

To : DOCUMENT CONTROL DESK
Facility : MP Department : 806
Address : NUCLEAR REGULATORY COMMISSION
 DOCUMENT CONTROL DESK
 WASHINGTON, DC 20555

From : NDS CONT DOCUMENTS
Date/Time : 07/26/00 16:04

Trans No. : 000007412 **Transmittal Group Id:** 00208JEP02
Total Items: 00001

50-245

PASSPORT DOCUMENT

TRANSMITTAL

Page: 1



| Item | Facility | Type | Sub | Document Number / Title | Sheet | Revision | Doc Date | Copy # | Media | Copies |
|--------|----------|------|-----|---|-------|----------|----------|--------|-------|--------|
| * 0001 | MP | PROC | HP | RPM 4.8.5-010 UNIT 1 CONTROL ROOM KIT AND LOCKER | | 004 | | | P | 01 |

Marked (*) documents require your acknowledgement.

Acknowledgement Date : _____ Signature: _____

Please check the appropriate response and return form to sender.

☐
☐
☐

All documents received.

Documents noted above not received (identify those not received).

I no longer require distribution of these documents.

Date: _____ Signature: _____

AP 45

6/27/00
Approval Date

6/30/00
Effective Date

Document Action Request

SPG#

Initiated By: Jean B. Olsen Date: 7/7/00 Department: SPG Ext.: 4794

Document No.: RPM 4.8.5-005 10 Rev. No.: 006 Minor Rev.: 004

Title: Emergency Operations Facility Locker

Reason for Request (attach commitments, CRs, ARs, OEs etc)

Change the directions for Respirators from "Date inspected" to "Date Inspection Due" in order to ensure that respirators are still current.

Continued ☐

Instructions: RPM 4.8.5-005 Rev. 006, "Emergency Operations Facility Locker"

~~XXX RPM 4.8.5-010, Rev. 004, "Unit 1 Control Room Kit and Locker" XXX~~

~~RPM 4.8.5-011, Rev. 004, "Unit 2 Control Room Kit and Locker"~~

Continued ☒

TPC

Interim

Approval (1) Plant Mngt Staff Member Print/Sign/Date (2) SM/SRO/CFH on Unit Print/Sign/Date

Procedure Request/Feedback Disposition

Priority: ☐ Perform Now ☐ Perform Later - See Comments ☐ Rejected - See Comments

Activity: ☒ Revision ☐ Minor Revision ☒ Cleanup Rev ☐ Biennial Review ☐ Cancellation ☐ Supersedure

See DC-GDL01 for guidance

☐ TPC ☐ OTC ☐ Place in VOID

☐ Edit Corr.:

Plant Mngt Staff Member - Approval

Comments:

RI/DPC Print Name and Date

Continued ☐

| Reviews | Print | Sign | Date | SQR Qualified | | | ✓ If Comments |
|---|---------------|---------------|--------|-------------------------------------|-------------------------------------|-------|---------------|
| | | | | Yes | No | Dept. | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Validation <input checked="" type="checkbox"/> | Jean B. Olsen | Jean B. Olsen | 7/7/00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | SPG | |
| RCD <input checked="" type="checkbox"/> | Jean B. Olsen | Jean B. Olsen | 7/7/00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | SPG | |
| Independent <input checked="" type="checkbox"/> | Ira L. Haas | Ira L. Haas | 7/6/00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | HP | |

Safety Evaluation Required ☐ Yes ☒ No

Environmental Review Required ☐ Yes ☒ No

1. ☒ SQR Program Final Review and Approval

Approval ☒ Disapproval ☐

Ira L. Haas
SQR Qualified Independent Reviewer / Date

Jean B. Olsen
Department Head/Responsible Individual

7-26-2000

Approval Date

2. ☐ SORC/PORC/RI/DH Final Review and Approval

Department Head/Responsible Individual / Date

Meeting No.: _____

Approval Signature

Approval Date

Effective Date: 7-27-2000

Document Action Request Continuation Page

SPG#

Initiated By: Jean B. Olsen Date: 7/7/00 Department: SPG Ext.: 4794

Document No.: RPM 4.8.5-005 010 Rev. No.: 005 Minor Rev. 004

Title: Emergency Operations Facility Locker

☐ Section B

☒ Section C

☐ Section E

| Reviews continued | Print | Sign | Date | SQR Qualified | | | ✓ If Comments |
|-------------------------------------|----------------|------------|---------|--------------------------|-------------------------------------|-------|---------------|
| | | | | Yes | No | Dept. | |
| <input checked="" type="checkbox"/> | JOHN K. WATSON | J K Watson | 7/11/00 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | EP | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Continuation:

RPM 4.8.5-013A, Rev. 004, "Overwater Team Monitoring Kit and Locker"

RPM 4.8.5-017, Rev. 003, "SAP Locker"

RPM 4.8.5-020, Rev. 005, "Unit 3 Control Room Kit and Locker"

RPM 4.8.5-021, Rev. 004, "Technical Support Center Locker"

RPM 4.8.5-026, Rev. 003, "NAP Locker"

7/26/00
Approval Date

7/27/00
Effective Date

Unit 1 Control Room Kit and Locker

Date: _____

| Item Description | Quantity | | Returned | |
|--|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| Team 1 Kit | | | | |
| Portable Count Rate Meter Serial No. _____ Date Due _____ | 1 | | | |
| DIG-5 Portable Scaler Serial No. _____ Date Due _____ | 1 | | | |
| RO-2A or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| Air Sampler 110 Volt Serial No. _____ Date Due _____ | 1 | | | |
| Batteries, Spares For Meters Batteries Replaced (Nov) | 3 Sets | | | |
| Dosimeters (Low Range) Date Due _____ | 3 | | | |
| Dosimeters (High Range) Date Due _____ | 3 | | | |
| Dosimeter Charger Batteries Replaced (Nov) | 1 | | | |
| Batteries, Spares For Charger Batteries Replaced (Nov) | 1 Set | | | |
| TLD Badges Replace (Apr Oct) | 3 | | | |
| Finger Rings [♣ Ref. 6.8] Replace (Apr Oct) | 6 | | | |
| Stopwatch | 1 | | | |
| Screwdriver | 1 | | | |
| Calculator And Extra Battery (N/A Solar) Batteries Replaced (Nov) | 1 | | | |
| Plastic Bags 6x12 | 5 | | | |
| Silver Zeolite Cartridges (Replace Jan. 1, 2006) | 4 | | | |
| Coin Envelopes | 5 | | | |
| Forceps | 1 | | | |
| Particulate Filters (Pkg Of 12) | 1 | | | |
| Smears (Pkg Of 50) | 1 | | | |
| Ballpoint Pens | 2 | | | |
| Markers, Felt Tip | 2 | | | |
| Surgical Gloves (Pairs) | 8 | | | |
| Rain Gear (Sets) | 4 | | | |

| Item Description | Quantity | | Returned | |
|---|----------|----------|----------|------|
| | Required | As Found | Quantity | Date |
| Clipboard With Paper | 1 | | | |
| RMT No. 1 EPP Notebook | 1 | | | |
| On-Site Field Monitoring Map | 1 | | | |
| Emergency Locker | | | | |
| Portable Count Rate Meter 1. Serial No. _____ Date Due _____ 2. Serial No. _____ Date Due _____ | 2 | | | |
| Teletector or Equivalent Serial No. _____ Date Due _____ | 1 | | | |
| Batteries Spares For Survey Meters Batteries Replaced (Nov) | 3 Sets | | | |
| Dosimeters (High Range) Date Due _____ | 10 | | | |
| Dosimeters (Accident) Date Due _____ | 3 | | | |
| Dosimeter Charger Batteries Replaced (Nov) | 1 | | | |
| Batteries Spare For Charger Batteries Replaced (Nov) | 1 Set | | | |
| Finger Rings [♣ Ref. 6.8] Replace (Apr Oct) | 10 | | | |
| Plastic Booties (Pairs) | 8 | | | |
| Cotton Gloves (Pairs) | 8 | | | |
| Paper Coveralls (Sets) | 4 | | | |
| PCs Complete Sets | 10 | | | |
| Respirators With Charcoal Canisters Date Inspection Due _____ | 12 | | | |
| Scott Air Paks | 2 | | | |
| Survey Forms | 1 Set | | | |
| Source Plaque | 1 | | | |

Inventoried By: _____ Date: _____

Reviewed By: _____ Date: _____