

GINNA STATION  
UNIT #1  
COMPLETED

DATE :-

TIME :-

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. SC-410

REV. NO. 5

INSPECTION OF EMERGENCY EQUIPMENT

TECHNICAL REVIEW

PORC REVIEW DATE 12-22-82

J. Bodini  
QC REVIEW

B. B. B. B.  
PLANT SUPERINTENDENT

DEC 29 1982

EFFECTIVE DATE

QA X NON-QA \_\_\_\_\_ CATEGORY 1.0

REVIEWED BY: \_\_\_\_\_

THIS PROCEDURE CONTAINS 13 PAGES

SC-410INSPECTION OF EMERGENCY EQUIPMENT1.0 PURPOSE:

- 1.1 The equipment required by the emergency plan and the means of assuring it is available is outlined in this procedure. Inspection will be made monthly as required by Technical Specifications and after each drill use.

2.0 REFERENCES:

- 2.1 SC-1, Emergency Plan  
2.2 Tech. Specs, Table 4.1-1

3.0 INSTRUCTIONS:

- 3.1 Inspect each location using attached appendices. Indicate number of items present in blank space on appendix.
- 3.1.1 Emergency Survey Center - Appendix A  
3.1.2 Control Room - Appendix B  
3.1.3 Health Physics Office, Auxiliary Building, Operational Support Center - Appendix C  
3.1.4 Technical Support Center - Appendix D  
3.1.5 Monthly Inspection Log - Appendix E
- 3.2 If any discrepancies are found make note on the Monthly Inspection Log (Appendix E). If there are no discrepancies, enter NONE on Log Sheet.
- 3.2.1 Discrepancies are to be corrected (or a trouble card submitted) as soon as possible and so noted on the log sheet and filed per A-1701.
- 3.3 Perform monthly operational check with check source on Emergency Plant Vent monitor (Radector III). Record discrepancies on Monthly Inspection Log - Appendix E and advise Health Physicist.

APPENDIX "A"EMERGENCY EQUIPMENT IN SURVEY CENTER

- |  |       |         |
|--|-------|---------|
| 1. Assignment tag board - all tags in place  |       | _____   |
| 2. Survey team maps - Red, Green, Orange, Blue, Yellow   | 15    | _____   |
| 3. Survey team boxes - Red, Green, Orange, Blue, Yellow, White - If seal is unbroken assume equipment is intact. Inventory boxes and change batteries in January and July. | 6     | _____   |
| 4. Beta - Gamma survey instruments - battery check, source check. Assure calibration and efficiency calibrations are within a six month period.                            | 5     | _____   |
| 5. High level dose rate meters - battery check, source check, calibration check.   | 6     | _____   |
| 6. Extendable high level survey meter - battery check, source check, calibration check.  | 1     | _____   |
| 7. Nucleus scaler with probe and count shelf-frequency check, source check, efficiency calibration semi-annually.  | 1     | _____   |
| 8. Radiation monitor RM-3C or equivalent, with HP-260 probe equivalent, battery check, source check, calibration check.  | 1     | _____   |
| 9. Area radiation monitor, stationary - change chart paper, operational check.   | 1     | _____   |
| 10. Dosimeter charger with battery.  | 2     | _____   |
| 11. Dosimeter (High Range) - check calibration   | O-5R  | 8 _____ |
|  | O-10R | 8 _____ |
| 12. Dosimeter (0-500mr) - check calibration  | 12    | _____   |
| 13. Thermal luminescent dosimeters   | 10    | _____   |
| 14. Packages of (6) environmental TLD badges (off-site only)   | 3     | _____   |

## APPENDIX "A" (con't)

15. Battery operated, low volume air samplers - calibration check. Run air sampler several minutes to check operation, semi-annually totally discharge and recharge samplers (February and August)	6	_____
16. Battery charger - operation check, disconnect	1	_____
17. RADECO H 809 B2 air sampler - run 120 minutes	2	_____
18. RADECO H 809 C air sampler - run 1 minute	4	_____
19. Filters for air samplers - particulate		_____
20. Filters for air samplers - silver zeolite		_____
21. Envelopes for air samples - particulate	100	_____
22. Envelopes for air samples - iodine	100	_____
23. Envelopes for smear papers	100	_____
24. Smear papers	1000	_____
25. Decontamination kit	1	_____
26. Radios, portable - radio check with security	6	_____
27. Magnetic car mount antenna	3	_____
28. Radio, stationary - radio check with security - log book entry.	1	_____
29. Full face respirator with charcoal filter - inspect mask, mark bag with inspection date and initials check filter expiration date	22	_____
30. Voice emitters for respirators - operational check	13	_____
31. Contaminated clothing & waste containers, 55 gal drum	2	_____
32. Anti - contamination clothing, sets	25	_____
33. Step off pads	10	_____
34. Tape, rolls	1 BOX	_____
35. Plastic Bags, poultry	1 BOX	_____
36. Plastic bags, clean, large	20	_____

## APPENDIX "A" (con't)

- |  |              |
|--|--------------|
| 37. Radioactive material bags, yellow, large   | 1 ROLL _____ |
| 38. Radiation rope   | 1 ROLL _____ |
| 39. Radiation hazard signs with inserts  | 10 _____     |
| 40. Thyroid block tablets, bottles   | 25 _____     |
| 41. Pens and pencils   | 10 _____     |
| 42. Batteries, D size  | 10 _____     |
| 43. Extension cord   | 3 _____      |
| 44. Intercom "A" - communication check with Control Room.<br>Call Control Room on GAI page, have them plug in<br>Intercom A and contact survey center.   | 1 _____      |
| 45. NRC Red telephone - lift receiver, tell party "This is<br>a Ginna Station Survey Center Communications Check."   | 1 _____      |
| 46. New York State Red telephone - Push button, lift<br>receiver, wait 10 seconds, state "This is Ginna Station<br>Emergency Survey Center Communications Check, this is<br>a test." Then say "All Stations Standby for Roll Call",<br>then ask one at a time if New York State, Monroe<br>County, Wayne County and the Control Room are<br>listening. | 1 _____      |
| 47. Telephone Books - Rochester 1, Wayne County 1  | 1 _____      |
| 48. Wayne County (946-4878)  | 1 _____      |
| 49. Monroe County (71-9-473-0710)  | 1 _____      |
| 50. New York State (518-457-2200)  | 1 _____      |
| 51. National Weather Service, Rochester (716-328-7633)   | 1 _____      |
| 52. National Weather Service, Buffalo (716-632-2223)   | 1 _____      |
| 53. From _____ call Control Room at _____ and TSC<br>at _____  | 1 _____      |
| 54. From extension _____ call TSC at _____   | 1 _____      |

APPENDIX "A" (con't)

- 55. From extension call TSC at 1 \_\_\_\_\_
- 56. From extension call ESC at 1 \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX "A" (continued)

EMERGENCY EQUIPMENT PER SURVEY BOX

If box is sealed inventory not required. Boxes shall be opened in January and July for battery change and inventory.

1. Coveralls	2	_____
2. Hoods, disposable	2	_____
3. Gloves, pair	2	_____
4. Booties, pair	2	_____
5. Hats, Surgeon	2	_____
6. Hoods, Rain	2	_____
7. Coats, Rain	2	_____
8. Boots, Rain, pair	2	_____
9. Suits, cold weather (carhart)	2	_____
10. Equipment Belts with Bags (On-Site team only)	2	_____
11. Flashlight with Batteries	1	_____
12. Plastic Bags	2	_____
13. Masking Tape, rolls	2	_____
14. Pencils	2	_____
15. Pencil Sharpener	1	_____
16. Tablet, writing	1	_____
17. Survey Route Maps	2	_____
18. Air Sampler Filters - Particulate	5	_____
19. Air Sampler Filters - Silver Zeolite GY-130	5	_____
20. Air Sample Envelopes (Iodine)	10	_____
21. Air Sample Envelopes (Environmental)	10	_____
22. Dimes for Telephones (Off-site team only)	10	_____

23. Clipboard 1 \_\_\_\_\_
24. Appropriate procedure for team (Remove survey route instructions in Appendix III that do not apply to that survey team) \_\_\_\_\_
25. Procedure SC-452, Sampling Snow, Grass, Soil and Vegetation. \_\_\_\_\_
26. Hammer and 10 nails (off-site only) 1 \_\_\_\_\_
27. Thyroid Block tablets (bottle) 3 \_\_\_\_\_
28. HP-190 window clamp (off-site teams only) 1 \_\_\_\_\_
29. First Aid Room key (on-site team only) \_\_\_\_\_
30. Backpacks - 2 (on-site teams only) \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX "B"EMERGENCY EQUIPMENT IN CONTROL ROOM

- |   |     |       |
|---|-----|-------|
| 1. Scott Air Pack (SCBA) - monthly inspection                                 | 2   | _____ |
| 2. High range dosimeters - calibration check                                  | 10  | _____ |
| 3. Dosimeter charger with battery - operability check                         | 1   | _____ |
| 4. High range dose rate meter - battery check, source check calibration check | 1   | _____ |
| 5. Plant radiation survey maps (sets)   | 3   | _____ |
| 6. Smear papers   | 100 | _____ |
| 7. Envelopes for smear papers   | 10  | _____ |
| 8. Thyroid block tablets (bottle)   | 1   | _____ |
| 9. Air sampler, low volume - operability check, calibration check             | 1   | _____ |
| 10. Air sampler filters - particulate   | 3   | _____ |
| 11. Air sampler filters - silver zeolite                                      | 3   | _____ |
| 12. Radiation monitor RM-14 or equivalent with HP-190 probe                   | 1   | _____ |
| 13. Tape, roll  | 1   | _____ |
| 14. Anti-contamination clothing (sets)  | 6   | _____ |

Initial \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX "C"EMERGENCY EQUIPMENT

## OPERATIONAL SUPPORT CENTER

- |  |    |       |
|--|----|-------|
| 1. Fill face respirators - inspect mask and mask bag with inspection date and initials | 6  | _____ |
| 2. Respirator charcoal filters - expiration date                                       | 6  | _____ |
| 3. Anti-contamination clothing (sets)  | 6  | _____ |
| 4. Flood lights, portable - operational check  | 2  | _____ |
| 5. Thyroid block tablets (bottles)   | 15 | _____ |
| 6. Dosimeters 0-500 mRem - check calibration   | 10 | _____ |
| 7. Dosimeters 0-10R - check calibration  | 10 | _____ |
| 8. Dosimeter charger with battery - operational check                                  | 1  | _____ |
| 9. Daily exposure record sheets  | 5  | _____ |
| 10. Pens   | 5  | _____ |

## AUXILIARY BUILDING

- |  |   |       |
|--|---|-------|
| 1. Scott air pack (SCBA) - monthly inspection                                  | 1 | _____ |
| 2. High range dose rate meter - battery check, source check, calibration check | 1 | _____ |

## HEALTH PHYSICS OFFICE

- |  |    |       |
|--|----|-------|
| 1. Scott air pack (SCBA) - monthly inspection                                  | 55 | _____ |
| 2. High range dosimeter - calibration check                                    | 20 | _____ |
| 3. Anti-contamination clothing (sets)  | 20 | _____ |
| 4. High range dose rate meter - battery check, source check, check calibration | 5  | _____ |

Initials \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX "D"EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

- |  |     |       |
|--|-----|-------|
| 1. Radiation monitor RM-14 or equivalent with HP-190 probe<br>battery check, source check, check calibration | 1   | _____ |
| 2. Area radiation monitor - battery check, source check,<br>check calibration                                | 1   | _____ |
| 3. Full face respirator - inspect mask mark bag with<br>inspection date and initials                         | 10  | _____ |
| 4. Respirator charcoal filter - check expiration date  | 10  | _____ |
| 5. Thyroid block tablets (bottles) check expiration date   | 25  | _____ |
| 6. Dosimeter, 500mr - check calibration  | 25  | _____ |
| 7. Dosimeter, high range - check calibration   | 10  | _____ |
| 8. Dosimeter charger with battery - operability check  | 1   | _____ |
| 9. RADECO H-809 B2 air sampler - run 120 minutes   | 1   | _____ |
| 10. Air sample filters - particulate   | 4   | _____ |
| 11. Air sample filters - silver zeolite  | 4   | _____ |
| 12. Anti-contamination clothing (sets)   | 25  | _____ |
| 13. Step Off Pads  | 10  | _____ |
| 14. Daily exposure records sheets  | 5   | _____ |
| 15. Radioactive materials bags (yellow)  | 5   | _____ |
| 16. Tape, rolls  | 5   | _____ |
| 17. Smear papers   | 100 | _____ |
| 18. Envelopes for smears   | 10  | _____ |
| 19. Envelopes for particulate air sample   | 10  | _____ |
| 20. Envelopes for iodine air samples   | 10  | _____ |
| 21. Pens and pencils   | 5ea | _____ |
| 22. Radio, Portable - radio check with security  | 4   | _____ |

APPENDIX "D" (con't)

- 23. Radio, Stationary - radio check with security - log book entry 1 \_\_\_\_\_
- 24. NRC Red telephone - lift receiver, tell party "This is a Ginna Station TSC Communication Check." \_\_\_\_\_
- 25. New York State Red Telephone - push button, lift receiver, wait 10 seconds, ask if New York State, Wayne County, Monroe County are listening? Tell them "This is Ginna Station TSC Communication Check." \_\_\_\_\_
- 26. HPN telephone - dial selected station to confirm communication check 1 \_\_\_\_\_
- 27. EOF Direct line , Telephone 1 \_\_\_\_\_
- 28. Plant process computer and silent 700 operational check 1 \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX "E"

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

DISCREPANCIES NOTED

DISCREPANCIES CORRECTED

Survey Center      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Control Room      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

HP Office      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Auxiliary Bldg.      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Technical Support  
Center      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Operational  
Support Center      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

Emergency Plant  
Vent Monitor      Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

SC-410:13

LIST DISCREPANCIES AND/OR CORRECTIONS: