

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

50-245  
336  
423

**From** : NDS CONT DOCUMENTS  
**Date/Time** : 07/26/00 17:08

**Trans No.** : 000007442 **Transmittal Group Id:** 00208JEP08  
**Total Items:** 00001

# PASSPORT DOCUMENT

## TRANSMITTAL

Page: 1



| Item   | Facility | Type | Sub | Document Number / Title     | Sheet | Revision | Doc Date | Copy # | Media | Copies |
|--------|----------|------|-----|-----------------------------|-------|----------|----------|--------|-------|--------|
| * 0001 | MP       | PROC | HP  | RPM 4.8.5-026<br>NAP LOCKER |       | 003      |          |        | 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: \_\_\_\_\_

App 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 4.8.5-005 026 Rev. No.: 006 Minor Rev.: 003

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 4.8.5-009, Rev. 006, "Emergency Operations Facility Locker"

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

~~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 type="checkbox"/>            | <input checked="" type="checkbox"/> | SPG   |               |
| Independent <input checked="" type="checkbox"/> | Ira L. Haas   | Ira L. Haas   | 7/26/00 | <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 4.8.5-008 026 Rev. No.: 006 Minor Rev. 003

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 4.8.5-024, 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

### NAP Locker

Date: \_\_\_\_\_

| Item Description   | Quantity |          | Returned |      |
|--|----------|----------|----------|------|
|  | Required | As Found | Quantity | Date |
| RMT Kit No. 2  | 1        |          |          |      |
| RM-14 or Equivalent<br>Serial No. _____ Date Due _____         | 1        |          |          |      |
| 110 Volt Air Sampler<br>Serial No. _____ Date Due _____        | 1        |          |          |      |
| Radiation Area Signs   | 3        |          |          |      |
| Respirators With Charcoal Filters<br>Date Inspection Due _____ | 5        |          |          |      |
| Emergency Lanterns   | 5        |          |          |      |
| Silver Zeolite Cartridges (Replace Jan. 1, 2006)               | 4        |          |          |      |
| Particulate Filters  | 50       |          |          |      |
| Extension Cord   | 1        |          |          |      |
| PCs Complete Sets  | 6        |          |          |      |
| Source Plaque  | 1        |          |          |      |

Inventoried By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_