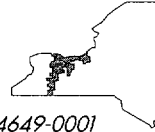




ROCHESTER GAS AND ELECTRIC CORPORATION • 89 EAST AVENUE, ROCHESTER, N.Y. 14649-0001



AREA CODE 716 546-2700

May 24, 2000

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555
Attn: Mr. Guy S. Vissing (Mail Stop 14D11)
Project Directorate I-1

Subject: Revision to Emergency Plan Implementing Procedures
R.E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

In accordance with 10 CFR 50.4(b)(5), enclosed is a revision to a Ginna Station Emergency Plan Implementing Procedure (EPIP).

We have determined, per the requirements of 10 CFR 50.54(q), that these procedure changes do not decrease the effectiveness of our Nuclear Emergency Response Plan.

Very truly yours,

Peter S. Polfeli
Corporate Nuclear Emergency Planner

Enclosures

xc: USNRC Region 1 (2 copies of letter and 2 copies of each procedure)
Resident Inspector, Ginna Station (1 copy of letter and 1 copy of each procedure)
RG&E Nuclear Safety and Licensing (1 copy of letter)
Dr. Robert C. Mecredy (2 copies of letter only)

PSP/jtw

NRR037

A045

PROCEDURE

EPIP 5-2

REVISION NUMBER

22

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 5-2

REV. NO. 22

ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS



RESPONSIBLE MANAGER

05/24/2000

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 32 PAGES

EPIP 5-2**ONSITE EMERGENCY RESPONSE FACILITIES AND
EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS****1.0 PURPOSE**

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made monthly. After each drill or use, inventory Survey Team Boxes, Survey Center, Warehouse, TSC, OSC, and Control Room lockers to ensure equipment has been returned and is available for emergency use. (Only those boxes or lockers which were opened should be inventoried.)

2.0 RESPONSIBILITY

- 2.1 The Corporate Nuclear Emergency Planner (CNEP), is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.
- 2.2 The Ginna Radiation Protection Section usually performs the onsite inventories.

3.0 REFERENCES**3.1 Developmental References**

- 3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

- 3.2.1 RP-INS-C-EFF, Efficiency Calibration of Alpha and Beta Counters
- 3.2.2 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks
- 3.2.3 SC-3.16.15, Charging of SKA-PAK, II, IIA, 300 Cubic Feet Cylinder Compressor or Cascade Method
- 3.2.4 SC-3.16.15.1, Charging of 4.5 Units Using the Breathing Air Compressor
- 3.2.5 SC-3.15.7, Inspection Of Self Contained Breathing Apparatus Scott 4.5 and Cascade System Charging Equipment
- 3.2.6 EPIP 2-11, Onsite Surveys
- 3.2.7 RP-JC-AIRSAMPLE, ATT 1, Air Sample Job Coverage Record
- 3.2.8 A-1.8, Radiation Work Permits

- 3.2.9 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators
- 3.2.10 EPIP 2-12, Offsite Surveys
- 3.2.11 EPIP 2-14, Post Plume Environmental Sampling
- 3.2.12 RP-INS-CAM-OPS, Constant Air Monitor Operation
- 3.2.13 RP-RES-M-SCOTTA, Maintenance, Inspection and Repair of the Scottoramic Respirator

4.0 PRECAUTIONS

- 4.1 This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 PREREQUISITES

- 5.1 Obtain current copies of applicable procedures of RP-RES-ISSUE, A-1.8, SC-3.16.15 and SC-3.16.15.1
- 5.2 Each individual environmental TLD shall be sealed in plastic before being stored.

6.0 ACTIONS

- 6.1 Inspection of Equipment

- 6.1.1 Inspect each location using Attachments 1 through 6. These inspections are performed by initialing the blank space if minimum requirement is met on the Attachments.

- a. Survey Center - Attachments 1 and 2.
- b. Control Room - Attachment 3.
- c. Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building per Attachment 4.
- d. Technical Support Center - Attachment 5.
- e. Warehouse and Security Access Control Area (Guardhouse) - Attachment 6.
- f. Engineering Support Center - Attachment 7

- 6.1.2 Notify Control Room (3235) and Corporate Nuclear Emergency Planner (6772) prior to initiating Survey Center and TSC communication checks to ensure confirmation of equipment operation.

6.1.3 Send completed attachments to the Onsite Emergency Planner for review.

6.2 Reporting Discrepancies

6.2.1 If any discrepancies are found, the person performing the inventory will make a note on the Emergency Equipment Monthly Inspection Log, Attachment 9. If there are no discrepancies, enter none for each location.

6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Emergency Equipment Monthly Inspection Log, Attachment 9.

6.2.3 Any equipment calibration that will expire prior to the end of the next inventory month should be recalibrated or replaced with equipment whose calibration will not expire prior to the next inventory.

6.2.4 Send a signed copy of completed Attachment 9 , Emergency Equipment Monthly Inspection Log, to the Onsite Emergency Planner for review and forwarding to Central Records.

6.2.5 Send signed copy of completed Attachment 10, Equipment Calibration Expiration Notification, to the Lead Technician-RP Instruments/TLDs.

7.0 **ATTACHMENTS**

1. Emergency Equipment in Survey Center
2. Emergency Equipment Per Survey Box - Survey Center
3. Emergency Equipment in Control Room
4. Emergency Equipment in Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building
5. Emergency Equipment in Technical Support Center
6. Emergency Equipment in Warehouse and Security Access Control Area (Guard House)
7. Emergency Equipment in the Engineering Support Center
8. NEC M3800 Cellular Mobile Telephone Equipment Check
9. Emergency Equipment Monthly Inspection Log
10. Equipment Calibration Expiration Notification

EMERGENCY EQUIPMENT IN SURVEY CENTER

1.0 Assignment tag board - all tags in place _____

NOTE: PERFORM INVENTORY ON SURVEY TEAM, BOXES IN JANUARY AND JULY OR IF SEAL HAS BEEN BROKEN.

NOTE: CHANGE BATTERIES IN JANUARY AND JULY OR IF THE EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DATE THAT THE INVENTORY IS PERFORMED.

2.0 Survey team boxes - Onsite East, Onsite West, Offsite East, Offsite West, Spare 1, Spare 2.

2.1 Perform inventory on each survey team box in accordance with Attachment 2. N/A this step and Attachment 2, if not required at this time. _____

3.0 Survey Meters. Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low range. RM-14 with Pancake Probe or equivalent (min. 8-units)
Expiration Date: _____

3.2 High range, Eberline RO-20 or equivalent (min. 8-units)
Expiration Date: _____

4.0 Scaler, BC-4 or equivalent. Check calibration date and document using RP-JC-DAILY-SRC-CHKS, (min. 1-unit)
Expiration Date: _____

5.0 Dosimeter Chargers

5.1 110V AC power operated - check operation (min. 1-unit) _____

5.2 Battery operated - check operation (min. 2-units) _____

6.0 Self-Reading Pocket Dosimeters - check calibration**NOTE: RECORD EARLIEST DATE FOR ASSOCIATED EQUIPMENT.**

6.1 0-1500 mr (min. 44-units) Expiration Date: _____

6.2 0-10R (min. 22 units) Expiration Date: _____

NOTE: EACH INDIVIDUAL ENVIRONMENTAL TLD SHALL BE HEAT-SEALED IN PLASTIC AND PACKAGED 9 TO A PACKAGE IN A PLASTIC BAG.**7.0 TLDs**7.1 Thermoluminescent dosimeters (TLDs) -
Anneal TLDs and check ECF's in January,
April, July and October. (Min. - 100) _____7.2 Environmental TLDs -
Anneal TLDs and check ECF's in January,
April, July and October (4 packages
of 9 each) _____**NOTE: RECORD EARLIEST DATE FOR THE ASSOCIATED EQUIPMENT. RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.****8.0 Air Sample Equipment**8.1 Low volume, Gilian or equivalent with air sampling heads.
Ensure units are plugged into charger after test. (min. 10-units)
Expiration Date: _____8.2 RADECO H 809 B2. Run for 90 minutes
(min. 2-units) Expiration Date: _____8.3 RADECO H 809 C. Run for 1 minute
(min. 4-units) Expiration Date: _____**9.0 Battery charger**

9.1 Check operation. Disconnect after testing is complete. (min. 1-unit) _____

10.0 Respiratory Equipment

10.1 Respirators, full face. Inspect mask, mark bag with inspection date and initials as per RP-RES-M-RESP and RP-RES-M-SCOTT A (min. 22-units)

10.2 Respirator filters, charcoal.
(min. 22-units) Expiration Date: _____

10.3 Voice emitters for respirators. Check operation.
(min. 13-units)

10.4 Local mask use sheets for Scott A Respirators
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 5-copies)

10.5 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries.

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

11.0 Communications Equipment

11.1 Verify portable radios are on charge and that charge status lights are illuminated.

11.2 Motorola GM 300 Mobile Radio (min. 6-units)

11.2.1 Magnetic or mount antennas (min. 3 units)

11.3 Deskon II, stationary. Radio check both units with Security.
(min. 2-units)

11.4 Intercom "A". Call Control Room at ext. 3509 and have them plug in the Control Room Intercom "A" and perform communication check with Survey Center. (min. 1-unit)

11.5 Cellular Phone checks

11.5.1 Check operation of each unit by performing Attachment 8.

NOTE: VERIFY PHONE BOOKS ARE UP-TO-DATE.**11.6 Telephone Books**

11.6.1 Rochester (min. 1 unit) _____

11.6.2 Wayne County (min. 1 unit) _____

11.6.3 RG&E Phone Directory _____

11.7 FAX MACHINE

11.7.1 Test fax machine by faxing a test message to the TSC (ext. 3927). _____

12.0 CAM, NMC

12.1 Run unit in accordance with RP-INS-CAM-OPS. _____

12.2 Check flow. _____

12.3 Perform 60 cycle test. _____

12.4 Check operating switch positions. _____

12.5 Check supply drawer for charts and filters. _____

12.6 Shutdown unit and remove filters (min. 1-unit). _____

12.7 Calibration Due Date: _____

13.0 **Radiation monitor**, XETEC Model 501 A-2. Perform operational check in accordance with RP-JC-DAILY-SRC-CHKS and check Calibration Due Date: _____

14.0 Decon Shower

14.1 Ensure that decon shower area is free from debris and that decon supplies (RMC Kit) are available. _____

14.2 Verify Test Tank Alert Alarm System for the decon shower holding tank functions properly by performing the following steps.

14.2.1 Ensure horn/silent slide switch is in "Horn" position. _____

14.2.2 Verify "T" valve is "Locked Shut". _____

14.2.3 Verify "S" valve is "Open". _____

14.2.4 Momentarily depress "To Test" Push button and verify the warning light red and horn activate. _____

NOTE: CHANGE BATTERIES IN JANUARY AND JULY. CHANGE BATTERIES IF EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DAY INVENTORY IS PERFORMED.

15.0 Batteries (alkaline)

15.1 AAA (min. 12-units) _____

15.2 D-Cell (min. 10-units) _____

15.3 9V (min. 12-units) _____

16.0 RADIATION PROTECTION SUPPLIES

16.1 Air sampler filters

16.1.1 Particulate (min. 100-units) _____

16.1.2 Silver Zeolite (min. 50-units)
Expiration Date: _____

16.2 Air Sample Envelopes (min. 100-units) _____

16.3 Smears (min. 10-boxes) _____

16.4 Planchets (min. 1-bag) _____

16.5 Anti-contamination clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min 25 units) _____

16.6 Plastic bags _____

16.6.1 Poultry (min. 1 box) _____

16.6.2 Large, clear (min. 20 units) _____

16.6.3 Large, Radioactive Material, yellow (min. 1 roll) _____

- | | | |
|--------------|---|-------|
| 16.7 | Radiation rope (min. 1 roll) | _____ |
| 16.8 | Radiation hazard signs with inserts (min. 10 each) | _____ |
| 16.8.1 | RADIATION AREA | _____ |
| 16.8.2 | HIGH RADIATION AREA | _____ |
| 16.8.3 | CONTAMINATED AREA | _____ |
| 16.8.4 | RADIOACTIVE MATERIAL AREA | _____ |
| 16.8.5 | RESTRICTED AREA | _____ |
| 16.8.6 | RWP Required | _____ |
| 16.8.7 | Contact RP prior to entry | _____ |
| 16.9 | Step off pads | _____ |
| 16.9.1 | Remove protective clothing before stepping here (10-units) | _____ |
| 16.10 | Contaminated waste/clothing containers, 55 gallon drums (min. 2-units) | _____ |
| 16.11 | Stanchions for radiological barriers (min. 6) | _____ |
| NOTE: | PERFORM INVENTORY IN JANUARY OR JULY, IF SEAL IS BROKEN, PER ENCLOSED PROCEDURE. | |
| 16.12 | Decontamination kits, RMC (1-case) | _____ |
| 16.13 | Thyroid Block Tablets (min. 25-units)
Expiration Date: _____ | _____ |
| 16.14 | Survey Team Maps - (min. 15-each) | _____ |
| 17.0 | Administrative Supplies | |
| 17.1 | Pens and pencils (min. 10-each) | _____ |
| 17.2 | Extension cords (min. 3-units) | _____ |
| 17.3 | Scissors (min. 1-pair) | _____ |
| 17.4 | Shaving Kit (min. 1-unit) | _____ |

NOTE: REPLACE MASKING TAPE IN JANUARY.

- 17.5 Masking Tape (min. 4-rolls). _____
- 18.0 **Backpacks** (min. 6-units) _____
- 19.0 **Survey Team Foul Weather Locker**
- 19.1 Rain Hoods (min. 6-units) _____
- 19.2 Rain coats (min. 6-units) _____
- 19.3 Rain boots (min. 6-units) _____
- 19.4 Cold weather coveralls (Carhart - type) (min. 3-units) _____

Performed by: _____ Date: _____

Reviewed by: _____ Date: _____

EMERGENCY EQUIPMENT PER SURVEY BOX - SURVEY CENTER**TEAM BOX _____****NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY.****1.0 Radiation Protection Supplies**

1.1 Protective Clothing _____

1.1.1 Inner Gloves (2 pair) _____

1.1.2 TYVEC Suit (min. 2-units) _____

1.1.3 TYVEC Hood (min. 2-units) _____

1.1.4 Work Gloves (2 pair) _____

1.1.5 Booties (2 pair) _____

1.1.6 Disposable Gloves (12 Pair) _____

1.1.7 Orange Safety Vests (2)
(Offsite and spare boxes only) _____

1.2 Survey Route Maps (min. 2-units) _____

1.3 Air Sample Filters/Envelopes

1.3.1 Particulate (min. 5-units) _____

1.3.2 Silver Zeolite (min. 5-units)
Expiration Date: _____

1.3.3 Air Sample Filter Envelopes (min. 10-units) _____

1.3.4 Environmental Air Sample Envelopes
(ONSITE AND SPARE BOXES ONLY) (min. 5-units) _____

1.4 Smears (min. 20-units) _____

1.5 Thyroid Block Tablets (min. 3-units)
Expiration Date: _____

1.6 Tweezers (min. 1-unit) _____

**2.0 Equipment bag with belt
(ONSITE AND SPARE BOXES ONLY) _____**

NOTE: CHANGE BATTERIES IN JANUARY AND JULY. IF BATTERIES ARE DATED AND IT IS AT LEAST 6 MONTHS PRIOR TO EXPIRATION, REPLACEMENT IS NOT NECESSARY.

3.0 Flashlight with Batteries (min. 1-unit) _____

4.0 Plastic Bags (min. 2-units) _____

5.0 Administrative Supplies

5.1 Pencils/pens (min. 2-units) _____

5.2 Pencil sharpener (min. 1-unit) _____

5.3 Tablet, writing (min. 1-unit) _____

5.4 Clipboard (min. 1-unit) _____

5.5 Ruler, scale in inches (min. 1-unit) _____

5.6 Tags with wire ties (min. 10-units) _____

5.7 Quarters for phone calls. (OFFSITE AND SPARE BOXES ONLY)
(min. 10-units) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

5.8 Masking tape (min. 1-roll) _____

5.9 Scissors (min. 1-unit) _____

6.0 Respirator Hip Pouch (ONSITE AND SPARE BOXES ONLY)
(min. 2-units) _____

7.0 Tools

7.1 Hammer (OFFSITE AND SPARE BOXES ONLY) (min. 1-unit) _____

7.2 Nails (OFFSITE AND SPARE BOXES ONLY) (min. 10-units) _____

7.3 Trowel, garden (min. 1-unit) _____

7.4 Screwdrivers, packet (min. 1-unit) _____

7.5 250ml Poly bottles for liquid samples
(OFFSITE AND SPARE BOXES ONLY) (min 2-units) _____

NOTE: PLACE NEW PROCEDURES IN BOXES IN JANUARY AND JULY AND WHEN SEAL HAS BEEN BROKEN.

8.0 Procedures

- 8.1 EPIP 2-11, Onsite Surveys (ONSITE AND SPARE BOXES ONLY) _____
- 8.2 EPIP 2-12, Offsite Surveys (OFFSITE AND SPARE BOXES ONLY) _____
- 8.3 EPIP 2-14, Post Plume Environmental Sampling
(ALL BOXES) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN CONTROL ROOM**1.0 Respiratory Equipment**

1.1 Scott Air Pack (SCBA). Perform monthly inspection per SC-3.15.7 on each unit. (min. 2-units) _____

1.2 Voice Emitters for SCBA units. Check operation (one per unit). _____

1.3 Local Mask use sheets for SCBA, Attachment "A" from REP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-units) _____

1.4 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries. _____

2.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHECKS. _____

2.1 Low Range RM-14 with Pancake Probe or equivalent (min. 1-unit) Expiration Date: _____

2.2 High Range, Eberline RO-20 or equivalent (min. 1-unit). Expiration Date: _____

3.0 Dosimeter charger

3.1 Battery operated - check operation (min. 1-unit) _____

4.0 Self-Reading Pocket Dosimeters - check calibration.

4.1 0-500 mr (min. 12 units) Expiration Date: _____

4.2 0-5 R or 0-10 R (min. 12 units) Expiration Date: _____

5.0 Air sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

5.1 Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 1-unit). Expiration Date: _____

5.2 RADECO "Gooseneck" high volume air sampler. Run for
5 minutes. (min. 1-unit) Expiration Date: _____

6.0 Radiation Protection Supplies

6.1 Air Sampler Filters

6.1.1 Particulate (min. 3-units) _____

6.1.2 Silver Zeolite (min. 3-units)
Expiration Date: _____

6.2 Air Sample Envelopes (min. 10-units) _____

6.3 Smears (min. 1-box) _____

6.4 Plant survey maps (min. 3-sets) _____

6.5 RWP Daily Exposure Record sheets, Figure 2
from A-1.8 (min. 5-units) _____

6.6 Anti-contamination clothing -sets are to consist of inner
gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves,
1-pair shoe covers. (min. 6-sets) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

6.7 Masking Tape.(min. 1-roll) _____

6.8 Hewlett Packard calculator. Turn on to check batteries.
(min. 1-unit) _____

6.9 Thyroid block tablets (min. 10 units)
Expiration Date: _____

7.0 Batteries, alkaline

7.1 AA (min. 4-units) _____

7.2 D (min. 2-units) _____

8.0 Communication Equipment

8.1 Electrosound II Headset (1) _____

8.1.1 Electrosound II Headset Cord (1) _____

8.1.2 Telex Headset (1) _____

8.2 Telephone Checks

8.2.1 New York State Hotline (RECs) Monthly Test

8.2.1.1 Pick up handset and depress "A" then "*" for All Call. _____

8.2.1.2 After ten seconds, depress the "Push to talk" bar on the handset and state **"THIS IS A TEST. This is the Ginna Station Control Room calling the State and County warning points. Please stand by for roll call."** _____**NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.**

8.2.1.3 Then announce the following roll call: _____

WAYNE COUNTY WARNING POINT**MONROE COUNTY WARNING POINT****NEW YORK STATE WARNING POINT**

8.2.1.4 Recall warning points, if necessary, until they answer roll call. _____

8.2.1.5 At completion of test, state "THIS IS THE END OF THE TEST."
Depress "A" then "#". Report any problems to the Onsite
Emergency Planner. _____**8.3 FAX MACHINE**8.3.1 Test fax machine by faxing a test message using button on fax
machine for RECS notifications to the TSC. _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

**EMERGENCY EQUIPMENT IN OPERATIONAL SUPPORT CENTER,
RADIATION PROTECTION OFFICE, PASS (in Hot Shop)
AND INTERMEDIATE BUILDING (SPING LOCKER)**

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JULY OR IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEPS 1.0 INCLUSIVE.

1.0 Operational Support Center Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.2 Masking Tape (min. 1-roll)

1.1.3 Air Sample Envelopes (min. 50-units)

1.1.4 Air Sample Filters

1.1.4.1 Particulate (min. 50-units)

**1.1.4.2 Silver Zeolite (min. 10-units)
Expiration Date: _____**

**1.5 Thyroid Block Tablets (min. 15-units)
Expiration Date: _____**

1.2 Self Reading Pocket Dosimeters

**1.2.1 0-1500 mr (min. 20-units)
Expiration Date: _____**

**1.2.2 Battery Operated Dosimeter Charger
Check Operation (min. 1-unit)**

1.3 Respiratory Equipment

1.3.1 Full Face Respirator (min. 6-units)

1.3.1.1 Inspect Mask and Mark bag with inspection date and initials per RP-RES-M-SCOTT A and RP-RES-M-RESP.

1.3.2 Respirator Charcoal Filters (min. 6-units)
Expiration Date: _____

1.3.3 Local Mask use sheets for Scott A Respirators,
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 6-copies).

1.3.4 Current Mask Qualification List

1.4 Air Sample Equipment

**NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK
OPERATION. ENSURE FILTERS ARE NOT LEFT IN
HOLDERS.**

1.4.1 Low volume Gilian or equivalent (min. 3-units)
Expiration Date: _____

1.4.1.1 Ensure units are plugged into charger following test.

1.5 Stationary Supplies

1.5.1 Clipboards with pens (min. 4-units)

1.5.2 Pens (min. 5-units)

1.6 Portable Flood Lights

1.6.1 Minimum 2-flood lights

1.6.2 Verify satisfactory operation of each light.

2.0 OSC Satellite Locker in Boiler Room by Maintenance Conference Room

2.1 Spool of rope (1-unit)

2.2 Barrier ropes with clips (2-units)

2.3 7 Radiation signs with 4 pockets each. 7 inserts including
Restricted Area, Contamination Area, Locked High Rad Area,
Radiation Area, Full Anti-C's Required, Contact RP Prior to Entry

2.4 Charcoal Cartridges (10-units)

2.5 Particulate filters (1 box)

2.6 Air Sample envelopes (50-units)

2.7 Radiation Material labels (20-units) _____

2.8 Planchetes (1 bag) _____

2.9 Smears (1 box) _____

2.10 Duct Tape (1 roll) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

2.11 Masking Tape (1 roll) _____

2.12 Disposable Gloves (1 box) _____

2.13 Markers (1 box) _____

2.14 Clipboard (1-unit) _____

2.15 Pens (3-units) _____

2.16 "Removable Protective Clothing" Step Off Pads (3-units) _____

2.17 SRDs, 0-1500 mr/hr (30-units) Calibration Due _____

2.18 Dosimeter Charger - 110V AC _____

3.0 Radiation Protection Office Equipment

3.1 Scott Air Packs (SCBA) and spare bottles

3.1.1 Perform Monthly Inspection Per SC-3.15.7 on each unit.
(min. 3-units) _____

3.2 SCBA Voice Emitters (one per SCBA)

3.2.1 Verify operation of each SCBA Voice Emitter _____

4.0 Post Accident Sample System Panel Area (Hot Shop)

4.1 Cascade Manifold and Cylinder

4.1.1 Verify Hydrostatic Test on Cascade Cylinder has been performed within last 5 years. _____

4.1.2 Open cylinder valve and verify pressure >4000 psig. _____

4.1.3 Close cylinder valve and bleed off manifold pressure. _____

4.1.4 Verify there are two (50' x 3/8") hoses to connect SCBA to cascade manifold. _____

5.0 Intermediate Building North**5.1 SPING Iodine Cartridge Holder**

5.1.1 Verify a SPING Iodine Cartridge Holder with silver zeolite cartridge heat sealed in plastic is located at sping unit.
Expiration Date: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JUNE OR, IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEP 1.0 INCLUSIVE.

1.0 TSC Emergency Equipment Locker**1.1 Radiation Protection Supplies**

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 25-sets)

1.1.2 Surgeons Gloves (1-box)

1.1.3 Step Off Pads (min. 10-units)

1.1.4 Large Radioactive Material Plastic Bags (min. 5-units)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 4-rolls)

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units)

1.1.6.2 "RADIATION AREA" INSERT (10)

1.1.6.3 "HIGH RADIATION AREA" INSERT (10)

1.1.6.4 "CONTAMINATION AREA" INSERT (10)

1.1.6.5 "RADIOACTIVE MATERIAL AREA" (10)

1.1.6.6 "RESTRICTED AREA" (10)

1.1.7 Radiation Rope (1-roll)

1.1.8 Radiation Marker Tape (min. 2-rolls)

1.1.9 Alkaline Batteries

1.1.9.1 AA (min. 4-units)

1.1.9.2 D Cell (min. 2-units)

- 1.1.10 Smears (min. 1-box) _____
- 1.1.11 Air Sample Envelopes (min. 50-units) _____
- 1.1.12 Air Sample Filters _____
- 1.1.12.1 Particulate (min. 4-units) _____
- 1.1.12.2 Silver Zeolite (min. 4-units)
Expiration Date: _____
- 1.1.13 Thyroid Block Tablets (min 25-units)
Expiration Date: _____
- 1.2. Headset Equipment
- 1.2.1 Electrosound II Headset (2) _____
- 1.2.2 Electrosound II Headset Cord (2) _____
- 1.2.3 Telex Headsets(4) _____
- 1.3 Respiratory Equipment
- 1.3.1 Full Face Respirators (min. 10-units) _____
- 1.3.1.1 Inspect Mask and Mark Bag with Inspection Date and
Initials per RP-RES-M-SCOTT A and RP-RES-M-RESP. _____
- 1.3.2 Respiratory Charcoal Filters (min. 10-units)
Expiration Date: _____
- 1.3.3 Local Mask use sheets for Scott A Respirators
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 10-copies) _____
- 1.3.4 Shaving kit with razor, blades, shaving cream, beard trimmer,
and two (2) AA batteries. _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

2.0 Communications Equipment

2.1 Verify portable radios are on charge and that status lights are illuminated. _____

2.1.1 Perform Radio Check with Security _____

2.2 Telephone Checks

2.2.1 NRC Emergency Notification System (ENS).
Call (301) 816-5100, tell party "This is Ginna Station TSC Communications check". Request a return call to verify check. _____

2.2.2 New York State Hotline - (RECS) Monthly Test.

2.2.2.1 Pick up handset and depress "A" then "*" for All Call. _____

2.2.2.2 After ten seconds, depress the "Push to talk" bar on the handset and state that "THIS IS A TEST. THIS IS THE GINNA STATION TECHNICAL SUPPORT CENTER CALLING THE STATE AND COUNTY WARNING POINTS. STANDBY FOR ROLL CALL." _____

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

2.2.2.3 Then announce the following roll call: _____

Wayne County Warning Point

Monroe County Warning Point

New York State Warning Point

2.2.2.4 Recall warning points, if necessary, until they answer roll call. _____

2.2.2.5 At the completion of the test, state "THIS IS THE END OF THE TEST." Depress "A" then "#". Report problems to Onsite Emergency Planner. _____

NOTE: SHOULD ANY OF THE NRC EMERGENCY TELEPHONES BE INOPERABLE, INITIATE A MAINTENANCE WORK REQUEST TO HAVE THE PHONE REPAIRED AND NOTIFY THE NRC OPERATIONS CENTER AT (301) 951-0550.

- 2.2.3 From any FTS-2000 telephone system, call the other extensions and verify satisfactory communication. _____

TSC Phone Locations:

Emergency Notification System (ENS)
700-371-6939 _____

Administration Area

- Health Physics Network (HPN)
700-371-6937 _____

Technical Assessment Area

- Reactor Safety Counterpart Link (RSCL)
700-371-6936 _____

Dose Assessment Area

- Protective Measures Counterpart
Link (PMCL) 700-371-6941 _____

NRC Office Phone Locations:

- Reactor Safety Counterpart Link (RSCL)
700-371-6936 _____
- Health Physics Network (HPN)
700-371-6937 _____
- Emergency Notification System (ENS)
700-371-6939 _____

2.3 FAX MACHINES

- 2.3.1 Test each fax machine by faxing a test message using button on fax machine for RECS notification. _____

3.0 **Survey Meters** Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

- 3.1 Low Range RM-14 with Pancake Probe or equivalent
(min. 2-units) Expiration Date: _____

- 3.2 Area Radiation Monitor (min. 1-unit)
Expiration Date: _____

4.0 Air Sample Equipment

**NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION.
ENSURE FILTERS ARE NOT LEFT IN HOLDERS.**

4.1 RADECO "Gooseneck" High Volume Air Sampler (min. 1-unit)
Expiration Date: _____

4.2 AMS - 4 Calibration Due Date: _____

5.0 Computer Checks

5.1. Obtain and perform EPIP 2-6, Section 6.2, Use of MIDAS Computer
Program, to determine if computer program is operating properly. _____

5.1.1 Report any problems to the Onsite Emergency Planner or Corporate
Nuclear Emergency Planner immediately and make note of problem
on the discrepancy sheet. _____

5.2 Obtain and perform EPIP 2-2, Sections 6.2.2 and 6.2.3. _____

5.2.1 Report any problems to the Onsite Emergency Planner or Corporate
Nuclear Emergency Planner immediately. _____

6.0 Emergency Coordinator Portable Loudspeaker

NOTE: CHECK BATTERIES IN JANUARY AND JULY.

6.1 Check operability of unit. _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

**EMERGENCY EQUIPMENT IN WAREHOUSE
AND SECURITY ACCESS CONTROL AREA (GUARDHOUSE)**

1.0 Warehouse Emergency Equipment Locker**1.1 Radiation Protection Supplies**

1.1.1 Anti-Contamination Clothing - Sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 10-sets)

1.1.2 Step Off Pads (min. 5-units)

1.1.3 Large Radioactive material plastic bags (1-roll)

1.1.4 Stanchions (min. 3-units)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 2-rolls)

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units)

1.1.6.2 "RADIATION AREA" (10)

1.1.6.3 "CONTAMINATED AREA" (10)

1.1.6.4 "RADIOACTIVE MATERIAL AREA" (10)

1.1.7 Radiation Rope (1-roll)

| 1.1.8 Survey Center Dosimetry Log, EPIP 1-11, Attachment 2
(min. 5-units)

1.2 Self Reading Pocket Dosimeters

1.2.1 0-1500mr (min. 40-units)
Expiration Date: _____

1.2.2 Battery Operated Dosimeter Charger - check operation
(min. 1-unit)

1.2.3 AC Operated Dosimeter Charger - check operation
(min. 1-unit)

1.3 TLD's

- 1.3.1 Thermoluminescent Dosimeters (TLD) - anneal TLD's and check ECF's in January, April, July and October.
(min. 40-units) _____

1.4 Survey Meters - Battery Check, check calibration, date, source check and document using RP-JC-DAILY-SRC-CHKS.

- 1.4.1 Low Range RM-14 with Pancake Probe or equivalent
(min. 1-unit) Expiration Date: _____

- 1.4.2 High Range Eberline RO-20 or equivalent (min. 2-units)
Expiration Date: _____
Expiration Date: _____

2.0 Security Access Control Area

2.1 Self Reading Pocket Dosimeters

- 2.1.1 0-1500 mr (min. 12-units) Expiration Date: _____

- 2.1.2 Battery operated Dosimeter Charger - check operation
(min. 1-unit) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

1. Rochester, Wayne and RG&E Phone Directories _____
2. Test fax machine by sending fax to TSC fax machine at
ext. 3927. _____
3. Survey Meters - Battery check, response check and document
on RP-JC-DAILY-SRC-CHCKS. _____
RM-14SA or Equivalent (One) Calibration due _____
XETEX 501A or Equivalent (one) Calibration due _____
4. Air Monitoring System (AMS-4) Calibration due _____
- | 5. Radiation Boundary Rope (min. 1-unit) _____
- | 6. Radiation Hazard Sign with inserts (min. 1-unit) _____
- | 7. Step Off pad (min. 1-unit) _____
8. Ginna Technical Specifications (one copy) _____
9. Ginna UFSAR (one copy) _____
10. Ginna P&ID's (one set) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

NEC M3800 CELLULAR MOBILE TELEPHONE EQUIPMENT CHECK

NOTE: IT MAY BE NECESSARY TO EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE EFFECTIVELY.

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call..
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG**DISCREPANCIES NOTED****DISCREPANCIES CORRECTED**Survey Center Date _____ Initials _____

Date _____ Initials _____

Survey Boxes
Survey Center Date _____ Initials _____

Date _____ Initials _____

Control Room Date _____ Initials _____

Date _____ Initials _____

Technical
Support
Center Date _____ Initials _____

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOGDISCREPANCIES NOTEDDISCREPANCIES CORRECTEDRP Office Date _____ Initials _____

Date _____ Initials _____

Operational
Support Center Date _____ Initials _____

Date _____ Initials _____

Warehouse Date _____ Initials _____

Date _____ Initials _____

Engineering
Support Center Date _____ Initials _____

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EQUIPMENT CALIBRATION EXPIRATION NOTIFICATION

LOCATION OF EQUIPMENT	EQUIPMENT/ INSTRUMENT TYPE	S/N	DUE DATE	COMMENTS

**FORWARD A COPY OF THIS ATTACHMENT TO THE LEAD TECHNICIAN RP
INSTRUMENTS / TLD's.**

Technician: _____

Onsite Emergency Planner: _____