

OKAY [Signature]

ZAP 5-51-4

STATION PROCEDURE CHANGE REQUEST

OCT 05 1982 Rev. 0

LB 9-23-82
CHANGE REQUEST NUMBER A82-290

Procedure intent changes require Station Review before using.
Procedure changes with prior Station Review do not need SRO approval.

PROCEDURE TITLE TECHNICAL SUPPORT CENTER (TSC) AND OPERATIONAL SUPPORT CENTER (OSC) RADIOLOGICAL EQUIPMENT NUMBER EPIP 550-5

Permanent Change	<input checked="" type="checkbox"/>
New Procedure	<input type="checkbox"/>
Special Procedure	<input type="checkbox"/>
Desired Effective Date	<u>12-26-82</u>

Temporary Change	<input type="checkbox"/>
Expiration Date	_____
or Plant Condition	_____
Permanent Change Needed	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Brief Description SEE ATTACHED

Reason for change TO STANDARDIZE FORMAT AND REQUIREMENTS OF PROCEDURE AND FORMS.

Requested By [Signature] Date 7-12-82 Department RAD./CHEM.

Temporary Change Approval (No intent change, 14 days review)			
Dept. Supervisor	Date	SRO	Date

TECHNICAL SUPPORT CENTER AND OPERATIONAL SUPPORT CENTER
RADIOLOGICAL SUPPLIES

EPIP 550-5

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This procedure contains 5 pages.

0051E
0137A

APPROVED *E. H. Brown*
DATE *10-5-82*

TECHNICAL SUPPORT CENTER AND OPERATIONAL SUPPORT CENTER
RADIOLOGICAL SUPPLIESA. PURPOSE

The purpose of this procedure is to outline the equipment to be maintained in the Technical Support Center (TSC) and Operational Support Center (OSC).

B. REFERENCES

1. Generating Station Emergency Plan (GSEP)
2. EPIP 410-1 "On-Site Support Centers"
3. EPIP 420-1 "TSC Quarterly Surveillance"
4. EPIP 550-1 "On-Site Non-Radiological Emergency Response Equipment"
5. EPIP 550-2 "Environ Emergency Kits and EOF Radiological Equipment"
6. EPIP 550-3 "Radiological Equipment for Medical Emergencies"
7. EPIP 550-4 "On-Site Radiological Emergency Kits"
8. EPIP 550-6 "Monthly Radiological Emergency Equipment Tests and Checks"

C. PREREQUISITES

Obtain the key to the OSC cabinet from the Rad/Chem Foreman.

D. PRECAUTIONS

None

E. LIMITATIONS & ACTIONS

1. An inventory of the equipment in the TSC and OSC will be conducted quarterly or after it is used. See Attachments A and B.
2. Unless otherwise noted, all facilities are locked with an AK-2 key.
3. The items in Attachment A are in two cabinets located in or near the TSC (642' Turb Bldg, north of the control room). Those in Attachment B are in one in one cabinet in the OSC (624' Service Bldg, lunch room).
4. The Rad/Chem Supervisor or his designee will be responsible for documentation and control of these supplies.
5. Monthly requirements for these facilities are referenced in EPIP 550-6.

F. PROCEDURE

1. Once per quarter, perform an inventory of the equipment as outlined in Attachments A and B.
2. Replace self readers, Silver Zeolite Iodine Cartidges, and Potassium Iodide tablests before their calibration or shelf-life dates expire.
3. During the 2nd and 4th quarter inventory, replace all batteries; other then instrument batteries.
 - a. TSC and OSC: 4 AA's, 4 D-cells each.
4. Fill out appropriate information and note any discrepancies on Attachments A and B and return forms to the Rad/Chem Foreman. The Rad/Chem Foreman will have any missing or defective items repaired or replaced as soon as possible.

G. CHECKLISTS

Attachment A, "Quarterly Inventory of TSC Radiological Equipment"

Attachment B, "Quarterly Inventory of OSC Radiological Equipment"

H. TECHNICAL SPECIFICATION REFERENCES

None

ATTACHMENT A

QUARTERLY INVENTORY OF
TSC RADIOLOGICAL EQUIPMENT

DESCRIPTION	Quantity Required	Quantity Present	COMMENTS
Dose Rate Meter (range to 50 R/hr)	1		
G-M Survey Meter	1		
G-M Probe (HP-210 or HP-260)	1		
Area Monitor (RM-16)	1		
Radeco Portable Air Sampler	1		
Air Sampler Fuses (spare 6 1/4 amp)	5		
Silver Zeolite Iodine Cart.	10		Expiration Date:
Air Particulate Filters (min 50)	1 box		
Self Readers (0-1R)	30		Calib color:
Dosimeter Charger (w/ spare batt)*	1		
Anti-C Clothing Sets (var sizes)**	30		
Full Face Masks	30		
Part/Iodine Combination Filters	30 prs		
Rad Rope (100' coil)	1		
Rad Signs (plastic snap-on)	12		
Rad Sign Inserts	Assorted		
Nucon Smears and Folders	1 box		
Pyro-Kure (36" roll)	1		
Step-off Pads (3 pad sets)	2		
Clothing Hampers	2		
Duct Tape (2" roll)	3		
Masking Tape (2" roll)	3		
Clipboard (w/ note paper)	1		
Pens (ball point)	2		
Pens (marker/Sharpie-type)	2		
Flashlight (w/ spare batteries)*	1		
Blank Survey Sheets	12		
EPZ Map (10 mile radius)	1		
EPZ Map (2 mile radius)	1		
First Aid Kit	1		
Potassium Iodide Tablets	100		Expiration Date:

* Replace batteries (2nd and 4th quarter) Date: _____

** Clothing sets include: coveralls, hoods, surgeon caps, booties, rubbers, cotton glove liners, rubber gloves.

RCT Initials _____ Date _____

ATTACHMENT B

QUARTERLY INVENTORY OF
 OSC RADIOLOGICAL EQUIPMENT

DESCRIPTION	Quantity Required	Quantity Present	COMMENTS
Dose Rate Meter (range to 50 R/hr)	2		
G-M Survey Meter	1		
G-M Probe (HP-210 or HP-260)	1		
Radeco Portable Air Sampler	1		
Air Sampler Fuses (spare 6 1/4 amp)	5		
Silver Zeolite Iodine Cart.	20		Expiration Date:
Air Particulate Filters (min 50)	1 box		
Self Readers (O-1R)	20		Calib color:
Self Readers (O-10R)	10		Calib color:
Dosimeter Charger (w/ spare batt)*	1		
Anti-C Clothing Sets (var sizes)**	30		
Rubber Gloves & Liners (spare)	20 pr		
Full Face Masks	30		
Part/Iodine Combination Filters	30 pr		
Rad Rope (reel)	1		
Rad Signs (plastic snap-on)	20		
Rad Sign Inserts	Assorted		
Nucon Smears and Folders (min 50)	1 box		
Plastic Sample Bags (small) (min 10)	Numerous		
Plastic Sample Bags (med) (min 10)	Numerous		
Duct Tape (2" roll)	3		
Masking Tape (2" roll)	3		
Clipboard (w/ note paper)	1		
Pens (ball point)	2		
Pens (marker/Sharpie-type)	2		
Flashlight (w/ spare batteries)	1		
Blank Survey Sheets (min 20)	Numerous		
Plant Survey Sheets (Aux & Ser Bldg, plant perimeter)	5 sets ea		
Log Books	2		
Stopwatch	1		
First Aid Kit	1		
Potassium Iodide Tablets	200		Expiration Date:

- * Replace batteries (2nd and 4th quarter) Date: _____
- ** Clothing sets include: coveralls, hoods, surgeon caps, booties, rubbers, cotton glove liners, rubber gloves.

RCT Initials _____ Date _____