
Calculat	or				-	(1)	
Flashlig	ght			, 1		(1)	(4)
Flashlig	ght				NO Y	(1)	(4)
Flashlig	ht				.3.	(1)	(4)
Correcti	ve A	ctions*					Init./Date*
charger	the i	first qua -18 hours	. Con	tact the E	mergency	extended use, Planning Coor	recharge the battery dinators for the batte
Checked By Reviewed B				Dat	е		



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 40 of 74 REVISION DATE 4/15/83 CHANGE DATE

	TITLE: FIELD MONITORIN	G KIT A			FORM NO.	1903 601	
	AND THE PERSON			F	EV. # 3	PC #	
INVENTOR	YLIST				Page	_3_ of	4
	Equipment	Required Quantity	Actual Quantity	 Init.	Corre	ective ions*	Init
SURVEY	INSTRUMENTS	XXXXXXXXXXXX	XXXXXXXXXXXXX	I XXXXXXX	(XXXXXXX	XXXXXXXX	IVVVV
High Ra	ange Ion Chamber	1					1
Geiger	Counter w/Probe	1 1		1			
Frisker	w/Probe Channel Analyzer	11					
w/Probe		11		i			
Air Sam	pler (12VDC)	1 1					
Sample	Head	2					
Check S	ources	2					
SAMPLIN	G SUPPLIES	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXX
Watch		1					
Cloth S	mear	20					
Paper St	mear	25					
Particu	late Filter	25					
Glassine	e Envelope	25					
Silver	Reolite Cartridge	25					
Complete	ed Checklist in Front	NA NA	N/A				
MONITORI	NG EQUIPMENT (0-200mR or	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXX
Dosimete	r 0-500mR)	6					
Charger		1					
Where app	licable						



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 41 of 74

REVISION 5 DATE 4/15/83
CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One FORM NO. 1903 60F TITLE: FIFLD MONITORING KIT A REV. # 5 PC # INVENTORY LIST Page 4 of 4 Required Actual Corrective Equipment Quantity | Quantity | Init. Actions* Date* PROTECTIVE CLOTHING Masking Tape 1 roll 1 roll Duct Tape (Batteries not contained within an instrument should be BATTERIES Initials/Date replaced during the first quarter inventory. "D" Cell 9-Volt MISCELLANEOUS 3 Pencil Magic Marker Clipboard 1 Knife Flashlight 3 Bulbs (Spare) 1 Map Calculator Plastic Bag (sm.) Plastic Bag (med.) 10 Zip-Lock Baggies *Where applicable Inventory By Date Date Reviewed By



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

of 74 PAGE 42

REVISION CHANGE

4/15/83

DATE

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

FORM NO. 1903 600 TITLE: FIELD MONITORING KIT B. REV. #5 LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room) INSTRUCTIONS. Page 1 of 4 Perform a complete inventory of the kit if the kit: A. Has been used B. Is found unsealed/unl C. Is due for inventory Is found unsealed/unlocked If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks. CHECKS: Record the calibration due date of the instruments in the kit. Replace as necessary. Perform a battery check on the indicated instruments. Replace as necessary. Verify the operability of the indicated instruments. Replace as necessary. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in). NOTES: Quantity should include units, where applicable. Date should include month, day, year. 3. If routine checks are satisfactory, initials should be used to indicate this. 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



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

PAGE

43 of 74

1903.60

ARKANSAS NUCLEAR ONE

REVISION 5 DATE 4/15/83
CHANGE DATE

A		An	NAN	Arka	nsas	R & LIGHT	COMPAN	IY
L	TITLE	E FIETD M	ONITOR	ING KIT R		- Tuoicai C	FORM NO.	-
				TALL ALL E			1903	60C
CHECK	LIST							of .
Ins	trument	Туре	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	!(4)Batt Remove !(5)Plugged in/ !(6)Charged	Inst
Bet Gei	Chamber a-Gamma ger					(2)		
1	nter	E-530				(2)		
1	ector	HP-270						
Fri	sker	RM-14				(2)	(5,6	
Sing	nnel	HP-210					41.	
1	yzer					(2)	(4	
1		12VDC				(1)		
Watc		0-200mR				(1)		
	meter	or 0-500mR						
Char						(1)	(4)	2
Calcu	ulator					(1)		
Flash	hlight				- C	(1)	(4)	
Flash	alight					(1)	(4)	
Flash	nlight					(1)	(4)	
Corre	ctive Ac	tions					Init./)ate*
* Duri	applicab ng the f for 15- gers.	irst quar	ter in Cont	ventory or	after e	extended use, r Planning Coord	echarge the bat	tery
necked				Date				



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE

CHANGE

44 of 74 5 DATE REVISION

DATE

4/15/83

	ARKANS	AS POW Arkansa			COMPANY	
	TITLE: FIELD MONITORING	DIE D		F	ORM NO.	
	* * * * * * * * * * * * * * * * * * * *	- A-1 - H		R	EV. # 3 PC #	
NVENTORY	Y LIST				Page 3 of	4_
	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date
SURVEY	INSTRUMENTS	XXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX
High Ra Beta-Ga	ange Ion Chamber	1				
	Counter w/Probe	1				
	r w/Probe	1				
Single w/Probe	Channel Analyzer	1			1	
Air Sampler (12VDC)		11				
Sample	Head	2				
Check S	Sources	2				
SAMPLIN	NG SUPPLIES	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	77/0/0/0
Watch		1				
Cloth S	Smear	20				
Paper S	Smear	25				
Particu	ulate Filter	25				
Glassin	ne Envelope	25				
	Zeolite Cartridge	25				
	ted Checklist in Front cedure Notebook	NA NA	N/A			
PERSONN	NEL RING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX
	(0-200mR or ter 0-500mR)	6				
Charge		1				

Inventory By _____ Date

Reviewed By



EMERGENCY PLAN PROCEDURE PROCEDUREWORK PLANTITLE.

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

NO:

ARKANSAS NUCLEAR ONE

PAGE REVISION 45 of 74 5 DATE

CHANGE

DATE 4/15/83

ARKA ARKA	NSAS PO	WER &	LIGH	T COMPA	NY
TITLE SIELD MONITO				FORM NO. 1903	
	The same of the			REV. #5 P	C#
INVENTORY LIST	a per Carrier			Page 4 o	f 4
Edvipmen	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init.,
PROTECTIVE CLOTHING	TAXXXXXXXXXXX	XXXXXXXXXXXX 1	(XXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CANANA
Masking Tape	l roll				I
Duct Tape	1 roll				1
PATTERIES replaced duri	contained with	hin an instr	ument si		1
"D" Cell	1 &	darter inver	icory.	Initia	ls/Date
9-Volt	3	168			
MISCELLANTOUS	XXXXXXXXXXXX		700000	XXXXXXXXXXXXXXXX	
Pencil	1 3	in in annual and	nanaasra 	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	XXXXXXXX
Magic Marie	2				
Clipboard	1	HELLE			
Knife	1 1				
Flashlight	3				
Bulos (Spare)	3				
Мар	1				H
Calculator	1.1				
Plastic Bag (sm.)			-		
Plastic Bag (med.)					
Zip-Lock Baggies here applicable	10				
ventory By	Date				1,40
viewed By	Date				



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

4/15/83

NO:

ARKANSAS NUCLEAR ONE

PAGE 46 of 74 REVISION DATE

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One TITLE: FIELD MC HITORING KIT C FORM NO. REV. #5 LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room) Page 1 of 4 Perform a complete inventory of the kit if the kit: A. Has been used B. Is found unsealed/unlocked Is due for inventory If the seal is intact/kit looked 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. Date should include month, day, year. If routine checks are satisfactory, initials should be used to indicate this. 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) () Checklist (Performed By Date Reviewed By Forward To: Emergency Planning Coordinator



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

PROCEDURE

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 47 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

	TITLE						FORM NO.	
-		FIELD M	DNITOR	ING KIT C			REV. # 5	PC #
C	HECKLIST			100			Page	2 of 4
	Instrument	Туре	S/N		Batt.	(1)Operation/ (2)Response/ (3)Inspected	(5)Plugged	in/ Instr
	Ion Chamber Beta-Gamma Geiger		-			(2)	4	
-	Counter	E-530				(2)		
-	Detector	HP-270			,			
-	Frisker	RM-14		71.0		(2)	(5,6)
1	Detector Single	HP-210			4±		* 64	
1	Channel Analyzer					(2)		(4)
	Detector							
l	Air Sampler	12VDC				(1)		
1	Check Sources			49				
	Watch					(1)		
-	Dosimeter Dosimeter	0-200mR or 0-500mR						
	Charger					(1)		(4)
1	Calculator					(1)		
1	Flashlight					(1)		(4)
	Flashlight					(1)		(4)
	Flashlight					(1)		(4)
1	Corrective A	Actions					In	it./Date*
1	where applicate During the pack for 15 chargers.	first ou	arter s. Co	inventory ntact the	or after Emergenc	extended use, y Planning Coo	recharge the	e battery r the batt



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 48 of 74 REVISION DA E 4/15/83 CHANGE DATE

	TITLE:			F	ORM NO.	
	FIELD MONITORING	KITC		R	EV. # 3 PC #	
NVENTORY	LIST				Page 3 of	4
	Equipment	Required Quantity	Actual	Init.	Corrective Actions*	Init
SURVEY	INSTRUMENTS	XXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX
	ange Ion Chamber	11				
Beta-Ga Geiger	Counter w/Probe	1			1	
	w/Probe	1				
W/Probe	Channel Analyzer	1				
Air San	mpler (12VDC)	11				
Sample	Head	2				
Check S	Sources	2				
SAMPLIN	NG SUPPLIES	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXX
Watch		1				
Cloth S	Smear	20				
Paper S	Smear	25				
Particu	nlate Filter	25				
Glassin	ne Envelope	25				1
	Zeolite Cartridge	25				
of Proc	ed Checklist in Front edure Notebook	NA NA	N/A			
PERSONN	RING EQUIPMENT	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX
Dosimet	(0-200mR or er 0-500mR)	1 6				
Charger		1				

Reviewed By



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

49 of 74 5 DATE PAGE

REVISION CHANCE DATE

4/15/83

41 1	Aiti	ANSAS PO Arkan	sas Nuc		One	
	TITLE: FIELD MONIT	TORING KIT C			FORM NO. 1903	он
					REV. # 5 PO	C #
WENTORY L	IST				Page 4 of	4
1	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./
PROTECTIV	E CLOTHING	XXXXXXXXXXX	XXXXXXXXXXX 1	XXXXXXXX	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX
Masking T	ape	l l roll				
Duct Tape		l 1 roll				
BATTERIES		ot contained wit				/ als/Date
"D" Cell		1 8				
9-Volt		3				
MISCELLAN	EOUS	XXXXXXXXXXX	XXXXXXXXXXXX 	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX
Pencil		1 3				
Magic Mar	ker	1 2				
Clipboard		1				
Knife		1				
Flashligh	t	3				
Bulbs (Sp	are)	3			!	
Мар		1				-
Calculati	r	1				
Plastic B	ag (sm.)					
Plastic B	ag (med.)					
Zip-Lock		1 10				
Where appl	icable					



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

ARKANSAS NUCLEAR ONE

EMERGENCY SUPPLIES & EQUIPMENT

NO:

PAGE

50 of 74 REVISION

CHANGE DATE

DATE 4/15/83

1903.60

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One FORM NO. 1903 60 TITLE: FIELD MONITORING KIT D REV. #5 PC # LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room) INSTRUCTIONS: Page 1 of 4 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/kir locked and the kit is not due for inventory, perform only the required checks. CHECKS: 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. Verify the operability of the indicated instruments. Replace as necessary. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in). NOTES: Quantity should include units, where applicable. Date should include month, day, year. If routine checks are satisfactory, initials should be used to indicate this. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken. () 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 (() Checklist (__pages)
() Inventory List (__pages) Performed By Date Reviewed By Forward To: Emergency Planning Coordinator



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

 PAGE
 51 of 74

 REVISION
 5 DATE
 4/15/83

 CHANGE
 DATE

	TITLE						FORM NO.	1002 601	
	111122	FIELD MO	NITOR	ING KIT D			REV. # 5	PC #	
HECKLI	ST						Page		4
Instr	rument	Туре	S/N	 Cal. Due Date	Batt.	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt (5)Plugge (6)Char	ed in/ In	str
Ion (Chamber					(2)			
	Gamma	E-530				(2)			
Detec		HP-270							
Fris	ker	RM-14				(2)		(5,6)	
Detec	ctor	HP-210			V L	5		جس	
Sing Chann Analy	nel					(2)		(4)	
Dete	ctor						45		
Air :		12VDC	-			(1)			
Watc		0-200mR			*	(1)		4	
	meter meter	or 0-500mR			71		+		
Char						(1)	(4)	
Calc	ulator					(1)		
Flas	hlight					(1)	(4)	9
Flas	hlight					(1)	(4) 5	
Flas	hlight					(1)i	(4)	
Corr	ective	Actions*						Init./Da	te
tok Dur pac	applic ring the k for l rgers.	first q 5-18 hou	uarter	inventor	y or afte e Emerger	er extended use acy Planning Co	, recharge	e the batt s for the	ery



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

MERGENCY SUPPLIES & EQUIPMEN

NO:

1903.60

PAGE

52 01 74

ARKANSAS NUCLEAR ONE

REVISION 5 DATE 4/15/83 CHANGE DATE

	TITLE:				F	ORM NO.	000 601	
-	FH	LD MONITORING	KIT D		RI	EV. # 3	PC #	
NVE.	NTORY LIST					Page	_3_ of	_4
	Equipme	ent	Required Quantity	Actual Quantity	Init.	Corre		Init., Date*
SU	RVEY INSTRUME!	NTS	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXXX	XXXXXXX
Hi	gh Range Ion	Chamber	1					
Be	ta-Gamma eiger Counter		1					
Fr	isker w/Probe		1					
Si	Ingle Channel Probe	Analyzer	11					
Ai	ir Sampler (12	VDC)	1					
Sa	ample Head		2					
CI	heck Sources		2			-	_	
S	AMPLING SUPPLI	ES	XXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXX	CXXXXXXXXX	XXXXXX
W.	atch		1			-		
C	loth Smear		20			ļ		
I P	aper Smear		25		-	·		-
P	articulat Fi	lter	25		ļ	ļ		-
G	lassine Envel	оре	25		-	-		-
S	ilver Zeolite	Cartridge	25			-		-
1 0	f Procedure N	klist in Front otebook	NA NA	N/A	-	<u> </u>		-
	PERSONNEL MONITORING EQU		XXXXXXXXX	X XXXXXXXXX	XXXXXXX	X XXXXXXX	XXXXXXXX	CIXXXXXXX
1 [(0-20 Dosimeter 0-50		6	-	-	-		-
1	Charger		1_1	<u> </u>		_i		-1
*W	here applicabl	e						
Tor	ventory Ry		Date					



EMERGENCY PLAN PROCEDURE

Reviewed By

PROCEDUREWORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUIFMENT

NO:

PAGE of 74 REVISION DATE

DATE CHANGE

4/15/83

1903.60

ARKANSAS NUCLEAR ONE

TITLE: PIET D. MOI	NITORING KIT D			FORM NO. 1903	507
	111111111111111111111111111111111111111			REV. # 5 P	C #
VENTORY LIST				Page 4 o	f 4
Equipment	Required Quantity	Actual Quantity	I Init.	Corrective Actions*	Init. Date*
PROTECTIVE CLOTHING	xxxxxxxxxx	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXX 1	XXXXXXXX
Masking Tape	l 1 roll				
Duct Tape	1 1 roll				i
	not contained wit during the first q			The second secon	/ als/Date
"D" Cell	8	147			
9-Volt	3				
MISCELLANEOUS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	1 XXXXXX XX XXXXXXXXX	XXXXXXXX
Pencil	1 3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Мар	1				
Calculator	11				
Flastic Bag (sm.)					
				1	1
Plastic Bag (med.)					

Date



EMERGENCY PLAN PROCEDURE

PROCEDUREWORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

4/15/83

13

54 of 74 5 DATE PAGE REVISION

DATE

CHANGE

ARKANSAS NUCLEAR ONE

AR	ARKAN	SAS POWER Arkansas N	& LIGHT COM uclear One	PANY
	TITLE: HOSPITAL KIT		FORM NO.	1903 601
			REV. #5	PC #
LOCATION:	St. Mary's Hospital			
INSTRUCTIO	ONS:		Page 1	of _6_
A. B.	orm a complete invent Has been used Is found unsealed/un Is due for inventory	nlocked	he kit:	
	he seal is intact/kir orm only the required		is not due for invent	tory,
CHECKS:				
Repla	rd the calibration du			
neces	ssary.		truments. Replace as ruments. Replace as	
4. Char	ssary. ge the batteries in t ess continuously plud		ments for ~ 1 hour	
	ect or replace respin			
NOTES:				
2. Date	tity should include washould include month	n, day, year.		
	outine checks are sat ndicate this.	tistactory, initials	should be used	
appl	outine checks are undicable column then de ons taken.			
This kit:	() is due for	quarterly inventory		
	() is not due	for quarterly inven	tory	
	() was found : checks unle inventory)	sealed/locked (compless the kit is sched	ete only the required ulad for complete	
		unsealed/unlocked (p	erform a complete inve	entory)
This pack	et consists of:	(x) Cover Sheet		
		() Checklist (() Inventory List		
Performed	Ву	Date		
Reviewed				
	o. Emergency Planni			



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 55 of 74 DATE REVISION 4/15/83 DATE CHANGE

	12.11.12		Arka	insas	Nuclear	the same of the sa	
	TITLE: HO	SPITAL	KIT			FORM NO. REV. # 2	1903.60J PC #
HECKLIST						Page 2	ot b
	1	S/N	Cal.Due	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt.Remove, (5)Plugged in/ (6)Charged	Instr. Off
Instrument Beta Gamma Survey Mete	Type	3/1	Date		(2)		
Frisker	RM-14				(2)	(5,6	
Detection Chamber	HP-210					7	
Air Sampler	110V				(1)		
Respirator	Cann.		STATE OF THE PARTY.		(3)		10
Check Source	ce				and the		
Watch					(1)		
Dosimeter Dosimeter		1	4		(1)	(4)	
Charger					(1)		THE REAL PROPERTY.
Flashlight					(1)	(4)	
						PART	
						T.	nit./Date*
Corrective	Actions			111		The state of the s	
		-		THE		7	
*Where app	licable						
Inventory	Ву		D	ate			
Reviewed E	211						
Very swen t	7						



PLANT MANUAL SECTION: EMERGENCY PLAN

TITLE:

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

HOSPITAL KIT

PAGE 56 of 74

REVISION 5 DATE 4/15/83

1903.60J

CHANGE DATE

FORM NO.

-		1	П
7			17
7	49		I.

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

INVENTORY LIST				Page	of	-6
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	xxxxxxxxxx	000000000000	00000000	xxxxxxxxxxx	OOXXXX	xxxxxxx
Watch	1					
Cloth Smear	100			_		
Paper Smear	100					
Particulate Filter	25					
Glassine Envelope	25					
Charcoal Cartridge	15					
Air Sample Form	25	3112				
PERSONNEL MONITORING EQUIPMENT	xxxxxxxxx	xxxxxxxxxxxx	00000000	XXXXXXXXXX	CXXXXX	xxxxxxx
(0-200mR or Dosimeter 0-500mR)	20					
Charger	1					
TLD Badge (incl. 1 as BKG)	15					
*Where applicable						
Inventory by	Date					



EMERGENCY PLAN PROCEDURE PROCEDUREWORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE REVISION

CHANGE

57 of 74 5 DATE

DATE

TE 4/15/83

	TITLE:			F	FORM NO.				
	HOSPITAL KIT			R	EV. # 3 PC #				
INVENTORY	LIST				Page 4 of 6				
RESPIRA	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init Date			
	TION EQUIPMENT	XXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX			
	er Mask w/Iodine	1	1						
Iodine	Cannister (Spare)	1							
PROTECT	TIVE CLOTHING	XXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX			
Anti-C'	s	2 sets							
POSTING	MATERIALS	XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX			
Four-Po	cket Signs	10							
"Radiat	ion Area" Insert	10							
"High R	adiation Area" Insert	10	1 2						
Entry"	quired for Insert	10							
in this	t mR/HR Accessible Area" Insert	10							
"Health Require	Physics Escort d" Insert ne Radioactivity	10							
"Airbor Area" I	ne Radioactivity	10							
"Respir	atory Protection d" Insert	10							
"Notify	Health Physics Entering" Insert	10							
	ination Area" Insert	10							
	or B Clothing" Insert	10							
1	Clothing" Insert	10							
Type C	Clothing" Insert	10							



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & FOUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 58 of 74 5 DATE REVISION 4/15/83 DATE CHANGE

كالما	TITLE: UNCOTTAL VIT	Arkans			Tecanina			
	HOSPITAL KIT				REV. # 2 PC #			
INVENTORY	LIST				Page 5	of 6		
	Equipment ve Material	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date≄		
	Area" Insert	10						
"Keep Out" Insert		10						
Blank Inse	rt	10						
Radiation	Warning Ribbon	3 rolls						
Radiation	Warning Tape	3 rolls						
Contaminat	ion Warning Tape	3 rolls						
Step-Off Pads (Batteries not co		10	thin instance	nonte chi	auld.	,		
BATTERIES	be replaced duri	ing the fir	st quarter	inventor	y). Initials/D	ate		
"D" Cell		10						
9-Volt		4						
MISCELLANE	ous	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXX		
Pencil		6						
Magic Mark	er	2		-				
Clipboard		1		-				
Flashlight		1						
Bulbs (Spa	re)	1		-				
Plastic Ba	g (sm.)			-				
Plastic Ba	g (med.)			-	-			
Plast c Ba	ng (lg.)							
*Where app	olicable							
Inventory	Bv	Date						



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 59 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

AR		ARKAN		WER & L as Nucl		COMPA ne	NY	
	TITLE:	HOSPITAL H	(IT			FORM NO.	1903	.60J
						REV. #1	PC #	
INVENTORY	LIST	- 33.5				Page 6	of	6
	Equipmen		Required Quantity	Actual Quantity	Init.	Corrective Actions*		Init., Date*
PERSONNEL SUPPLIES	DECONTAN	INATION	XXXXXXXXXX	xxxxxxxxxx	OXXXXXXXX	000000000000000000000000000000000000000	occ	000000
"Rad-Con"			4 (555					-
"Tide"			1 box		-			-
Corn Meal			1 pkg.					-
Chlorox			1 btl.	<u> </u>				
*Where app	olicable							
Inventory	Ву		Date					
Reviewed !	Bv		Date					



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

NO:

ARKANSAS NUCLEAR ONE

PAGE 60 of 74

REVISION CHANGE

DATE 4/15/83 DATE

ARKANSAS DOWER & LIGHT COMPANY

	TITLE: FIRST AID RO	OM	FORM NO. 1002 60V
			REV. # 5 PC #
LOCATION	: Administration Bu	ilding Second Floor	
INSTRUCT	IONS:		Page 1 of 4
1. Per	form a complete inv First Aid Room is	entory of the First Aid Redue for inventory.	
NOTES:			
3. If i to i 4. If i appl	e should include more coutine checks are a indicate this. coutine checks are a	e units, where applicable onth, day, year. satisfactory, initials shown ansatisfactory, indicate to describe and date the con	ould be used
This kit:		or quarterly inventory se for quarterly inventory	,
This pack	et consists of:	(x) Cover Sheet () Checklist (page () Inventory List (es) pages)
Performed	Ву	Date	
Reviewed	Rv		



EMERGENCY PLAN PROCEDURE

Inventory By

Reviewed By

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 61 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

LLF		Arkans	as Nucl	ear C	ne	
	TITLE: FIRST AID RO	MOC			FORM NO.	03.60K
					REV. # 2 PC	Ü
INVENTORY	LIST				Page 2	f _4_
	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init.
FURNISHING	S	XXXXXXXXXXXX	000000000000000000000000000000000000000	XXXXXXXX	000000000000000000000000000000000000000	XXXXXXXX
Treatment	Table	1				
Med Lite		1				
Dressing Can		1				
Orthopedic Stretcher		1				
MEDICAL SU	PPLIES AND EQUIPMENT	XXXXXXXXXX	000000000000000000000000000000000000000	XXXXXXXXX	000000000000000000000000000000000000000	XXXXXXXXXX
Blankets		4				
Stethoscop	e	1				
Sphygmomet		1				
Otoscope-O w/Batterie	pthaimoscope s	1				
Laryngosco	pe w/Batteries	1				
Aspirator	w/Suction Probe	1				
Recusitati	on Bag	1				
Inflatable	Splints	l set	1 11 11 11			
Phisohex D	ispenser Bottle	1				
Oral Therm	ometer	2				
Emesis Bas	in	2				
Tourniquet		3				
Sponge, Fo (~6 inch,	straight)	1				
Thumb Dres Forceps (~		1				

Date



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 62 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

	TITLE: FIRST ATD ROOM				FORM NO. 1903 6	OK
	FIRST AID ROOM				REV. #5 PO	<i>0</i>
IVENTORY L	IST				Page 3 of	4_
	Equipment	Required	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Splinter		1				
Bandage S	cissors (~4.5 in.)	1				-
Bandage S	cissors (~6 in.)	1				-
Airways		Asst.				-
Oral Scre	w *	1				ļ
	heal Tube	Asst.		ļ		-
	Insertion of heal Tube	33			İ	-
Syringe (Asepto, 50cc)	1				-
Syringe w		Asst.		-		
(Exp. Dat		6		ļ		i
(Exp. Dat		2	-			-
Abbocath		1		-		-
IV Tubing		8 ft.	ļ	-	ļ	-
Suture Ma	aterial	Asst.	<u> </u>	İ	-	-
Bandage !	faterial	Asst.	İ	-	-	-
Bandage	(Stretch)	Asst.	-	-	-	
Surgical		Asst.	-	-		-1
Exam Glo	ves	1 box	-	-	-	-
Surgical Where app	Gloves	1 6 pr.	!	1	-	-1
	Ву	Date				
eviewed B						



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOULPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 63 of 74
REVISION 5 DATE

CHANGE

DATE

TE 4/15/83

	TITLE: FIRST AID ROOM				FORM NO.	13.60K
						C #
IVENTORY L	151				Page 4 of	4
		Minimum				
	Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./
DRUGS					DXXXXXXXXXXXXXXXX	1
Isuprel		(1 cc ea.)	nanananana	AAAAAAAA	MAAAAAAAAAAAAAAA	IAAAAAAAA
(Exp. Date		2 amps				
	phinephrin 1:1000	(1cc ea.)				1
(Exp. Date		2 amps				
	in (500 mg)	(500 mg ea)		-		1
(Exp. Date		2 amps				1
Lasix (40	mc/amp)	(4 cc ea.)		-		1
(Exp. Date)	2 amps				i i
Valium (10	mg/amp)	(2 cc ea.)				1
(Exp. Date		2 amps				1
	Sulfate (10 mg/cc)	(1 cc ea.)				1
(Exp. Date		2 amps				1
	arbonate (44.6 meq)					1
(Exp. Date		2 amps				1
Decadron ((1 ca ea.)				
(Exp. Date		4 amps				-
Atropine ((1 cc ea.)				
(Exp. Date Nubain (10		2 amps				
		(1 cc ea.)				
(Exp. Date	(50% Dextrose)	2 amps (50 cc ea.)				
(Exp. Date		2 amps				
	ctate Solution	2 amps 1				-
(Exp. Date		2 liters				
	(2%, Plain)	- 110013				-
(Exp. Date		20 cc				1
	(2%, Cardiac)					
(Exp. Date		2 amps		· i		1
Pontocaine	Eye Drops	(5 cc)		-		1
(Exp. Date		1 btl.		i		İ
Betadine S There appli	kin Antiseptic	1 pt.	-			
ventory By		Date				
nventory By		Date				



EMERGENCY PLAN PROCEDURE PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT PAGE

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 64 of 74

REVISION 5 DATE 4/15/83

CHANGE DATE

AR	ARKANSAS POWE Arkansas	R & LIGHT COMPANY Nuclear One
كا والله	TITLE: FIRE JOCKER A	FORM NO. 1903 601
	FIRE LOCKER A	REV. # 5 PC #
LOCATION:	Unit 1 Turbine Building, El. 354'	
INSTRUCTI	ONS:	Page _1 _ of _3
A. B.	orm a complete inventory of the kit i Has been used Is found unsealed/unlocked Is due for inventory	If the kit:
2. If t perf	he seal is intact/kit locked and the form only the required checks.	kit is not due for inventory,
CHECKS:		
	form a battery check on the indicated	instruments. Replace as
2. Veri	ssary. Ify the operability of the indicated :	instruments. Replace as
	essary. Dect or replace respirators.	
NOTES:		
1. Quar	ntity should include units, where app	licable.
3. If	e should include month, day, year. routine checks are satisfactory, init indicate this.	ials should be used
4. If app	routine checks are unsatisfactory, in licable column then describe and date ions taken.	dicate that in the the corrective
This kit	() is due for quarterly inven	tory
	() is not due for quarterly i () was found sealed/locked (c	n entory omplete only the required
	checks unless the kit is s	cheduled for complete
	inventory) () was found unsealed/unlocke	d (perform a complete inventory)
What is a		
Inis pac	() Checklist (pages) ist (pages)
Performe	d By Date	
Reviewed	Ву	
Forward	To: Emergency Planning Coordinator	



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & FOUTPMENT

65 of 74

NO:

PAGE

ARKANSAS NUCLEAR ONE

REVISION DATE 4/15/83 DATE CHANGE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

FORM NO. TITLE: REV. # 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			(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr.
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)	IXXX	XXX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	1 XXX	XX
Smoke Ejector	XXX	XXX	XXX	XXX	(1)	IXXX	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

Date Checked By

Reviewed By



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 66 of 74 5 DATE REVISION 4/15/83 CHANGE DATE

	TITLE: PIRE LOCKER A				FORM NO. 1903.6	or
	PIRE LUCKER A				REV. #5 PC	0
NVENTORY L	IST				Page 3 of	3
1	Equipment	Required Quantity		Init.	Corrective Actions*	Init./
PROTECTIVE	E CLOTHING	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXX
Turn-Out (Gear	5 sets				
White Fire	e Fighter's Helmet	1				
Red Fire 1	Fighter's Helmet	1				
RESPIRATOR	RY PROTECTION EQUIPM	ENT XXXXXXX	XXXXXXXXXXX	XXXXXXXX	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX
SCBA		5				
FIRE FIGHT	TING EQUIPMENT	XXXXXXXXXXXX	XXYXXXXXXX I	XXXXXXXX	AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX
Smoke Ejec	ctor	1 2	9			
Fire Ax		2				
Fire Extin	ngwisher	5				
Handlite v	W/Batteries 1	5				
MISCELLANE		XXXXXXXXXXXX	XXXXXXXXXXX I	XXXXXXXX i	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX
First Ald (Ensure M:	Kit inimum Inventory)	1 1				
Stretcher		1				
Blanket		1				
Oxygen Bot	ttle	1				
Hare Tract	tion Splint	1 1				
Where appl:	icable					
nventory By	7	Date				
eviewed By						



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

4/15/83

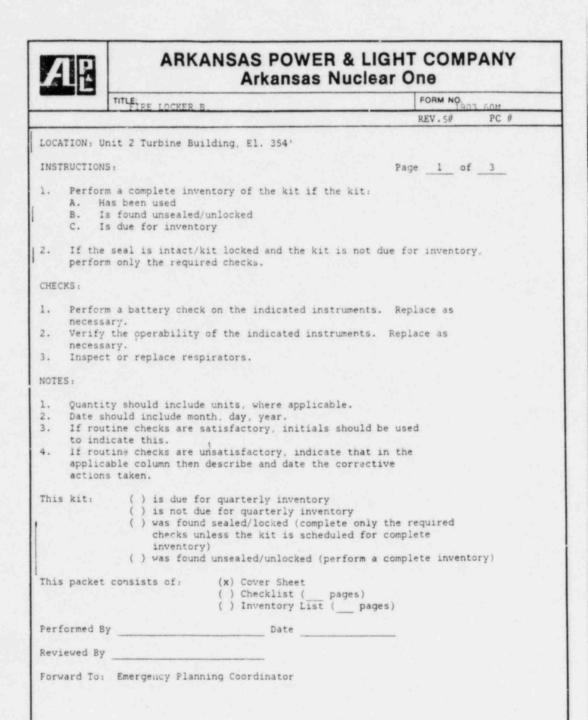
ARKANSAS NUCLEAR ONE

PAGE 67 of 74

REVISION

DATE

DATE





EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

10:

1903.60

ARKANSAS NUCLEAR ONE

*Where applicable; + quarterly only

Reviewed By

Checked By _____ Date

PAGE 68 of 74
REVISION 5 DATE

CHANGE

DA

DATE 4/15/83

	TITLE		-	Ainai	1343	Nuclear (FORM NO.	
	1	FIRE L	OCKER R				REV. # 5	903.60M PC #
CHECKLIST NOTE:	SEW	ELL SHOU	LD BE CO	ONTACTED I	N CONJU	NCTION WITH TH	Page _	2 of 3
 Instrume	ent	Type	S/N	Cal.Due Date	Batt.	(1)Operation/ (2)Response/ (3)Inspected	1(5)Plugged	
Respirat	tor	SCBA			XXX	(3)	XXX	XXX
Respirat	or	SCBA			XXX	(3)	XXX	XXX
Respirat	or	SCBA			XXX	(3)	XXX	XXX
Respirat	or	SCBA			XXX	(3)	XXX	XXX
Respirat	or	SCBA			XXX	(3)	XXX	XXX
Ejector		XXX	XXX	XXX	XXX	(1)	XXX	XX
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	
			-					
Correcti	ve Ac	ctions*					i	Init./Date
					-			



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

NO:

1903.60

PAGE ARKANSAS NUCLEAR ONE

REVISION

CHANGE

69 of 74 5 DATE

DATE

4/15/83

ARKANSAS POWER & LIGHT COMPANY

TITLE: FIRE LOCKER F				FORM NO.	
				REV. # 5 PC	69H
INVENTORY LIST				Page 3 of	_3_
Equipment	Required	Actual Quantity	Init.	Corrective Actions*	Init. Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	000000000	CXXXXXXXXXXXXXXXXX	XXXXXXXXX
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIP	MENT XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	OXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCXYYYY
SCBA	5			THE THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SER	I
FIRE FIGHTING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YYYYYY
Smoke Ejector	2			, we are a second and a second a second and a second and a second and a second and a second and a second and a second and	
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXX
First Aid Kit (Ensure Minimum Inventory)	1	1			
Stretcher	1				
Blanket	1_1				
Oxygen Bottle	1				
Hare Traction Splint	1_1_				
here applicable					
ventory By	Date				
viewed By					



EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

4/15/83

CHANGE

70 of 74 5 DATE PAGE REVISION

DATE

ARKANSAS NUCLEAR ONE

INSTRUCTIONS: Page 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 Page 1 Pa	AR	ARKANSAS POWE Arkansas	R & LIGHT COMPANY Nuclear One
INSTRUCTIONS: Page 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 Perform a battery check on the indicated instruments. Replace as necessary. Perform a battery check on the indicated instruments. Replace as necessary. Perform replace respirators. NOTES: Quantity should include units, where applicable. Date should include month; day, year. If routine checks are satisfactory, initials should be used to indicate this. 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 () 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) () was found unsealed/unlocked (perform a complete inventory) () was found unsealed/unlocked (perform a complete inventory) () was found unsealed/unlocked (perform a complete inventory) () was found unsealed/unlocked (pages) () Inventory List (pages)	حا عد	TITLE: TARRE LOCKER C	FORM NO. 1903.60M
INSTRUCTIONS: Page 1 Perform a complete inventory of the kit if the kit: A. Has been used B. Is tound unsealed/unlocked C. Is due for inventory If the sesl is intact/kit locked and the kit is not due for invent perform only the required checks. CHECKS: Perform a battery check on the indicated instruments. Replace as necessary. Verify the operability of the indicated instruments. Replace as necessary. Inspect or replace respirators. NOTES: Quantity should include units, where applicable. Date should include month; day, year. If routine checks are satisfactory, initials should be used to indicate this. 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 () 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) () was found unsealed/unlocked (perform a complete inventory List (pages) () Inventory List (pages)		FIRE LOCKER C	REV. #5 PC #
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 invent 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 () 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) () was found unsealed/unlocked (perform a complete inventory () inventory List (pages) () Inventory List (pages)	CATION:	: Turbine Building, El. 386'	
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 invening 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 () 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) () was found unsealed/unlocked (perform a complete inventory) () was found unsealed/unlocked (perform a complete inventory) () Inventory List (pages)	INSTRUCT	ONS:	Page 1 of 3
Derform 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	A. B.	Has been used Is tound unsealed/unlocked	f the kit:
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	2. If to person	the seal is intact/kit locked and the form only the required checks.	kit is not due for inventory.
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) () was found unsealed/unlocked (perform a complete inventory) () inventory List (pages) () Inventory List (pages)	CHECKS:		
 Quantity should include units, where applicable. Date should include month; day, year. If routine checks are satisfactory, initials should be used to indicate this. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken. () 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 backet consists of: () Cover Sheet () Checklist (pages) () Inventory List (pages) 	2. Ver	essary. ify the operability of the indicated : essary.	
 Date should include month; day, year. If routine checks are satisfactory, initials should be used to indicate this. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken. () 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 backet consists of: (x) Cover Sheet () Checklist (pages) () Inventory List (pages) 	NOTES:		
() is not due for quarterly inventory	2. Dat 3. If to 4. If app	e should include month; day, year, routine checks are satisfactory, init; indicate this. routine checks are unsatisfactory, included column then describe and date	ials should be used
() Checklist (pages) () Inventory List (pages)	This kit	() is not due for quarterly 1 () was found sealed/locked (c checks unless the kit is s	nventory omplete only the required • cheduled for complete
Performed By Date	This pac	() Checklist (pages)
	Performe	d By Date	
Reviewed By			



EMERGENCY PLAN

PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

NO:

ARKANSAS NUCLEAR ONE

PAGE 71 of 74 REVISION DATE 4/15/83 CHANGE DATE

	1	П
٧.	11	
- 4		łE

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FORM NO. 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	Туре	S/N	Cal.Due	Batt.		(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr.
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	appl	licab.	le;	+	quarter	ly	onl	y
--------	------	--------	-----	---	---------	----	-----	---

Date Checked By

Reviewed By



PLANT MANUAL SECTION: EMERGENCY PLAN

PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

4/15/83

ARKANSAS NUCLEAR ONE

PAGE REVISION

CHANGE

72 of 74 DATE

DATE

-		-
VA	П	ш
7		4
market and	-	

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER C			FORM NO. 1903 50N		
TANK MYLDED IN				REV. # 5	PC #
VENTORY LIST				Page 3	of <u>3</u>
Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIP	MENT XXXXXXX	XXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXX
SCBA	5				_
FIRE FIGHTING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	xxxxxxxx
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	15				_
MISCELLANEOUS	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXX
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1 1				1
	-	-	1		
Blanket	1				
Blanket Oxygen Bottle	i				

Inventory By __

Reviewed By



EMERGENCY PLAN PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

4/15/83

ARKANSAS NUCLEAR ONE

73 of 74 PAGE

REVISION DATE CHANGE

DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

FORM NO. 1903.600 TITLE: MISCELLANEOUS EQUIPMENT REV. # 1 PC # Page 1 of 2

CHECKS:

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

NOTES:

- Quantity should include units, where applicable.
- Date should include month, day, year.
- If routine checks are satisfactory, initials should be used to indicate this.
- 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

(x) Cover Sheet This packet consists of:

() Checklist (__ pages)
() Inventory List (__ pages)

Date _ Performed By

Reviewed By

Forward To: Emergency Planning Coordinator



EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

7.4

PAGE 74 of 74
REVISION 5 DATE

PC #

CHANGE

FORM NO.

REV. #5

DATE 4/15/83

ARKANSAS NUCLEAR ONE

ARKANSAS P Arka

ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

Page 2 of 2 (1)Operational Cal. Due (2)Response Instr. (3) Inventory Location Instrument Single Channel Analy-U-1 zer with Detector CR Single Channel Analyzer with (2) Detector TSC (1) TSC (3)1 First Aid Rm. First Aid Kit (2) ND-60 MCA ECC (156)

Corrective Actions*	INITIAL/DATE*
	<u>i i i i i i i i i i i i i i i i i i i </u>

*Where	applicabl	-

Checked By Date

Reviewed By