

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

50-336

**From** : NDS CONT DOCUMENTS  
**Date/Time** : 07/26/00 16:12

**Trans No.** : 000007417 **Transmittal Group Id:** 00208JEP03  
**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 4.8.5-011 UNIT 2 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: \_\_\_\_\_

A445

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 4.8.5-005 011 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 4.8.5-004 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 checked="" 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 4.8.5-005 011 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 2 Control Room Kit and Locker**

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

Item Description	Quantity		Returned	
	Required	As Found	Quantity	Date
<b>Team 1 Kit</b>				
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			
<b>Emergency Locker</b>				
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: \_\_\_\_\_