Arkansas Nuclear One - Administrative Services Document Control Wednesday, January 31, 1996

Document Update Notification

COPYHOLDER NO: 103

TO: NRC - WASHINGTON

ADDRESS: NRC

DOCUMENT NO: OP-1903.060

TITLE: EMERGENCY SUPPLY EQUIP

REVISION NO: 31

CHANGE NO: PC-02

SUBJECT: PERMANENT CHANGE (PC)

ANO-1 Docket 50-313

☑ ANO-2 Docket 50-368

Please sign, date, and return transmittal in envelope provided.

Signature

Date

ENTERGY OPERATIONS INCORPORATED ARKANSAS NUCLEAR ONE

61 of 77

| TITLE: EMERGENCY SUPPLIES & EQUIPMENT | PROCAWORK PLAN NO. 1903.060 | REV. | 31 |
|--|--------------------------------|---------------------------------------|-------------|
| | EXP. DATE N/A | SAFET | -RELATED |
| CONTROLLED COPY # 103 | PAGE 1 OF 1 | STE | □YES ⊠NO |
| 9 10 11 12 Pt-2 42 Pt-1 12 Pt-2 43 | op nink ct | 63 64 65 P- 2 66 67 68 | PAGE CHG |
| 31 62 APPROVAL AUTHORITY: | APPROVAL DATE: 4/6/ | - | |
| Shuin R. Cotton | REQUIRED EFFECTIVE DAT | THE SHAREST CHARLES OF STREET | |
| FORM TITLE: LIST OF AFFECTED PAG | | FORM NO. 1000.006 | A REV |

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| LOCA | ATION: Unit 1 Control Room | |
|------|--|---|
| INST | TRUCTIONS: | Page <u>1</u> of <u>6</u> |
| 1. | Perform a complete inventory of the A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | kit if the kit: |
| NOTE | ES: | |
| 1. | Quantity should include units, where Date should include month, day, year | applicable. |
| This | s kit: () is due for quarterly in () was found unsealed/unlo () post drill inventory | ventory cked (perform a complete inventory) |
| This | s packet consists of: (x) Cover Sh (x) Inventor | eet y List (5 pages) |
| Perf | formed By | Date |
| Revi | riewed By | Date |
| Emer | ergency Planning Supervisor | Date |

| LOCATION: Maintenance Facility | |
|--|------------------------------|
| INSTRUCTIONS: | Page 1 of 5 |
| 1. Perform a complete inventory of the kit if A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | the kit: |
| NOTES: | |
| Quantity should include units, where applic Date should include month, day, year. | able. |
| This kit: () is due for quarterly inventory () was found unsealed/unlocked (p () post drill inventory | erform a complete inventory) |
| This packet consists of: (x) Cover Sheet (x) Inventory List | (4 pages) |
| Performed By | Date |
| Reviewed By | Date |
| Emergency Planning Supervisor | Date |

| LOCAT | TION: Technical Support Center | (3rd Floor Administration Building) | |
|-------|---|---|------|
| INST | RUCTIONS: | Page 1 of | 3 |
| 1. | Perform a complete inventory A. Has been used B. Is found unsealed/unloc C. Is due for inventory | | |
| NOTE | 3: | | |
| 1. | Quantity should include units Date should include month, da | s, where applicable. ay, year. | |
| This | kit: () is due for quart () was found unseal () post drill inver | led/unlocked (perform a complete invent | ory) |
| This | packet consists of: (x) (x) | Cover Sheet Inventory List (2 pages) | |
| Perf | ormed By | Date | |
| Revi | ewed By | Date | |
| | | Date | |

FORM TITLE:

FORM NO. 1903.060C

| PROTECTIVE CL | OTHING | - | | |
|---------------|--|-------------|---|--------------------|
| [Disposable S | uits] | 25 | | |
| BATTERIES | (Batteries not con be replaced during | tained with | in an instrument should quarter inventory). | / Initials/Date |

6 "D" Cell 12 "AA" Cell 4 Watch/Calculator Battery

*Where applicable

| TECHNICAL SUPPORT CENTER KIT INVENTORY FORM | FORM NO. 1903.060C | 31 PC-2 |
|---|-----------------------|---------|
|---|-----------------------|---------|

| Equipment | Required Quantity | Corrective Actions | Initial/Date* |
|-----------|----------------------|-----------------------|---------------|

MISCELLANEOUS

| Pencil | 12 | | |
|------------------|----|--|--|
| Note Pad | 3 | | |
| Metal Clipboards | 1 | | |
| Flashlight | 3 | | |
| Bulbs (Spare) | 3 | | |
| 10 Mile EPZ Map | 1 | | |

^{*}Where applicable

| LOCATION: Main Guard House | |
|---|---|
| INSTRUCTIONS: | Page <u>1</u> of _2 |
| 1. Perform a complete inventory of the A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | |
| NOTES: | |
| Quantity should include units, wi Date should include month, day, | |
| This kit: () is due for quarterly () was found unsealed/() post drill inventory | unlocked (perform a complete inventory) |
| This packet consists of: (x) Cove (x) Inver | r Sheet ntory List <u>(1</u> pages) |
| Forward To: Emergency Planning | |
| Performed By | Date |
| Reviewed By | Date |
| Emergency Planning Supervisor | Date |

| LOCATION: Emergency Operations Facility First Fl | oor (Room 123) |
|--|-----------------|
| INSTRUCTIONS: | Page _ 1 of _ 7 |
| Perform a complete inventory of the kit if A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | the kit: |
| NOTES: | |
| Quantity should include units, where appli Date should include month, day, year. | cable. |
| This kit: () is due for quarterly inventor () was found unsealed/unlocked () post drill inventory | |
| This packet consists of: (x) Cover Sheet (x) Inventory List | (6 pages) |
| Performed By | Date |
| Reviewed By | Date |
| Emergency Planning Supervisor | Date |

| LOCA | ATION: Emergency Operations Facility F | irst Floor (Room 123) |
|------|--|---|
| INST | TRUCTIONS: | Page <u>1</u> of <u>3</u> |
| 1. | Perform a complete inventory of the A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | kit if the kit: |
| NOTE | ES: | |
| 1. | Quantity should include units, wher Date should include month, day, year | e applicable. |
| Thi | s kit: () is due for quarterly i () was found unsealed/unl () post drill inventory | nventory ocked (perform a complete inventory) |
| Thi | s packet consists of: (x) Cover S (x) Invento | Sheet bry List (2 pages) |
| Per | formed By | Date |
| Rev | iewed By | Date |
| Fme | rgency Planning Supervisor | Date |

| LOCA | ATION: Emergency Operations Facility First | Floor (Room 123) |
|-------|---|--|
| INST | TRUCTIONS: | Page 1 of 3 |
| 1. | Perform a complete inventory of the kit A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | if the kit: |
| NOT | ES: | |
| 1. | Quantity should include units, where applicate should include month, day, year. | oplicable. |
| Thi | s kit. () is due for quarterly inver () was found unsealed/unlocke () post drill inventory | ntory ed (perform a complete inventory) |
| Thi | s packet consists of: (x) Cover Sheet (x) Inventory I | List (2 pages) |
| Per | formed By | Date |
| Rev | riewed By | Date |
| E'm e | ergency Planning Supervisor | Date |

| LOCATION: Emergency Operations Facility First Floor (Room | 120/ |
|---|---------------------|
| INSTRUCTIONS: | Page 1 of 3 |
| Perform a complete inventory of the kit if the kit: A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | |
| NOTES: | |
| Quantity should include units, where applicable. Date should include month, day, year. | |
| This kit: () is due for quarterly inventory | complete inventory) |
| This packet consists of: (x) Cover Sheet (x) Inventory List (2 page | es) |
| Performed By Date | |
| Reviewed By Date | |
| Emergency Planning Supervisor Date | |

| LOCA | TION: Emergency Operations Facilit | y First Floor (Room 123) |
|------------|--|---|
| INST | RUCTIONS: | Page 1 of 3 |
| 1. | Perform a complete inventory of A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | |
| NOTE | S: | |
| 1. | Quantity should include units, who Date should include month, day, y | |
| This | kit: () is due for quarter! () was found unsealed/ () post drill inventor | unlocked (perform a complete inventory) |
| This | packet consists of: (x) Cove (x) Inve | er Sheet entory List (2 pages) |
| Perf | formed By | Date |
| Revi | ewed By | Date |
| Day of the | range Planning Supervisor | Date |

| LOCATION: St. Mary's Hospital | |
|--|--------------------------------|
| INSTRUCTIONS: | Page 1 of 5 |
| Perform a complete inventory of the kit if A. Has been used B. Is found unsealed/unlocked C. Is due for inventory | the kit: |
| NOTES: | |
| Quantity should include units, where appli Date should include month, day, year. | cable. |
| This kit: () is due for quarterly invento () was found unsealed/unlocked () post drill inventory | (perform a complete inventory) |
| T. packet consists of: (x) Cover Sheet (x) Inventory Lis | st (4 pages) |
| Performed By | Date |
| Reviewed By | Date |
| Emergency Planning Supervisor | |

LOCATION: Nurse's Station, Medical Lockers

| LOCATION: Emergency Operations Facility Second | d Floor (Outside Room 260) |
|--|-------------------------------|
| INSTRUCTIONS: | Page 1 of 3 |
| Perform a complete inventory of the kit A. Has been used. B. Is found unsealed/unlocked. C. Is due for inventory. | if the kit: |
| NOTES: | |
| Quantity should include units, where app Date should include month, day, and year | |
| This kit: () is due for quarterly inventory () was found unsealed/unlocked (per () post drill inventory | erform a complete inventory). |
| This packet consists of: (X) Cover sheet (X) Inventory 1: | ist (2 page) |
| Performed By | Date |
| Reviewed By | Date |
| Emergency Planning Supervisor | Date |

| W | 4 | | 1.5 |
|------|---------------------------|----|--|
| Page | 1 | of | 13 |
| | Andreas State of the Park | | And in contrast of the last of |

INSTRUCTIONS:

- 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).
- 5. Inspect o-rings on the air sample heads. Replace as necessary.

NOTES:

- Indicate whether routine checks are satisfactory or unsatisfactory.
- If routine checks are unsatisfactory, indicate that in the applicable column then describe the corrective action taken and date.

| This packet consists of: | (X) Cover sheet (X) Inventory list (12 page) | |
|-----------------------------|--|--|
| Performed By | Date | |
| Reviewed By | Date | |
| Emergency Planning Supervis | or Date | |

| Page 1 of |
|---|
| LOCATION: Emergency Operations Facility, Second Floor (Room 240) |
| INSTRUCTIONS: |
| Perform a complete inventory of the kit if the kit: |
| A. Has been used (including following a drill/exercise). |
| B. Is found unsealed/unlocked. |
| C. Is due for inventory. |
| NOTES: |
| Quantity should include units, where applicable. |
| 2. Date should include month, day and year. |
| This kit: () is due for quarterly inventory. |
| This packet consists of: (X) Cover Sheet (X) Inventory list (2 pages) |
| Performed By Date |
| Reviewed By Date |

Date

Emergency Planning Supervisor

