
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**

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TITLE: EMERGENCY SUPPLIES & EQUIPMENT

PROC/WORK PLAN NO.
1903.060

REV.
31

EXP. DATE
N/A

SAFETY-RELATED
 YES NO

CONTROLLED COPY # 103

PAGE 1 OF 1

W/PTE YES
 NO

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6	PC-2	37	
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Self Check...

Stop
Think
Act
Review

...because Nobody's perfect

PAGE	CHG	PAGE	CHG
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VERIFIED BY	DATE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____
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APPROVAL AUTHORITY:
Shirley R. Cotton

APPROVAL DATE: *9/16/95*

REQUIRED EFFECTIVE DATE:

FORM TITLE: LIST OF AFFECTED PAGES

FORM NO. 1000.006A
REV. 43

LOCATION: Maintenance Facility

INSTRUCTIONS:

Page 1 of 5

- 1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory

NOTES:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day, year.

This kit: is due for quarterly inventory
 was found unsealed/unlocked (perform a complete inventory)
 post drill inventory

This packet consists of: Cover Sheet
 Inventory List (4 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

PC-2

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT INVENTORY FORM	1903.060B	31 PC-2

LOCATION: Technical Support Center (3rd Floor Administration Building)

INSTRUCTIONS:

Page 1 of 3

- 1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory

NOTES:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day, year.

This kit: is due for quarterly inventory
 was found unsealed/unlocked (perform a complete inventory)
 post drill inventory

This packet consists of: Cover Sheet
 Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

PC-2

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	REV. 31 PC-2
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INVENTORY LIST

Page 2 of 3

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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SURVEY INSTRUMENTS

Gamma Survey Meter w/Probe	1			
[Frisker w/Detection Chamber]	1			
Check Source	2			
Air Sampler	1			
Sample Head	2			

PERSONNEL MONITORING EQUIPMENT

Dosimeter (0-500 mR)	20			
Charger	1			
TLD Badge (include 1 as background)	15			

RESPIRATORY
PROTECTION EQUIPMENT

[Cannister Mask w/Iodine Cannister]	25			
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PROTECTIVE CLOTHING

[Disposable Suits]	25			
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BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory).

Initials/Date

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

*Where applicable

FORM TITLE: TECHNICAL SUPPORT CENTER KIT INVENTORY FORM	FORM NO. 1903.060C	REV 31 PC-2
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INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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MISCELLANEOUS

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

*Where applicable

PC-2

LOCATION: Emergency Operations Facility First Floor (Room 123)

INSTRUCTIONS:

Page 1 of 3

- 1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory

NOTES:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day, year.

This kit: is due for quarterly inventory
 was found unsealed/unlocked (perform a complete inventory)
 post drill inventory

This packet consists of: Cover Sheet
 Inventory List (2 pages)

Performed By _____ Date _____
 Reviewed By _____ Date _____
 Emergency Planning Supervisor _____ Date _____

PC-2

FORM TITLE: FIELD MONITORING KIT C INVENTORY FORM	FORM NO. 1903.060H	REV. 31 PC-2
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LOCATION: St. Mary's Hospital

INSTRUCTIONS:

Page 1 of 5

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.

This kit: is due for quarterly inventory
 was found unsealed/unlocked (perform a complete inventory)
 post drill inventory

T. packet consists of: Cover Sheet
 Inventory List (4 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

PC-2

FORM TITLE: HOSPITAL KIT INVENTORY FORM	FORM NO. 1903.060J	REV. 31 PC-2
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LOCATION: Nurse's Station, Medical Lockers

INSTRUCTIONS:

Page 1 of 2

1. Perform a complete inventory of the First Aid Supplies if the:
 First Aid Supplies are due for inventory.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.

This kit: () is due for quarterly inventory
 () is not due for quarterly inventory
 () post drill inventory

This packet consists of: (x) Cover Sheet
 (x) Inventory List (1 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

PC-2

FORM TITLE: <p style="text-align: center;">FIRST AID SUPPLIES INVENTORY FORM</p>	FORM NO. <p style="text-align: center;">1903.060K</p>	REV. <p style="text-align: center;">31 PC-2</p>
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LOCATION: Emergency Operations Facility Second Floor (Outside Room 260)

INSTRUCTIONS:

Page 1 of 3

- 1. Perform a complete inventory of the kit if the kit:
 - A. Has been used.
 - B. Is found unsealed/unlocked.
 - C. Is due for inventory.

NOTES:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day, and year.

This kit: () is due for quarterly inventory.
 () was found unsealed/unlocked (perform a complete inventory).
 () post drill inventory

This packet consists of: (X) Cover sheet
 (X) Inventory list (2 page)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

pc-2

FORM TITLE: DOSE ASSESSMENT KIT INVENTORY FORM	FORM NO. 1903.060P	REV. 31 PC-2
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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:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day and year.

This kit: is due for quarterly inventory.
 was found unsealed/unlocked (perform a complete inventory).
 post drill inventory

This packet consists of: Cover Sheet
 Inventory list (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Emergency Planning Supervisor _____ Date _____

PC

FORM TITLE: EMERGENCY NEWS CENTER KIT INVENTORY FORM	FORM NO. 1903.060S	REV. 31 PC-2
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