



# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 12 PC #

Safety Related YES  NO

EMERGENCY SUPPLIES & EQUIPMENT

1903.60 REV. 3

UN-CONTROLLED COPY # 108

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

APPROVED BY:

APPROVAL DATE

*[Signature]*  
\_\_\_\_\_  
(General Manager)

*11/20/82*  
\_\_\_\_\_  
REQUIRED EFFECTIVE DATE:



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

## ARKANSAS NUCLEAR ONE

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### 1.0 PURPOSE

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

### 2.0 SCOPE

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

### 3.0 REFERENCES

#### 3.1 References Used in Procedure Preparation:

3.1.1 Arkansas Nuclear One Emergency Plan

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

3.2.1 1000.09, "Surveillance Test Program Control".

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

3.2.3 1632.001, "Portable Survey and Monitoring Instruments".

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

#### 3.3 Related ANO Procedures:

3.3.1 1622.023, "Calibration of HP Instruments".

### 4.0 DEFINITIONS

None

### 5.0 RESPONSIBILITIES

#### 5.1 Emergency Planning Coordinator

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



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### 5.2 Health Physics Superintendent

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

### 5.3 Surveillance Test Coordinator

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

## 6.0 DESCRIPTION

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

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

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

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

## 7.0 NOTES

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



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7.1 Emergency kits should be checked at the intervals specified by the Surveillance Test Schedule. If found 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 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 and the kit is not due for quarterly inventory, perform only the required checks.

#### 8.2 Checks

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

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

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



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

- A. Frisker
- B. Self Contained Air Sampler

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

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

8.2.6 Verify the operability of the remaining items indicated.

### 9.0 ACCEPTANCE CRITERIA

- 9.1 Emergency kit is re-sealed 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, "Onsite Technical Support Center Kit"
- 10.4 Form 1903.60D, "Main Guard House Kit"
- 10.5 Form 1903.60E, "Emergency Control Center Kit"
- 10.6 Form 1903.60F, "Field Monitoring Kit A"
- 10.7 Form 1903.60G, "Field Monitoring Kit B"
- 10.8 Form 1903.60H, "Field Monitoring Kit C"



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. # 1 PC # 2

### INVENTORY LIST

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

\*Where applicable; + 6 - Unit 1 CR, 6 - Unit 2 CR;

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

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



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. # 3 PC #

### INVENTORY LIST

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

\*Where applicable

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

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



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 3 PC #

### INVENTORY LIST

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

\*Where applicable

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

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





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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER

FORM NO. 1903.60E

REV. # 3 PC #

### INVENTORY LIST

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

\*Where applicable

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

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



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F  
REV. # 3 PC #

CHECKLIST

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

| Corrective Actions* | Init./Date* |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |

\*Where applicable

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

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



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TITLE: FIELD MONITORING KIT A

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### INVENTORY LIST

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

\*Where applicable

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

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



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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

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### CHECKLIST

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

| Corrective Actions <sup>a</sup> | Init./Date <sup>a</sup> |
|---------------------------------|-------------------------|
|                                 |                         |
|                                 |                         |
|                                 |                         |

<sup>a</sup>Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FI, LD MONITORING KIT B

FORM NO. 1903.60G  
REV. # 3 PC #

### INVENTORY LIST

Page 3 of 4

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

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H  
REV. # 3 PC #

CHECKLIST

Page 2 of 4

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

| Corrective Actions <sup>6</sup> | Init./Date <sup>6</sup> |
|---------------------------------|-------------------------|
|                                 |                         |
|                                 |                         |
|                                 |                         |

<sup>6</sup>Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H  
REV. # 3 PC #

### INVENTORY LIST

Page 3 of 4

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

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.601  
REV. # 3 PC #

### CHECKLIST

Page 2 of 4

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

Corrective Actions<sup>2</sup>

Init./Date<sup>2</sup>

<sup>2</sup>Where applicable

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

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





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.601  
REV. # 1 PC #

### INVENTORY LIST

Page 3 of 4

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

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60  
REV. # 3 PC #

### INVENTORY LIST

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

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER A

FORM NO. 1903.60E

REV. # 2 PC # 2

CHECKLIST

Page 2 of 3

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

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

| Corrective Actions* | Init./Date* |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |
|                     |             |

\*Where applicable; + quarterly only

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER 1

FORM NO. 1903.601

REV. # 2 PC # 1

INVENTORY LIS:

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| Equipment                        | Required Quantity  | Actual Quantity | Init. | Corrective Actions* | Init. Date* |
|----------------------------------|--|-----------------|-------|---------------------|-------------|
| PROTECTIVE CLOTHING              | XX |                 |       |                     |             |
| Turn-Out Gear                    | 5 sets   |                 |       |                     |             |
| RESPIRATORY PROTECTION EQUIPMENT | XX |                 |       |                     |             |
| SCBA                             | 5  |                 |       |                     |             |
| FIRE FIGHTING EQUIPMENT          | XX |                 |       |                     |             |
| Smoke Ejector                    | 2  |                 |       |                     |             |
| Fire Ax                          | 2  |                 |       |                     |             |
| Fire Extinguisher                | 5  |                 |       |                     |             |
| Handlite w/Batteries             | 5  |                 |       |                     |             |
| MISCELLANEOUS                    | XX |                 |       |                     |             |
| First Aid Kit                    | 1  |                 |       |                     |             |
| Stretcher                        | 1  |                 |       |                     |             |
| Blanket                          | 1  |                 |       |                     |             |

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER B FORM NO. 1903.60N  
REV. # 2 PC # 2

CHECKLIST

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

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

| Corrective Actions* | Init./Date* |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |
|                     |             |

\*Where applicable; + quarterly only

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER B

FORM NO. 1903.60H

REV. # 2 PC # 1

INVENTORY LIST

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| Equipment                        | Required Quantity | Actual Quantity | Init. | Corrective Actions* | Init. Date* |
|----------------------------------|-------------------|-----------------|-------|---------------------|-------------|
| PROTECTIVE CLOTHING              |                   |                 |       |                     |             |
| Turn-Out Gear                    | 5                 | sets            |       |                     |             |
| RESPIRATORY PROTECTION EQUIPMENT |                   |                 |       |                     |             |
| SCBA                             | 5                 |                 |       |                     |             |
| FIRE FIGHTING EQUIPMENT          |                   |                 |       |                     |             |
| Smoke Ejector                    | 2                 |                 |       |                     |             |
| Fire Ax                          | 2                 |                 |       |                     |             |
| Fire Extinguisher                | 5                 |                 |       |                     |             |
| Handlite w/Batteries             | 5                 |                 |       |                     |             |
| MISCELLANEOUS                    |                   |                 |       |                     |             |
| First Aid Kit                    | 1                 |                 |       |                     |             |
| Stretcher                        | 1                 |                 |       |                     |             |
| Blanket                          | 1                 |                 |       |                     |             |

\*Where applicable

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER C FORM NO. 1903.60N  
REV. # 3 PC # 3

CHECKLIST

Page 2 of 3

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

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

| Corrective Actions* | Init./Date* |
|---------------------|-------------|
|                     |             |
|                     |             |
|                     |             |
|                     |             |

\*Where applicable; + quarterly only

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

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



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

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**ARKANSAS NUCLEAR ONE**

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

TITLE: FIRE LOCKER C

FORM NO. 1903.60A  
REV. # 2 PC # 1

INVENTORY LIST

Page 3 of 3

| Equipment                        | Required<br>Quantity | Actual<br>Quantity | Init. | Corrective<br>Actions <sup>®</sup> | Init.<br>Date <sup>®</sup> |
|----------------------------------|----------------------|--------------------|-------|------------------------------------|----------------------------|
| PROTECTIVE CLOTHING              |                      |                    |       |                                    |                            |
| Turn-Out Gear                    | 5 sets               |                    |       |                                    |                            |
| RESPIRATORY PROTECTION EQUIPMENT |                      |                    |       |                                    |                            |
| SCBA                             | 5                    |                    |       |                                    |                            |
| FIRE FIGHTING EQUIPMENT          |                      |                    |       |                                    |                            |
| Smoke Ejector                    | 2                    |                    |       |                                    |                            |
| Fire Ax                          | 2                    |                    |       |                                    |                            |
| Fire Extinguisher                | 5                    |                    |       |                                    |                            |
| Handlite w/Batteries             | 5                    |                    |       |                                    |                            |
| MISCELLANEOUS                    |                      |                    |       |                                    |                            |
| First Aid Kit                    | 1                    |                    |       |                                    |                            |
| Stretcher                        | 1                    |                    |       |                                    |                            |
| Blanket                          | 1                    |                    |       |                                    |                            |

<sup>®</sup>Where applicable

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

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





PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
EMERGENCY SUPPLIES & EQUIPMENT

NO:  
1903.60

**ARKANSAS NUCLEAR ONE**

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REVISION 3 DATE 11/11/82  
CHANGE DATE



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

TITLE: MISCELLANEOUS EQUIPMENT FORM NO. 1903.600  
REV. # 3 PC #

| Instrument                            | Location  | S/N        | Cal. Due Date | (1)Operational<br>(2)Response<br>(3)Inventory | Instr. Off |
|---------------------------------------|-----------|------------|---------------|---|------------|
| Single Channel Analyzer with Detector | U-1<br>CR |            |               | (2)   |            |
| Single Channel Analyzer with Detector | TSC       |            |               | (2)   |            |
| NMC                                   | TSC       |            |               | (1)   |            |
| First Aid Kit                         | U-1 CA    | [REDACTED] |               | (3)   | [REDACTED] |
| First Aid Kit                         | U-2 CA    | [REDACTED] |               | (3)   | [REDACTED] |
| ND-60 MCA                             | ECC (156) | [REDACTED] |               | (2)   | [REDACTED] |

| Corrective Actions* | INITIAL/DATE* |
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\*Where applicable  
 Checked By \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By \_\_\_\_\_