



TITLE: SECURITY, VISITOR, AND REACTOR BUILDING ACCESS CONTROL

ISSUANCE AUTHORIZED BY	<i>[Signature]</i> 5/5/86	<i>[Signature]</i> 5/6/86	<i>[Signature]</i> 5-8-86
PORC REVIEW	PORC 673 MAY 15 1986		EFFECTIVE DATE 5-22-86

1.0 PURPOSE

This procedure establishes the general requirements for Plant security, visitor, and Reactor Building access control. It also defines the employee screening requirements necessary to comply with the Fort St. Vrain (FSV) Security Plan.

2.0 APPLICABILITY

This procedure applies to all personnel associated with the Fort St. Vrain Project.

3.0 GENERAL REQUIREMENTS

3.1 Public Service Company of Colorado (PSCo) policy and regulatory requirements require that:

3.1.1 Plant security is maintained, at all times, in accordance with the FSV Security Plan.

3.1.2 All Plant personnel must observe security regulations and procedures and report any abnormal situations affecting security to their supervisor or to the Security Department.

3.1.3 Specific requirements for access to the Reactor Building are prescribed by the Security Plan. All requests for access must be directed to the Health Physics and Security Departments.

3.2 RESPONSIBILITIES

In addition to responsibilities described by Procedure Q-1:

3.2.1 The Vice President, Electric Production, is responsible for all security activities related to the FSV Nuclear Generating Station.

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- 3.2.2 The Vice President, Electric Production, is responsible for Chairing the Nuclear Facility Safety Committee (NFSC), which has primary audit responsibility with respect to site security.
- 3.2.3 The Manager, Risk Management, is responsible for security of all company facilities except Fort St. Vrain. The Manager, Risk Management, acts in an advisory capacity at Fort St. Vrain and is appointed Chairman of the FSV Security Committee by the Vice President, Electric Production.
- 3.2.4 The Manager, Nuclear Production, is administratively responsible for security activities associated with FSV.
- 3.2.5 The Technical/Administrative Services Manager is designated "Plant Security Officer" with direct administrative responsibility for site-assigned security forces and may direct operation of the security force, if necessary.
- 3.2.6 The Security Supervisor is designated as the alternate Plant Security Officer. The Security Supervisor is responsible to the Plant Security Officer for administration of on-site security forces and coordination of planning with off-site response forces. He directly supervises the security forces through the on-shift Lead Security Officer (LSO) to ensure compliance with the Security Plan. He is also responsible for issuance and completion of scheduled surveillance forms for security equipment.
- 3.2.7 The Shift Supervisor has the authority to call for any appropriate actions in case of emergency, including assistance from off-site organizations (Police, Sheriff, State Patrol, State Health Department, Civil Defense, DODES, and FBI).
- 3.2.8 The Lead Security Officer (LSO) directly supervises on-duty site security forces and directs security force personnel in response to any threatened hostile action occurring on-site. He has the authority to respond to any observed or threatened hostile action without requesting permission from any source, including calling for assistance from local law enforcement agencies. He also advises the operating Shift Supervisor of security conditions.

- 3.2.9 The guard force is responsible for patrols, inspections, investigations, employee identification, access control, searches and security emergency response as directed or as required by Security Instructions and the FSV Security Plan.
- 3.2.10 ATTACHMENT G-4A diagrams the Facility Security Organization and Corporate Management relationships and responsibilities.
- 3.2.11 Security ensures visitors are processed in accordance with FSV Security and Health Physics Procedures.

4.0 PROCEDURE

4.1 ACCESS CONTROL

4.1.1 Unescorted Access

- a) Individuals who have completed General Employee Training and applicable Health Physics and background screening requirements are granted unescorted access to the Protected Area Limited Access Areas, and/or Vital Areas on a "Need to Work" basis; via a request from the respective Authorizing Official; using an "Authorized Access Request" Form (ATTACHMENT G-4B). The approval of Security is required for unescorted access.
- b) Employees/Contractors can only enter those areas authorized and identified on their photo identification badges on an unescorted basis.

See Commitment 7.1.

- c) Personnel incumbent in positions identified by a Monthly Verification Code from the Authorizing Officials List will receive a monthly listing (Monthly Verification List) of all personnel granted unescorted access in the respective organization. A cover letter will be attached requiring that each individual's continuing need for unescorted access to authorized areas be verified. In addition, completion of the list documents supervisory verification that each individual is physically, emotionally, and psychologically fit for duty in accordance with current policy and Administrative Procedure G-13.
- d) Should the need arise to delegate the verification of the Monthly Verification List due to vacation, illness or other factors, such verification will not, under any circumstances, be delegated to any individual whose name appears on that Monthly Verification List. Under these circumstances the verification of the Monthly Verification List will be the responsibility of the Authorizing Official upon whose Monthly Verification List the ill or vacationing individual appears.
- e) Prior to being assigned a Monthly Verification Code, it is that individual's responsibility to schedule and receive from the Training Department the classes on Behavioral Observation required to meet the intent of Paragraph 3.5.6 of Administrative Procedure G-13. The Training Department will furnish a copy of applicable class attendance rosters to the Security Department.
- f) An Authorizing Official shall not verify a Monthly Verification List until he has completed the training outlined in Section 4.1.1 e). Until such training has been completed the requirements of 4.1.1 d) will prevail.

- 4.1.2 Only Site Management/Supervisory Personnel identified by position on the "Authorizing Officials List" who have a Monthly Verification Code may request unescorted access for an individual. The following Responsibility/Action Matrix defines the steps required to complete the badging process. Authorization is by the Plant Security Officer or his delegate.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
AUTHORIZING OFFICIAL	<p>a. Determines the specific "Need To Work" with unescorted access at FSV.</p> <p>b. Schedules individual for General Employee Training.</p> <p>c. If a contractor employee, schedules for Personality Questionnaire with FSV Training.</p> <p>d. Ensures that adequate information is provided to verify that the individuals background is in compliance with Security Plan (ie):</p> <p>1) Background Investigations for <u>Public Service Co. Employees</u> requiring unescorted access to the Protected/Vital Areas must be verified by the PSC Employment Department. The FSV Security Department (FSVS) will initiate this verification upon receipt of a properly submitted "Authorized Access Request" Security Form 1 (ATTACHMENT G-4B). NOTE: The individual's <u>FULL LEGAL NAME</u> must be included. Nicknames, initials and abbreviations are not acceptable.</p>

- 2) Contractor Personnel
are required to either:

Complete a Background
Investigation Form, FSVS Form 7
(ATTACHMENT G-4H).
Full, legal names and
complete information must
be included.

OR:

Furnish a letter confirming
that they possess
documentation verifying
three continuous years past
work history in
accordance with the
screening criteria listed.
(ATTACHMENT G-4I,
FSVS Form 8, Background
Investigation Verification
Letter)

NOTE:

Contract Security
Agency Personnel are
subject to other specific
requirements in accordance
with Appendix B of the
Security Plan.

AUTHORIZING OFFICIAL

- e. Forward the completed
Security Form 1,
appropriate background
information and Health
Physics Form 4 (if required
per P-3) to Health Physics
Clerical.

HEALTH PHYSICS DEPT.

- a. Review HP Form 4 for completeness.
- b. Determine whole body count requirements and sign off appropriate Block 20 or 22 of Security Form 1 (ATTACHMENT G-4B) when the individual has been approved for facility access by Health Physics.
- c. Forward The Security Form 1 and Background Investigation Form/Letter to Security Clerical staff.

SECURITY DEPARTMENT

- a. Review Security Form 1 and Background Investigation information for completeness to include appropriate Vital/Protected Area access request and the "Need To Work".
- b. Verify/Initiate Background Investigation.
- c. Refer any unresolved items pertaining to an individual's background and reliability to the Plant Security Officer or his delegate
- d. Verify successful completion of General Employee Training and Personality Questionnaire, if applicable.
- e. Approve/Disapprove request for badging based on completeness and/or justification of the "Need to Work".

- f. Notify Authorizing Official of approval and issue Photo Identification/Key Card to the individual. Specific hours for badging will be posted and enforced. Deviation must be approved by the Plant Security Officer.

NOTE: Any individual granted unescorted access to the Protected/Vital Areas at FSV must display their Photo Identification Badge in plain view, on the upper, front torso at all times. Individuals observing an unescorted person not displaying a Photo Identification Badge shall escort that person to the Identification and Search Facility, (ISF), nearest Armed Guard Post, or notify the LSO.

4.1.3 Escorted Access (Visitor)

- a) Personnel having one time or infrequent legitimate access to the Protected Area may be authorized verbally by an Authorizing Official notifying the Guard at the ISF of the individuals names, employment affiliations, and the "Need to Work". Escorts for visitors must be provided by the respective department.
- b) Personnel having one time or infrequent legitimate access to a Vital Area must be authorized by the Security Department in writing on a Security Form 1 (ATTACHMENT G-4B) initiated by an individual identified by position on the Authorizing Officials List.

4.1.4 Prior to entry into the Protected Area all visitors must provide some means of current, positive identification. Acceptable identification shall consist of a photograph on:

- a) A Public Service Co. Identification Card.
- b) A Contract Company Identification Card.
- c) A Vendor/Service Co. Identification Card.
- d) An U.S. Government Identification Card.
- e) A Law Enforcement Commission Card.
- f) A Valid State Or International Drivers License.
- g) A Valid State Identification Card.
- h) An Alien Registration Card.
- i) A Military Identification Card.
- j) A Valid Passport.

NOTE: Should no photograph be available on the above approved means of identification, two (2) separate identification items of verifiable origin, one of which contains physical descriptive data, shall be required for positive identification.

4.1.5 The visitor, when properly authorized and identified, will be issued a visitor badge for the duration of his access to the Protected/Vital Limited Access Area. This badge must be returned to the Guard at the ISF upon exiting site.

4.1.6 All visitors are subject to a hands on search for weapons, explosives and incendiary devices prior to entering the Protected Area.

4.1.7 Escorts for personnel granted visitor access must be properly badged for the area(s) authorized by the Authorizing Official on Security Form 1. One escort can accompany five (5) visitors.

- 4.1.8 In case of an emergency, escorts shall insure that all Health Physics requirements are met and process visitors off-site unless otherwise directed by Site Management.
- 4.1.9 Tours of the facility by technical groups or special organizations are authorized on a need basis and require permission of the Manager, Nuclear Production, who coordinates such tours with the appropriate Managers and FSV Security. Tours are not provided for the general public.

4.2 GATE, DOOR & ELEVATOR CONTROLS

- 4.2.1 The Owner Controlled Area fence, personnel and vehicle gates may be left open during working hours at the discretion of management.
- 4.2.2 The Protected Area gates are kept locked or manned at all times. Personnel are not allowed within 20 feet of the inside Protected Area fence without authorization from the LSO. This area designated by a single strand fence.
- 4.2.3 Except for normal key card ingress, egress and emergency conditions, an authorization from Security is required to open controlled doors that are alarmed. To open/unlock alarmed vital area doors or gates (circulating water makeup ponds), not controlled by card readers, requires approval from the PSCo Security Department and a guard escort. Each employee is responsible for ensuring that vital area doors used by him are locked after entry or exit. Security personnel will secure the circulating water makeup ponds gate.

- 4.2.4 Access to the Reactor Building is by the door on elevation 4829' (Level 7) at the Health Physics Access Control Area or, when conditions permit, via the door adjacent to the elevator at elevation 4791' (Level 5). All other doorways are considered Emergency Exits. These doors have the door handles removed on the Turbine Building or outdoor side to prevent their use as entry ways. The Emergency Exit doors are operable from the Reactor Building side and have the following sign attached:

FOR EMERGENCY
EXIT ONLY
GO TO HEALTH PHYSICS
IMMEDIATELY

- 4.2.5 Doorways at various elevations are as follows:

- a) Elevation 4791' (Level 5)
 - 1. North wall Reactor Building to helium storage bottle area.
 - 2. North wall Reactor Building Truck Bay Doors to outside.
 - 3. East wall Reactor Building to outside.
 - 4. South wall Reactor Building to Turbine Building.
- b) Elevation 4829' (Level 7)

Through Reactor Building south wall to Turbine Building.
- c) Elevation 4864'0" (Turbine Building) (Level 10)

Through Reactor Building south wall to Turbine Building.

- d) Elevation 4881'8" (Turbine Building) (Level 11)

Through Reactor Building south wall to Turbine Building.

The doors at elevation 4864' and 4881'8" may be used for maintenance or operations requiring work in both Turbine and Reactor areas. When used, Health Physics supplies local monitors and surveillance and security guards man the door.

- 4.2.6 Personnel leaving the Reactor Building are not normally required to monitor themselves for contamination. If in the judgement of the Radiation Protection staff conditions warrant, personnel monitoring will be required, and personnel will be so notified. Monitoring equipment is located at the Health Physics Access Control Area, Elevation 4829' (Level 7) and at the Turbine Building Exit on the ground floor, Elevation 4791' (Level 5) in the event that monitoring is required.

- 4.2.7 The elevator is common to both the Reactor and Turbine Buildings and at three levels provides a direct opening from the Reactor Building into the Turbine Building. Except in emergencies, the LSO must be contacted and a security guard present prior to opening the door or divider at these particular levels. The elevator has two (2) operating panels for selecting stops; six (6) stops in the Turbine Building and nine (9) stops in the Reactor Building. The Reactor Building operating panel includes a special keyed switch which can prevent registering of calls in the Turbine Building except for the common turbine building operating floor, elevation 4829'0". The locked and alarmed divider in the elevator can be used as an emergency exit.

- 4.2.8 Individuals in the Reactor Building may use the elevator for access to any other level of the Reactor Building. Local survey monitors may be provided at elevator entrances which have a higher probability of contamination. Where a monitor is provided outside the elevator, each person must survey before entering the elevator. If contamination is found, call Health Physics and the Shift Supervisor for further instructions.
- 4.2.9 In accordance with Technical Specification 4.5.1, permission to open the Reactor Building Truck Bay Door is authorized by the Superintendent, Maintenance or his designee using the Truck Bay Door Opening Permit (ATTACHMENT G-4J).
- 4.2.10 Site-assigned vehicles within the Protected Area must be specifically authorized by the Security Department. A "Site Assigned Vehicle List" will be maintained, updated, and distributed, as required, by the Security Department. Vehicles must be locked when not attended. Site-assigned vehicles can leave the site for maintenance, security, operational, or emergency reasons only and must be searched prior to re-entry into the Protected Area. They cannot be parked within 20 feet of Protected Area fence, or within 15 feet of a Vital Area unless attended. Authorizing Officials may request to have a vehicle added to the "Site Assigned Vehicle List" by utilizing a FSVS Form 4, "Authorize Escorted Vehicle Access".
- 4.2.11 Access for Non-Site assigned vehicles must have a "Need to Work" and be authorized by Security prior to entry into the Protected Area via FSVS Form 4 "Authorize Escorted Vehicle Access" (ATTACHMENT G-4E). This form is not required by companies listed on the "Authorized Carrier List". Non-site assigned vehicles must be searched prior to entry into the Protected Area, be escorted by a Security guard and immobilized when not attended (i.e. locked and keys given to the escort). An "Authorized Carrier List" will be maintained, updated, and distributed, as required, by the Security Department.

- 4.2.12 Equipment and materials not authorized by a purchase order and identified by stores personnel must be authorized by established procedures on a Form 5, "Material Access Authorized Request" (ATTACHMENT G-4F) as having been previously ordered and identified by the applicable department manager/supervisor or his designee prior to entry into the Protected Area. Some "Common Material" is authorized and identified by a Security procedure. A "Common Materials Access List" will be maintained, updated, and distributed, as required, by the Security Department. Tools and personal items are authorized by Security procedures.
- 4.2.13 Equipment, materials, tools and personal items must be searched prior to entry into the Protected Area.
- 4.2.14 Unauthorized weapons, explosives and incendiaries are prohibited in the Protected and Vital areas unless specifically exempted by Security.
- 4.2.15 All personnel are searched physically or by the use of detection equipment prior to entry into the Protected Area and may be asked to open parcels and/or be randomly searched before leaving.
- 4.2.16 Five percent of all Non-Regular Employees, whose badges are characterized by a pink dot, will be subjected to a hands on search prior to entry to the Protected Area. The 5% search pattern will be established by the random drawing of a clear marble from a box containing 19 colored and one clear marble.
- 4.2.17 Guards in the Search Area will notify the LSO of any personnel bringing cameras into the Protected Area. The LSO will contact the appropriate department supervisor to verify the need for the camera. Prior authorization is preferred.
- 4.2.18 Buildings containing equipment important to safety that are inside the Protected Area must be locked at all times when not attended. These buildings include the Service Water Pump House and the Circulating Water Makeup Pump House.

- 4.2.19 Procedures are in effect to maintain confidentiality of certain procedures and documentation at FSV in accordance with 10CFR2.790(d) (Proprietary Information), 10CFR parts 25 and 95 (Classified Material Control Plan) and 10CFR75.21 (Safeguards). All personnel are trained to recognize the various types of information during General Employee Training.

4.3 DOSIMETRY REQUIREMENTS

Personnel dosimetry requirements are determined on a as required basis by the Health Physics Department through routine and special surveys of the plant.

4.4 ID BADGES/KEY CARDS

- 4.4.1 Badge/Key Cards are issued by security in accordance with written requests as described in Paragraph 4.1. Individuals must exhibit their FSV Identification (ID) Badges to gain access to the Protected Area. Badges are to be worn, on the upper torso and in full view at all times, preferably attached to the shirt collar. Badges must not be taken out of the Protected Area.
- 4.4.2 Each employee with a Badge/Key Card is assigned a confidential entry code number. Codes are used in conjunction with the card readers equipped with cipher pads. This number should not be revealed to anyone. Each employee is required to use his own card to enter or exit Vital Areas or Limited Access Areas. If an employee observes another person entering behind him without using a card (i.e., "tailgating") he should immediately report this to Security.
- 4.4.3 The loss of a Badge/Key Card must be reported immediately to Security on a FSVS Form 6 "Lost Badge/Key Card Report" (ATTACHMENT G-4D). If the Health Physics film badge is lost with the Identification Badge, contact Health Physics immediately for a replacement and report forms.

4.4.4 Ft. St. Vrain photo ID Badges are coded by the following photo background colors:

- a) Red photo background identifies PSC Plant personnel, reporting via the appropriate chain of command to the Manager, Nuclear Production, permanently assigned to the Plant.
- b) Blue photo background identifies all other PSC employees. This includes site-assigned Nuclear Licensing and Fuels Division Quality Assurance and Nuclear Engineering Division personnel.
- c) Yellow photo background identifies non-PSC personnel. PSC supervisors are responsible for advising contractor personnel of their access limitations and security requirements.

4.4.5 ID Badges have the information blocks on the badge completed, bear a serial number assigned to the holder, and the badge photo must resemble current facial features.

- a) ID Badges identify Health Physics Qualified individuals.

4.4.6 Termination of employment, transfer from a department or any action that changes an individual's employment status is cause to terminate the unescorted access. The Authorizing Official responsible for the individual's unescorted access shall submit a FSVS Form 3 "Access Deletions" (ATTACHMENT G-4C) to HP Clerical prior to or on the effective date.

4.4.7 The following Vital, Limited Access and Security Area Doors are controlled by card reader systems monitored by the CAS/SAS operators and guards:

- a) Reactor Building Doors (Level 7 and Level 5)(Vital)
- b) Control Room (Vital)
- c) Central Alarm Station (CAS) (Vital)
- d) Diesel Engine Fire Pump Room and Fuel Supply (Vital)
- e) Secondary Alarm Station (SAS)
- f) Standby Diesel Generator Room (L.A.)
- g) Auxiliary Electric Room (L.A.)
- h) 480 Volt Switchgear Room (L.A.)

4.4.8 Should the Card Reader(s) at the Reactor Building Access Portals (Elevation 4829'0" and 4791'0") be removed from service for any reason, an Access Log (ATTACHMENT G-4K) shall be used by all authorized personnel entering and exiting the building.

4.4.9 All personnel are scheduled for work as determined by management and/or supervisory personnel. Changes to established schedules, as required, are initiated by management and/or supervisory personnel and coordinated through Security.

4.5 SECURITY DEPARTMENT RECORDS CONTROL

Most security reports and logs are Confidential, Safeguards, or Proprietary Information and are exempt from public disclosure. Specific records and storage requirements are covered by of the FSV Security Plan. The Security Supervisor will ensure that security records are properly transmitted and stored. The Plant Security Officer or his designee will control access to these records.

5.0 REFERENCES

- 5.1 FSV Security Plan
- 5.2 10CFR2.790 "Public Inspections, Examinations, Requests For Withholding"
- 5.3 Technical Specification
- 5.4 10CFR19.12 "Notices, Instructions and Reports To Workers"
- 5.5 Procedure Q-1, "FSV Organization and Responsibilities"
- 5.6 "FSV Training Procedures Administrative Manual
- 5.7 10CFR73.21 Safeguards Information
- 5.8 10CFR 25 & 95, Classified Material Control Plan

6.0 ATTACHMENTS

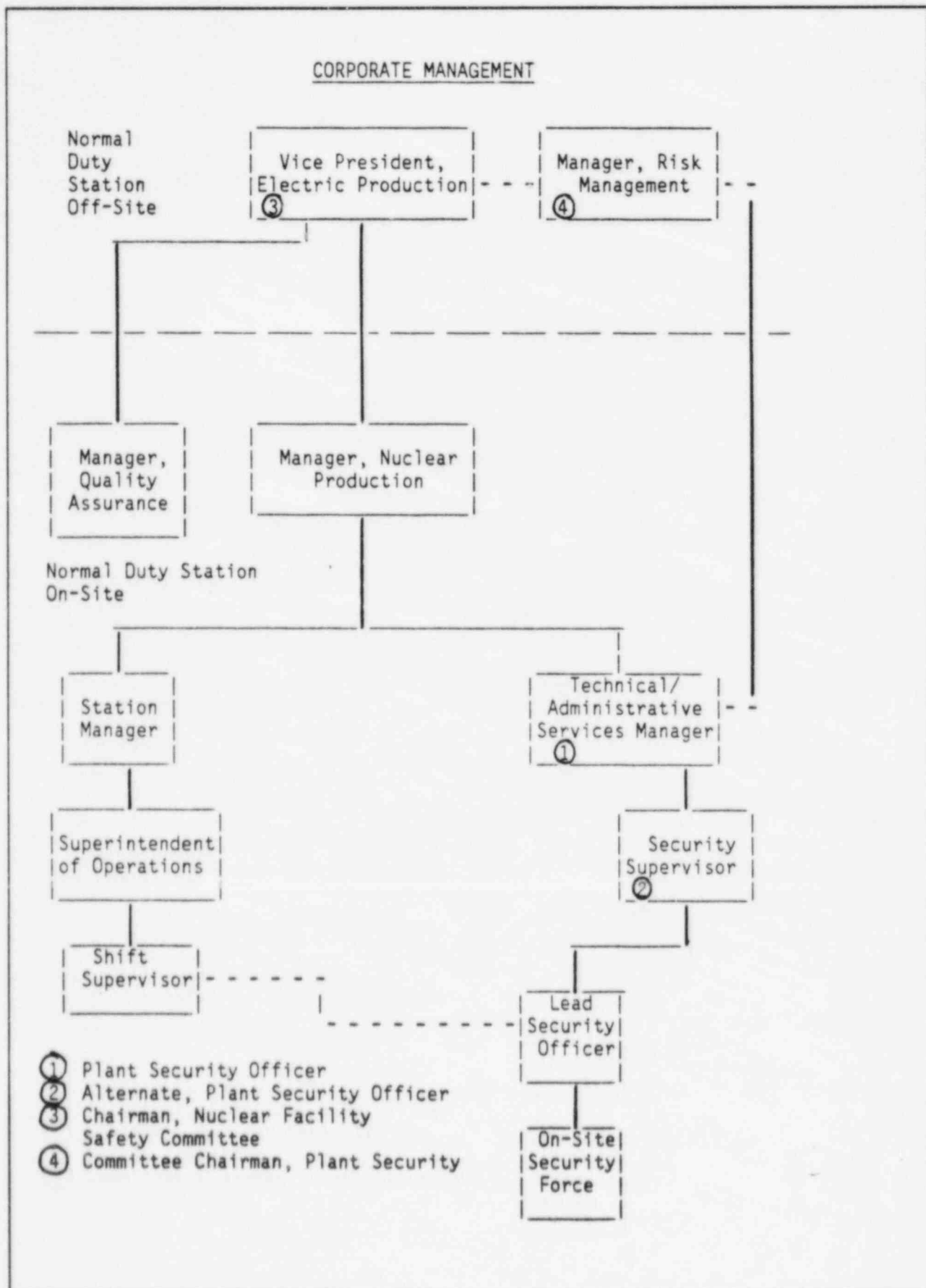
- G-4A - Corporate Management and Facility Security Organization
- G-4B - FSV Form 1 - Authorized Access Request
- G-4C - FSV Form 3 - Access Deletions
- G-4D - FSV Form 6 - Lost Badge/Key Card Report
- G-4E - FSV Form 4 - Authorized Escorted Vehicle Access Form
- G-4F - FSV Form 5 - Material Access Authorized Request
- G-4G - FSV HP Form 4 - Individual Radiation Exposure History Form
- G-4H - FSV Form 7 - Background Information
- G-4I - FSV Form 8 - Background Verification Letter
- G-4J - Truck Bay Door Opening Permit
- G-4K - Access Log



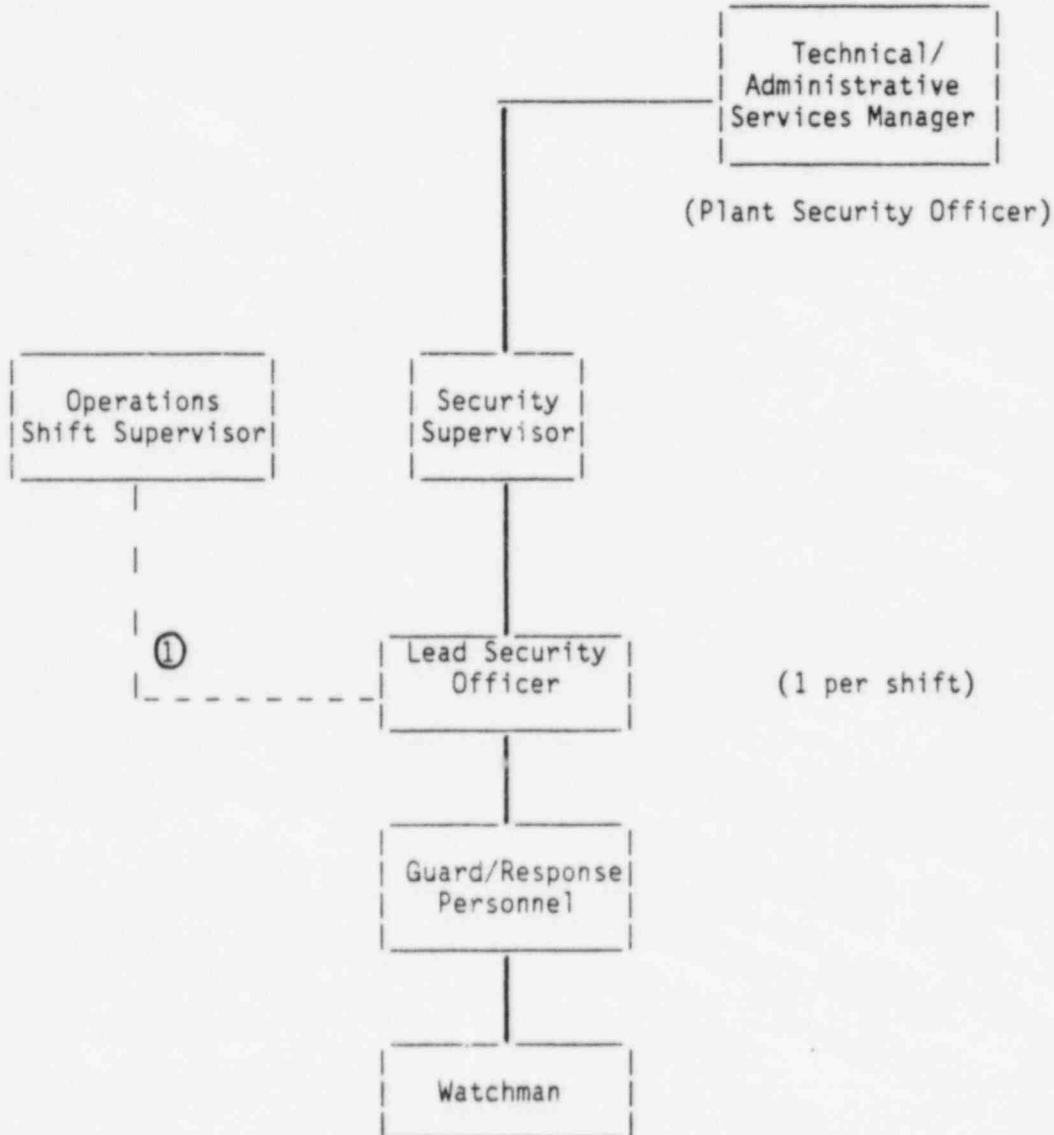
7.0 COMMITMENTS

The step(s) and section(s) listed below may not be deleted without issuance of comparable controls. The procedure itself, if initiated as a result of commitment corrective action, may not be deleted without issuance of comparable controls.

- 7.1 Sections 4.1.1 c) through 4.1.1 f) are corrective actions in response to CAR 85-083.



FACILITY SECURITY ORGANIZATION



- ① Dual responsibility for keeping each other informed of conditions affecting security.

PREPARATION INSTRUCTIONS FOR FORT ST. VRAIN
SECURITY FORM 1 FOR UNESCORTED ACCESS

<u>RESPONSIBILITY</u>	<u>ACTION</u>
AUTHORIZING OFFICIAL	Completes an "Authorized Access Request" Security Form 1 (ATTACHMENT G-4B,) in black ink.
BLOCK 1	CURRENT DATE
BLOCK 2	Printed name of authorizing official.
BLOCK 3	Must be signed by an individual identified by position on the "Authorizing Officials List". Delegates may sign for authorizer only when written notice is provided. This may be accomplished via the Plant Delegation Letter.
BLOCK 4	RE-ACTIVATE A request to re-issue an inactive badge/key card. If the ID Badge/Key Card was inactive 30 days or more, an updated background/employment investigation (FSVS Form 7 or 8) and Health Physics Form 4 (if required per P-3) must be submitted with the Security Form 1 to Health Physics clerical.



AUTHORIZING OFFICIAL

Forward the completed Security Form 1, Health Physics Form 4 and applicable background investigation forms to Health Physics Clerical.

BLOCK 5 NEW

Photo-Identification Badges/Key Cards are issued to expire on December 31 of the current year. If the individual has never been granted unescorted access check NEW.

If the individual has been issued a badge but is not on an active status check reactivate and include the badge number (Block 4).

BLOCK 6 CHANGE

Should the request be initiated to change some particular data on the badge, i.e. name change, employment affiliation, check change and indicate the change required.

BLOCK 7 MONTHLY VERIFICATION CODE

Insert the code letters/numbers which identify the Monthly Verification List on which the employee's name and area access should appear. These code letters/numbers can be obtained from the "Authorizing Officials List".

BLOCK 8 HEALTH PHYSICS QUALIFIED

Check if individual is Health Physics qualified.

BLOCK 9 PURPOSE OF ACCESS

Must be specific as to the need to work.

BLOCK 10 Full legal name must be entered.



BLOCK 11 SOCIAL SECURITY NUMBER

If the individual does not have a
Social Security number, leave blank.

BLOCK 12 REGULAR/NON-REGULAR EMPLOYEE

Authorizing Supervisor must initial one
of the two spaces based on the
following employment criteria:

Regular Employee - A full time,
employee whose permanent work station
is FSV and/or reports regularly to FSV
once per week, vacation, sick leave and
company business EXCEPTED.

Non Regular Employee - Not assigned to
FSV on a full time basis and does not
report to FSV at least once a week.

BLOCK 13 COMPANY

The Employee's parent company.

BLOCK 14 The department employee will be
assigned to.

BLOCK 15 PERSONNEL ACCOUNTABILITY STATION

The area assigned for response during a
drill, or actual emergency.

BLOCK 16 Not applicable.

BLOCK 17 Requested access areas are identified
by the following abbreviations:

Ø PROTECTED AREA

L LIMITED ACCESS AREAS

480V switchgear Room, Auxiliary
Electric Room and Diesel Generator
Rooms

R Reactor Building

C Control Room

S Security Areas

E Fire Water Pump House

FSB Fuel Storage Building

BLOCK 18 Not applicable

BLOCK 19 UNESCORTED ACCESS

Inclusive dates of required unescorted
access.

Forward the completed Security Form 1
and Health Physics Form 4, (if required
per P-3), to Health Physics Clerical.

BLOCK 20 Not applicable

BLOCK 21 Not applicable

BLOCK 22 HEALTH PHYSICS APPROVAL

Health Physics approval to be signed by
the Health Physics Supervisor, or
designee.

BLOCK 23 AUTHORIZED BY

That member of the security staff
authorizing access.



PREPARATION INSTRUCTIONS FOR FORT ST. VRAIN
SECURITY FORM 1 FOR ESCORTED ACCESS

The following numbers correspond to the numbers shown on ATTACHMENT G-4B, Security Form 1. This form is to be completed in black ink.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
AUTHORIZING OFFICIAL	BLOCK 1 CURRENT DATE
	BLOCK 2 Printed name of authorizing official.
	BLOCK 3 Must be signed by an individual identified by position on the "Authorizing Officials List". Delegates may sign for Authorizing Official only when written notice is published. This may be accomplished via the Plant Delegation Letter.
	BLOCKS 4,5,6,7,8 Re-activate, new badge number, change, monthly verification code and Health Physics qualified: No entry required in these blocks for temporary escorted access.
	BLOCK 9 PURPOSE OF ACCESS Must be specific as to the "Need to Work".
	BLOCK 10 Full legal name must be entered.
	BLOCK 11 SOCIAL SECURITY NUMBER If the individual does not have a Social Security Number, leave blank.
	BLOCK 12 Not Applicable
	BLOCK 13 The Employee/Visitor parent company.
	BLOCK 14 The department employee/visitor will be assigned to.



BLOCK 15 Not Applicable

BLOCK 16 The department that will provide an escort for employee/visitor.

BLOCK 17 Requested access areas identified by the following abbreviations. Circle the desired areas. Authorized access is on a "need to work" basis.

Ø Protected Area

L Limited Access Areas

480 Volt Switchgear Room

Auxiliary Electric Room

Diesel Generator Room

R Reactor Building

C Control Room

S Security Area

E Fire Water Pump House

FSB Fuel Storage Building

BLOCK 18 TEMPORARY ESCORTED VISITOR ACCESS

Inclusive dates of required escorted access.

BLOCK 19 Not applicable

Forward the completed Security Form 1 and Health Physics Form 4, if required, to Health Physics Clerical.

BLOCK 20 HEALTH PHYSICS APPROVAL

Health Physics approval to be signed by the Health Physics Supervisor, or designee.



BLOCK 21 AUTHORIZED BY

That member of the Security staff
authorizing access.

BLOCK 22 Not applicable.

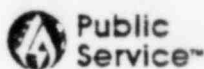
BLOCK 23 Not applicable.



FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO

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Attach. G-4B
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"AUTHORIZE ACCESS REQUEST"
"FORM 1"



FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO
AUTHORIZED ACCESS REQUEST

FSVS FORM 1
(Rev. 081585)

(PLEASE PRINT OR TYPE IN BLACK INK)

DATE: 1
FROM: 2
(PRINTED NAME OF AUTHORIZING OFFICIAL)
3
(AUTHORIZING OFFICIAL SIGNATURE)

☐ Re-activate # 4
☐ New Badge Number 5
☐ Change 6
☐ Monthly Verification Code 7
☐ Health Physics Qualified 8

Request the person listed below be authorized access as indicated for the following purpose: 9
(SPECIFIC JOB / WORK ASSIGNMENT)

FULL NAME: 10 LAST FIRST 12 MIDDLE
SOCIAL SECURITY NUMBER: 11 ☐ Regular Employee ☐ Non-regular Employee
COMPANY: 13
DEPARTMENT ASSIGNED TO: 14
PERSONNEL ACCOUNTABILITY STATION: 15
DEPARTMENT PROVIDING ESCORT IF REQUIRED: 16
REQUESTED ACCESS: (Circle Appropriate Areas) 17 ☐ ☐ L ☐ R ☐ C ☐ E ☐ S (FSB)

TEMPORARY ESCORTED VISITOR ACCESS	UNESCORTED ACCESS
From <u>18</u> Thru _____	From <u>19</u> Thru _____

SECURITY MANAGEMENT: COMPLETE ONE OF THE FOLLOWING

Initial appropriate items below:	Initial appropriate items below:
<input type="checkbox"/> Protected Area — <u>0</u>	<input type="checkbox"/> Protected Area — <u>0</u>
<input type="checkbox"/> Limited Access Areas — <u>L</u>	<input type="checkbox"/> Limited Access Areas — <u>L</u>
<input type="checkbox"/> Vital Area — <u>R</u>	<input type="checkbox"/> Vital Area — <u>R</u>
<input type="checkbox"/> Vital Area — <u>C</u>	<input type="checkbox"/> Vital Area — <u>C</u>
<input type="checkbox"/> Vital Area — <u>E</u>	<input type="checkbox"/> Vital Area — <u>E</u>
<input type="checkbox"/> Vital Area — <u>S</u>	<input type="checkbox"/> Vital Area — <u>S</u>
<input type="checkbox"/> FUEL STORAGE BUILDING (FSB)	
H.P. Approval: <u>20</u>	H.P. Approval: <u>22</u>
Authorized By: <u>21</u>	B.I.: _____
Date: _____	P.Q.: _____
	G.E.T.: _____
	Authorized By: <u>23</u>
	Date: _____

FORM 101 372 - 02 - 3047



INSTRUCTIONS FOR THE PREPARATION OF FORT ST. VRAIN
SECURITY FORM 3 ACCESS DELETIONS

The following numbers correspond to the numbers shown on Attachment G-4C, Security Form 3. This form is to be completed in black ink.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
AUTHORIZING OFFICIAL	BLOCK 1 DATE Enter the current date.
	BLOCK 2 SIGNATURE This block must be signed by the applicable individual on the Authorizing Officials List.
	BLOCK 3 Enter the name of the department of assignment.
	BLOCK 4 Enter effective date of termination
	BLOCK 5 NAME Enter the full legal name.
	BLOCK 6 BADGE NUMBER Enter the current ID Badge/Key Card
	BLOCK 7 REASON Enter a brief description of the reason for deletion.



BLOCK 8 Enter NRC "L" Clearance # if applicable.

SUPERVISOR Forward the completed Form 3 to the Radiation Dosimetry Clerk.

RADIATION DOSIMETRY DOCUMENTS CLERK Reviews for Health Physics requirements,

BLOCK 9 Signs when HP requirements are completed.

BLOCK 10 Enter current date
Forward to PSC Security.

PSC SECURITY Review the form for completeness, authorized signature, Reason and "L" Clearance information.

BLOCK 11 SECURITY DEPARTMENT AUTHORIZATION
This block will be signed by a PSC Security Department member if review is complete.

BLOCK 12 DATE
Enter the current date.

CONTRACT SECURITY AGENCY
BADGE GUARD Review the form for completeness.
Remove the badge from the badge board for each individual listed. Delete the names of each individual from the Authorized Access List. Initial each deletion.

BLOCK 13 This block will be signed by the guard making the deletions.

BLOCK 14 DATE
Enter the current date in this block.
Forward the completed Form 3 with badges attached to PSC Security Department.



SECURITY FORM 3

FSVS FORM 3

DATE: ①
FROM: ②
SIGNATURE OF AUTHORIZING OFFICIAL
DEPT: ③
TO: RADIATION DOSIMETRY DOCUMENTS CLERK
SECURITY DEPARTMENT
SUBJECT: ACCESS DELETIONS
EFFECTIVE DATE: ④

The following personnel no longer require access to the plant.

NAME	BADGE NO.	REASON	NRC "L"
<u>⑤</u>	<u>⑥</u>	<u>⑦</u>	<u>⑧</u>

Health Physics Review by:

SIGNATURE ⑨ DATE ⑩

Security Department Authorization by:

SIGNATURE ⑪ DATE ⑫

I.D. Badge and Access Deletion by:

SIGNATURE ⑬ DATE ⑭



INSTRUCTIONS FOR THE PREPARATION OF FORT ST. VRAIN
SECURITY FORM 6 -LOST BADGE/KEY CARD REPORT

The following numbers correspond to the numbers shown on Attachment G-4D, Security Form 6. This form is to be completed in black ink.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
INDIVIDUAL	BLOCK 1 DATE Enter the current date.
	BLOCK 2 Enter full legal name.
	BLOCK 3 DEPARTMENT/ORGANIZATION Enter the Department or Organization of assignment.
	BLOCK 4 ID BADGE/KEYCARD NO. Enter badge/key card number. If the number is not known, contact the LSO to obtain a number.
	BLOCK 5 DATE LOST Enter the date the badge/key card was actually lost.
	BLOCK 6 TIME LOST Enter the approximate time the badge/key card was lost.
	BLOCK 7 LOCATION WHERE BADGE WAS LOST Enter the location where the badge/key card was lost. Be as precise as possible. In any event, list enough information to facilitate a later search.
	BLOCK 8 ACCOUNT OF INCIDENT Enter a brief account of the incident, how and when. List any other information that may assist in locating the badge/key card.



BLOCK 9 SIGNATURE

Sign name.

AUTHORIZING OFFICIAL

Review the form for completeness.
Assess the feasibility of a further
search of the area for the badge.

BLOCK 10 SUPERVISOR'S SIGNATURE

Must be signed by an individual
identified by position on the
"Authorizing Officials List" or by a
delegate identified via the Plant
Delegation Letter.

Forward the completed form to the LSO.



Public
Service™

FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO

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LOST BADGE/KEY CARD REPORT
SECURITY FORM 6

Rev. 080379

FORM 6

PLEASE PRINT OR TYPE

DATE: _____ ①

TO: SECURITY SUPERVISOR

SUBJECT: LOST BADGE/KEY CARD REPORT

FULL NAME _____ ②
Last First Middle

DEPARTMENT/ORGANIZATION: _____ ③ BADGE/CARD NO. _____ ④

DATE LOST: _____ ⑤ TIME LOST: _____ ⑥

LOCATION WHERE BADGE/CARD WAS LOST: _____ ⑦

BRIEF ACCOUNT OF THE INCIDENT: _____ ⑧

SIGNATURE: _____ ⑨

SUPERVISOR'S SIGNATURE: _____ ⑩

- SECURITY MANAGEMENT -

REPLACEMENT BADGE/CARD TO BE ISSUED. OLD BADGE/CARD TO BE INACTIVATED.

AUTHORIZED BY: _____

DATE: _____

COMPUTER DELETION BY: _____ DATE: _____

REMARKS: _____



INSTRUCTIONS FOR COMPLETING SECURITY DEPARTMENT FORM 4
AUTHORIZED ESCORTED VEHICLE ACCESS

The following numbers correspond to the numbers shown on ATTACHMENT G-4E, Security Form 4. This form is to be completed in black ink.

<u>RESPONSIBILITY</u>	<u>ACTION</u>
AUTHORIZING OFFICIAL	BLOCK 1 Current Date.
	BLOCK 2 Must be signed by an individual identified by position on the "Authorizing Officials List". Delegates may sign for the Authorizing Official only when written notice is published. This may be accomplished via the Plant Delegation Letter.
	BLOCK 3 List the specific purpose for the vehicle access. Use this block to requisition additions to the "Site Assigned Vehicle List."
	BLOCK 4 List the vehicle license number. If the vehicle does not have a license number, list the vehicle company number.
	BLOCK 5 List the name of the company that owns the vehicle.
	BLOCK 6 This block is for the ending date. The start is the day the form is submitted and will be good thru the day listed in this block.
	BLOCK 7 Enter the time, from-to if the request is for one day. Enter the days from-to if the form is for more than one day. For escort scheduling purposes, a 24 hour advance notice is preferred.



SUPERVISOR

Forward the completed Security Form 4 to the LSO.

LEAD SECURITY OFFICER

Review the form for completeness.

BLOCK 8 State the necessity of guard escort.

BLOCK 9 Enter signature in this block if the entry is authorized. In the event the entry can not be authorized as stated, contact the Authorizing Official who submitted the form to resolve the problem(s).

BLOCK 10 Current Date.

BLOCK 11 Enter any special instructions to the guard force that is not contained on the form.

Have the completed and authorized form transmitted to the guard force.

AUTHORIZED ESCORTED VEHICLE ACCESS
SECURITY FORM 4

(REV. 100478)

FORM 4

Date: (1)
To: Site Security Supervisor
From: (2)
Subject: Authorize Escorted Vehicle Access

Request the vehicle listed below be authorized escorted vehicle to the Protected Area for the following purpose: ③

Vehicle license/ID number: _____ (4) _____

COMMENTS: (5)

Temporary Escorted Access For Vehicle and Driver Today thru
 (S) - - - - - Only

⑦ DEDICATED SECURITY GUARD ESCORT REQUESTED FOR _____ TO _____.

⑧ Security Department Escort: _____

② Authorized By: _____

② Date: _____

(11) Remarks: _____

* 24 hour advanced notice required.



INSTRUCTIONS FOR THE PREPARATION OF FORT ST. VRAIN FORM 5
MATERIAL ACCESS AUTHORIZED REQUEST

The following numbers correspond to the numbers shown on Attachment G-4F, Security Form 5. This form is to be completed in black ink.

RESPONSIBILITY

ACTION

AUTHORIZING
OFFICIAL

- BLOCK 1 Enter Current Date.
- BLOCK 2 Must be signed by an individual identified by position on the "Authorizing Officials List" or a person identified on the "Personnel Authorized To Identify And Receive Materials List". This list will be maintained, updated, and distributed, as required, by the Security Department.
- BLOCK 3 Enter department of assignment in this block.
- BLOCK 4 VENDOR
- Enter the company name where material was purchased. If the material was purchased and obtained from another unit within Public Service, enter PSC.
- BLOCK 5 CARRIER
- Enter the name of the company making the delivery. If delivered by a PSC vehicle or hand carried, enter PSC.
- BLOCK 6 PURCHASE ORDER/REQUISITION NUMBER
- Enter the purchase order number. If the transaction was a cash purchase, enter petty cash. If the material is from another unit within the company, enter PSC stock transfer.
- BLOCK 7 MATERIAL DESCRIPTION
- Enter a brief numerical and/or definitive description of the material being transported on site.



BLOCK 8 Enter the date the material will arrive on-site.

BLOCK 9 Enter the name of the individuals designated to identify and receive the property.

Obtain QA stamp and authorization signature.

Forward the completed form to PSC Security (LSO).

LEAD SECURITY OFFICER

Review the form for completeness and authorized signature.

BLOCK 10 AUTHORIZED BY

Authorize request by signing BLOCK 10.

BLOCK 11 Current Date.

BLOCK 12 REMARKS

Enter any special instructions to the guard force.

Transmit the form to the guard force.



MATERIAL ACCESS AUTHORIZED REQUEST
SECURITY FORM 5

Rev. 020178

FORM 5

Date: _____ (1)
To: Security Supervisor
From: _____ (2) Department: _____ (3)
(Original Signature)
Subject: Material Access Authorization Request

Request that the following materials be authorized into the
Protected Area:

Vendor: _____ (4)
Carrier: _____ (5)
P.O./Requisition No.: _____ (6)
Material Description: _____ (7)

(8) The above material will arrive on _____ - _____ - _____ and be
identified/received by _____ (9)
(print name)

- Security Management -

Authorized by: _____ (10)
Date: _____ (11)
Remarks: _____ (12)



INDIVIDUAL RADIATION EXPOSURE HISTORY
(HEALTH PHYSICS FORM 4)

PUBLIC SERVICE COMPANY OF COLORADO
FORT ST. VRAIN NUCLEAR GENERATING STATION
INDIVIDUAL RADIATION EXPOSURE HISTORY

*H.P. USE ONLY
Film Badge # _____ ()
Date Received _____

All information contained in this form will be kept confidential and will become a part of your Health Physics record. FILL IN BLANKS ENTERING N/A OR NONE IF APPROPRIATE. PLEASE PRINT.

1. LAST NAME ^① FIRST NAME MIDDLE NAME
2. SEX ^② SOCIAL SECURITY NUMBER ^③ DATE OF BIRTH ^④ TODAY'S DATE ^⑤
3. HOME ADDRESS: STREET ^⑥ CITY STATE AND ZIP CODE
4. Firm Represented: ^⑦ Site assigned? ☐ Yes ^⑧ ☐ No If P.S.Co., Dept. ^⑨
5. Have you ever been assigned a film badge at Fort St. Vrain? ☐ Yes ^⑩ ☐ No
6. Have you ever been exposed to radiation (other than medical and natural background)? ☐ Yes ^⑪ ☐ No
7. Have you been exposed to radiation (other than medical and natural background) during the current calendar quarter? ☐ Yes ^⑫ ☐ No If yes, what was the amount of the exposure? Whole Body ^⑬ Rem Skin ^⑭ Rem Extremities ^⑮ Rem
If question #6 &/or #7 is yes, please provide the information requested below.

PREVIOUS EMPLOYMENTS INVOLVING RADIATION EXPOSURE LIST NAME & ADDRESS OF EMPLOYER ^⑬	PREVIOUS DOSE HISTORY		
	Dates Of Employment	Whole Body (Rem)	Record or Calculated INSERT ONE

Upon completion of your work assignment at Fort St. Vrain, a whole body count may be required. Notify your supervisor in advance of your termination to arrange for whole body count, if required.

THE ABOVE STATEMENTS ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

^⑭
SIGNATURE

- * Initial whole body count scheduled for _____ Date & Time Access Area(s)
- * H.P. Qualified _____ Date * Visitor ☐ Yes ☐ No
- * Initial whole body count completed _____ Health Physics Supervisor _____ Date

INSTRUCTIONS FOR THE PREPARATION OF THE
FORT ST. VRAIN FORM 7 BACKGROUND INVESTIGATION

The following numbers correspond to the numbers shown on Attachment G-4H Security Form 7. Complete all items in black ink.

<u>RESPONSIBILITY</u>		<u>ACTION</u>
AUTHORIZING OFFICIAL	BLOCK 1	The Authorizing Official who submits the individual's Form 1 must sign this block, after reviewing the completed form.
INDIVIDUAL	BLOCK 2	Enter full given name. Read waiver information.
	BLOCK 3	Enter Social Security Number. If you do not have a Social Security Number, enter your passport number or your alien registration card number.
	BLOCK 4	Sign legal signature.
	BLOCK 5	Enter the date the Form 7 was completed.
	BLOCK 6	Enter complete current address and include zip code.
	BLOCK 7	Enter the month and year you moved to this address.
	BLOCK 8	Enter home phone number.
	BLOCK 9	Enter your date of birth.
	BLOCK 10	Enter any names you have had or have been known by other than what was entered in BLOCK 2.
	BLOCK 11	Circle your sex

**INDIVIDUAL
EMPLOYMENT HISTORY**

This section is to be completed for a period of (3) years or to age (18), whichever is less. Start with present status and work back. Answer each item completely.

- BLOCK 12 Check whether employed, unemployed or self-employed during this period.
- BLOCK 13 Enter dates of employment, unemployment or self-employment. If unemployed leave BLOCK 13 to 19 blank.
- BLOCK 14 Enter full name of the employer.
- BLOCK 15 Enter the complete address of the employer.
- BLOCK 16 Enter your supervisor's name.
- BLOCK 17 Enter your employer's telephone number and include area code.
- BLOCK 18 Enter your position or title.
- BLOCK 19 Enter your reason for leaving.
- BLOCK 20 If unemployed or self-employed during this period, enter two references who can verify this period.

NOTE: Repeat BLOCKS 12-20 for all periods.



FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO

APPROVED FOR BADGING
DATE: _____
LSO: _____

①
AUTHORIZING OFFICIAL

FULL LEGAL NAME: _____
FIRST NAME FULL MIDDLE NAME LAST NAME

I fully understand that disclosure of my Social Security Number and all other requested information is voluntary. I understand that failure to supply requested information will delay processing of my clearance for unescorted access to the Protected/Vital Areas of the Fort St. Vrain Nuclear Generating Station and may result in denial of clearance.

I hereby authorize any Agent, Investigator, or other authorized representative of the Public Service Company bearing this release, or a copy thereof, within one year of its date, to obtain any information from schools, residential management agents, employers, criminal justice agencies, hospitals, or other repositories of medical records, credit bureaus, consumer reporting agencies, retail business establishments, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, medical, credit, arrest, and conviction records.

I hereby request you to release such information upon request. This release is executed with full knowledge and understanding that the information is for the official use of the Public Service Company of Colorado conducting an investigation under the authority of the Atomic Energy Act of 1954, as amended.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

③ SOCIAL SECURITY NUMBER ④ SIGNATURE ⑤ DATE

PRESENT ADDRESS: ⑥ STREET NUMBER CITY STATE ZIP CODE

SINCE: ⑦ MONTH/YEAR HOME PHONE NUMBER: () ⑧ DATE OF BIRTH: ⑨ MONTH DAY YEAR

ALIAS; NAME CHANGE; MAIDEN NAME: ⑩ SEX: ⑪ M F

DATES: RCVD BY NSDC _____ ; GET _____ ; PQ _____ ; RCVD BY LSO _____ ; RTRND TO NSDC _____

FSVSEC FORM 7 Background Investigation

revised 01/01/85

FORT ST. VRAIN SECURITY FORM 7
BACKGROUND INVESTIGATION

Public Service™

FORT ST. VRAIN NUCLEAR GENERATING STATION
PUBLIC SERVICE COMPANY OF COLORADO

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FORT ST. VRAIN SECURITY FORM 7 BACKGROUND INVESTIGATION

EMPLOYMENT HISTORY

1. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT FOR THE LAST THREE YEARS OR TO AGE 18, WHICHEVER IS LESS.
2. START WITH YOUR PRESENT STATUS AND GO BACK IN TIME.
3. INCLUDE A COPY OF YOUR DD214 IF YOU HAVE SERVED IN THE ARMED FORCES WITHIN THE LAST THREE YEARS.
4. INCLUDE THE NAME, ADDRESS, AND PHONE NUMBER OF TWO REFERENCES WHO CAN VERIFY ALL PERIODS OF UNEMPLOYMENT OR SELF EMPLOYMENT.

EMPLOYED		UNEMPLOYED		SELF EMPLOYED		DATES: (13) TO	
EMPLOYER: (14) _____							
ADDRESS: (15) _____ Street _____ City _____ State _____ Zip Code _____							
SUPERVISOR: (16) _____ Telephone: () (17) _____							
POSITION: (18) _____ Reason for termination: (19) _____							
REFERENCES, IF UNEMPLOYED OR SELF EMPLOYED DURING THIS PERIOD							
1. Name _____		Street _____		City _____		State _____ Zip _____ Phone _____	
2. Name _____		Street _____		City _____		State _____ Zip _____ Phone _____	
EMPLOYED		UNEMPLOYED		SELF EMPLOYED		DATES: _____ TO _____	
EMPLOYER: _____							
ADDRESS: _____ Street _____ City _____ State _____ Zip Code _____							
SUPERVISOR: _____ Telephone: () _____							
POSITION: _____ Reason for termination: _____							
REFERENCES, IF UNEMPLOYED OR SELF EMPLOYED DURING THIS PERIOD							
1. Name _____		Street _____		City _____		State _____ Zip _____ Phone _____	
2. Name _____		Street _____		City _____		State _____ Zip _____ Phone _____	

FOR OFFICE USE ONLY	
VERIFICATION: YES _____ NO _____	VERIFICATION: YES _____ NO _____
NAME _____	NAME _____
SOCIAL SECURITY NO. _____	SOCIAL SECURITY NO. _____
DATE OF BIRTH _____	DATE OF BIRTH _____
DATES OF EMPLOYMENT _____	DATES OF EMPLOYMENT _____
POSITION _____	POSITION _____
REASON FOR TERM. _____	REASON FOR TERM. _____
SECURITY PROBLEMS _____	SECURITY PROBLEMS _____
ELIGIBLE FOR REHIRE _____	ELIGIBLE FOR REHIRE _____
COMMENTS: _____	COMMENTS: _____
PERSON CONTACTED _____	PERSON CONTACTED _____
DATE LETTER SENT _____	DATE LETTER SENT _____
INVESTIGATED BY _____	INVESTIGATED BY _____

**FORT ST. VRAIN SECURITY FORM 7
BACKGROUND INVESTIGATION**
EMPLOYMENT HISTORY

1. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT FOR THE LAST THREE YEARS OR TO AGE 18, WHICHEVER IS LESS.
2. START WITH YOUR PRESENT STATUS AND GO BACK IN TIME.
3. INCLUDE A COPY OF YOUR DD214 IF YOU HAVE SERVED IN THE ARMED FORCES WITHIN THE LAST THREE YEARS.
4. INCLUDE THE NAME, ADDRESS, AND PHONE NUMBER OF TWO REFERENCES WHO CAN VERIFY ALL PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT.

EMPLOYED	UNEMPLOYED	SELF EMPLOYED	DATES: (13) TO
EMPLOYER: (14)			
ADDRESS: (15) Street City State Zip Code			
SUPERVISOR: (16) TELEPHONE: () (17)			
POSITION: (18) REASON FOR TERMINATION: (19)			

REFERENCES, IF UNEMPLOYED OR SELF EMPLOYED DURING THIS PERIOD

1. Name (20) Street City State Zip Phone
2. Name Street City State Zip Phone

EMPLOYED	UNEMPLOYED	SELF EMPLOYED	DATES: TO
EMPLOYER:			
ADDRESS: Street City State Zip Code			
SUPERVISOR: TELEPHONE: ()			
POSITION: REASON FOR TERMINATION:			

REFERENCES, IF UNEMPLOYED OR SELF EMPLOYED DURING THIS PERIOD

1. Name Street City State Zip Phone
2. Name Street City State Zip Phone

FOR OFFICE USE ONLY	YES	NO
VERIFICATION		
NAME		
SOCIAL SECURITY NO.		
DATE OF BIRTH		
DATES OF EMPLOYMENT		
POSITION		
REASON FOR TERM.		
SECURITY PROBLEMS		
ELIGIBLE FOR REHIRE		
COMMENTS:		

PERSON CONTACTED

DATE LETTER SENT

INVESTIGATED BY

VERIFICATION	YES	NO
NAME		
SOCIAL SECURITY NO.		
DATE OF BIRTH		
DATES OF EMPLOYMENT		
POSITION		
REASON FOR TERM.		
SECURITY PROBLEMS		
ELIGIBLE FOR REHIRE		
COMMENTS:		

PERSON CONTACTED

DATE LETTER SENT

INVESTIGATED BY



BACKGROUND VERIFICATION LETTER

FORM 8

(Please Print or Type)

FSVS - FORM 8

DATE: _____

TO: SECURITY SUPERVISOR
FORT ST. VRAIN NUCLEAR GENERATING STATION
16805 WCR 19 1/2
PLATTEVILLE, CO 80651

FROM: _____ ()
Supervisor's Name Title Telephone Number

Company Name

Company Street Address

City, State, Zip Code

SUBJECT: REQUEST UNESCORTED ACCESS TO FORT ST. VRAIN FOR:

Employee's Name Social Security Number

The above subject employee requires unescorted access to Fort St. Vrain on a "need to work" basis. Based upon the documented work history as required herein, no adverse character traits are suspected that would cause this office to believe that this employee will not perform his duties in a responsible manner. The following documented work history serves as the basis for our conclusion:

Documentation of a minimum of three (3) years prior employment history, or to the age eighteen (18), and verification of the employee's satisfactory performance evaluations for the prior three year period. Any period(s) of unemployment within the subject three year period has been verified and documented through personal references.

The documented employee work history records will be maintained on file by this office for the period the employee is authorized unescorted access to Fort St. Vrain Nuclear Generating Station. We agree to audits of the documented employee work history records upon demand by officials of Public Service Company of Colorado or the Nuclear Regulatory Commission and will provide full cooperation during such audits.

We/I understand that our failure to have the aforementioned requirements documented and available for inspection, and/or falsification of said requirements may be punishable by law as described by U.S.N.R.C. 10CFR73.80 "Violation".

Sincerely,

Signature, Authorized Company Representative Title Date



INSTRUCTIONS FOR THE PREPARATION OF THE
FORT ST. VRAIN TRUCK BAY DOOR OPENING PERMIT FORM

The following numbers correspond to the numbers shown on Attachment G-4J, Truck Bay Door Opening Permit Form.

<u>RESPONSIBILITY</u>		<u>ACTION</u>
REQUESTOR	BLOCK 1	Enter the name and title of the individual requesting the door opening permit.
	BLOCK 2	Enter the reason the door is to be opened.
SUPERINTENDENT OF MAINTENANCE	BLOCK 3	If the permit is approved, sign, date, and enter the time of signing.
REQUESTOR	BLOCK 4	Enter the name of the Shift Supervisor and the date and time he was notified of the pending door opening.
	BLOCK 5	Enter the name, date, and time the LSO was notified. Arrange for a Security Guard escort.
EMPLOYEE CHECKING THE TRUCK BAY STATUS	BLOCK 6	Check the status of each item listed in this section (hatch and doors). Each door or hatch will be closed and tagged. Indicate the status in the section provided.
	BLOCK 7	Enter the signature and title of the individual making the checks.
REQUESTOR	BLOCK 8	Obtain the signature and title of the Health Physics representative.
	BLOCK 9	Enter the name of the Security Guard present.
	BLOCK 10	Enter the time and date the doors were opened.
	BLOCK 11	Enter the time and date the doors were closed.

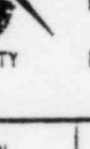


BLOCK 12 Repeat BLOCK 6 and return the truck bay to its normal operating configuration. Enter the Shift Supervisors name, date, and time when he was notified that the truck bay was secured.

BLOCK 13 Enter the name, date and time that the LSO was notified of the truck bay closing.

BLOCK 14 Enter the name of the Superintendent of Maintenance, date and time the form was returned to him.

ACCESS LOG

ACCESS LOG				
Fort St. Vrain Nuclear Generating Station				
 SECURITY	LOG TIME:	_____ to _____	POST:	_____
	DATE:	_____	Page _____ of _____ Pages	
TIME IN	NAME	BADGE NUMBER	SPECIFIC PURPOSE OF ENTRY	TIME OUT

Reviewed by _____	Revision: 1 Date: 7 May 1982
-------------------	---------------------------------