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United States Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

RE: Nine Mile Point Unit 1
 Docket No. 50-220
 DPR-63

 Nine Mile Point Unit 2
 Docket No. 50-410
 NPF-69

Gentlemen:

Enclosed please find a copy of the following emergency procedure revisions for Niagara Mohawk's Nine Mile Point Nuclear Station:

EPMP-EPP-02, Revision 22, "Emergency Equipment Inventories and Checklists"
EPIP-EPP-30, Revision 04, "Prompt Notification System Problem Response"

These procedure revisions are being submitted as required by Section V to Appendix E of 10 CFR Part 50. Should you have any questions, please feel free to contact Mr. James D. Jones, Director of Emergency Preparedness at (315) 349-4486.

Very truly yours,

A handwritten signature in cursive script that reads "John T. Conway".

John T. Conway
Vice President Nuclear Generation

/kcm

Enclosure

pc: Mr. H.J. Miller, Regional Administrator, Region I (2 copies)
 Ms. M.K. Gamberoni, Section Chief PD-I, Section 1, NRR (letter only)
 Mr. G.K. Hunegs, Senior Resident Inspector (1 copy)
 Mr. P.S. Tam, Senior Project Manager, NRR (1 copy)
 EP PPF

A045
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NIAGARA MOHAWK POWER CORPORATION
NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE


EPMP-EPP-02

REVISION 22

EMERGENCY EQUIPMENT INVENTORIES AND CHECKLISTS

TECHNICAL SPECIFICATION REQUIRED

Approved by:
L. E. Pisano


Manager - Nuclear Training

3/22/2001
Date

Effective Date: 03/28/2001

PERIODIC REVIEW DUE DATE: December 2001

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1.0 PURPOSE

To provide a mechanism for ensuring that emergency equipment necessary to implement the Site Emergency Plan is maintained by all responsible departments.

2.0 PRIMARY RESPONSIBILITIES

ATTACHMENT #	INVENTORY/SURVEILLANCE	RESPONSIBLE BRANCH MANAGER	FREQUENCY M=Monthly Q=Quarterly AR=As Required NR=Not Required
1	Fire Cabinet Inventory	Operations U-1	Q
2	Medical/Rescue Equipment	Operations U-1	Q
3	Stokes Basket/Backboards - Unit 1	Operations U-1	Q
4	Stokes Basket/Backboards - Unit 2	Operations U-1	Q
5-5A	Rescue/Confined Space Rescue Equipment Inventory	Operations U-1	Q
6	Security Bldg Inventory: Ambulance/Fire Kit - Unit 2	Rad Protection	Q
7	Radiation Protection Supplies and Equipment OSC/TSC/Onsite/Downwind	Rad Protection	Q
8	Radiological Monitoring Equipment OSC/TSC/Onsite/Downwind	Rad Protection	Q
8a	Misc Rad Protection Equipment	Rad Protection	Q
9	Rad Protection Supplies and Equipment EOF	Licensing	Q
10	Radiological Monitoring Equipment EOF	Licensing	Q
11	Rad Protection Supplies and Equipment OAA	Licensing	Q
12	Deleted		
13	Oswego Hospital Nuclear Emergency Cabinet Inventory	Licensing	Q
14	Personnel Decontamination Room Supplies Inventory	Rad Protection	Q
15	Deleted		
16	TSC Inventory	Training	Q
17	EOF Inventory	Training	Q
18	Emergency Ventilation Filter Log	Training	Q
19	OSC Inventory	Training	Q
20	JNC Inventory	Training	Q
21	Damage Control Tool Box Inventory	Maintenance/I&C	Q
22	Electric Damage Repair Equipment Inventory	Maintenance	Q
23	Temporary Restoration of Power for PASS Inventory	Maintenance	Q
24	Deleted		
25-25G	Emergency Response Facility Communications Surveillance Sheets	Training	AR
26A, B, C	Respiratory Protection Monthly Inspections	Licensing/ Operations/ Rad Protection	M
27	Hazardous Waste and Emergency Spill Response Kit Inventory	Operations U-1	Q
28	Alternate Power Supplies for Portable Air Samplers	Maintenance	Q
29	N2-EOP-6 Tool Box for Bypass at Standby Gas	Operations U-2	Q
30	Emergency Facilities TLD Listing	N/A	NR
31	Emergency TLD Issue Sheet	N/A	AR
32-40	Emergency Facility Status Boards	N/A	NR
41	Quarterly Phone Checks	Training	Q
42	Emergency Key Inventory	Training	Q
43	Personnel Accountability Cardreaders	Training	Q
44	Emergency Facility Status Board	N/A	NR
45	Automated External Defibrillator Surveillance	Training	Q
46	Inspection of Turnout Gear	Operations U-1	Q

2.1 Department Supervisor

Signs the inventory or surveillance for final approval to indicate satisfactory completion and resolution of any identified abnormalities.

2.2 Director Emergency Preparedness

Responsible for ensuring completion and documentation of required inventories and checklists.

3.0 PROCEDURE

3.1 Performing Inventory

NOTE: Inventories or checklists performed by the JAFNPP that are determined to be equivalent to NMP requirements by the Director Emergency Preparedness, shall provide acceptable proof of completion for those equivalent forms found in this procedure. Duplication of effort by NMP is not required in these cases.

- 3.1.1 The Emergency Preparedness Department shall ensure emergency equipment inventory checklists are completed by assigned persons and, where required, retained for documentation of the surveillance.

NOTE: Post use inventories may be used to satisfy routine inventory requirements and should clearly indicate this on the form as applicable.

- 3.1.2 Quarterly inventories shall be performed at least once each calendar quarter and after each use.

- 3.1.3 Monthly inventories should be performed in the month for which they are intended.

- 3.1.4 "UNSAT" Discrepancies should be corrected, or action initiated by the responsible party to correct them within 3 working days. Resolution of the "UNSAT" discrepancies shall be noted on the checklist.

NOTE: A discrepancy or "UNSAT" condition should not preclude the completion of the checklist.

- a. In the case of a discrepancy or an unsatisfactory condition, a note shall be made on the checklist indicating the corrective action taken and date completed.
- b. In the case of discrepancies that cannot be corrected on the spot (i.e. equipment not in stock and must be ordered) a copy of the completed inventory checklist identifying the discrepancy (where practical) should be included with that emergency equipment until such time as the deficiency is resolved or corrected.

3.1.4 (Cont)

NOTE: Department Supervisor or designee should not sign for approval until discrepancy is satisfactorily resolved.

- c. A second copy of the as-completed inventory checklist (with discrepancies identified) should be sent to the Emergency Preparedness Department.
- d. Upon resolution/correction of the discrepancies, the original completed inventory/surveillance form, with Department Supervisor or designee approval, should be sent to Emergency Preparedness in accordance with Step 3.1.9.
- e. If N/A (Not Applicable) or N/R (Not Required) is used in this procedure, provide an explanatory note to document the reason.

3.1.5 A complete inventory and inspection shall be performed on sealed supplies at least once per calendar year.

3.1.6 Sealed inventories which list expiration dates, due dates, or other recordable information, must be opened to verify and record the information on a quarterly basis. (e.g. KI tablets due date)

3.1.7 The entire contents of supplies need not be inventoried if:

- a. Seal is not broken.
- b. Opened only to remove equipment for testing, source check, one for one changeouts, etc.
- c. Opened to verify specific equipment availability, or verify and record expiration dates, due dates, etc.
- d. Used for training and has been restored to pre-class condition.

3.1.8 The entire Emergency Communications System is subject to periodic testing. This shall be accomplished using the instructions in Attachments 25 through 25G.

3.1.9 Department Supervisor or designee shall:

- a. Ensure corrective actions are initiated promptly and appropriately (See 3.1.4).
- b. Ensure discrepancies are resolved satisfactorily.
- c. Ensure that any items that may be expiring are ordered or available from stores as needed.

3.1.9 (Cont)

- d. Sign the completed surveillance or inventory indicating satisfactory completion and resolution of discrepancies.
- e. Forward signed, completed form to the Emergency Preparedness Department within ten working days from the date of Supervisor approval.

3.1.10 The Director Emergency Preparedness or designee shall:

- a. Make a determination of the effect discrepancies have on the Site Emergency Plan and ensure appropriate priorities have been assigned to resolution.
- b. Initial each "corrective action" for an "Unsat" and add notes as appropriate, prior to signing the form for final approval.

4.0 DEFINITIONS

"Sat" - Satisfactory means an item is available in at least the minimum quantity specified and capable of performing its intended function.

"Unsat" - Unsatisfactory means an item is not available in at least its minimum quantity, or it is not capable of performing its intended function.

"Working Days" - That time frame encompassing a Monday through Friday work period, not including Saturday and Sunday.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

- Nine Mile Point Site Emergency Plan
- U1 UFSAR, Appendix 10A Section 2.4.4.8; Section III, A.3.0
- U2 USAR, Section 6.4.2.6

5.3 Standards, Regulations, and Codes

- 5.3.1 NUREG 0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

- 5.3.2 10CFR50 Appendix E - Emergency Planning and Preparedness for Production and Utilization Facilities
- 5.3.3 NRC-IE Information Notice 86-97 Emergency Communication System
- 5.3.4 NRC-IE Information Notice 85-44, Emergency Communication System Monthly Test
- 5.3.5 NRC Memorandum dated Sept. 18, 1984, RE: Emergency Communication Systems at Licensee Sites

5.4 Policies, Programs, and Procedures

- 5.4.1 NDD-EPP, Emergency Preparedness
- 5.4.2 NIP-RMG-01, Records Management
- 5.4.3 EPMP-EPP-01, Maintenance of Emergency Preparedness
- 5.4.4 N2-COMP-GEN-W001, Weekly Preventive Maintenance Checklist
- 5.4.5 NIP-CHE-01, Chemical Control Program

5.5 Commitments

<u>Sequence Number</u>	<u>NCTS Number</u>	<u>Description</u>
1	DER C-2000-3532	NRC IN 2000-12

6.0 RECORD REVIEW AND DISPOSITION

- 6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

- All Inventories, Surveillances, or lists containing signatures indicating completion
 - ATTACHMENT 1: FIRE CABINET INVENTORY
 - ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT
 - ATTACHMENT 3: STOKES BASKET/BACKBOARDS - UNIT 1
 - ATTACHMENT 4: STOKES BASKET/BACKBOARDS - UNIT 2
 - ATTACHMENT 5: RESCUE CABINET INVENTORY
 - ATTACHMENT 5A: CONFINED SPACE RESCUE EQUIPMENT CABINET INVENTORY
 - ATTACHMENT 6: SECURITY BUILDING INVENTORY: AMBULANCE AND FIRE KIT UNIT-2
 - ATTACHMENT 7: RADIATION PROTECTION SUPPLIES AND EQUIPMENT OSC/TSC/ONSITE/DOWNWIND
 - ATTACHMENT 8: RADIOLOGICAL MONITORING EQUIPMENT OSC/TSC/ON SITE/DOWNWIND
 - ATTACHMENT 8a: MISC. R.P. EQUIPMENT
 - ATTACHMENT 9: RADIATION PROTECTION SUPPLIES AND EQUIPMENT EOF

6.1 (Cont)

ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT EOF
ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT OAA
ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY
ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY
ATTACHMENT 16: TECHNICAL SUPPORT CENTER
ATTACHMENT 17: EMERGENCY OPERATIONS FACILITY (EOF)
ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)
ATTACHMENT 20: JOINT NEWS CENTER (JNC)
ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (MECHANICAL)
ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C)
ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY
ATTACHMENT 23: TEMPORARY RESTORATION OF POWER FOR POST ACCIDENT
SAMPLING INVENTORY
ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS
SURVEILLANCE RADIOLOGICAL EMERGENCY COMMUNICATIONS
SYSTEM (RECS) TESTING (MONTHLY)
ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
COMMERCIAL TELEPHONE TESTING (MONTHLY)
ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING
(MONTHLY)
ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
DEDICATED TELEPHONE TESTING (ANNUALLY)
ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
RADIO CONSOLE TESTING (ANNUALLY)
ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
RADIO TESTING (ANNUALLY)
ATTACHMENT 25G: PORTABLE RADIO BATTERY EXCHANGE
ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 26B: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 26C: RESPIRATORY EQUIPMENT MONTHLY INSPECTION
ATTACHMENT 27: HAZARDOUS WASTE AND EMERGENCY SPILL RESPONSE KIT
INVENTORY
ATTACHMENT 28: ALTERNATE POWER SUPPLIES FOR PORTABLE AIR SAMPLERS
ATTACHMENT 29: N2-EOP-6 TOOL BOX FOR BY-PASS OF STAND-BY GAS (N2-
PM-Q008)
ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET
ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 1
ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 2
ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION INPLANT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION DOWNWIND
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION EMERGENCY EVENTS
STATUS BOARD
ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION EQUIPMENT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 38: PLANT STATUS TRENDING BOARD
ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 1

6.1 (Cont)

ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 2
ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS QUARTERLY
PHONE CHECKS
ATTACHMENT 42: EMERGENCY KEY INVENTORY
ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY
CHECKS
ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS
ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE
ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

- The following status boards when generated for any other reason than an actual emergency event (i.e., drill, training):

ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET
ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 1
ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION PROCESS RAD
MONITORING BOARD - UNIT 2
ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION INPLANT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 35: NINE MILE POINT NUCLEAR STATION DOWNWIND
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION EMERGENCY EVENTS
STATUS BOARD
ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION EQUIPMENT
SURVEY/SAMPLE STATUS BOARD
ATTACHMENT 38: PLANT STATUS TRENDING BOARD
ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 1
ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION AREA RAD MONITORS -
UNIT 2
ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS

LAST PAGE

ATTACHMENT 1: FIRE CABINET INVENTORY

Location: <input type="checkbox"/> U1 TB, 261', 1 st & Bridge		<input type="checkbox"/> U1 Screenhouse, 261 SW	<input type="checkbox"/> U1 Admin., 261 Vestibule
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)		<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Action	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Fire Axe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Wrecking Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Portable Hand Light	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Bolt Cutters	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Rescue Belts	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Life Lines	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. White Turn-out Coat	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Yellow Turn-out Coat	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Fire Fighters Gloves	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Boots	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Fire Helmet	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Spare SCBA Bottles	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Scott Air Packs	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Misc. Equipment

1. Exhaust Fan	(1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Duct Tubing	(1)	<input type="checkbox"/>	<input type="checkbox"/>

*Change Batteries Every 24 Months Last Battery Change Date _____

NOTES: 1. If batteries will expire before the next inventory then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

_____/_____
Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 1: FIRE CABINET INVENTORY (Cont)

Location: <input type="checkbox"/> U2 AP Hall, 261' East		<input type="checkbox"/> U2 TB, 250' SE	<input type="checkbox"/> U2 Screenwell Bldg., 261'
Quarter: 1 2 3 4 (circle one)	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date)		<input type="checkbox"/> Other _____
Year	(circle appropriate)		

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Action	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Fire Axe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Wrecking Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Portable Hand Light	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Bolt Cutters	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Rescue Belts	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Life Lines	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. White Turn-out Coat	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Yellow Turn-out Coat	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Fire Fighters Gloves	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Boots	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Fire Helmet	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Spare SCBA Bottles	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Scott Air Packs	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Misc. Equipment

- | | | | |
|----------------|-----|--------------------------|--------------------------|
| 1. Exhaust Fan | (1) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct Tubing | (1) | <input type="checkbox"/> | <input type="checkbox"/> |
- *Change Batteries Every 24 Months Last Battery Change Date _____

NOTES: 1. If batteries will expire before the next inventory then order or obtain replacements.
 2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT

Location <input type="checkbox"/> U1 TB 261', 1st&Bridge	<input type="checkbox"/> U1 Screenhouse 261' SW	<input type="checkbox"/> U1 1st Aide Rm Admin 261'	<input type="checkbox"/> Fire Dept. Office Admin 277' ***
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: ____ (date) (circle appropriate)	<input type="checkbox"/> Other _____	

	Item/Equipment Inventory Sealed	Min. Qty	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Corrective Actions	Date Resolved
Cabinet						
1.	Disposable Blankets	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Disposable Booties/Gloves	(1 Bag)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Padded Board Splint Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Hare Traction Splint	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Frac-Pack	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.*	Mast Pants	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.*	Triage Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Head Immobilizer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Med. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Sm. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Lg. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Straps	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	K.E.D. Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Oxygen Kit, _____ psi	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	O ₂ Bottle & Regulator					
	Non-Rebreather Mask					
	Bag Valve Mask					
15.	Infection Control Kit	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
16.*	Stair Chair	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Trauma Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Blood Pressure Cuff	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stethoscope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 6" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 4" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 2" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen Light	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	EMT Scissors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Anti-Bacterial Ointment	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Instant Glucose	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Ammonia Inhalants	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	(exp. date: _____) **					
	Cotton Tipped Applicators	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oval Eye Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Telfa Sterile Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	2x2 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	3x3 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	4x4 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Triangular Bandage	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 1"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 3" (Cloth)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Vaseline Gauze	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ace Bandage	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Surgi Pad	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Trauma Dressing	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Sterile Burn Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ice Packs	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	PCR's	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Safety Pins	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stop Watch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra Latex Gloves	(6 pairs)	<input type="checkbox"/>	<input type="checkbox"/>		
	Butterflys	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids extra large	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Alcohol Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Betadine Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review _____ Date _____
 * Items not required at U1 Screenhouse, U2 Screenwell, and U2, Turb. Bldg. 250'

** Replace if items will expire prior to next inventory

*** Items 1 through 16 are not required in the Fire Dept. Office

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

ATTACHMENT 2: MEDICAL/RESCUE EQUIPMENT (Cont)

Location: <input type="checkbox"/> U2 AP Hall, 261' East		<input type="checkbox"/> U2 TB,2 250' Southeast	<input type="checkbox"/> U2 Screenwell Bldg., 261'
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____		<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
Cabinet						
1.	Disposable Blankets	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Disposable Booties/Gloves	(1 Bag)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Padded Board Splint Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Hare Traction Splint	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Frac-Pack	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.*	Mast Pants	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.*	Triage Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Head Immobilizer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Med. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Sm. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Lg. Cervical Collar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Straps	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	K.E.D. Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Oxygen Kit _____ psi	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	O ₂ Bottle & Regulator					
	Non-Rebreather Mask					
	Bag Valve Mask					
15.	Infection Control Kit	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
16.*	Stair Chair	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Trauma Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Blood Pressure Cuff	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stethoscope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 6" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 4" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Kling 2" x 5" Yards	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen Light	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	EMT Scissors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Anti-Bacterial Ointment (exp. date: _____)**	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Instant Glucose (exp. date: _____)**	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ammonia Inhalants (exp. date: _____)**	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	Cotton Tipped Applicators	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oval Eye Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Telfa Sterile Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	2x2 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	3x3 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	4x4 Gauze Pad	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Triangular Bandage	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 1"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Tape 3" (Cloth)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Vaseline Gauze	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ace Bandage	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Surgi Pad	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Trauma Dressing	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Sterile Burn Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Ice Packs	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	PCR's	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Safety Pins	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Pen	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Stop Watch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Extra Latex Gloves	(6 pairs)	<input type="checkbox"/>	<input type="checkbox"/>		
	Butterflys	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	Band-Aids extra large	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Alcohol Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
	Betadine Preps	(5)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review Date _____
 *Items not required at U1 Screenhouse, U2 Screenwell, and U2, Turb. Bldg. 250'

** Replace if items will expire prior to next inventory

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

ATTACHMENT 3: STOKES BASKET/BACKBOARDS - UNIT 1

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1. Turbine 261' by 1 st and Bridge					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Screenhouse 261'					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Admin 261' First Aid Room					
Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: A satisfactory verification of equipment shall include:

Stokes Basket - Good Condition, Bridle
Backboard - Good Condition, Straps and Immobilizer

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 4: STOKES BASKET/BACKBOARDS - UNIT 2

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	AP 261'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Screenwell 261'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Turbine 250'					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Emergency Response Vehicle					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard, Short	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Turbine 306' NW					
	Stokes Basket	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Backboard	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Basket Rigged for Crane	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 5: RESCUE CABINET INVENTORY

Location: Unit 1 G Bldg. El. 261' Vestibule		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Crow Bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Boltcutter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Hacksaw	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Come-Along	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Cable Sling, 3'	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Cable Sling, 6'	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Hydraulic Jack, 1 Ton	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Hydraulic Jack, 5 Ton	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Sledgehammer, 6#	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Sledgehammer, 12#	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Rope 1/2" x 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Life Lines 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Forcible Entry Tool	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Wrecking Bar (5')	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Box Small Clevis Pins	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar quarter.

Performed by _____ / Date _____
 Supervisor Approval _____ / Date _____
 E.P. Review _____ / Date _____

ATTACHMENT 5A: CONFINED SPACE RESCUE EQUIPMENT CABINET INVENTORY

Location: Unit 2 Service Bldg. El. 261 Foam Room		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. Tripod	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Winch	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. 4 Point Harness	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Shock Absorbing Lanyard	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rope, ½" x 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Life Lines, 100'	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 6: SECURITY BUILDING INVENTORY: AMBULANCE AND FIRE KIT UNIT 2

Location: Security Unit 2		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Location: Security Unit 2

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
*1. TLDs (with 2 controls) and issue sheets	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
*2. Finger Rings (with 1 pair controls)	(6 pair)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Masking Tape 2"	(2 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Sealed Sets of PCs	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Disposable Gloves	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Full Face Respirator with Canister	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Spare Canisters	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Bandage Scissors	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Herculite Green	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Herculite Yellow or White	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Clip Board, Pencils	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Paper Pads	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Plastic Bags (assorted)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

* Separate sealed box

Performed by _____ / Date _____
 Supervisor Approval _____ / Date _____
 E.P. Review _____ / Date _____

ATTACHMENT 7: RADIATION PROTECTION SUPPLIES AND EQUIPMENT
OSC / TSC / ONSITE / DOWNWIND

Location: OSC Storeroom - Unit 1 - El. 261'		
Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
PROTECTIVE EQUIPMENT					
1. Protective Clothing (<i>complete sealed package</i>)	(40 sets)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Full Face Respirator with Canister	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Spare Canisters (<i>40 pr. Iodine/40 pr. HEPA</i>)	(80)	<input type="checkbox"/>	<input type="checkbox"/>		
^B 4. Flashlights	(30)	<input type="checkbox"/>	<input type="checkbox"/>		
^B 5. Extra D-Cell Batteries	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
*6. KI Tablets (<i>bottles</i>)	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
Due Date _____					
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
SUPPLIES					
1. PA-235 keys for Post Accident Sampling	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. "P-5" keys to Environmental Stations	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Key to Softball Field	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. New York State Road Map	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rolls of Tape	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Misc. Plastic Bags		<input type="checkbox"/>	<input type="checkbox"/>		
7. Disc Smears	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Maslin Cloth	(10 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Extension Cord	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Latex Gloves	(10 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Rubber Boots	(6 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Rain Suits	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Rad Rope (<i>at least 100'</i>)		<input type="checkbox"/>	<input type="checkbox"/>		
14. Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Radiation Material Tags (<i>paper</i>)	(40)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Radiation Signs and Inserts	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Plastic Booties	(40 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 1/2 Amp Fuse for VAMP	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, last battery change date: _____

- NOTES:** 1. If batteries or KI tablets will expire before next inventory then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 8: RADIOLOGICAL MONITORING EQUIPMENT
OSC / TSC / ONSITE / DOWNWIND

Location: OSC Storeroom - Unit 1- El. 261"

☐ Quarter: 1 2 3 4 (circle one)
 Year

☐ Post Drill/Exercise/Event: _____ (date)
 (circle appropriate)

☐ Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
<u>EQUIPMENT</u>					
1. Count Rate Meter	(7)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Dose Rate Meter (0-5R/hr)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dose Rate Meter (0-50R/hr)	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
4. High Range Dose Rate Meter (0-1000R/hr)	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Sealed Silver Zeolite Air Sample Packs	(15)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
6. Sealed Charcoal Air Sample Packs	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
7. a. Radeco AC Air Sampler	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
b. Spare Fuse for Radeco	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Radeco DC Air Sampler	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Head for Air Sampler	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
10. GasTech Meter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Gym Bags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>DOSIMETRY</u> - Located in Box in Unit 1 RP Office					
Box Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. TLDs (with 2 Controls)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Finger Rings (with 1 pair Controls)	(40 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dosimeters (0-5R)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Dosimeters (0-50R)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Dosimeters (0-200R)	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Dosimetry Issue Sheets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Dosimeter Charger	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 8A: MISC. R.P. EQUIPMENT

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Hand and Foot Monitor <i>(TSC)</i> Serial #: _____ Cal. Due: _____ Serial #: _____ Cal. Due: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	PING <i>(TSC)</i> Serial #: _____ Cal. Performed: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	VAMP <i>(TSC Rad Assessment Room)</i> Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	VAMP <i>(OSC Core)</i> Serial #: _____ Cal. Due: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

_____ / _____ _____ / _____ _____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 9: RADIATION PROTECTION SUPPLIES AND EQUIPMENT
EOF

Location: EOF Dock and Storage Area		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>PROTECTIVE EQUIPMENT</u>					
1. Protective Clothing (<i>complete sealed package</i>)	10 sets	<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Sealed (1-6)					
^{B1.} Flashlights	4	<input type="checkbox"/>	<input type="checkbox"/>		
^{B2.} Extra D-Cell Batteries	8	<input type="checkbox"/>	<input type="checkbox"/>		
3. KI Tablets (<i>bottles</i>)	12	<input type="checkbox"/>	<input type="checkbox"/>		
Due Date: _____					
4. Sealed Silver Zeolite Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
5. Sealed Charcoal Air Sample Packs	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
1 Petri Dish					
1 Particulate Filter					
2 Collection Envelopes					
6. Boots	(3 Pair)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>SUPPLIES:</u>					
Inventory Sealed (1-17)					
1. Key to Softball Field	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. New York State Road Map	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Rolls of Tape (2")	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Adhesive Labels	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Tie Labels	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Plastic Bag Ties	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Tape Measure (100 ft.)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Water Sample Container (1 gal.)	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Grass Clippers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Pruning Shears	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Mallet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Magnetic Pocket Compass	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Twine	(3 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Garden Trowel	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Red Florescent Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Stakes	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
17. "P-5" keys to Environmental Stations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
*18. Shovels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
*19. Rainsuits	(4)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

* Located outside of sealed kits

- NOTES:** 1. If batteries or KI tablets will expire before the next inventory, then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 10: RADIOLOGICAL MONITORING EQUIPMENT
EOF

Location: EOF Dock and Storage Area		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>EQUIPMENT</u>					
1. Count Rate Meter Cal Due Date _____ SN: _____ _____ _____ _____ _____ SN: _____	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Dose Rate Meter Cal Due Date _____ SN: _____ _____ _____ _____ SN: _____	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Sealed Silver Zeolite Air Sample Packs _____ SN: _____ 1 Petri Dish 1 Particulate Filter 2 Collection Envelopes	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Sealed Charcoal Air Sample Packs _____ SN: _____ 1 Petri Dish 1 Particulate Filter 2 Collection Envelopes	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Radeco AC Air Sampler with Spare Fuse Cal Due Date _____ SN: _____ _____ SN: _____	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Radeco DC Air Sampler Cal Due Date _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Head for Air Sampler	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Check Source (for meters)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. High Range Dose Rate Meter (0-1000R/hr) Cal Due Date _____ SN: _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
^B 10. Dosimeter Charger	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>DOSIMETRY</u> - Located in one box:					
		Box Sealed			
1. TLDs (with 2 Controls)	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Dosimeters (0-5R)	(8)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Dosimeters (0-50R)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Dosimetry Issue Sheets		<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

- NOTES:**
1. If batteries will expire before the next inventory then order or obtain replacements.
 2. Sealed inventories shall be opened and inspected at least once per calendar year.

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 11: RADIATION PROTECTION SUPPLIES AND EQUIPMENT
OFFSITE ASSEMBLY AREA

Location: Offsite Assembly Area -Volney Service Center		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

SUPPLIES and PROTECTIVE EQUIPMENT: Located in sealed drums and footlockers in line crew warehouse

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
	<u>SUPPLIES:</u> in footlocker					
	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1.	Misc. Plastic Bags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Disc Smears	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Muslin Cloth	(3 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Surgical Gloves	(3 bx)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Cotton Liners	(12 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Gym Bags	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Rad Rope (at least 50')	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Rad Material Tags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Cotton Tip Swabs	(1 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Surgical Scrub Brushes	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Step off Pads	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Bandage Scissors	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Soap bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Shampoo	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Pocket Watch	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Masking Tape	(5 Rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Material ID Tags	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
*	Empty Yellow Rad Drums	(3)	<input type="checkbox"/>	<input type="checkbox"/>		

PROTECTIVE EQUIP. in 55 gal drum

	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>
1.	Disposable Coveralls	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Paper Bath Towels	(25)	<input type="checkbox"/>	<input type="checkbox"/>
3.	Paper Hand Towels	(2 pkg)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Plastic Shoe Covers	(10)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Shovels	(2)	<input type="checkbox"/>	<input type="checkbox"/>
*	Outside footlocker			

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

_____ / _____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 12

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ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY

Location: Hallway Adjacent to X-Ray Dept or closet next to Conferenced/Rad. Treatment Rm

☐ Quarter: 1 2 3 4 (circle one)
Year

☐ Post Drill/Exercise/Event: _____ (date)
(circle appropriate)

☐ Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Pre-Cut Green Herculite	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Step-Off Pads	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Masking Tape	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Radiation Signs	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Yellow & Magenta Rope	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Magnets	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Yellow Trash Bags	(15)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Dosimeter Charger (1 battery & 1 AC)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	RMC Sample Taking Kit (inventory contents IAW Att. G in Hospital Plan)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	RMC Decontamination Kit (inventory contents IAW Att. G in Hospital Plan)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	RMC Accident Proc. Poster	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Sealed Protective Clothing Kits	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
a.	TLD badge Due Date: _____		<input type="checkbox"/>	<input type="checkbox"/>		
b.	(0-5R) Dosimeter Due Date: _____		<input type="checkbox"/>	<input type="checkbox"/>		
c.	(0-50R) Dosimeter Due Date: _____		<input type="checkbox"/>	<input type="checkbox"/>		
13.	RMC Decontamination Table Top	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Hose and Nozzle for Decontamination Table Top	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Yellow Water Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Yellow Trash Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Movable Base for Trash Receptacles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Lead Pig	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19.	White Herculite Matting	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Portable Stanchion	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	Radiation Tags (tie) - misc.	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
22.	Radiation Tags (adhesive) - misc.	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Disc Smears	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
24.	Atomic Wipes	(50)	<input type="checkbox"/>	<input type="checkbox"/>		

^(B)Change batteries every 24 months, Last battery change date: _____

NOTE: If batteries will expire before the next inventory then order or obtain replacements.

ATTACHMENT 13: OSWEGO HOSPITAL NUCLEAR EMERGENCY CABINET INVENTORY (Cont)

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
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- | | | | | | |
|---|------|--------------------------|--------------------------|--|--|
| 25. Count Rate Meter (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ SN: _____ | | | | | |
| 26. Dose Rate Meter (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ SN: _____ | | | | | |
| 27. MS-2 w/HP 210 Probe (JAF) and spare fuses | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ SN: _____ | | | | | |
| 28. Extension Cord (for count rate meter) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 29. Count Rate Meter (NMP) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ SN: _____ | | | | | |
| 30. Dose Rate Meter (NMP) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ SN: _____ | | | | | |
| 31. NMP Check Source | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Number: _____ | | | | | |
| 32. Dosimeters (O-5R) (NMP) | (5) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33. EAP-2, "Personnel Injury (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| 34. RP-OPS-03.04, "Personnel Decontamination and Assessment, Rev. 1" (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| 35. RP-OPS-03.04, Att. 1 "Personnel/Contamination Incident Report" (JAF) | (10) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| 36. RP-INST-02.09 (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| 37. Inventory Checklists | | | | | |
| • SAP-2 (JAF) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| • EPMP-EPP-02 (NMP) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Rev.: _____ | | | | | |
| 38. Control TLD (NMP) | (2) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Due Date: _____ | | | | | |
| 39. Dosimetry Issue Log and (NMP) Cross Reference to Kit # | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 40. The Oswego Hospital Plan for the Decontamination and Treatment of the Radioactively Contaminated Patient (located at nurses' station) | (1) | <input type="checkbox"/> | <input type="checkbox"/> | | |

Performed by _____	Date _____	Supervisor Approval _____	Date _____	E.P. Review _____	Date _____
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ATTACHMENT 14: PERSONNEL DECONTAMINATION ROOM SUPPLIES INVENTORY

Location: <input type="checkbox"/> U1 OSC Storeroom <input type="checkbox"/> U2, 261' ACB		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1.	Coveralls	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Paper Bath Towels	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Paper Hand Towels	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Disposable Gloves	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Assorted Plastic Bags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	4 x 4 Steri Pads	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Scissors (<i>Bandage Type</i>)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Shampoo	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Shaving Cream	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Disposable Razors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Cotton Swabs	(1 box)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Surgical Scrub Brushes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Masking Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Sample Envelopes	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Assorted Radiation/Contamination Tags	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Soap	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 15

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ATTACHMENT 16: TECHNICAL SUPPORT CENTER


<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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NOTE: These are suggested locations for these items; however, the material may be found in other areas within the facility.

* All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, COMMUNICATIONS ROOM					
1. Communicator Headset	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Telecopier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, RADIOLOGICAL ASSESSMENT ROOM					
1. Maps (20 mile radius or larger)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Printers:					
GE TermiNet 200	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Genicom 200	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Digital DecWriter III	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, CONFERENCE ROOM					
1. Diagrams/Drawings:					
Electrical Diagrams, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical Diagrams, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Isometrics, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical Diagrams, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
P&IDs, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
P&IDs, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, LIBRARY (OUTSIDE CORE)					
1. Aperture Cards					
Units 1 & 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, TECHNICAL ASSESSMENT ROOM					
1. Closed Circuit TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Computer Printer Paper	(1 pkg)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Genicom 200 Printer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Honeywell Monitors	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Pump Curve Book, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Telecopier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Telecopier Paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. GE Terminet 200 Printer (under Honeywell Monitors)	(3)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, CORE						
1.	Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Compass Rose (2' x 2')	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Diagrams/Drawings:					
	Control and Instrument Power	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Figure IX-2					
	Electrical Feeds, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Area Rad Monitors					
	Electrical Feeds, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Rad Monitors					
	Electrical Power Distribution Diagram	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP)					
	Flow Charts, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP)					
	Flow Charts, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generalized Station Drawing, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generalized Station Drawing, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawing, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawing, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Station Power Distribution					
	Figure IX-1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Eating/Drinking/Smoking Is/Is Not					
	Authorized Sign	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Emergency Classifications Signs:	(1 each)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Class					
	Unusual Event					
	Alert					
	Site Area Emergency					
	General Emergency					
6.	Forms Cabinet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Procedure/Documents:					
	Chemistry Surveillance Procedures (CSP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Core Operating Limits Report (COLR)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Damage Repair Procedures (DRP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Chemistry Procedures (ECP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)		<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report Appendices & Supplements, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Fuel Handling Procedures (FHP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Fuel Handling Procedures (FHP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Generation Administrative Procedures (GAP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	INPO Emergency/Resources Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	New York State Radiological Emergency Plan	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	NMPC Users Guide Equipment History & Status Systems	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Nuclear Interfacing Procedures (NIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oswego County Radiation Emergency/Response Plan	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Occupational Safety & Health Manual (SFT)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Administrative Procedures (S-RAP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Technical & Analytical Procedures (RTP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Technical & Analytical Procedures (RTP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Radiation Protection Implementing Procedures (RPIP), 2 books	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Level Reference Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operating Procedures Bases (EOP), U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operating Procedures Bases (EOP), U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 1	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 2	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 16: TECHNICAL SUPPORT CENTER (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
TSC, CORE						
7.	Procedure/Documents (Cont)					
	Reactor Engineering Procedures (REP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Engineering Surveillance Procedures (RESP), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Chemical Surveillance Procedure (CSP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Radiation Protection Technical & Analytical Procedures (RTP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Special Operating Procedure (SOP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Administrative Procedures (TDP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Updated Safety Analysis Report (USAR), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Waste Handling Procedures (WHP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Steam Tables	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Release Is/Is Not in Progress Sign	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Status Boards:					
	Area Rad Monitor Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Area Rad Monitor Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Events Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Equipment Survey/Sample Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Inplant Survey Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Trending Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Monitor Status Board, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Process Monitor Status Board, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	10 Mile Radius Maps:					
	10 Mile Emergency Planning Zone	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Primary Evacuation Routes	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Offsite Survey Locations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Siren Locations	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	1991 Population Estimates	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Drafting Table	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
TSC, PROTECTIVE EQUIPMENT ROOM/SUPPLY CABINETS INVENTORY						
1.	Calculators	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Cassette Tapes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Flashlight	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Liquid Cleaner for Status Boards	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Portable Cassette Recorder	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Sleeping Cots (Collapsible)	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Batteries	(6 each)	<input type="checkbox"/>	<input type="checkbox"/>		
	AA Cell					
	C Cell					
	D Cell					
8.	KI Tablets (bottles)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	Due Date: _____					

^BChange batteries every 24 months, Last battery change date: _____

NOTE: If batteries or KI tablets will expire before the next inventory then order or obtain replacements.

Performed by _____ / _____ Date Supervisor Approval _____ / _____ Date E.P. Review _____ / _____ Date

ATTACHMENT 17: EOF (EMERGENCY OPERATION FACILITY)

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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NOTE: These are suggested locations for these items; however, the material may be found in other areas within the facility. All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
CORE AREA						
1.	Diagrams/Drawings:					
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Status Boards					
	Downwind Survey/Sample Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Event Status Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Status Board Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Plant Trending Board	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Procedures/Documents: (CART)					
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
PLANT ASSESSMENT ROOM						
1.	Diagrams/Drawings:					
	Emergency Operation Procedure (EOP) Flow Charts, Unit 1	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedure (EOP) Flow Charts, Unit 2	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawings, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Reactor Vessel Drawings, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Action Levels (EAL), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Severe Accident Procedure (SAP) Flow Charts, U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Procedures/Documents: (BOOKSHELF)					
	Core Operating Limits Report (COLR), Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedures, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Operation Procedures, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Final Safety Analysis Report (FSAR) Supplements with Technical Supplements and Amendments	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	INPO Resources Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Special Operating Procedures (SOP), Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specification Amendment Letters, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Specifications, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Technical Support Reference Guide, Unit 2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Microfiche reader (EOF Room 6)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Microfilm reader (EOF Room 6)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 17: EOF (EMERGENCY OPERATION FACILITY) (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
DOSE ASSESSMENT ROOM						
1.	Maps with Overlays	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	10 mile radius	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	50 mile radius	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Map Azimuth Indicator	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Procedures/Documents:					
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Environmental Protection Manual of Protective Action Guides and Protective Actions for Nuclear Incidents (EPA-400)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Evacuation Travel Time Estimate	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	New York State Radiological Emergency Preparedness Plan and Procedures	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Oswego County Radiological Emergency Preparedness Plan & Procedures	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 18: EMERGENCY VENTILATION FILTER LOG

1.0 PROCEDURE

- 1.1 Determine the time that the emergency ventilation ran during the past quarter.
- 1.2 Record the time (in hours this quarter) below. Send the sheet to:
TSC Ventilation System Engineer
Unit 1 Technical Support

2.0 TSC

Complete the following:

Quarter (*Circle*) 1 2 3 4 Date Checked (*DD/MM/YY*) _____

Checked by: _____ Total Run Time Hours _____

ATTACHMENT 19: OPERATIONS SUPPORT CENTER (OSC)

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
1.	Clocks	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Drawings/Diagrams: Mechanical P&ID Diagrams	(1 set)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Forms Cabinet	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Procedures/Documents:					
	Damage Repair Procedures (DRP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Emergency Preparedness Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Emergency Events Status Board U1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	U2	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Telephones:					
	Outside Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-Damage Control & Repairs	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-Chem & Rad Mgt.	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	TSC-OSC PA Speaker	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Microfiche reader	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Microfilm reader	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ / Date _____
Supervisor Approval Date _____
E.P. Review _____ / Date _____

ATTACHMENT 20: JOINT NEWS CENTER JNC

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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NOTE: These are suggested locations for these items; however, the material may be found in other areas within the facility.

- * All computer equipment is checked by I&C Department Computer Technicians on a monthly basis. See completed Preventative Maintenance Checklist.

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>PRE-BRIEFING AREA</u>						
1.	Poster printers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Poster printer paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>COUNTY/STATE ROOM</u>						
1.	60-second clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Video Monitor/TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>UTILITY ROOM</u>						
1.	Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Computer(s)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Emergency Classification Signs:					
	• Unusual Event	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Alert	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Site Area Emergency	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• General Emergency	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Printers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Procedures/Documents:					
	• Emergency Plan Implementing Procedures (EPIP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Emergency Plan Maintenance Procedures (EPMP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Site Emergency Plan (SEP)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Emergency Action Level Reference Manual	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Video Monitor/TV	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Desk-top copier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Diskettes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Sign-off rubber stamp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>STORAGE AREA</u>						
1.	Batteries					
	• AA	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	• C	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	• D	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
	• 9V	(6)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Forms:					
	• Plant Status poster (8 1/2 x 11)	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Misc. Office supplies:					
	• Bulbs (ENX)	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Diskettes	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 20: JOINT NEWS CENTER JNC

(Cont)

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
STORAGE AREA (Continued)					
• Printer cartridges	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Typewriter ribbons	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Rubber stamps:					
• Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Exercise Only	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Reviewed by	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Telephone headsets					
• Tech Info Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Drill Controller Line	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
• Spare	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>COPY ROOM</u> (Supplies may be in storage area)					
1. Copy Machines	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Toner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Copier paper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Fax rubber stamp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Fax machines	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>NRC/FEMA ROOM</u>					
1. Clock	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Typewriter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Computer Printer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>RUMOR CONTROL</u>					
1. Forms					
• Rumor Control - Media Response Inquiry and Off Air Monitor Form	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
• Rumor Control Log	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Video cassette recorder/monitor					
<u>MEDIA MONITORING</u>					
1. Forms					
• Rumor Control - Media Response Inquiry and Off Air Monitor Form	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Video Cassette recorders	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Video monitors	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Head phones	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Radios	(8)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Computer/Monitor	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Scanner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Tone Alert Radio	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9. VCR Tapes	(10)				
<u>AUDIO VISUAL AREA</u>					
1. Video Projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Audio cassettes	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Video cassettes	(25)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Overhead projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Slide projector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 20: JOINT NEWS CENTER JNC

(Cont)

Item/Equipment		Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>TV BOOTH AREA</u>						
1.	Audio distribution amp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Audio mixer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Belt pack transmitter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Camera remote control	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Diversity receiver	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Microphones	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Multi-box	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Power amplifier	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Tripod	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	VHS video recorder	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Video/audio distribution amp	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Video camera	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Video cassette recorders	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Video date/time generator	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Video monitor	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Video switcher	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
<u>REGISTRATION AREA</u>						
1.	Registration Logs:					
	• Blue	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Pink	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Yellow	(50)	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Badge Holders	(200)	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Badges					
	• Blue	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Pink	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Yellow	(100)	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Press Kits:					
	• Nine Mile 1	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	• Nine Mile 2	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
	• JAF	(10)	<input type="checkbox"/>	<input type="checkbox"/>		

Performed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (MECHANICAL)

Location: U1 Screenhouse		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
MECHANICAL TOOL LISTING					
1. Hack Saws	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
2. 2' Level	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Wrecking Bars	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Crow Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
5. 1/2" Black & Decker Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
6. 1/4" Black & Decker Drill	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. 6" C-Clamps	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
8. 6' Wooden Rules	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. 2 lb. Slugging Hammer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Large Rubber Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
11. 12 oz. Machinist Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
12. 16 oz. Machinist Hammers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 50' Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 25' Extension Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Low Voltage Lead Light	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Fluorescent Lights	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
17. 3/4" Socket Set 3/4" to 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 1/16" to 1/2" by 1/64" Drill Indexes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
19. 18" Adjustable Wrench	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
20. 12" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
21. 10" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
22. 7" Vise Grip Pliers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
23. 10" Vise Grip Pliers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
24. 1/2 Ton to 3/4 Ton Chain Fall	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
25. 50' Length 1/2" Rope	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
26. 6" Adjustable Wrench	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
27. Duckbill Snips	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
28. Straight Snips	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
29. Regular Standard Pliers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
30. Large Channel Lock Pliers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
31. Torpedo Levels	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
32. 100' Steel Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
33. 10 lb. Slugging Hammer	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
34. Screwdriver Set (Flat and Phillips)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
35. 1/2" Socket Set 3/8" to 1 1/4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
36. 1/4" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
37. 3/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
38. 1/2" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
39. Allen Wrench Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
40. 10" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
41. 14" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
42. 18" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
43. Inspection Mirror	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
44. Grey Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
45. Masking Tape	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
*46. Nuclear Grade Pipe Sealant	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
47. Pairs Work Gloves	(4)	<input type="checkbox"/>	<input type="checkbox"/>		
48. Baling Wire	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 21A: DAMAGE CONTROL TOOL BOX INVENTORY (Cont)

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions Date Resolved
49. Large Wire Brushes	(2)	<input type="checkbox"/>	<input type="checkbox"/>	
50. Small Wire Brushes	(2)	<input type="checkbox"/>	<input type="checkbox"/>	
51. Pair Ear Plugs	(6)	<input type="checkbox"/>	<input type="checkbox"/>	
52. G.F.I.	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
53. 1" Putty Knife	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
54. 2" Putty Knife	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
55. 24" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
56. Porta Band Saw	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
57. 5/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>	
58. 3/4" Shackles	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
59. 36" Pipe Wrench	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
60. Nose Bag	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
61. Flashlight	(2)	<input type="checkbox"/>	<input type="checkbox"/>	
62. Never-Seez	(1)	<input type="checkbox"/>	<input type="checkbox"/>	
63. RTV #106 or equivalent	(1)	<input type="checkbox"/>	<input type="checkbox"/>	

^(B)Change batteries every 24 months, Last battery change date: _____

- NOTES:** 1. IF batteries or pipe sealant will expire before the next inventory, then order or obtain replacements.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

_____/_____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C)

Location: Unit 1 Screenhouse		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed/Locked					
<u>INSTRUMENTATION AND CONTROL LISTING</u>					
1. Hand Tool Box	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
* 2. Digital DMM: Cal. due _____	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
* 3. Test Gauge 0-30 PSI 0.1	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Subd: Cal. due _____					
* 4. Test Gauge 0-100 PSI 0.5	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Subd: Cal. due _____					
* 5. Digital Pressure Calibrator or	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
equivalents: Cal. due _____					
* 6. Fluke Temperature Probe	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
7. Current Source/Test Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
8. Air Regulators (0-30 psig, 0-100 psig, 0-300 psig)	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
Cal. due _____					
9. Meter Test Lead Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. Soldering Gun	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. Tubing Cutter	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Tubing Cutter-Spare Wheel	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 1/4" Tubing Bender	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. Pipe Wrench 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
15. Pipe Wrench 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. Open/Box End Wrench Set #K-25	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17. Nut/Screw Driver Roll Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. Adjustable Wrench 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19. Adjustable Wrench 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
20. Adjustable Wrench 8"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
21. Adjustable Wrench 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
22. Vise Grip Plier 7"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
23. Channel Loc Plier 7"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
24. Channel Loc Plier 10"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
25. Wire Stripper/Crimper	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
26. Needle Nose-Stgt. 5 1/2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
27. Needle Nose-Stgt. 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
28. Needle Nose-Offset 5 1/2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
29. Needle Nose-Offset 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
30. Diag. Cutter - 4"	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
31. Diag. Cutter - 5"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
32. Plier/Cutter Combination	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
33. Holding Tweezers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
34. Allen Key Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
35. Hex Socket Driver Set	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
36. Socket Set - 1/4" Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
37. Screwdriver-Standard 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
38. Screwdriver-Standard 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
39. Screwdriver-Phillips 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
40. Screwdriver-Phillips 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
41. Screwdriver-Phillips 3"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
42. Screwdriver-Pocket 2"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
43. Screwdriver-Holding 3"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
44. Screwdriver-Holding 4"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
45. Screwdriver-Holding 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
46. Screwdriver-Holding Combo	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
47. Pocket Rule 6"	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
48. Examination Mirror	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 21B: DAMAGE CONTROL TOOL BOX INVENTORY (I&C) (Cont)

	Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
<u>INSTRUMENTATION AND CONTROL LISTING</u> (Cont)						
49.	Gauge Pointer Puller	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Alignment Tool (non-conductive screw driver)	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
**51.	Electronic Grade Sil. Rubber, 1 Tube	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Expiration Date: _____					
52.	"Snoop" Leak Detector	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
53.	Black Electrical Tape	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
54.	8" Ty-Wraps with Label	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
55.	1/4" Copper Tubing	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
56.	1/4" Tygon Tubing	(50')	<input type="checkbox"/>	<input type="checkbox"/>		
57.	Disposable Surgeons Gloves	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
58.	White Masslin Wipes	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
59.	Surface Prep Cleaner	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
60.	1/4" Whitey Valve SS-IVS4	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
61.	1/4" Whitey Valve B-IVS4	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
62.	Pens, Pencil & Paper Pad		<input type="checkbox"/>	<input type="checkbox"/>		
63.	Miscellaneous Fittings:					
	Nuts (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
	Inner Ferrules (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
	Outer Ferrules (1/4" Swagelok)	(20)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/4" NPT Male x					
	1/4" Swagelok Union	(12)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/4" NPT Male x					
	3/8" Swagelok Union	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/4" NPT Male x					
	1/2" Swagelok Union	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/4" Swagelok Tee's	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/8" NPT Female x					
	1/4" Swagelok Elbow	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	1/8" NPT Female x					
	1/4" Swagelok Union	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
64.	Nitrogen Tank with Cart	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Hydro Test Date: _____					
65.	Nitrogen Tank Accessories (in tool box)					
**	a. Thread Sealant	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	Expiration Date: _____					
	b. Regulator: Victor #43781	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	c. Tubing	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	d. Adapter Fittings	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
	e. Instructions	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
66.	Thermometer 50°F - 250°F	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Safety Glasses	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
68.	Test Equipment Power Cord	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
69.	GFI	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

¹Hydrostatic Testing required at least every 5 years.

***NOTES:** 1. These instruments are not maintained in this kit but are available from the Unit 1 Meter and Test issue room.
2. Sealed inventories shall be opened and inspected at least once per calendar year.

**If this item will expire before the next inventory, then order or obtain replacements.

Performed by _____ Date _____ Supervisor Approval Date _____ E.P. Review _____ Date _____

ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY

Location: Unit 1 Storeroom		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment Inventory Sealed	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Corrective Actions	Date Resolved
*1.	500 Ft Triplex 4/0 Cu 5 KV Insulated Cable with 1/0 Cu. 5KV Insulated Ground	<input type="checkbox"/>	<input type="checkbox"/>		
*2.	1000 Ft Triplex #2 AWG Cu, 600V Insulated Cable	<input type="checkbox"/>	<input type="checkbox"/>		
3.	20 Ft 1 Conductor #10 SIS Wire	<input type="checkbox"/>	<input type="checkbox"/>		
4.	20 Ft 1 Conductor #12 SIS Wire	<input type="checkbox"/>	<input type="checkbox"/>		
*5.	600 Ft 1 Conductor #4/0	<input type="checkbox"/>	<input type="checkbox"/>		
*6.	600 Ft 1 Conductor #2 AWG	<input type="checkbox"/>	<input type="checkbox"/>		
7.	35 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
8.	T35 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
9.	T95 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
10.	3M 88 Tape (min. 12)	<input type="checkbox"/>	<input type="checkbox"/>		
11.	2 Kellems Cable Support Grips Model No. RR250-HE or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
12.	2 Kellems Cable Support Grips Model No. RR150-HE or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
13.	8 Burndy Hyline No. YS28, #4/0 Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
14.	2 Burndy Hyline No. YS2C, #2 Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
15.	1 Burndy Hylink No. YSM27, Parallel Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
16.	1 Burndy Hylink No. YSM25, Parallel Splices or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
17.	3 Burndy Hylug No. YA28-2N 4/0 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
18.	1 Burndy Hylug No. YA25-2N 1/0 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
19.	8 Burndy Hylug No. YA2C-2N #2 Terminal or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
20.	2 Burndy Reducing Adaptor No. Y2825R or equivalent (4/0 to 1/0)	<input type="checkbox"/>	<input type="checkbox"/>		
21.	2 Burndy Reducing Adaptor No. Y2826R or equivalent (4/0 to 2/0)	<input type="checkbox"/>	<input type="checkbox"/>		
22.	4 Burndy Hylug Ring - Tongue Terminals - No. YAV10-T3 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
23.	(2) Fuse 6 Amp (for Powerboard 171 Control Circuit)	<input type="checkbox"/>	<input type="checkbox"/>		
24.	(2) Fuse 10 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
25.	Spare Fuses				
	• (2) 6 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
	• (2) 10 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
26.	1 Burndy Hytool Crimping tool MY28 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
27.	1 Burndy Crimping Tool MY29-3 or equivalent	<input type="checkbox"/>	<input type="checkbox"/>		
*28.	Breaker Elevator Hand Crank (GE for Magnet Blast Circuit Breaker)	<input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT 22: ELECTRIC DAMAGE REPAIR EQUIPMENT INVENTORY (Cont)

	Item/Equipment	Sat	Unsat	Corrective Actions	Date Resolved
	Hacksaw and 20 extra blades	<input type="checkbox"/>	<input type="checkbox"/>		
30.	5/8" Ratchet Wrench <i>(for Breaker Closing Spring Charging)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
31.	2 sets - Wrenches and Screwdrivers to Cable and Wire Disconnection	<input type="checkbox"/>	<input type="checkbox"/>		
32.	2 sets - Cable Cutting and Splicing Tools	<input type="checkbox"/>	<input type="checkbox"/>		
33.	2 Insulated Fuse Pullers	<input type="checkbox"/>	<input type="checkbox"/>		
34.	3 Sets - Bus Grounding Cables <i>(Material for 3 sets)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
35.	Fire Retardant Putty	<input type="checkbox"/>	<input type="checkbox"/>		
36.	4 #12 AWG Ring-Tongue Terminals	<input type="checkbox"/>	<input type="checkbox"/>		
*37.	4 Portable Compressed Air Cylinders	<input type="checkbox"/>	<input type="checkbox"/>		
38.	1/2 x 3/4 NPT Bushing	<input type="checkbox"/>	<input type="checkbox"/>		
39.	3/4 NPT Street E11	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Air Regulator Assembly	<input type="checkbox"/>	<input type="checkbox"/>		
41.	10 Ft High Pressure Air Hose with Swivel Fitting	<input type="checkbox"/>	<input type="checkbox"/>		
*42.	Cable Quad #4 and #6	<input type="checkbox"/>	<input type="checkbox"/>		
*43.	Cable Lugs #4 and #6	<input type="checkbox"/>	<input type="checkbox"/>		
	Safety Switch, 600 Volt/200 Amp	<input type="checkbox"/>	<input type="checkbox"/>		
*45.	Portable 60 KW Generator <i>(located at Building 008 in Level B Storage)</i>	<input type="checkbox"/>	<input type="checkbox"/>		
*46.	High Pressure Hose <i>(Jumper R915 and R925 Air Samples)</i>	<input type="checkbox"/>	<input type="checkbox"/>		

NOTES: 1. * = unsealed inventory. All other equipment is in sealed tool box.

2. Sealed inventories shall be opened and inspected at least once per calendar year.

Formed by _____ / Date _____ Supervisor Approval _____ / Date _____ E.P. Review _____ / Date _____

ATTACHMENT 23: TEMPORARY RESTORATION OF POWER FOR POST ACCIDENT SAMPLING INVENTORY

Location: Unit 2 Control Building		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

	Item/Equipment	Sat	Unsat	Corrective Actions	Date Resolved
	Inventory Sealed	<input type="checkbox"/>	<input type="checkbox"/>		
NOTE: Jumpers are 1/C, No. 12 AWG (NJN-59) (SR) Nominal 4 feet length with lugs (#10 stud)					
1.	6 Jumpers, stored inside Panel 2CES*PNL554, East Wall, Div. I, Cable Spreading Area, El. 237'	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Test Box Jumper, per E061A in accordance with DWG. EE-003X Rev. 03, located in North East Corner of Control Room	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Located in SSS Office				
a.	Key #CAT60 - for 2VBS*PNL102A, 302A, AND 2LAC-PNLU03	<input type="checkbox"/>	<input type="checkbox"/>		
b.	Key #11-CH751 - for 2CES*PNL554	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 24:

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ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE

1.0 GENERAL GUIDELINES

- 1.1 Determine the required testing using the matrix in Section 2.0.
- 1.2 Perform the testing of each communications system in accordance with the associated attachment.
- 1.3 The surveillance is considered successful if all "Sat" boxes are checked.
- 1.4 Initiate corrective actions on all "Unsat" entries in accordance with Step 3.0.
 - a. Record details of failure and initiated corrective actions in appropriate "Remarks" section.
 - b. After repair/correction, perform surveillance (only with agency that was "Unsat") and record on new attachment.

2.0 REQUIRED TESTING FREQUENCY

	RECS	Commercial Telephone	ENS Telephone	Dedicated Line	Radio (Console)	Radio (Portable)
Unit 1 Control Room	M	M	M	A	A	
Unit 2 Control Room	M	M	M	A	A	
EOF	M	*M	*M	A	A	A
OSC					A	A
TSC		M	M	A	A	
JNC		M		A		

M = Monthly A = Annually
* PERFORMED BY JAF

3.0 REPORTING PROBLEMS

3.1 Radiological Emergency Communication System (RECS) Failure

Report all failures to 518-457-2200 during the hours of 9 am to 4 pm.

3.2 Radio Failures

Contact the Central Region Communications Group at 460-2378 or 460-2379.

ATTACHMENT 25: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

3.3 Commercial Telephone and Dedicated Lines

Complete a "Telephone Request Form" and fax to Facilities in accordance with the instructions on the form.

NOTE: With a Dedicated Line, use the "Circuit Number" in place at the "Extension" number on the "Telephone Request Form".

3.4 ENS Telephones

- a. Immediately report any "Unsat" results as follows:

Failure Location	Report to:
Control Room, Unit 1	Unit 1 SSS
Control Room, Unit 2	Unit 2 SSS
Both TSC ENS Phones	Unit 1 SSS

- b. Report failure to NRC Operations Center at one of the following numbers.
- (301) 816-5100
 - (301) 951-0550
- c. IF requested by the NRC Operations Center, call Verizon, (315) 890-8806, for assistance.

ATTACHMENT 25A: EMERGENCY RESPONSE FACILITY COMMUNICATIONS SURVEILLANCE

RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS) TESTING (MONTHLY)

1.0 PROCEDURE

NOTES: 1) RECS calls are only initiated from the Unit 1/Unit 2 Control Rooms for the purpose of performing this attachment testing.

2) Unless the RECS line at the EOF is currently staffed, it may be necessary to call the EOF to request assistance in the testing. Numbers that may be called to obtain assistance are:

- 593-5759
- 593-5765
- 593-5735
- 593-5740

1.1 Pick up the handset and dial A*.

NOTE: Depress push to talk switch in the handset to talk.

1.2 After about 10 seconds state the following:

"This is a test. This is the Nine Mile Point (*location*) calling all stations for a RECS test. Stand by for roll call."

1.3 State each agencies name as they appear on the RECS Testing Sheet. As each agency responds, check "Sat" or "Unsat".

NOTE: "Sat" = agency responded without comment
"Unsat" = anything beside "Sat" response

1.4 Repeat Step 1.3 for any agency not answering roll call.

1.5 When roll call is completed, state:

"This concludes the test. Thank you."

1.6 Should an agency fail to answer, contact them by telephone, and if necessary, repeat Steps 1.1 through 1.3 for the problem agency only

ATTACHMENT 25A: EMERGENCY RESPONSE, UTILITY COMMUNICATIONS SURVEILLANCE (Cont)

RECS TESTING SHEET

Month _____ Year _____

Agency	Telephone #	Tested From		Remarks
		Unit 1 CR	Unit 2 CR	
Nine Mile Point Unit 1 CR	349-2480	N/A	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Nine Mile Point Unit 2 CR	349-2170	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	N/A	
Fitzpatrick CR	349-6666	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Oswego County 911 Center	911	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Oswego County EOC	591-9150	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
NYS Warning Point	(518) 457-2200	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
EOF	593-5735	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat	
Tested by: Initials/Date				

Supervisor Approval _____ / _____
DateE.P Review _____ / _____
Date

ATTACHMENT 25B: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
COMMERCIAL TELEPHONE TESTING (MONTHLY)

1.0 PROCEDURE

- 1.1 For each "Location" listed, test the telephone by placing and receiving a call to any other telephone.
- 1.2 Check to "Sat" or "Unsat" box on the "Commercial Telephone Testing Sheet".

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything but "Sat" response

COMMERCIAL TELEPHONE TESTING SHEET

Month _____ Year _____

Location	Telephone #	Results	Remarks	Tested by Initials/Date
EOF Comm Area	593-5875	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		
TSC Comm Rm	349-2487	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		
Offsite Assembly Area	592-0125 no test required ¹	-----	-----	-----
Unit 1 Control Room	no test required ¹	-----	-----	-----
Unit 2 Control Room	no test required ¹	-----	-----	-----
Joint News Center	592-3720 in Rumor Control)	<input type="checkbox"/> Sat <input type="checkbox"/> Unsat		

¹No test is required from the Control Rooms or Offsite Assembly Area since their telephones are used regularly._____
Supervisor Approval / Date_____
E.P Review / Date

ATTACHMENT 25C: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE
EMERGENCY NOTIFICATION SYSTEM (ENS) TESTING (MONTHLY)

1.0 PROCEDURE

1.1 For Control Rooms

- a. Solicit the time of the daily plant operations status call from the NRC Operations Center to the Control Room from the SSS.
- b. Record "Sat" or "Unsat" on the ENS Testing Sheet.

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything beside "Sat" response

1.2 For TSC

NOTE: For testing purposes, all "700" phone numbers listed are considered Emergency Notification System (ENS) lines.

- a. Verify the operability at each ENS phone listed on the ENS Testing Sheet by placing and receiving a call from any other ENS phone.
- b. Record "Sat" or "Unsat" on the ENS Testing Sheet.

NOTE: "Sat" = satisfactory transmission and reception
"Unsat" = anything besides "Sat" response

ENS TELEPHONE TESTING SHEET

Month _____ Year _____

CONTROL ROOM UNIT 1

Daily Operations Status Call: Date _____ Time (24 Hour) _____ ☐ Sat ☐ Unsat

CONTROL ROOM UNIT 2

Daily Operations Status Call: Date _____ Time (24 Hour) _____ ☐ Sat ☐ Unsat

TSC

Phone	Phone No.	Location	Sat	Unsat	Remarks
ENS	700-371-5324	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	
ENS	700-371-5324	Tech Assessment Room	<input type="checkbox"/>	<input type="checkbox"/>	
HPN	700-371-5329	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	
HPN	700-371-5329	RAM Desk	<input type="checkbox"/>	<input type="checkbox"/>	
PMCL	700-371-5326	NRC Core	<input type="checkbox"/>	<input type="checkbox"/>	
RSCL	700-371-5327	NRC Core	<input type="checkbox"/>	<input type="checkbox"/>	
MCL	700-371-5323	NRC Room	<input type="checkbox"/>	<input type="checkbox"/>	

TESTED BY: Initials/Date _____ / _____

NOTE: EOF testing completed by JAF._____
Supervisor Approval_____
Date_____
E. P. Review_____
Date

ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

DEDICATED TELEPHONE TESTING (ANNUALLY)

1.0 PROCEDURE

- 1.1 The dedicated line will automatically ring or flash the other end when the handset is lifted.
- 1.2 Verify that someone is available at the other end to test.
- 1.3 Verify proper operation by initiating, receiving, and transmitting from each end of each line listed on the "Dedicated Telephone Testing Sheet".
- 1.4 As each line is tested, mark "Sat" or "Unsat" on the Testing Sheet.

NOTE: "Sat" = proper initiating, receiving, and transmitting from each end
"Unsat" = anything other than "Sat"

ATTACHMENT 25D: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

DEDICATED TELEPHONE TESTING SHEET

Year _____

UNIT 1 CONTROL ROOM

E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#1-TSC #63PLNT22750	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#1-JAF C.R. #63PLNA28109	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

UNIT 2 CONTROL ROOM

CR#2-TSC SED	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
CR#2-JAF C.R. #63PLNA34299	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

EOF

Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 LCGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
ED/TSCM Hotline 63 PLNA 37200	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

TSC

Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
E.D. Hotline 36 CGL 199800	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-EOF Security #63 PL-16919	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-OSC I&C Coord. #63 PL-16969	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-OSC SSST Coord. #63 PL-16918	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
ED/TSCM Hotline 63 PLNA 37200	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-CR# 1 S.E.D. #63 PLNT 22750	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-CR# 2 S.E.D.	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-JAF/CR (U1) #63PLNA28109	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
TSC-JAF/CR (U2) #63LADA34299	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

JNC

Tech Info Line 63 PLNA 37227	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
------------------------------------	------------------------------	--------------------------------

Remarks: _____

TESTED BY: Initials/Date _____ / _____

OSC

OSC Chem/RP - TSC #63 PL-16918	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat
OSC Damage Ctrl - TSC Maint Coord. #63 PL-16969	<input type="checkbox"/> Sat	<input type="checkbox"/> Unsat

Remarks: _____

TESTED BY: Initials/Date _____ / _____

Supervisor Approval Date_____
E. P. Review Date

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

RADIO CONSOLE TESTING (ANNUALLY)

1.0 PROCEDURE

1.1 Testing from the TSC, Unit 1 or Unit 2 Control Room

- a. Turn the volume knob on the Select Audio speaker to the twelve o'clock position.
- b. Depress the "Volume" button on the "Rad/Teams" module until the light next to "full" is lit.
- c. Utilizing a person equipped with an EP portable radio, verify the selected channel, and depress the "Transmit" button and give a short test message to the portable radio.
- d. Repeat Steps a through c for all required channels as per the Radio Console Testing Sheet.
- e. Record "Sat" or "Unsat" on the Testing Sheet.

NOTE: "Sat" = satisfactory transmit and receive
"Unsat" = anything beside "Sat" response

1.2 Testing from the EOF

- a. Turn the volume knob to the twelve o'clock position.
- b. Select channel to be tested using the up-arrow or down-arrow buttons until the desired channel number is displayed.
- c. Utilizing a person equipped with an E.P. Portable Radio, on the same channel, depress the "transmit" bar on the microphone and give a short test message to the portable radio.
- d. Repeat steps a through c for all required channels, as per the Radio Console Testing Sheet.
- e. Record "SAT" or "UNSAT" on the Testing Sheet using the criteria in 1.1.e.

ATTACHMENT 25E: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

RADIO CONSOLE TESTING SHEET

Year _____

TESTED FROM	CHANNEL							TESTED BY: INIT/DATE
Unit 1 Control Room <i>(one console only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
Unit 2 Control Room <i>(one console only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
EOF <i>(Rad Assmt Rm only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	Rad Teams <input type="checkbox"/> Sat <input type="checkbox"/> Unsat						
TSC <i>(Rad Assmt Rm only)</i>	Admin <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Maint <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat			
OSC		U1 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U1 Maint/I&C <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Fire <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 RP <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	U2 Maint/I&C <input type="checkbox"/> Sat <input type="checkbox"/> Unsat	

Remarks: _____

_____/_____
Supervisor Approval Date

_____/_____
E. P. Review Date

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE

PORTABLE RADIO TESTING (ANNUALLY)

1.0 PROCEDURE

- 1.1 Portable radios are tested by calling another radio and having another radio call back.
- 1.2 Turn on the radios to be tested and select any available onsite channel.
- 1.3 Transmit a short test message. Verify transmission on another radio.
- 1.4 On the other radio, transmit a short test message. Verify reception on the other radio.
- 1.5 Check "Sat" or "Unsat" on the Portable Radio Testing Sheet.

NOTE: "Sat" = proper receive and transmit
"Unsat" = anything beside "Sat" response

ATTACHMENT 25F: EMERGENCY FACILITY COMMUNICATIONS SURVEILLANCE (Cont)

PORTABLE RADIO TESTING SHEET

Year _____			SAT	UNSAT
	ITEM			
1.	OSC Core			
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
2.	OSC Storeroom			
	Habitability HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	PAS Sample HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	PAS Analysis HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Downwind B HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Downwind C HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Inplant 1 HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Inplant 2 HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Inplant 3 HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Inplant 4 HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Inplant 5 HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	OSC Spares HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	RP Fire Response			
	Unit 1 (TB 248') HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Unit 2 (RB ACB) HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Offsite Assembly Area Facility (OAA)			
	Offsite HT-# _____			
	Offsite HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Offsite HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
5.	Emergency Operation Facility (EOF)			
	Offsite HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Offsite HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Offsite HT-# _____			
6.	Joint News Center (JNC)	HT-# _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Vehicles			
	EP #2-1883 or _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Env. Prot. #3-1113 or _____	<input type="checkbox"/>	<input type="checkbox"/>	
	EP #5-484 or _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Env. Prot. #5-487 or _____	<input type="checkbox"/>	<input type="checkbox"/>	
TESTED BY: Initials/Date _____ / _____				

Supervisor Approval _____	Date _____	E. P. Review _____	Date _____
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ATTACHMENT 25G: PORTABLE RADIO BATTERY EXCHANGE (QUARTERLY)

NOTE: One week prior to this test, request replacement batteries from the Radio Shop in sufficient quantities to accommodate all HTs listed in Attachment 25F.

1.0 PROCEDURE

- 1.1 Remove the battery attached to the portable radio.
- 1.2 Obtain a replacement battery and verify the date to be less than 3 months old.
- 1.3 Attach the replacement battery to the portable radio.
- 1.4 Replace portable radio in charger.
- 1.5 When all batteries are replaced:
 - a. Complete "Portable Radio Battery Exchange Sheet"
 - b. Send old batteries to Radio Shop.

Portable radio battery exchange completed for the _____
quarter of _____ (year)

Remarks: _____

Exchange Performed By: Initials/Date ____/____

Supervisor Approval / Date

E.P. Review / Date

ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION

<input type="checkbox"/> Month _____ <input type="checkbox"/> Post Drill/Exercise/Event <input type="checkbox"/> Event Date: _____ <input type="checkbox"/> Other Year _____ UNIT 1							
Use	On-site Location	No. Resp./ No. Canister	Canister Manufacture Date*	Voice Amp Bat Due Date*	Battery Operable	Sat	Unsat
Security Blg Emergency	U1 Sec Gun Locker	9/17		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
^B RP Supplies/ Equip.	U1 Storeroom	40/80 +3 XL +3 SM				<input type="checkbox"/>	<input type="checkbox"/>
^B PASS	U1 Storeroom	MSA Duo-flow Respirator - 4 systems		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
PASS Compressed Air Cylinders	U1 Storeroom	<u>Minimum Qty</u> 4	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Performed By: _____				Date: _____			
Details/Items Resolved: _____							

***NOTE (1):** Combination cartridges good for 3 years from date of manufacture when in original bag.

NOTE (2): If batteries will expire prior to next inventory, then order or obtain replacements

^B Change batteries every 24 months. Last battery change date: _____

_____ Supervisor Approval Date	_____ EP Review Date
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ATTACHMENT 26A: RESPIRATORY EQUIPMENT MONTHLY INSPECTION (Cont)

<input type="checkbox"/> Month _____ Year _____		<input type="checkbox"/> Post Drill/Exercise/Event		<input type="checkbox"/> Event Date: _____		<input type="checkbox"/> Other	
UNIT 2							
Use	On-site Location	No. Resp./ No. Canister	Canister Manufacture Date*	Voice Amp Bat Due Date*	Battery Operable	Sat	Unsat
Ambulance & Fire	U2 Security	3/6		N/A		<input type="checkbox"/>	<input type="checkbox"/>
Security Bldg Emer. Equipment	U2 Security under stairwell	9/17		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Control Room	U2 Control Bldg, 306'	10/20		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Performed By: _____				Date: _____			
Details/Items Resolved: _____							

***NOTE (1):** Combination cartridges good for 3 years from date of manufacture when in original bag.

NOTE (2): If batteries will expire prior to next inventory, then order or obtain replacements

^B Change batteries every 24 months. Last battery change date: _____

_____/_____
Supervisor Approval Date

_____/_____
EP Review Date

ATTACHMENT 26B: RESPIRATORY EQUIPMENT MONTHLY INSPECTION

<input type="checkbox"/> Month _____ Year _____	<input type="checkbox"/> Post Drill/Exercise/Event	<input type="checkbox"/> Date _____	<input type="checkbox"/> Other
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	Use	Offsite Location	No. Resp./No Canister	Canister Due Date	Sat	Unsat
1.	R.P. Supplies & Equipment	EOF	10/20		<input type="checkbox"/>	<input type="checkbox"/>

Performed By	Date
Details/Items Resolved	

_____ Supervisor Approval / Date	_____ E. P. Review / Date
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ATTACHMENT 26C: RESPIRATORY EQUIPMENT MONTHLY INSPECTION SCOTT PAK

<input type="checkbox"/> Month _____ Year _____	<input type="checkbox"/> Post Drill/Exercise/Event _____ Date _____	<input type="checkbox"/> Other: _____
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Inspection completed per S-RPIP-4.4

Verified by _____	Date _____	Inspection Completed by _____	Date _____
1. Unit 1 Control Room 277' <i>Scott Pak's (8)</i> <i>Spare Tanks (16)</i>	Name: _____		
	Signature: _____		
2. Unit 1 Turbine Building 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
3. Unit 1 Screen House 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
4. Unit 1 Admin Building 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
5. Unit 1 Store Room 261' <i>(Spares) Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
6. Unit 1 SCBA Air Compressor Room <i>Spare Tanks</i>	Name: _____		
	Signature: _____		
7. Unit 2 Control Room 306' <i>Scott Pak's (10)</i> <i>Spare tanks (10)</i>	Name: _____		
	Signature: _____		
8. Unit 2 Turbine Building 250' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
9. Unit 2 Screenwell 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
10. Unit 2 Access Passage 261' <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
11. Unit 2 Aux Service Building (by airlock) <i>Scott Pak's (5)</i> <i>Spare Tanks (10)</i>	Name: _____		
	Signature: _____		
12. Emergency Response Vehicle 32-7-1 <i>Scott Pak's (5)</i> <i>Spare Tanks (5)</i>	Name: _____		
	Signature: _____		

Details/Items Resolved

Supervisor Approval _____	Date _____	E. P. Review _____	Date _____
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ATTACHMENT 27: HAZARDOUS WASTE AND EMERGENCY SPILL RESPONSE KIT INVENTORY

Location: <input type="checkbox"/> Unit 1, TB, el. 261		<input type="checkbox"/> Unit 1/2, Passageway
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
Garment Storage Locker					
1. Chemical Splash Goggles	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Chemical Splash Shields	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chemical Resistant Gloves	(3 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
All Purpose Safety Equip. Storage Locker					
1. Chemical Splash Suits <i>(packaged)</i> (2) SM, (2) MED, & (1) LG	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
2. Chemical Splash Goggles	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
3. Chemical Face Shields	(5)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Chemical Resistant Gloves	(5 pr)	<input type="checkbox"/>	<input type="checkbox"/>		
5. Duct Tape	(2 rolls)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Blank "Danger" Signs	(10)	<input type="checkbox"/>	<input type="checkbox"/>		
7. Floor Stand Signs					
"Danger Chemical Spill - Keep Away"	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
8. Reeled Barrier Tape					
"Caution Chemical Spill"	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
"Caution - Do not Enter"	(3)	<input type="checkbox"/>	<input type="checkbox"/>		
9. Acid Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Caustic Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
Solvent Neutralization Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. Absorbents <i>(contains:</i> <i>pillows/blankets/absorbants)</i>	(1 Drum)	<input type="checkbox"/>	<input type="checkbox"/>		
13. Plug Kit	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 2 Wheel Hand Cart	(1)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

_____ / _____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 28: ALTERNATE POWER SUPPLIES FOR PORTABLE AIR SAMPLERS

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
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EMERGENCY VEHICLE A. C. INVERTERS

Vehicle Number	Operation:	Sat	Unsat
A. #2-1883 (<i>Emergency Preparedness</i>)		<input type="checkbox"/>	<input type="checkbox"/>
B. #5-484 (<i>Emergency Preparedness</i>)		<input type="checkbox"/>	<input type="checkbox"/>
C. #3-1113 (<i>Environmental Protection</i>)		<input type="checkbox"/>	<input type="checkbox"/>
D. #5-487 (<i>Environmental Protection</i>)		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Perform test with vehicle operating, using an AC-High Volume Air Sampler and run for 5 minutes.

DETAILS/ITEMS RESOLVED	By	Date
Performed By		

Supervisor Approval _____ / Date _____ E. P. Review _____ / Date _____

ATTACHMENT 29: N2-EOP-6 TOOL BOX FOR BY-PASS OF STAND-BY GAS (N2-PM-Q008)

Location: EOP Box, 261' under stairway off the Rx Track Bay		
<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____

Item/Equipment	Min. Qty	Sat	Unsat	Corrective Actions	Date Resolved
Inventory Sealed		<input type="checkbox"/>	<input type="checkbox"/>		
1. 1" Nylon Sling 6 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
2. 2" Nylon Sling 8 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
3. 2" Nylon Sling 10 ft. long	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
4. Two Ton - Ten foot Chain Falls	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
5. 5/8" Shackles	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
6. 3/8" Shackles	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
7. 3/4" Shackle	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
8. 3/8" Nut Drivers	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
9. 5/16" Nut Drivers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
10. 1/4" Nut Drivers	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
11. 1/4" Ratchet, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
12. 1/4" Breaker Bar, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
13. 1/4" Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
14. 7/16 Socket, 1/4 Drive	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
15. 7/16 Deep Well Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
16. 3/8 Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
17. 5/16 Socket, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
18. 12" Extension, 1/4 Drive	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
19. Pry Bar	(1)	<input type="checkbox"/>	<input type="checkbox"/>		
20. 1-13/16 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
21. 1-1/2 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
22. 1-1/4 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
23. 7/8 Combo Wrenches	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
24. Flanges	(2)	<input type="checkbox"/>	<input type="checkbox"/>		
25. Flexitallic Gaskets	(2)	<input type="checkbox"/>	<input type="checkbox"/>		

NOTE: Sealed inventories shall be opened and inspected at least once per calendar year.

	/		/		/	
Performed by	Date	Supervisor Approval	Date	E.P. Review	Date	

ATTACHMENT 30: EMERGENCY FACILITIES TLD LISTING

	<u>Quantity</u>	<u>Control</u>
Rad Monitoring Equipment (OSC/TSC/Onsite/Downwind)		
In Box for U-1 RP Office:		
1. Whole Body (TLD)	(50)	(2)
2. Extremity (Rings)	(40 pr)	(1 pr)
3. Dosimeters (O-5R)	(20)	
4. Dosimeters (O-50R)	(20)	
5. Dosimeters (O-200R)	(5)	
6. Dosimetry Issue Sheets	(2)	
Rad Monitoring Equipment Emergency Operations Facility In Box for EOF (contact environmental)		
1. Whole Body (TLD)	(100)	(2)
2. Dosimeters (O-5R)	(8)	
3. Dosimeters (O-50R)	(4)	
4. Dosimetry Issue Sheets	(2)	
Ambulance & Fire Kit		
In Box for U-2 Security		
1. Whole Body (TLD)	(50)	(2)
2. Extremity (Rings)	(6 pr)	(1 pr)
3. Dosimetry Issue Sheets	(2)	
Oswego Hospital		
In Box for Oswego Hospital: (contact environmental)		
* 1. Whole Body (TLD)	(10)	(2)
* 2. Dosimeters (O-5R)	(10)	
* 3. Dosimeters (O-50R)	(10)	
4. Dosimeters (O-5R)	(5)	
5. Dosimetry Issue Sheets	(2)	
* Should be placed in plastic bags as 10 sets. Each set contains one of each item.		

ATTACHMENT 31: EMERGENCY TLD ISSUE SHEET

Facility/Kit Location _____

TLD NUMBER	DATE ON TLD	NAME	EXTREMITY	WHOLE BODY	SS#	SRPD#	ISSUED DATE/TIME	RETURNED DATE/TIME	RESULT Mrem	REMARKS
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		
							/	/		

*DO NOT ISSUE - CONTROL TLD

TLD NUMBER _____

TLD NUMBER _____

**ATTACHMENT 32: NINE MILE POINT NUCLEAR STATION
PROCESS RAD MONITORING BOARD - UNIT 1 (Sample)**

Date (MM/DD/YY) _____

Time	Monitors	Trend*
	Steam Line Rad Monitor	
	111 _____ mR/hr	
	121 _____ mR/hr	
	112 _____ mR/hr	
	122 _____ mR/hr	
	E CND SR Vent Rad Monitor	
	111 _____ mR/hr	
	121 _____ mR/hr	
	112 _____ mR/hr	
	122 _____ mR/hr	
	Drywell CAM	
	_____ cpm	
	Rx Bldg. Vent Exh Rad Monitor	
	11 _____ mR/hr	
	12 _____ mR/hr	
	Service Water Discharge Monitor	
	_____ cpm	
	Radwaste Discharge Monitor	
	A _____ cps	
	D _____ cps	
	Stack Gas Monitor	
	112-07A _____ cpm _____ μ Ci/sec	
	112-08A _____ cpm _____ μ Ci/sec	
	RN 10A _____ cps _____ μ Ci/sec	
	RN 10B _____ cps _____ μ Ci/sec	
	Ejector Offgas Rad Monitor	
	Ch 1 _____ mR/hr	
	Ch 2 _____ mR/hr	

Time	Monitors	Trend*
	CR Vent Monitor	
	Sys 11 _____ cpm	
	Sys 12 _____ cpm	
	Drywell Rad Monitor	
	263' Ch 11 _____ R/hr	
	301' Ch 12 _____ R/hr	
	Reactor Building PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	Turbine Building PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	Radwaste 261' PING	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG _____ cpm _____ μ Ci/cc	
	RAGEMS Rad Monitor	
	P _____ cpm _____ μ Ci/cc	
	I _____ cpm _____ μ Ci/cc	
	NG (112-25) _____ cps _____ μ Ci/cc	
	Total Stack Flow	
	_____ SCFM	
	High Range Stack Effluent (teletector)	
	_____ mR/hr	

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

ATTACHMENT 33: NINE MILE POINT NUCLEAR STATION
PROCESS RAD MONITORING BOARD - UNIT 2 (Sample)

Date (MM/DD/YY) _____

Time	Monitor (#/Name)/Reading	Trend*
	GEMS-TB/SGTS-Stack RE 170	
	Station (Manual)	
	1. Particulate _____ $\mu\text{Ci/sec}$	
	2. Iodine _____ $\mu\text{Ci/sec}$	
	3. Noble Gas _____ $\mu\text{Ci/sec}$	
	Stack Flow _____ SCFM	
	GEMS-Rx/RW Bldg-Vent RE 180	
	Station (Manual)	
	1. Particulate _____ $\mu\text{Ci/sec}$	
	2. Iodine _____ $\mu\text{Ci/sec}$	
	3. Noble Gas _____ $\mu\text{Ci/sec}$	
	Stack Flow _____ SCFM	
	Service Water Monitors	
	82-SW146A _____ $\mu\text{Ci/ml}$	
	91-SW146B _____ $\mu\text{Ci/ml}$	
	Rad Waste Liquid Effluent Monitor	
	8-LWS206 _____ $\mu\text{Ci/ml}$	
	Cooling Tower Blowdown	
	70-CWS157 _____ $\mu\text{Ci/ml}$	
	Service Water Monitors	
	81-SWP23A _____ $\mu\text{Ci/ml}$	
	90-SWP23B _____ $\mu\text{Ci/ml}$	
	Reactor Building Ventilation (SGTS off) Above	
	77-HVR14A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	86-HVR14B _____ $\mu\text{Ci/cc}$	
	Below	
	78-HVR32A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	87-HVR32B _____ $\mu\text{Ci/cc}$	
	Standby Gas Treatment (Post Treatm't)	
	68-GTS105 _____ $\mu\text{Ci/cc}$	
	Offgas Monitors (Before Charcoal)	
	63-OFG13A _____ $\mu\text{Ci/cc}$	
	64-OFG13B _____ $\mu\text{Ci/cc}$	

* Trend Symbols:

↑ = Increasing ↓ = Decreasing → = No Change

Time	Monitor (#/Name)/Reading	Trend*
	Containm't High Rg Drywell Area EI 261	
	79-RMS1A _____ R/hr	
	88-RMS1B _____ R/hr	
	80-RMS1C _____ R/hr	
	89-RMS1D _____ R/hr	
	Above Suppression Pool	
	27-RMS139 _____ R/hr	
	Main Steam Rad Monitor (Manual)	
	MSS 46A _____ mR/hr	
	MSS 46B _____ mR/hr	
	MSS 46C _____ mR/hr	
	MSS 46D _____ mR/hr	
	Continuous Air Mon. (Drywell Atmos.)	
	74-CMS10A-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	83-CMS10B-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rx Bldg Vent/Recirc Mode (SGTS On)	
	39-HVR229-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Auxiliary Bay Vent N.	
	34-HVR237-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Auxiliary Bay Vent S.	
	35-HVR238-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Turbine Building Vent	
	65-HVT206-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Equipment Exhaust	
	16-HVW195-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Tank Exhaust	
	17-HVW196-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	
	Rad Waste Building Ventilation	
	18-HVW197-Ch 1 _____ $\mu\text{Ci/cc}$	
	Ch 2 _____ $\mu\text{Ci/cc}$	

ATTACHMENT 34: NINE MILE POINT NUCLEAR STATION
INPLANT SURVEY/SAMPLE STATUS BOARD (Sample)

[illegible][illegible]

DOWNWIND SURVEY/SAMPLE STATUS BOARD (Sample)

UNIT ☐ 1 ☐ 2 DATE _____
 M D Y

THIS ☐ IS A DRILL
 ☐ IS NOT A DRILL

[illegible]

ATTACHMENT 36: NINE MILE POINT NUCLEAR STATION
EMERGENCY EVENTS STATUS BOARD (Sample)

Date _____

[illegible]

**ATTACHMENT 37: NINE MILE POINT NUCLEAR STATION
EQUIPMENT SURVEY/SAMPLE STATUS BOARD (Sample)**

UNIT <input type="checkbox"/> 1 <input type="checkbox"/> 2		DATE <u> </u> - <u> </u> - <u> </u> M D Y		THIS <input type="checkbox"/> IS A DRILL <input type="checkbox"/> IS NOT A DRILL	
EQUIPMENT				TEAMS	
TITLE/ID	CONDITION	CORRECTIVE ACTION	RETURNED TO SERVICE	NAME/LEADER	TEAM STATUS
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					
TITLE			<input type="checkbox"/> ESTIMATED DATE _____ TIME _____ <input type="checkbox"/> COMPLETED DATE _____ TIME _____	TEAM ID _____ LEADER _____ _____ _____ _____ _____	<input type="checkbox"/> STANDBY <input type="checkbox"/> BRIEFING TIME DISPATCHED _____ <input type="checkbox"/> ON THE JOB <input type="checkbox"/> OTHER _____
ID					

NOTE: "*" INDICATES SAME AS BEFORE

ATTACHMENT 38: PLANT STATUS TRENDING BOARD (Sample)

Date (MM/DD/YY) _____

PLANT TRENDING BOARD															
TIME PARAMETERS															
Reactor Pressure (psig)															
Reactor Temperature (F°)															
Reactor Level (IN)															
Drywell Pressure (psig)															
Drywell Temperature (F°)															
Release Rate (µCi/Sec)															
Wind Direction from (°)															
Wind Speed (MPH)															
Stability Class															

**ATTACHMENT 39: NINE MILE POINT NUCLEAR STATION
AREA RAD MONITORS - UNIT 1 (Sample)**

Date (MM/DD/YY) _____

Time (24 Hour) _____

(Process Computer Displayed Time)

No.	Location	Results (Mr/hr)	Trend*
1	SE Plant Entrance TB 261'		
2	New Fuel Storage Area Room RB 318'		
3	Control Room AB 277'		
4	I&C Shop TB 277'		
5	Generator Area TB 300' W		
6	Shaft Pump Area TB 300' E		
7	Cond Pump Valve Cond Bay 261' NE		
8	Outside MSIV Room TB 261'		
9	N of Battery Board Rm TB 261'		
10	Cond Demin Valve Room TB 257'		
11	Regen. Room TB 261'		
12	Truck Bay TB 261'		
13	Old Radwaste Bldg 225' (Retired in Place)		
14	Old Radwaste Bldg S of Stairs 229'		
15	Old Radwaste Bldg Control Room 261'		
16	Old Radwaste Bldg Door to Pusher Room 261'		
17	Inner TIP Room RB 249'		
18	West End of Shield Wall RB 340'		
19	RX Bldg NE Corner 198'		
20	Closed Loop Cooling Area RB 298'		
21	Clean Up Pump Area RB 261'		
22	Rx Bldg NE 281'		
23	CRD Accumulator Area RB 237'		
24	Lg Equipment Decon Rm TB 261'		
25	Rx Bldg E Wall 340'		
26	High Level Chem Lab TB 261'		
27	Rx Bldg NW 318'		
28	North Instr Room RB 237'		
29	Refuel Bridge (Low Range) RB 340'		
RFB	Refuel Bridge (High Range) Process Monitor		
30	New RW Bldg N of Decon Panl 261'		
31	New RW Bldg West Wall 247'		
32	New RW Bldg South Wall		
33	Off Gas Bldg West of Stairs 229'		
34			
35			

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

**ATTACHMENT 40: NINE MILE POINT NUCLEAR STATION
AREA RAD MONITORS - UNIT 2 (Sample)**

Date (MM/DD/YY) _____

Time (24 Hour) _____
(DRMS Computer Displayed Time)

#-ARM Monitor	Location	Results (Mr/hr)	Trend*
19-RMS108	RB 289' Southeast CRD Maintenance Area		
21-RMS144	RB 261' CRD Module Area South		
22-RMS106	RB 261' Entrance Area		
23-RMS143	RB 261' CRD Module Area North		
24-RMS145	RB 240' Sample Sink		
25-RMS105	RB 240' TIP Drive Mechanical Equipment Area		
27-RMS139	RB 215' Suppression Pool		
26-RMS2B	RB 215' Recirc Pump Instrument Panel B		
28-RMS2A	RB 215' Recirc Pump Instrument Panel A		
29-RMS101	Auxiliary Bay North 175' RHS Heat Exchange Equipment Room		
31-RMS104	RB 175' Equipment Drains Sumps & Pumps West		
32-RMS103	Auxiliary Bay South 175' RHS Heat Exchange Equipment Room		
33-RMS102	RB 175' Equipment Drains Sumps & Pumps East		
42-RMS112	RB 354' Fuel Handling Platform		
43-RMS111	RB 354' Fuel Handling Platform		
48-RMS119	TB 250'NE Condenser Area		
49-RMS138	TB 250'N Feedwater Pumps		
56-RMS135	TB 250'W Air Removal Pumps		
57-RMS116	TB 250'SW Cond. Pumps/TBCLC Hx Pumps		
58-RMS154	TB 250'SE Hot Water Hx Room		
59-RMS192	TB 306' Gas Effluent Monitor Area (Vital Area Monitor)		
60-RMS191	TB 306' Low-Level Count Room (Vital Area Monitor)		
69-RMS193	Main Stack 261' Gas Effluent Monitor Area (Vital Area Monitor)		
71-RMS130	CB 261' Remote Shutdown Panel Area		

* Trend Symbols: ↑ = Increasing ↓ = Decreasing → = No Change

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS

1.0 PROCEDURE

- 1.1 For each person/organization listed, verify that the number(s) listed in this Attachment are correct by contacting that person/organization.

NOTE: For multiple numbers a verbal verification from the person/organization that other numbers are correct is "SAT".

- 1.2 Check "SAT" if the number is verified correct.
- 1.3 If the number is incorrect or no longer working, then perform the following:
- a. If it is a number change, draw one line through the old number and write the new number next to it.
 - b. Verify the new number and check "SAT".
 - c. Generate an Immediate PCE to any affected EPIPs ~~or EPMPs~~ listed under Procedure Reference.
 - d. Attach a copy of all PCE's generated.
- 1.4 For all other discrepancies which cannot be resolved, record the discrepancy in the Remarks section and notify the Emergency Preparedness Organization.

**ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)**

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year _____	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-01	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-02	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-03	343-1313	E-911 Center			
EPIP-EPP-04	343-1313	E-911 Center	NA	NA	SEE EPIP-EPP-03
	349-5522	Oswego Hospital Emergency Room			
EPIP-EPP-05A	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-05B	EXT. 2622	Personnel Accountability Coordinator (PAC)			
	EXT. 2847	TSC Manager			
	EXT. 1353	Radiological Assessment Manager (RAM)			
	EXT. 2404	Security Site Supervisor			
EPIP-EPP-05C	591-9150	Oswego County Emergency Management Office (OCOMO)			
EPIP-EPP-05D	EXT. 2662	Personnel Accountability Coordinator	NA	NA	SEE EPIP-EPP-05B
	EXT. 2480	Unit 1 Control Room			
	EXT. 2170	Unit 2 Control Room			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY VE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-06	EXT. 1272	RP Team Coordinator (RPTC)			
	EXT. 1353	RAM	NA	NA	SEE EPIP-EPP-05B
EPIP-EPP-07	593-5988	Environmental Survey Sample Team Coordinator (ESSTC)			
	349-1272	RPTC	NA	NA	SEE EPIP-EPP-06
	349-1353	RAM	NA	NA	SEE EPIP-EPP-05B
	343-6408	RAM			
	593-5987	ESSTC			
	593-4646	Vehicle 5-484			
	593-4645	Vehicle 5-487			
	593-4651	Vehicle 3-1113			
	593-9606	Vehicle 2-1883			
EPIP-EPP-08	1-800-462-7751	National Weather Service (NWS)			
	1-716-565-9001	NWS			
EPIP-EPP-09	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-10	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-11	343-1313	E-911 Center	NA	NA	SEE EPIP-EPP-03
	1-518-457-7362	NYS DEC Hotline			
	1-800-424-8802	National Response Center			
EPIP-EPP-12	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-13	EXT. 2478	Unit 1 Control Room			
	EXT. 2479	Unit 1 Control Room			
	EXT. 2168	Unit 2 Control Room			
	EXT. 2169	Unit 2 Control Room			
	EXT. 2657	Respiratory Protection			
EPIP-EPP-14	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-15	343-2484	Dr. O'Brien			
	1-215-824-1300	Radiation Medical Consultants (RMC)			
	1-215-243-2990	RMC			
EPIP-EPP-16	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY IE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-17	821-6500	Pager Coordinator			
	1-800-732-4365	Pager Activation			
	1-315-890-8806	Verizon Telephone			
	1-315-479-2161	Verizon Telephone			
	1-301-816-5100	USNRC			
	1-301-951-0550	USNRC			
	1-518-457-2200	NYS Warning Point			
	1-888-875-2724	Arch Paging			
	821-2378	NMPC Radio Shop			
	821-2379	NMPC Radio Shop			
	1-700-371-5324	TSC ENS Phone Line			
	1-700-371-5329	TSC HPN Line			
	1-700-371-5326	TSC PMCL Line			
	1-700-371-5327	TSC RSCL Line			
	1-700-371-5323	TSC MCL Line			
	1-700-371-5328	TSC LAN Line			
	1-700-371-0064	EOF ENS Line	NA	NA	Tested by JAF
	1-700-371-6299	EOF HPN Line	NA	NA	Tested by JAF
	1-700-371-0062	EOF PMCL Line	NA	NA	Tested by JAF
	1-700-371-0063	EOF RSCL Line	NA	NA	Tested by JAF
	1-700-371-0060	EOF MCL Line	NA	NA	Tested by JAF

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-17 (continued)	1-700-371-0061	EOF LAN Line	NA	NA	Tested by JAF
	1-301-415-0550	NRC Emergency Notification			
	1-301-816-5151 (fax)	NRC Emergency Notification Fax			
EPIP-EPP-18	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-20	593-5951 (fax)	EOF Fax Machine			
	349-2111 (fax)	TSC Fax Machine			
	592-3850 (fax)	JNC Fax Machine			
	591-9176 (fax)	OCEMO Fax Machine			
	1-518-457-9930 (fax)	NYS EMO Fax Machine			
	349-2841	Unit 1 Control Room			
	349-2842	Unit 1 Control Room			
	349-2843	Unit 1 Control Room			
	349-2173	Unit 2 Control Room			
	1-518-457-2200	NYS Warning Point	NA	NA	SEE EPIP-EPP-17
	1-518-457-6811	NYS Warning Point Backup			
	1-518-457-9997	NYS Warning Point			
	911	911 E Center			
	343-1313	911 E Center	NA	NA	SEE EPIP-EPP-03
	591-9189	OCEMO			
	349-8500	OCEMO			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY LINE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-20 (Cont.)	Dedicated CR line	JAFNPP			Call from U1/U2 Control Rooms
	349-6665	JAFNPP Control Room			
	349-6666	JAFNPP Control Room			
	342-3840	JAFNPP Switchboard			
	349-6323 (fax)	JAFNPP Control Room (fax)			
	349-2480	Unit 1 Control Room	NA	NA	SEE EPIP-EPP-05D
	342-3462	Unit 1 Control Room			
	349-2478	Unit 1 Control Room			
	349-2170	Unit 2 Control Room			
	342-1929	Unit 2 Control Room			
	342-3059	Unit 2 Control Room			
	349-2168	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-13
	1-800-552-4226	Community Alert Network (CAN)			
	1-877-786-8478	CAN			
	1-800-992-2331	CAN			
	1-800-732-4365	Pager Activation	NA	NA	SEE EPIP-EPP-17
	1-301-816-5100	USNRC ENS LINE	NA	NA	SEE EPIP-EPP-17
	1-301-951-0550	USNRC ENS BACKUP	NA	NA	SEE EPIP-EPP-17
	1-301-415-0550	USNRC ENS BACKUP	NA	NA	SEE EPIP-EPP-17
	1-301-816-5151 (fax)	USNRC (fax)	NA	NA	SEE EPIP-EPP-17

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-20 (Cont.)	349-2637	NMP Energy Center			
	342-4117	NMP Energy Center			
	1-408-971-1038	GE BWR Emergency Support			
	1-800-321-0614	INPO Emergency Response			
	1-770-644-8000	INPO Switchboard			
	1-770-644-8549 (fax)	INPO (fax)			
	1-770-644-8732	INPO Fax Confirmation			
	911	911 E Center	NA	NA	SEE EPIP-EPP-03
	343-5490	911 E Center			
	349-3409	911 E Center			
	1-631-344-2200	DOE Fed. Rad. Monitor. & Assist. (FRMAP)			
	1-860-3433	American Nuclear Insurers			
	1-315-413-2832	Orion Hydro Stations			
	1-315-413-2839	Orion Hydro Stations			
	1-315-413-2841	Orion Hydro Stations			
	1-315-461-8671 (fax)	Orion Hydro Stations (fax)			
EPIP-EPP-21	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-22	NA	NA	NA	NA	NO PHONE NUMBERS

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-23	1-800-626-4329 (pin #1209)	Aviation Service Unlimited			
	1-315-639-4950	North Country Helicopter			
	1-315-455-6617	Syracuse Executive Air Service			
	593-5920 (fax)	EOF Fax Machine			
	EXT.2841	Unit 1 Control Room	NA	NA	SEE EPIP-EPP-20
	EXT 2173	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
EPIP-EPP-24	1-800-321-0614	INPO Duty Officer	NA	NA	SEE EPIP-EPP-20
	349-2404	NMP Security Department	NA	NA	SEE EPIP-EPP-05B
	591-9150	OCEMO	NA	NA	SEE EPIP-EPP-05C
	591-9176 (fax)	OCEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	911	911 E Center	NA	NA	SEE EPIP-EPP-20
	349-8501	911 E Center			
	1-518-457-2200	NYS Emergency Management Office (NYSEMO)	NA	NA	SEE EPIP-EPP-17
	1-518-457-6811	NYSEMO	NA	NA	SEE EPIP-EPP-20
	1-518-457-9930 (fax)	NYSEMO Fax Machine	NA	NA	SEE EPIP-EPP-20
	1-518-457-9997	NYSEMO Fax Machine confirmation	NA	NA	SEE EPIP-EPP-20
	349-2170	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-05D
	342-1929	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20
	342-3059	Unit 2 Control Room	NA	NA	SEE EPIP-EPP-20

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-24 (Cont.)	349-2168	Unit 2 CSO	NA	NA	SEE EPIP-EPP-13
	1-301-816-5100	USNRC ENS Main	NA	NA	SEE EPIP-EPP-17
	1-301-951-0550	USNRC ENS Backup	NA	NA	SEE EPIP-EPP-17
	1-301-415-0550	USNRC ENS Backup	NA	NA	SEE EPIP-EPP-17
	1-301-916-5151 (fax)	USNRC Fax Machine	NA	NA	SEE EPIP-EPP-17
	349-2529	USNRC Resident Inspector			
	342-4041	USNRC Resident Inspector			
	876-1197 (Pager)	USNRC Resident Pager			
	876-1031 (Pager)	USNRC Resident Pager			
	876-1240 (Pager)	USNRC Resident Pager			
	1-770-644-8000	INPO	NA	NA	SEE EPIP-EPP-20
	1-800-321-0614	INPO Emergency Phone #	NA	NA	SEE EPIP-EPP-20
EPIP-EPP-25	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-26	591-9150	OCEMO	NA	NA	SEE EPIP-EPP-05C
EPIP-EPP-27	NA	NA	NA	NA	NO PHONE NUMBERS
EPIP-EPP-28	343-1313	911 E Center	NA	NA	SEE EPIP-EPP-03
	EXT 2404	Security Site Supervisor	NA	NA	SEE EPIP-EPP-05B

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY FIELD CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-30	349-8501	Oswego County Warning Pt	NA	NA	SEE EPIP-EPP-24
	652-6461	B. Connelly (home)			
	460-2390	B. Connelly (work)			
	876-3437 (pager)	B. Connelly (pager)			
	492-9656	D. DeOrdio (home)			
	460-2369	D. DeOrdio (work)			
	876-4088 (pager)	D. DeOrdio (pager)			
	387-5586	F. Howley (home)			
	460-2367	F. Howley (work)			
	876-3448	F. Howley (pager)			
	635-9419	R. Menikheim (home)			
	349-2253	R. Menikheim (work)			
	876-3386	R. Menikheim (pager)			
	676-5541	T. Sitnik (home)			
	460-2378	T. Sitnik (work)			
	876-1067	T. Sitnik (pager)			
	342-3690	E. Schladebeck (home)			
	460-2538	E. Schladebeck (work)			
	876-4129	E. Schladebeck (pager)			
	298-6816	J. Wall (home)			
	460-2391	J. Wall (work)			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY PHONE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPIP-EPP-30 (Cont.)	876-3612	J. Wall (pager)			
	695-5713	W. Edwards (home)			
	460-2483	W. Edwards (work)			
	876-5626	W. Edwards (pager)			
	737-0607	R. Hudson(home)			
	798-5151	R. Hudson (work)			
	876-5285	R. Hudson (pager)			
	349-2480	Unit 1 Control Room			
EPIP-EPP-31	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-01	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-03	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-04	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-05	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-06	4874 (fax)	Emergency Preparedness (EP)			
	1-518-862-0312 (fax)	CAN (fax)			
	EXT. 4444	EP Hotline			
	821-6500	Pager Coordinator	NA	NA	SEE EPIP-EPP-17
EPMP-EPP-08	460-2421	Central Regional Control Center			
	460-2379	NMPC Radio Shop	NA	NA	SEE EPIP-EPP-17
	349-4874 (fax)	EP Fax Machine			

ATTACHMENT 41: EMERGENCY PROCEDURES TELEPHONE NUMBERS
QUARTERLY IE CHECKS (Cont)

PROCEDURE NUMBER	TELEPHONE NUMBER	ORGANIZATION / NAME	SAT	UNSAT	NOTES
EPMP-EPP-0101	NA	NA	NA	NA	NO PHONE NUMBERS
EPMP-EPP-0102	NA	NA	NA	NA	NO PHONE NUMBERS

NOTE: It is acceptable to fax or ask verbally the * individuals to verify the phone numbers of the people in their respective group as listed in Attachment 3 of EPIP-EPP-30.

Remarks: _____

_____/_____
 Performed by Date Supervisor Approval Date E.P. Review Date

ATTACHMENT 42: EMERGENCY KEY INVENTORY

<input type="checkbox"/> Quarter: 1 2 3 4 (circle one) Year	<input type="checkbox"/> Post Drill/Exercise/Event: _____ (date) (circle appropriate)	<input type="checkbox"/> Other _____
--	--	--------------------------------------

	GM-5	19-256	S-8	2D25	Site Vehicles	JNC (Master)
TSC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT	X ¹		X			
OSC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT	X ¹		X		X	
JNC <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT			X			X ²
OAA <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT			X	X		

¹ Contained in "break away" box outside facility.

² Contained in key box inside Utility Room.

Remarks: _____

Performed by Date

Supervisor Approval Date E.P. Review Date

ATTACHMENT 43: PERSONNEL ACCOUNTABILITY CARDREADER QUARTERLY CHECKS

1.0 PROCEDURE

NOTE: If, while performing Step 1.1, a red light is received, re-insert your card and verify that a green light is received.

- 1.1 At each Accountability Cardreader listed, insert your personal accountability card.
- 1.2 Check the 'SAT' column for the appropriate Cardreader if a green light is received.
- 1.3 If, after 2 attempts, a red light is received, perform the following:
 - a. Check the 'UNSAT' column for the appropriate Cardreader
 - b. Inform the Central Maintenance Supervisor (x 7695)
 - c. Inform the respective Station Shift Supervisor (x2480 - Unit 1)
(x2170 - Unit 2)
 - d. Inform the Security Site Supervisor (x 2404)

ATTACHMENT 43 (Cont)

Quarter: 1 2 3 4 YEAR: _____				
MNEMONIC	DESCRIPTION	LOCATION	SAT	UNSAT
AC106E77	U1/U2 Passageway	U1, el. 277'		
AC186E61	Admin. Bldg Hallway (by FIN Team Room)	U1, el. 261'		
AC187E61	Women's Locker Room	U1, el. 261'		
AC189E61	Men's Locker Room	U1, el. 261'		
AC188E61	Men's Locker Room	U1, el. 261'		
AC199E50	TSC	U1, el. 250'		
SH102D61	Screenhouse, West Entrance	U1, el. 261'		
ST102D61	Security Annex, North Door	U1, el. 261'		
AA207D61	Security East (277')	U2, el. 261'		
AC203E61	Screenwell - East (277')	U2, el. 261'		
AC201E61	Screenwell - West	U2, el. 261'		
AC209E61	Access Control Bldg. - by OCC	U2, el. 261'		
AC201E61	L Building - West	U2, el. 261'		
AC214E77	L Building - South	U2, el. 277'		
AC223E61	K Building - West	U2, el. 261'		
AC219E61	K Building - Center South	U2, el. 261'		
AC220E61	K Building - South Locker Area	U2, el. 261'		
AC221E61	K Building - Center North	U2, el. 261'		
AC225E61	Operations Building - Center North	U2, el. 261'		
AC226E77	Operations Building - Center North	U2, el. 277'		
AC227E61	Maintenance Bldg. - North	U2, el. 261'		
AC228E61	Maintenance Bldg. - South	U2, el. 261'		
AC229E77	Maintenance Bldg. - North	U2, el. 277'		
AC230E77	Maintenance Bldg. - South	U2, el. 277'		

_____/_____
 Performed by Date

_____/_____
 Supervisor Approval Date

_____/_____
 E.P. Review Date

ATTACHMENT 44: DAMAGE CONTROL TEAM STATUS (SAMPLE)

DATE: _____

UNIT 1 ☐ UNIT 2 ☐

TEAM #	MISSION	MISSION STATUS		
		DISPATCHED	COMPLETED	PROGRESS
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____
		YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Time: _____	Estimated Completion: _____

ATTACHMENT 45: AUTOMATED EXTERNAL DEFIBRILLATOR SURVEILLANCE

Quarter: 1 2 3 4 Year: _____

☐ Post Use Surveillance

Instructions	Locations										
Examine:	NLC	Energy Center	Fire School	U1 Admin 2nd Floor	Security East	Security West	U2 Ops Bldg 1st Floor	ACB	TB 250 Unit 2	Warehouse	ESB-1
<ul style="list-style-type: none"> • AED Case: unit is clean • Battery Well: no damage/cracks, no bent/discolored pins • Battery: expiration date > last day of next quarter • Electrodes: expiration date > last day of next quarter • Equipment Pouch contents include: 1 pr gloves, mouth mask, disposable razor • After replacing battery turn on. After voice says "connect electrodes" turn off. Verify handle display says "OK" 	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:	Exp. Date:
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat	<input type="checkbox"/> Sat
	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat	<input type="checkbox"/> Unsat

Comments/Corrective Actions: _____

Performed by _____ / _____
Date

Supervisor Approval _____ / _____
Date

Emergency Preparedness Review _____ / _____
Date

(C1)

ATTACHMENT 46: INSPECTION OF TURNOUT GEAR

Year: _____

Instructions	Locations								
	Unit 1 TB 261', 1st & Bridge			Unit 2 AP Hall 261'			Unit 2 TB 250'		
Examine: <u>Fire Helmet</u> • No cracks in shell • No discolorations in shell • Ear flaps attached • Chin strap attached	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
<u>Coat</u> • No tears, rips, cuts • No discolorations • No degradations in thermal barrier • No degradation in moisture areas	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
<u>Pants, suspenders</u> • No tears, rips, cuts • No discolorations • No degradations in thermal barrier • No degradation in moisture areas	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
<u>Boots</u> • No tears, rips, cuts • Good tread on soles right and left	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>
<u>Gloves</u> • No tears, rips, cracks, cuts	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>	Qty —	Sat <input type="checkbox"/>	Unsat <input type="checkbox"/>

 Comments/Corrective Actions: _____

 _____ / _____
 Performed by Date

 _____ / _____
 Supervisor Approval Date

 _____ / _____
 EP Review Date

NIAGARA MOHAWK POWER CORPORATION
NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

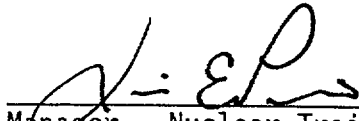
EPIP-EPP-30

REVISION 04

PROMPT NOTIFICATION SYSTEM PROBLEM RESPONSE

TECHNICAL SPECIFICATION REQUIRED

Approved by:
L. E. Pisano



Manager - Nuclear Training

3/24/01
Date

THIS IS A FULL REVISION

Effective Date: 03/30/2001

PERIODIC REVIEW DUE DATE MARCH 2002

LIST OF EFFECTIVE PAGES

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1.0 PURPOSE

To provide criteria for the evaluation, notification, and corrective actions required in response to problems associated with any component of the Oswego County Prompt Notification System (PNS).

2.0 PRIMARY RESPONSIBILITIES

2.1 Unit 1 Station Shift Supervisor (SSS)

2.1.1 Receives notification of Prompt Notification System (PNS) problems.

2.1.2 Completes the PNS Problem Notification/Return-to-Service Checklist (Unit 1 SSS) (Attachment 1).

2.2 **Station Maintenance/Communication Group On-Call Supervisor** - Directs appropriate personnel in correcting PNS problems.

2.3 **Oswego County 911 Center** - Provides response to siren alarms and takes appropriate action.

2.4 **Central Regional Operators** - Receive reports of a PNS problem and complete Attachment 2.

3.0 PROCEDURE

3.1 Unit 1 Station Shift Supervisor

3.1.1 Copy information on Prompt Notification System problem to Attachment 1, Section 1, as received via RECS or telephone.

3.1.2 Complete actions as appropriate in Attachment 1, Section 2 and 3.

3.2 Central Region Operator

3.2.1 Copy information on Prompt Notification System problem to Attachment 2 as received via telephone.

3.2.2 Complete appropriate actions as indicated on Attachment 2.

3.2.3 Utilize call-out list (Attachment 3) to contact repair group supervisors, if needed.

3.3 Station Maintenance Supervisor and Communications Group Supervisor

Dispatch repair crews as requested by the Central Region Operator.

4.0 DEFINITIONS

- 4.1 Prompt Notification System - A communications system used for notifying the public of an emergency at Nine Mile Point. It consists of the outdoor sirens system, the National Weather Service tone alert radio system, and the Emergency Alert System (EAS).
- 4.2 Out of Service - When referring to a component of the Prompt Notification System, this means that the component cannot perform its intended function.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specification

None

5.2 Licensee Documentation

SEP, Site Emergency Plan

5.3 Standards, Regulations, and Codes

- 5.3.1 FEMA-REP-10, Guide for the Evaluation of Alert and Notification System for Nuclear Power Plants
- 5.3.2 NUREG-0654-FEMA-REP-1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

5.4 Policies, Programs, and Procedures

- 5.4.1 NIP-ECA-01, Deviation/Event Report
- 5.4.2 EPMP-EPP-08, Maintenance Testing and Operation of the Oswego County Prompt Notification System

5.5 Commitments

<u>Sequence</u> <u>Number</u>	<u>NCTS</u> <u>Number</u>	<u>Description</u>
----------------------------------	------------------------------	--------------------

None

6.0 RECORDS REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

- Attachment 1, "PNS Problem Notification/Return-to-Service Checklist"

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

- Attachment 2, "Central Regional Operation Checklist"

ATTACHMENT 1: PNS PROBLEM NOTIFICATION/
RETURN-TO-SERVICE CHECKLIST (UNIT 1 SSS)

Sheet 1 of 2

PNS PROBLEM NOTIFICATION/
RETURN-TO-SERVICE CHECKLIST (UNIT 1 SSS)

Name:	Date
-------	------

SECTION 1.0 - INITIAL NOTIFICATION FROM COUNTY

The following information will be transmitted by Oswego County.
Complete the form as appropriate.

This is the Oswego County Warning Point. This ring is for the Nine Mile Unit 1 and Unit 2 Control Rooms, Fitzpatrick Control Room and the State Warning Point. This is to notify you of a failure of the Oswego County Prompt Notification System. Stand by for roll call.

- ☐ Unit 1 Control Room ☐ Fitzpatrick Control Room
☐ Unit 2 Control Room ☐ State Warning Point

Stand by to Copy:

1 Message transmitted at:

Date: _____ Time: _____

2 Reported by:

Name: _____

Location: _____

3 The following siren(s) have been out of service for more than one hour (Circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

4 The following siren(s) are back in service (Circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

5 There has been a false activation of the following siren(s) (Circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

6 The ☐ Tone Alert ☐ EAS (Mark as appropriate) System has been out of service for one hour as of (Time): _____.

7 The ☐ Tone Alert ☐ EAS (Mark as appropriate) System is back in service as of (Time): _____.

8 Comments: _____

9 All stations stand by to acknowledge receipt of the message (Repeat roll call above).

- ☐ Unit 1 Control Room ☐ Fitzpatrick Control Room
☐ Unit 2 Control Room ☐ State Warning Point

**ATTACHMENT 1: PNS PROBLEM NOTIFICATION/
RETURN-TO-SERVICE CHECKLIST (UNIT 1 SSS) (Cont)**

Sheet 2 of 2

**PNS PROBLEM NOTIFICATION/
RETURN-TO-SERVICE CHECKLIST (UNIT 1 SSS) (Cont)**

SECTION 2.0 - DETERMINATION OF ACTIONS TO BE TAKEN

- 2.1 IF Item 3 in "Section 1.0 - Initial Notification from County" is applicable, THEN perform Steps 3.1 through 3.3 as applicable.
- 2.2 IF Item 4 in "Section 1.0 - Initial Notification from County" is applicable, THEN perform Step 3.3.
- 2.3 IF Item 5 in "Section 1.0 - Initial Notification from County" is applicable, THEN perform Step 3.2 then Step 3.4.
- 2.4 IF Item 6 in "Section 1.0 - Initial Notification from County" is applicable, THEN perform Steps 3.1 through 3.3, as applicable.
- 2.5 IF Item 7 in "Section 1.0 - Initial Notification from County" is applicable, THEN perform Step 3.3.

SECTION 3.0 - NOTIFICATION DETERMINATION

- 3.1 IF ANY of the criteria below are met, THEN notify the NRC of a major loss of notification capability, in accordance with 10CFR50.72.
- Nineteen (19) or more sirens are out-of-service simultaneously for one (1) hour or greater
 - Four (4) or more sirens are out-of-service simultaneously for twelve (12) hours or greater
 - The National Weather Service (NWS) is unable, for a period of one (1) hour or greater to activate Tone-Alert Radios
 - Activation of the Emergency Alert System (EAS) is ineffective for a period of one hour or greater.
- a. IF NRC notification is required, THEN initiate a DER in accordance with NIP-ECA-01 after completion of this checklist.
- | | Date | Time | Initials |
|---|------|------|----------|
| b. Notify the Unit 2 Station Shift Supervisor of intent to notify the NRC to report a PNS problem | / | / | / |
| c. Notify the JAF Control Room, Station Shift Supervisor of intent to notify the NRC | / | / | / |
| d. Notify the NRC via the ENS (<i>Red Phone</i>) of the PNS problem. | / | / | / |
- 3.2 Notify the Director Emergency Preparedness of the PNS problem
- See EP Department
On-call Schedule
- 3.3 Copy of this completed checklist forwarded to:
- Emergency Preparedness Department
Nine Mile Point Nuclear Station
- 3.4 If the PNS problems involved a siren false activation, notify the Nuclear Communications and Public Affairs On-call Supervisor

ATTACHMENT 2: CENTRAL REGIONAL OPERATORS CHECKLIST

CENTRAL REGIONAL OPERATORS CHECKLIST

Name:

Date

ACTIONS TAKEN

INITIALS*

DATE

1 Notification of siren problem received from:

☐ Oswego County Warning Point ☐ Other _____

2 Siren problem was reported as (indicate below):

☐ Siren problem(s) involve(s) power distribution outage and no Apparatus Needing Attention (ANA) is required. When power is restored, go directly to Step 6.

☐ Siren(s) or Activation System Out of Service (Go to Step 3)

☐ Siren(s) False Activation (Go to Step 4)

3 Sirens Out-of-Service

3a The following sirens reported out of service (Circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

3b Record specific information provided on the siren problem; request that Fire Control provide the alarm or condition:

3c Go to Step 5a or 5b

4 Siren(s) False Activation

4a A false activation was reported on (Circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

4b Record specific information provided on the siren problem:

4c Go to Step 5c or 5d

5 Siren(s) Repair Criteria (Indicate below), (then go to Step 7)

See Attachment 3 for "Appropriate Department or Personnel"

5a One or two sirens out-of-service, complete ANA form and forward to the appropriate department for repairs.

5b Three or more sirens out-of-service or activation system out-of-service, immediately contact and dispatch appropriate personnel to correct the siren problems. Consult appropriate on-call department schedules to determine on-call individuals for each responsible department.

5c A false activation has been corrected (silenced), immediately dispatch appropriate personnel to investigate.

5d A false activation has not been corrected (silenced), dispatch appropriate personnel immediately to silence the siren and complete an ANA to investigate the cause.

5e Name of person(s) contacted: _____

Time: _____

6 Notifications

6a When the power has been restored, inform the Oswego County Warning Point, 349-8501.
"Power has been restored to all sirens as of _____ hours."

6b If Oswego County Warning Point indicates that all sirens are back in service, go to Step 7.

6c If Oswego County Warning Point indicates that any siren(s) are still out-of-service, go to Step 7 and initiate a new Central Regional Operators Checklist, and subsequent ANA.

7 Copy of this completed checklist forwarded to:

Emergency Preparedness Department
Nine Mile Point Nuclear Station

If steps or instructions do not apply, enter N/A (Not Applicable) in the Initials Column.

ATTACHMENT 3: SIREN PROBLEM RESPONSE GROUP MATRIX AND CALL-OUT LIST

Alarm or Condition		Responsible Group(s)	
Intrac Enabled		Stations or Radio	
Siren Arm		Stations or Radio	
Siren Alert		Stations or Radio	
Siren Attack		Stations or Radio	
Siren Run Ok		Radio	
Siren Run Intrac		Radio	
Siren Run (any condition)		Radio	
CP3 AC Fail or AC Power Fail		Radio	
Battery Low		Stations or Radio	
Doors Open		Radio	
Com Fail		Radio or Stations	
Any Computer Malfunction/Failure		Radio	
Any Intrac Problem		Computer	
Reported False Activation (with or without SAMS indication)		Radio	
Nuisance Alarm (or any condition that Fire Control feels is worth investigating)		Stations or Radio	
Suspected Physical Damage to Siren (with or without SAMS alarm)		Radio	
		Stations	
Name	Home Phone	Work Phone	Pager
<u>Stations</u>			
B. Connelly	652-6461	460-2390	3437
D. DeOrdio	492-9656	460-2369	4088
F. Howley	387-5586	460-2367	3448
R. Menikheim	635-9419	349-2253	3386
<u>Radio</u>			
T. Sitnik	676-5541	460-2378	1067
E. Schladebeck	342-3690	460-2538	4129
J. Wall	298-6816	460-2391	3612
W. Edwards	695-5713	460-2483	5626
R. Hudson	737-0607	798-5151	5285

1. Approximately 0.9 miles west of Energy Center driveway
2. End of Lake Road East - junction of Nine Mile Point Road
3. Pleasant Pt. Road (Co. Rt. 44) off North Road (Co. Rt. 1) toward lake, access by wooden gate
4. Co. Rt. 1 east of Co. Rt. 6 near Dempster Beach
5. Butterfly Road - off North Road (Co. Rt. 1) where North Road and 104B meet
6. Mexico Point Road west of 104B (past the marina on right)
7. Ramona Beach Rd. off Route 3, south of golf course
8. Co. Rt. 51A east of Co. Rt. 29 by radio towers
9. Corner of 104 West and Fred Haynes Boulevard
10. Utica Street and Third Avenue - Oswego Gas Dist. Yard
11. E. Schuyler St. & E. Ninth St., behind ice rink
12. Burt Street off W. Third St. past Paloma Sub
13. Gardenier Road - off Co. Rt. 7
14. Co. Rt. 20 off West Fifth St. Rd (Co. Rt. 25)
15. Alcan west entrance, off Co. Rt. 1, .5 mile down dirt road
16. Co. Rt. 1A, 3 miles west of NMP site
17. Co. Rt. 1, between Lakeview Rd and Co. Rt. 29
18. Co. Rt. 29 - Lycoming Fire Barn
19. Middle Road, .5 mile east of Co. Rt. 63
20. Route 104 East and Creamery Road
21. Duke Road, between 104 and Co. Rt. 51A
22. City Line Road - Oswego - South of Speedway by Wine Creek Inn
23. Dutch Ridge Road, off Co. Rt. 4

24. Old Rt. 57 across from Riverside Cemetery
25. Benson Avenue (Co. Rt. 25 by Minetto Fire Barn)
26. Old Rt. 57 between March Rd. and Co. Rt. 45
27. March Road between Kingdom Road and 481
28. Middle Rd., east of Co. Rt. 29
29. Co. Rt. 1 (North Road) - east of Shore Oaks Drive
30. Intersection of 104 and 104B (New Haven)
31. Vermillion, Sundown Rd, off Co. Rt. 35
32. Co. Rt. 16 - Flat Rock Camp Site - south of 104B and Texas
33. 104 and Lincoln Avenue, Mexico (Mexico Sub)
34. 104 East - by Leatherstocking Gun Club approximately, 1.2 mi. east of 104B
35. O'Connor Road east of Co. Rt. 29 just west of power lines
36. Corner of West Utica and 6th Street, Oswego
37. Corner of Co. Rt. 8 and Doolittle Road