Southern Nuclear Operating Company
Vogtle Electric Generating Plant
Post Office Box 1600
Waynesboro, Georgia 30830

SOUTHERN COMPANY
Energy to Serve Your World℠

August 12, 2003

U. S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, DC 20555

NOT-03883

VOGTLE ELECTRIC GENERATING PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE REVISIONS

Gentlemen:
In accordance with 10 CFR 50.4, as required by 10 CFR 50, Appendix E, Part V, Southern Nuclear hereby submits the following revision(s) to the Vogtle Emergency Plan Implementing Procedure(s):

Procedure	Revision	Effective Date
91107-C	11	08/06/2003
91108-C	9	08/06/2003
91702-C	24	08/06/2003
91705-C	14	08/06/2003

By copy of this letter, the NRC Region II Administrator and the Site NRC Senior Resident Inspector will receive one copy each of the revision(s).

Please contact Lawrence Mayo at (706) 826-3356 if you have questions.

Sincerely,

Lawrence E. Mayo
Emergency Preparedness Coordinator

LEM:jjm

Enclosure: Emergency Plan Implementing Procedure(s)

xc: Southern Nuclear
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U. S. Nuclear Regulatory Commission
Mr. L. Reyes, Regional Administrator (with attachment – one copy)

A045

PRB REVIEW REQUIRED

DUTIES OF THE ENGINEERING SUPERVISOR (TSC)

PROCEDURE USAGE REQUIREMENTS-		SECTIONS
Continuous Use:	Procedure must be open and readily available at the work location. Follow procedure step by step unless otherwise directed.	
Reference Use:	Procedure or applicable section(s) available at the work location for ready reference by person performing steps.	• Engineering Supervisor Checklist
Information Use:	Available on plant site for reference as needed.	**Remainder of Procedure**

Information Use

1.0 PURPOSE

The purpose of this procedure is to provide instructions to the Engineering Supervisor for technical evaluations and support.

2.0 RESPONSIBILITIES

2.1 ENGINEERING SUPERVISOR

2.1.1 The Engineering Supervisor shall have the following responsibilities:

2.1.1.1 Provide technical support to the TSC Manager.

2.1.1.2 Analyze plant problems.

2.1.1.3 Advise the Emergency Director (ED) on technical matters.

2.1.1.4 Interface with appropriate Federal response personnel stationed in the TSC.

2.1.1.5 Assign a plant knowledgeable person to communicate with the NRC on the Emergency Notification System (ENS) and report upgrades in emergency classification and/or significant changes in plant conditions.

2.1.1.6 Ensure that core damage assessment is performed.

2.1.1.7 Trend key plant parameters using the Integrated Plant Computer (IPC) or a manual method.

2.1.1.8 Supervise Engineering Staff assigned to TSC.

2.1.1.9 Fill the position of Evaluator, if Severe Accident Management Guidelines (SAMGs) are implemented.

3.0 PREREQUISITES

An Alert, Site Area Emergency, or General Emergency has been declared, or the (ED) has ordered activation of the TSC.

4.0 PRECAUTIONS

4.1 This procedure shall not take priority over measures required to maintain or restore the plant to a safe operating condition.

4.2 This procedure does not replace any plant operating procedure.

5.0 PROCEDURE

5.1 TSC ACTIVATION

For an Alert Emergency, Site Area Emergency, or General Emergency, the Engineering Supervisor shall:

5.1.1 Report to the TSC.

5.1.2 Obtain and initiate the "Engineering Supervisor Checklist".

5.2 STAFF SUPERVISION

The Engineering Supervisor shall supervise the activities of the following TSC staff:

5.2.1 Reactor Engineer (analyze core physics and heat transfer parameters, perform core damage assessment).

5.2.2 Mechanical Engineer (analyze mechanical systems).

5.2.3 Electrical Engineer (analyze electrical systems).

5.2.4 Emergency Notification System (ENS) Communicator (NRC Notifications)

5.3 RECOVERY

The Engineering Supervisor shall provide support for recovery and re-entry operations as requested by the TSC Manager or (ED).

6.0 REFERENCES

6.1 VEGP EMERGENCY PLAN

6.2 Procedure 91002-C, "Emergency Notifications"

6.3 Procedure 91101-C, "Emergency Response Organization"

6.4 Procedure 60613, "Control And Use Of Severe Accident Management Guidelines (SAMG)"

6.5 NUREG-0654, FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

END OF PROCEDURE TEXT

Reference Use

Sheet 1 of 3

ENGINEERING SUPERVISOR CHECKLIST

DESIGNEES: Designated in procedure 91101-C

RESPONSIBILITIES:

Provide technical support to the TSC Manager. Analyze plant problems. Recommend corrective actions. Advise the ED on technical matters. Interface with Federal response personnel stationed in the TSC. Ensure that core damage assessment is performed.

INITIAL ACTIONS

1. Report to the TSC. ☐
2. Sign-in on the Emergency Response Facility Roster. ☐
3. Obtain work packets and emergency identification badge. ☐
4. Ensure that the following positions are staffed: ☐
   a. Electrical Engineer ☐
   b. Mechanical Engineer ☐
   c. Reactor Engineer ☐
   d. ENS Communicator ☐
5. Receive briefing from TSC Manager. ☐
6.* Ensure that the ENS Communicator assumes responsibility from the on-shift operations staff for NRC notifications by implementing Checklist 3 in procedure 91002-C, "Emergency Notifications". ENS Communicator is to maintain communications on the ENS when directed by the TSC Manager. (These communications should include any further degradation in the plant conditions, any change from one emergency class to another, or for the termination of an emergency.) ☐
7. Advise TSC Manager when ready for operation and begin maintaining appropriate logs and checklists. ☐

*Continuing Activity

ENGINEERING SUPERVISOR CHECKLIST

Sheet 2 of 3

SUBSEQUENT ACTIONS

1.* Maintain a log. ☐

2.* Determine need for any additional engineering and technical support personnel, and inform TSC Manager, TSC Support Coordinator or Corporate Emergency Operating Center (CEOC) as appropriate. ☐

3.* Assist TSC Manager, as requested, to determine corrective actions. ☐

4.* Assist TSC Manager, as requested, during reclassification activities. ☐

5.* Provide technical support to the TSC Manager and to the Control Room by communicating through the Operations Supervisor. ☐

6.* Direct the engineering staff to perform analyses of plant problems and determine corrective actions. Estimate time of fission product barrier failure when failure is anticipated from analyses of plant parameters. ☐

7.* Provide recommendations for plant modifications to mitigate the effects of the accident. ☐

8.* Determine the need for offsite technical assistance and coordinate with the TSC Manager, TSC Support Coordinator or CEOC as appropriate. ☐

9.* Supervise activities of vendors reporting to the TSC or supervise via communications links to vendor's home offices. ☐

10.* Provide liaison with the NRC staff in the TSC. ☐

NOTE

IPC's that are not in the main TSC (i.e. ERDS and Dose Assessment Areas) may be used if necessary.

11.* Trend key plant parameters using the IPC or a manual method. ☐

12. Perform core damage assessment. ☐

*Continuing Activity

ENGINEERING SUPERVISOR CHECKLIST

Sheet 3 of 3

SUBSEQUENT ACTIONS (CONT'D)

13. Perform the evaluations within the context of Severe Accident Management Guidelines. ☐
    a. Diagnose plant conditions and evaluate if a specific guideline entry is required. ☐
    b. Evaluate the positive and negative impacts of strategies presented in the guidelines. ☐
    c. Respond to severe challenges. ☐
    d. Interpret the response of plant parameters following strategy implementation. ☐
    e. Assess the effectiveness of implemented strategies and determine whether additional mitigation is needed. ☐
14. Perform relief and complete "General Relief Checklist" in Procedure 91101-C, "Emergency Response Organization". ☐
15. After the emergency condition has been declared terminated, proceed as follows: ☐
    a. Participate in a briefing with the TSC Manager and assist in transition to Recovery Organization. ☐
    b. Collect logs and checklist from your staff and turn over to the TSC Support Coordinator. ☐
    c. Standby for assignment to the Recovery Organization, return to normal work station, or dismissal. ☐

*Continuing Activity

PRB REVIEW REQUIRED

DUTIES OF THE MAINTENANCE SUPERVISOR (TSC)

PROCEDURE USAGE REQUIREMENTS-		SECTIONS
Continuous Use:	Procedure must be open and readily available at the work location. Follow procedure step by step unless otherwise directed.	
Reference Use:	Procedure or applicable section(s) available at the work location for ready reference by person performing steps.	• Maintenance Supervisor Checklist
Information Use:	Available on plant site for reference as needed.	**Remainder of Procedure**

Information Use

1.0 PURPOSE

The purpose of this procedure is to provide instructions to the Maintenance Supervisor for planning and coordinating emergency maintenance and repairs.

2.0 RESPONSIBILITIES

2.1 MAINTENANCE SUPERVISOR

2.1.1 The Maintenance Supervisor shall have the following responsibilities:

2.1.1.1 Planning and coordination of emergency repair, damage control, and plant modifications.

2.1.1.2 Advise the TSC Manager on the impact of proposed emergency activities.

3.0 PREREQUISITES

An Alert, Site Area Emergency, or General Emergency has been declared or the Emergency Director (ED) has ordered activation of the TSC.

4.0 PRECAUTIONS

4.1 This procedure shall not take priority over measures required to maintain or restore the plant to a safe operating condition.

4.2 This procedure does not replace any plant operating procedure.

5.0 PROCEDURE

5.1 TSC ACTIVATION

5.1.1 For an Alert, Site Area Emergency, or General Emergency, the Maintenance Supervisor shall report to the TSC and receive a briefing from the TSC Manager.

5.1.2 The Maintenance Supervisor shall obtain and initiate the "Maintenance Supervisor Checklist".

5.2 RECOVERY

The Maintenance Supervisor shall provide support for recovery and re-entry operations as requested by the TSC Manager or ED.

6.0 REFERENCES

6.1 VEGP EMERGENCY PLAN

6.2 Procedure 91101-C, "Emergency Response Organization"

6.3 NUREG-0654, FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

END OF PROCEDURE TEXT

Reference Use

MAINTENANCE SUPERVISOR CHECKLIST

DESIGNEES: Designated in procedure 91101-C

RESPONSIBILITY:

Manage the planning and coordination of emergency repair, damage control and plant modifications. Advise the TSC Manager on the impact of proposed emergency activities. Direct maintenance operations through the OSC.

INITIAL ACTIONS

1. Report to the TSC. ☐
2. Sign-in on the Emergency Response Facility Roster. ☐
3. Obtain work packets and emergency identification badge. ☐
4. Receive briefing from TSC Manager. ☐

SUBSEQUENT ACTIONS

1.* Maintain communications log. ☐
2.* In coordination with the Engineering Supervisor, assess operation of plant systems including mechanical, electrical, and I&C equipment. ☐
3.* Determine if emergency repair, damage control or plant modification operations are crucial to needs of Emergency Response Organization. ☐
4. Provide information to OSC Manager. ☐
5.* Advise TSC Manager on matters dealing with repair, maintenance and deployment of Repair and Modification Teams. ☐

*Continuing Activity

MAINTENANCE SUPERVISOR CHECKLIST

SUBSEQUENT ACTIONS (CONT'D)

NOTE

The first letter of the Emergency Response Facility that the team is dispatched from should precede the team number. (i.e. "T-1" for the first team dispatched from the TSC or "O-1" for the first team dispatched from the OSC). Teams are to maintain the same name throughout the task assigned to them.

6.* Maintain Team Tracking Status Board. (Use TSC support group personnel as needed.) ☐

7.* Confer with TSC Manager, Engineering Supervisor and Health Physics Supervisor and provide information on:

a. Work to be performed. ☐

b. Number of personnel required. ☐

c. Tools, spare parts, and equipment needed. ☐

d. Relaxation of normal work order procedures, if required. ☐

8.* Request the OSC Manager to assemble and dispatch Repair and Modification Teams, as necessary. ☐

9.* Determine if contaminated areas and/or equipment are crucial to needs of Emergency Response Organization and inform TSC Manager to arrange decontamination or other acceptable alternatives. ☐

10.* Determine need for additional personnel and inform TSC Support Coordinator or TSC Manager. ☐

11. Upon notification from the TSC Manager that a post-accident grab sample is being collected for shipment for offsite analysis, perform the following:

a. Make arrangements for loading the sample into the Pooled Inventory Management System (PIMS) transport cask. ☐

b. Make arrangements to obtain the PIMS cask via the warehouse supervisor and assist in loading the cask when it arrives from the PIMS warehouse (located in Memphis, TN). ☐

*Continuing Activity

MAINTENANCE SUPERVISOR CHECKLIST

Sheet 3 of 3

SUBSEQUENT ACTIONS (CONT'D)

12. Perform relief and complete "General Relief Checklist" in Procedure 91101-C, "Emergency Response Organization". ☐

13. After the emergency condition has been declared terminated, proceed as follows

    a. Participate in a briefing with the TSC Manager and assist in transition to Recovery Organization. ☐

    b. Collect logs and checklists from your staff and turn over to the TSC Manager. ☐

    c. Stand by for assignment to the Recovery Organization, return to normal work station, or dismissal. ☐

PRB REVIEW REQUIRED

EMERGENCY EQUIPMENT AND SUPPLIES

PROCEDURE USAGE REQUIREMENTS-		SECTIONS
Continuous Use:	Procedure must be open and readily available at the work location. Follow procedure step by step unless otherwise directed.	
Reference Use:	Procedure or applicable section(s) available at the work location for ready reference by person performing steps.	• Data Sheet 1 • Data Sheet 2 • Data Sheet 3 • Data Sheet 4 • Data Sheet 5 • Data Sheet 6 • Data Sheet 7 • Data Sheet 8 • Data Sheet 9 • Data Sheet 10 • Data Sheet 11
Information Use:	Available on plant site for reference as needed.	**Remainder of Procedure**

1.0 PURPOSE

The purpose of this procedure is to describe the contents of the various emergency kits, and the requirements for inventory and maintenance of emergency equipment and supplies.

2.0 DEFINITIONS

2.1 QUARTERLY FREQUENCY

The quarterly frequency definition in the Surveillance Test Program procedure 00404-C will be used as it pertains to equipment inventory. The management expectation is that the inventory will be completed prior to the surveillance tracking sheet late date. This will ensure that the inventory will be performed at least once per calendar quarter and four times per calendar year in these kits.

3.0 RESPONSIBILITIES

The Health Physics Superintendent shall be responsible for ensuring the periodic inventory of emergency kits described in this procedure, and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.

4.0 PRECAUTIONS

Ensure that all electronic instruments (except electronic direct reading dosimetry EDRD) are turned off after kits are used and/or inventoried.

5.0 PROCEDURE

5.1 The Health Physics Superintendent shall schedule inventories of emergency kits quarterly. A kit may be comprised of a single enclosure (i.e., cabinet) or multiple enclosures (i.e., cabinets or lockers). Some kit items may not be located within enclosures (i.e., SCBAs, SCBA tanks, status boards, maps, procedures, portable radios, air samplers, stanchions, tables, water hoses and/or instruments which are required to be plugged in to a power outlet continuously), but they are located within the emergency response facility. Included are the following emergency kits:

5.1.1 Emergency Operations Facility (EOF) Kit - Data Sheet 1

NOTE

To facilitate timely dispatch of the initial Field Monitoring Team (FMT) to the field, **ONE** Field Monitoring Kit is located in the Security Building adjacent to the temporary vehicle barrier system.

5.1.2 Field Monitoring Kit (4) - Data Sheet 2

5.1.3 Relocation Center Decon Kit (2) - Data Sheet 3

5.1.4 Technical Support Center (TSC)/Control Room Kit - Data Sheet 4

5.1.5 Operations Support Center (OSC) Kit - Data Sheet 5

5.1.6 Operations Support Center (OSC) Decontamination Kit - Data Sheet 6

5.1.7 Health Physics Kit - Data Sheet 7

5.1.8 Health Physics Decontamination Kit (2) - Data Sheet 8

5.1.9 Ambulance Emergency Kit - Data Sheet 9

5.1.10 Hospital Kit (2) - Data Sheet 10

5.1.11 Security and Offsite Emergency Responder Dosimetry - Data Sheet 11

5.2 The Health Physics Superintendent shall ensure that scheduled calibrations and replacements are performed as follows:

5.2.1 Material having a fixed shelf life shall be dated and replaced prior to shelf-life expiration. Battery and stopwatch battery shelf life is one year from date of placement in a kit or as indicated by the battery packaging. Batteries in portable radiation survey meters are replaced as part of the calibration program.

5.2.2 Items that need calibration shall be calibrated. When equipment is removed for calibration, it shall be replaced with calibrated equipment.

5.3 The Health Physics Superintendent shall ensure that an inventory check is performed when:

5.3.1 The kit has been used.

5.3.2 The kit is found unlocked or unsealed.

5.3.3 The kit is due for scheduled quarterly inventory.

5.4 The individual assigned to complete an inventory shall do so using the appropriate data sheet.

5.4.1 The checks are to be performed as follows:

CAUTION

When performing operational checks on survey instruments, etc.: Be sure to turn off the power switch on the instrument before returning it to the kit. Electronic dosimeters should be left energized.

5.4.1.1 When each kit is inspected, operational checks will be performed to ensure equipment readiness. This includes operation of flashlights, survey meters, etc. (When appropriate, operational checks will be performed as suggested by the manufacturer.)

5.4.1.2 When equipment is found inoperable, it shall be replaced with working equipment. The defective equipment should be scheduled for maintenance or replacement as indicated.

5.4.1.3 Those items with a shelf life, such as medicines, etc., shall be replaced prior to expiration.

5.4.2 Seal kits following inventory.

5.5 Upon completion of inventory checklists, a copy of the checklists, including noted discrepancies shall be forwarded to the Health Physics Superintendent.

5.6 The Health Physics Superintendent shall ensure the following:

5.6.1 Instruments will not exceed the calibration due date prior to the next scheduled inventory.

5.6.2 Deficiencies are assigned to appropriate personnel to be corrected, as soon as practicable.

5.6.3 Coordination of the maintenance and replacement of equipment and supplies.

5.6.4 The completed inventories are forwarded to the Emergency Preparedness Coordinator (EPC).

5.7 The EPC shall maintain a file of the completed inventories for one year.

6.0 REFERENCES

6.1 VEGP EMERGENCY PLAN

6.2 NUREG-0654, FEMA-REP-1, Rev. 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"

END OF PROCEDURE TEXT

Sheet 1 of 6

Reference Use

DATA SHEET 1
EMERGENCY OPERATIONS FACILITY KIT

Storage Location:
EOF

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Disposable Surgeon's Gloves	50 Pair			4	Large or Extra Large
2) Yellow Poly Bags (large)	5 Ea		4	4	
3) Poly Bags (medium)	10 Ea		4	4	
4) Duct Tape (2")	2 Rolls		4	4	
5) Plastic Insert Signs	12 Ea		4	4	
6) Sign Inserts:					
TLD Required For Entry	6 Ea		4	4	
Radiation Area	6 Ea		4	4	
High Radiation Area	6 Ea		4	4	
Contaminated Area	6 Ea		4	4	
Airborne Radioactive Area	6 Ea		4	4	
Radioactive Material	6 Ea		4	4	
*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On					

DATA SHEET 1

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
7) Ziplock Poly Bags	25 Ea		4	4	
8) Smears	1 Box of 500		4	4	
9) Radiation Barrier Rope	1 Roll (100 ft)		4	4	
10) Absorbent Dry-Up Towels	50 Ea		4	4	
11) First Aid Kit	1 Ea		4	4	
adhesive bandage 1 X 3	1 Box		4	4	
2" bandage compress	1 Box		4	4	
4" bandage compress	1 Box		4	4	
triangular bandage	1 Box		4	4	
gauze compress	1 Box		4	4	
ammonia inhalants	1 Box		4	4	
anesthetic/antiseptic cream	1 Box			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 1

Sheet 3 of 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
12) Razor Knife (or equiv.)	1 Ea		4	4	
13) SH-4A Sample Holder	1 Ea		4	4	
14) HP-210 Probes (or equiv.)	2 Ea		4	1	
15) 47 mm Part. Air Filters	1 Box (100)		4	4	
16) Charcoal Cartridges	20 Ea		4	4	
17) Hand Held Radios	5 Ea		4	4	
18) Radio Battery Charger	1 Ea		4	1	
19) NOAA Weather Radio	1 Ea		4	1	Located in Emergency Preparedness Offices
20) Writing Tablets	10 Ea		4	4	
21) Ink Pens (black)	20 Ea		4	4	
22) Paper P.C.'s	1 Case (25)		4	4	(Large & Ex-Large)
23) Air Sampler Heads	2 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 4 of 6

DATA SHEET 1

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
24) Transparent Tape	5 Rolls		4	4	
25) Paper Shoe Covers	50 pair		4	4	(Large & Ex-Large)
26) Survey Logs	1 Book		4	4	
27) Plastic Sheeting	100 Sq. Ft.		4	4	
28) Protective Clothing (Sets)	5 Ea		4	4	Includes Hoods & Cotton Gloves (Large & Ex-Large)
29) Respirators (AP w/Filters)	5 Ea		4	4	
30) Blank Data Sheet 1, 91702-C, Sheets 1 thru 6	1 Ea		4	4	Ensure Current Revisions

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 1

Sheet 5 of 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
31) Portable Lanterns (6-volt)	2 Ea			1	
32) Self-Reading Dosimeters (0-99.99 Rem)	3 Ea			5	
33) TLD	50 Ea			4	
34) AgZ Cartridges	20 Ea			4	
35) D-Cell Batteries	20 Ea			4	
36) C-Cell Batteries	6 Ea			4	
37) 9V Transistor Batteries	4 Ea			4	
38) Potassium Iodide Tablets	10 Bottles (14 Tabs/ Bottle)			4	
39) Flash Lights (2-D cell or equivalent)	20 Ea			1	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 6 of 6

DATA SHEET 1

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
40) Cs-137 5 µCi Check Source	1 Ea			4	4	Source is secure inside the lead shielding.
41) ASP-1 w/HP-260 (or equiv.)	2 Ea		1. 2.		1,2	
42) RO-2A (or equiv.)	2 Ea		1. 2.		1,2	
43) RM-14 (or equiv.)	1 Ea				1,2,3	
44) MS-2 (or equiv.)	1 Ea				1	
45) HV-1 Air Sampler (or equiv.)	1 Ea				1	

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 2
FIELD MONITORING KIT (4)
KIT NUMBER _____

Storage Location:
EOF / SECURITY BUILDING

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Duct Tape (2")	(1 Roll)		4	4	
2) Disposable Surgeons Gloves	(50 pair)			4	Large or Extra Large
3) Yellow Poly Bags (large)	3 Ea		4	4	
4) Yellow Poly Bags (medium)	10 Ea		4	4	
5) Poly Bottles (1 liter)	3 Ea		4	4	
6) Ziplock Bags (small)	25 Ea		4	4	
7) Soil Scoop	1 Ea		4	4	
8) Tape Measure	1 Ea		4	4	
9) Razor Knife (or equiv.)	1 Ea		4	4	
10) Ball-Point Pens (black)	5 Ea		4	4	
11) Marker Pens (indelible)	2 Ea		4	4	
12) Writing Tablet	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 2 of 5

DATA SHEET 2

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
13) Press-On Labels	50 Ea		4	4	
14) Log Book	1 Ea		4	4	
15) Change (Quarters & Dimes) equaling $2.50	1 Ea		4	4	
16) Forceps	1 Ea		4	4	
17) Air Sampler Heads	4 Ea		4	4	
18) Blank Data Sheet 2, 91702-C, Sheets 1 thru 5	1 Ea		4	4	Ensure Current Revisions
19) Grass Clippers	1 Ea		4	4	
20) Absorbent Dry-Up Towels	25 Ea		4	4	
21) Cotton Gloves	10 Pair		4	4	Large or Extra Large
22) Rain Suits	2 Ea		4	4	Large or Extra Large
23) Clipboard	1 Ea		4	4	
24) Charcoal Cartridges	10 Ea		4	4	
25) 47 mm Part. Filters	1 Box (100)		4	4	
26) Smears with Folders	1 Box (500)		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 5

DATA SHEET 2

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
27) Dosimetry Issue Log	1 Ea		4	4	
28) Offsite Survey Map (10 Mile EPZ)	1 Ea		4	4	
29) Offsite Survey Map (Site Plan Map)	1 Ea		4	4	
30) Radioactive Material Tags	20 Ea		4	4	
31) Air Sampler Fuses	2 Ea		4	4	
32) Paper P.C.'s	4 Sets		4	4	Large or Extra Large
33) Respirator (AP w/Filter)	2 Ea		4	4	
34) First Aid Kit	1 Ea		4	4	
adhesive bandage 1 X 3	1 Box		4	4	
2" bandage compress	1 Box		4	4	
4" bandage compress	1 Box		4	4	
triangular bandage	1 Box		4	4	
gauze compress	1 Box		4	4	
ammonia inhalants	1 Box		4	4	
anesthetic/antiseptic cream	1 Box			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 2

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
35) Spot Light, Hand Held 12V DC	1 Ea		4	1	Test light using a vehicle cigarette lighter receptacle.
36) Calculator (solar powered)	1 Ea		4	1	
37) Iodine Filter Canisters	2 Ea			4	
38) Potassium Iodide Tablets	1 Bottle (14 Tablets)			4	
39) Stopwatch	1 Ea			1	
40) 9V Transistor Batteries	4 Ea			4	
41) Flashlights (2-D cell or equivalent)	2 Ea			1	
42) D-Cell Batteries	4 Ea			4	
43) C-Cell Batteries	6 Ea			4	
44) AgZ Cartridges	10 Ea			4	
45) Self-Reading Dosimeters (0-99.99 rem)	3 Ea.			5	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 5 of 5

DATA SHEET 2

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
46) Cs-137 Check Source	1 Ea			4	4	Source is securely attached to inside of Kit.
47) RO-2 (or equiv.) with shoulder strap	1 Ea				1,2	
48) 12V DC Air Sampler	1 Ea				1	
49) ASP-1/HP-260 (or equiv.) with shoulder strap	1 Ea				1,2	
50) Field Monitoring Team Handbook and Data Sheets	1 per kit		4	4	4	Ensure Current Revisions

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 3

RELOCATION CENTER DECON KIT (2)

Storage Location:

Relocation Center - Plant Wilson / VEGP Recreation Area

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Spray Cleaner	2 Ea		4	4	Gosh or equivalent
2) Absorbent Dry-Up Towels	1 Case (300)		4	4	
3) Tide Detergent (Powder)	1 Box		4	4	
4) Lava Hand Soap	2 Bars		4	4	
5) Ivory Soap	2 Bars		4	4	
6) Scrub Brushes	2 Ea		4	4	
7) Paper P.C.'s	100		4	4	Large or Extra Large
8) Paper Shoe Covers	100 Pair		4	4	Large or Extra Large
9) Rad Ribbon	100 ft		4	4	
10) Duct Tape	5 Rolls		4	4	
11) Yellow Poly Bags (large)	15 Ea		4	4	
12) Disposable Surgeon's Gloves	(50 pair)			4	Large or Extra Large
13) Cotton Swabs	1 Box		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 2 of 4

DATA SHEET 3

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
14) Blank Data Sheet 3, 91702-C, Sheets 1 thru 4	1 Ea		4	4	Ensure Current Revisions
15) Shampoo (Large Bottle)	1 Ea		4	4	
16) Change (Quarters & Dimes) equaling $2.50	1 Ea		4	4	Rec Area kit only
17) Razor Knife (or equiv.)	1 Ea		4	4	
18) Plastic Insert Sign	6 Ea		4	4	
19) Sign Inserts:					
TLD Required For Entry	6 Ea		4	4	
Radiation Area	6 Ea		4	4	
High Radiation Area	6 Ea		4	4	
Airborne Radioactivity Area	6 Ea		4	4	
Contaminated Area	6 Ea		4	4	
Radioactive Material	6 Ea		4	4	
20) Poly Sheeting	200 Sq. Ft.		4	4	
21) Respirators (AP w/Part. Filter)	2 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 3

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
22) Masslinn Cloth	2 pkgs.		4	4	
23) Disposable Razors	5 Ea		4	4	
24) Shaving Cream	1 Can		4	4	
25) Hand Brushes	2 Ea		4	4	
26) Body Maps	50 Ea		4	4	
27) Stanchions	**7 Ea;4 Ea		4	4	**7 Stanchions at Rec Area Only
28) Smears	1 Box (500)		4	4	
29) Protective Clothing (Comp. Sets)	4 Sets		4	4	Includes Cotton Gloves and Hoods (Large or Extra Large)
30) Self-Reading Dosimeters (0-99.99 Rem)	3 Ea			5	
31) Potassium Iodide Tablets	1 Bottle (14 Tablets/ Bottle)			4	
32) TLDs	3 Ea			4	
33) C-Cell Batteries	6 Ea			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 3

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
34) D-Cell Batteries	2 Ea			4	
35) 9 Volt Batteries	6 Ea			4	

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
36) RO-2 (or equiv.)	2 Ea		1. 2.		1,2	
37) ASP-1/HP-260 (or equiv.)	2 Ea		1. 2.		1,2	
38) Micro-R-Meter (or equiv.)	1 Ea				1,2	

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 4
TSC/CONTROL ROOM KIT

Storage Location:
TSC

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Air Sampler Heads	2 Ea		4	4	
2) Charcoal Cartridges	25 Ea		4	4	
3) Survey Log Book	1 Book		4	4	
4) 47 mm Particulate Filters	1 Box (100)		4	4	
5) Respirator (AP w/Part. Filter)	5 Ea		4	4	
6) SCBA's	8 Ea		4	4	
7) Razor Knife (or equiv.)	1 Ea		4	4	
8) Ball-Point Pens (Black)	1 Box (12)		4	4	
9) Yellow Poly Bags (large)	3 Ea		4	4	
10) Duct Tape (2")	2 Rolls		4	4	
11) Dosimetry Issue Log	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 4

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
12) Spare SCBA Cylinders	8 Ea		4	4	
13) Smears	1 Box of 50		4	4	
14) Plastic Sheeting	50 Sq. Ft.		4	4	
15) Radiation Barrier Rope	1 Roll (100 ft)		4	4	
16) Absorbent Dry-Up Towels	50 Ea		4	4	
17) Writing Tablets	5 Ea		4	4	
18) Site Plan Map (Available in TSC)	1 Ea		4	4	
19) 50 Mile EPZ Map (Available in TSC)	1 Ea		4	4	
20) Blank Data Sheet 4, 91702-C, Sheets 1 thru 6	1 Ea		4	4	Ensure Current Revisions
21) P.C.'s Complete Sets	6 Ea		4	4	Includes Hood, Shoe Covers and Cotton Gloves (Large or Extra Large)
22) Emergency RWP	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 6

DATA SHEET 4

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
23) Dose Assessment Program (Available in TSC)	1 Ea		4	4	
24) H.P. Procedures (Available in TSC)	1 Copy		4	4	
25) Plastic Inserts Signs	6 Ea		4	4	
26) Sign Inserts:					
TLD Required For Entry	6 Ea		4	4	
Radiation Area	6 Ea		4	4	
High Radiation Area	6 Ea		4	4	
Contamination Area	6 Ea		4	4	
Airborne Radioactivity Area	6 Ea		4	4	
Radioactive Material	6 Ea		4	4	
27) Disposable Surgeon's Gloves	1 (50 pair)			4	Large or Extra Large

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 4

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
28) First Aid Kit	1 Ea		4	4	
adhesive bandage 1 X 3	1 Box		4	4	
2" bandage compress	1 Box		4	4	
4" bandage compress	1 Box		4	4	
triangular bandage	1 Box		4	4	
gauze compress	1 Box		4	4	
ammonia inhalants	1 Box		4	4	
anesthetic/antiseptic cream	1 Box			4	
29) TLDs	3 Ea			4	
30) AgZ Cartridges	50 Ea			4	
31) Self-Reading Dosimeters (0-99.99 Rem)	3 Ea			5	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 4

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
32) Portable Lanterns (6-volt)	2 Ea			1	
33) Flashlights(2-D cell or equivalent)	5 Ea			1	
34) C-Cell Batteries	6 Ea			4	
35) D-Cell Batteries	10 Ea			4	
36) 9V Transistor Batteries	4 Ea			4	
37) Potassium Iodide Tablets	36 Bottles (14 Tabs/ Bottle)			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 6 of 6

DATA SHEET 4

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
38) ASP-1/HP-210 (or equiv.)	2 Ea		1. 2.		1,2	
39) RO-2A (or equiv.)	4 Ea		1. 2. 3. 4.		1,2	
40) Cs-137 (5 µCi) Check Source	1 Ea			4	4	Source is secure inside the lead shielding.
41) HV-1 Air Sampler (or equiv.)	2 Ea		1. 2.		1	
42) Ludlum 300 (or equiv.)	1 Ea				1	

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 5
OPERATIONS SUPPORT CENTER KIT

Storage Location: OSC

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Dosimeter Issue Log	7	1 Ea		4	4	
2) SH-4A Sample Holder	7	1 Ea		4	4	
3) 47 mm Particulate Filters	7	1 Box (100)		4	4	
4) Charcoal Cartridges	7	50 Ea		4	4	
5) Razor Knife (or equiv.)	7	2 Ea		4	4	
6) Ball Point Pens (Black)	7	3 Boxes (36)		4	4	
7) Smears	7	2 Boxes (1000)		4	4	
8) Masking tape	7	3 Ea		4	4	
9) Blank Data Sheet 5, 91702-C, Sheets 1 thru 8	7	1 Ea		4	4	Ensure Current Revisions
10) Rad Ribbon	7	1 Roll		4	4	
11) Dry-Up Towels	7	50 Ea		4	4	
12) Plastic Insert Signs	7	6 Ea		4	4	
13) Yellow Poly Bags (large)	7	10 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
14) Sign Inserts:						
Radiation Area	7	6 Ea		4	4	
High Radiation Area	7	6 Ea		4	4	
Contaminated Area	7	6 Ea		4	4	
Airborne Radioactivity Area	7	6 Ea		4	4	
15) P.C.'s (Complete Sets)	7	5 Sets		4	4	Includes Hood, Cotton Gloves, and Shoe Covers (Large or Extra Large
16) SCBA	8	5 Ea		4	4	
17) Spare Air Cylinders (SCBA)	OSC Office	5 Ea		4	4	
18) Log Book	7	1 Ea		4	4	
19) Emergency Tool Kit						
Bolt Cutters (24")	9	1 Ea		4	4	
Bolt Cutters (36")	9	1 Ea		4	4	
Needle Nose Pliers	9	1 Ea		4	4	
Hammer (16 oz. claw)	9	1 Ea		4	4	
Hammer (8 oz. ball peen)	9	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 9

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
19) Emergency Tool Kit (Continued)						
Hammer (ball peen)	9	1 Ea		4	4	
Screwdriver (Phillips #1)	9	1 Ea		4	4	
Screwdriver (Phillips #2)	9	1 Ea		4	4	
Screwdriver (1/64 straight blade)	9	1 Ea		4	4	
Screwdriver (3/16 straight blade)	9	1 Ea		4	4	
Screwdriver (5/16 straight blade)	9	2 Ea		4	4	
Razor Knife (or equiv.)	9	2 Ea		4	4	
Wrench (6" Crescent)	9	1 Ea		4	4	
Wrench (8" Crescent)	9	1 Ea		4	4	
Wrench (10 "Crescent)	9	1 Ea		4	4	
Wrench (12" Crescent)	9	1 Ea		4	4	
Wrench (14" Pipe)	9	1 Ea		4	4	
Pliers (Electrical)	9	1 Ea		4	4	
Pliers (Side cutters)	9	1 Ea		4	4	
Pliers (12" channel locks)	9	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 4 of 9

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
19) Emergency Tool Kit (Continued)						
Hack Saw	9	1 Ea		4	4	
Hack Saw Blades	9	10 Ea		4	4	
Electrical Tape	9	2 Rolls		4	4	
20) Duct Tape	7	5 Rolls		4	4	
21) Plastic Food Wrap	7	1 Roll		4	4	
22) Ziplock Bags (Small)	7	25 Ea		4	4	
23) Electrical Adapter	9	2 Ea		4	4	
24) Multi-Outlet Adapter	9	1 Ea		4	4	
25) Respirators (AP w/Filters)	9	4 Ea		4	4	
26) KI Distribution Forms	7	25 Ea		4	4	Data Sheet 1 of 91305-C or similar form
27) Disposable Surgeon's Gloves	7	(50 Pair)			4	Large or Extra Large
28) Plastic Rain Suits	7	10 Ea		4	4	Large or Extra Large
29) Air Sampler Heads	7	2 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 5 of 9

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
30) Radios (Hand held)	OSC Mgr. Office	20 Ea		4	4	
31) Writing Tablets	7	5 Ea		4	4	
32) Survey Log Book	7	1 Book		4	4	
33) Plastic Sheeting	7	100 Sq. Ft.		4	4	
34) Extension Cord (50')	7	2 Ea.		4	4	
35) First Responder Emergency Kit	OSC Mgr. Office	1 Ea		4	4	
Trauma Dressing		1 Ea.		4	4	
Large trauma bag (orange or similar color)		1 Ea.		4	4	
Emergency Relief System Case		1 Ea		4	4	
Breathing Injury Pack (Contains a Pulse and CPR instruction card)		1 Ea.		4	4	
Bleeding Injury Pack		1 Ea		4	4	
Shock Injury Pack		1 Ea.		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
35) First Responder Emergency Kit (Continued)	OSC Mgr. Office					
Emergency Relief System Case (Continued)						
Head and Spine Injury Pack		1 Ea		4	4	
Bone Injury Pack		1 Ea		4	4	
Eye Injury Pack		1 Ea			4	
Burn Injury Pack		1 Ea		4	4	
Bites and Stings Injury Pack		1 Ea		4	4	
Poison Injury Pack		1 Ea		4	4	
Extras Injury Pack		1 Ea		4	4	
Large bandage scissors		1 Ea				
Small bandage scissors		1 Ea				
Hemostat		1 Ea				

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
35) First Responder Emergency Kit (Continued)	OSC Mgr. Office					
Regular adult blood pressure cuff		1. Ea		4	4	
Large adult blood pressure cuff		1 Ea		4	4	
Stethoscope		1 Ea		4	4	
Pocket mask for CPR (This is in addition to the one in the Breathing Injury Pack)		1 Ea		4	4	
SAM splint		1 Ea.		4	4	
(2") Coban wrap		2 Ea.		4	4	
Sterile 4x4 gauze sponges		10 packs		4	4	
Automated external defibrillator		1 Ea			1,2,3	Cal/Exp due date is for electrode pads only. Located in the Maint. Tool Room
Automated external defibrillator Maintenance and checklist		1 Ea		4	4	Located in the Maint. Tool Room

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
36) Flashlights(2-D cell or equivalent)	7	5 Ea			1	
37) TLD	7	3 Ea			4	
38) 9V Transistor Battery	7	4 Ea				
39) Potassium Iodide Tablet	7	18 Bottles (14 Tabs/ Bottle)			4	
40) HP-210 Probe W/Cable	7	2 Ea		4	1	
41) AgZ Cartridges	7	50 Ea			4	
42) C-Cell Batteries	7	6 Ea			4	
43) D-Cell Batteries	7	10 Ea			4	
44) Self-Reading Dosimeters (0-99.99 rem)	7	25 Ea			5	
45) RO-2A (or equiv.)	7	2 Ea	1. 2.		1,2	
46) RM-14 (or equiv.)	7	1 Ea			1,2,3	
47) ASP-1/HP-260 (or equiv.)	7	2 Ea		1. 2.		1,2

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 9 of 9

DATA SHEET 5

ITEM DESCRIPTION	LOCATION (CABINET)	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
48) AMS-3 (or equiv.)	7	1 Ea				1	
49) HV-1 Air Sampler (or equiv.)	Maint. Lunch Room	1 Ea				1	
50) Ludlum 300 (or equiv.)	7	1 Ea				1	
51) Cs-137 (5 µCi) Check Source	7	1 Ea			4	4	Source is secure inside the lead shielding.
52) Emergency RWP		1 Ea			4	4	
53) Blank Data Sheet 3, 41001-C, "ALARA Briefing Record"		10 Ea			4	4	Ensure Current Revisions

REMARKS: _____

Kit Sealed after Inventory (Y/N)
Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 6
OPERATIONS SUPPORT CENTER DECONTAMINATION KIT

Storage Location: OSC

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Spray Cleaner	2 Cans		4	4	Gosh or equivalent
2) Dry-Up Towels	50 Ea		4	4	
3) Tide Detergent	1 Box		4	4	
4) Lava Hand Soap	2 Bars		4	4	
5) Ivory Hand Soap	2 Bars		4	4	
6) Scrub Brushes	2 Ea		4	4	
7) Hand Brushes	2 Ea		4	4	
8) Shaving Cream	2 Ea		4	4	
9) Razors (disposable)	5 Ea		4	4	
10) Cotton Swabs	1 Box		4	4	
11) Shampoo (large)	1 Bottle		4	4	
12) Paper P.C.'s	25		4	4	Large or Extra Large
13) Paper Shoe Covers	50 Pair		4	4	Large or Extra Large

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
14) Yellow Poly Bags	5 Ea		4	4	
15) First Aid Kit	1 Ea		4	4	
adhesive bandage 1 X 3	1 Box		4	4	
2" bandage compress	1 Box		4	4	
4" bandage compress	1 Box		4	4	
triangular bandage	1 Box		4	4	
gauze compress	1 Box		4	4	
ammonia inhalants	1 Box		4	4	
anesthetic/antiseptic cream	1 Box			4	
16) Disposable Surgeon's Gloves	(50 pair)			4	Large or Extra Large
17) Razor Knife (or equiv.)	2 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
18) Rad Ribbon	1 Roll		4	4	
19) Tape (2" Duct)	2 Rolls		4	4	
20) Smears	1 Box (500)		4	4	
21) Poly Sheeting	1 Roll 100 ft		4	4	
22) Ball-Point Pens (black)	12 Ea		4	4	
23) Inserts For Signs:					
Radiation Area	6 Ea		4	4	
High Radiation Area	6 Ea		4	4	
Contamination Area	6 Ea		4	4	
Airborne Radioactivity Area	6 Ea		4	4	
Radioactive Material	6 Ea		4	4	
TLD Required For Entry	6 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
24) Body Maps	20 Ea		4	4	
25) Writing Tablets	1 Ea		4	4	
26) Plastic Insert Signs	6 Ea		4	4	
27) Blank Data Sheet 6, 91702-C, Sheets 1 thru 5	1 Ea		4	4	Ensure Current Revisions
28) C-Cell Batteries	6 Ea			4	
29) 9V Transistor Batteries	4 Ea			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 5 of 5

DATA SHEET 6

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
30) RO-2 (or equiv.)	1 Ea				1,2	
31) ASP-1/HP-210 (or equiv.)	2 Ea		1. 2.		1,2	
32) Cs-137 (5µCi) Check Source	1 Ea			4	4	Source is secure inside the lead shielding.

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 7
HEALTH PHYSICS KIT

Storage Location:
HP Control Point

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Charcoal Cartridges	50 Ea		4	4	
2) 47 mm Particulate Filter	1 Box (100)		4	4	
3) Air Sampler Heads	2 Ea		4	4	
4) Dosimeter Issue Log	1 Ea		4	4	
5) Writing Tablets	2 Ea		4	4	
6) Ball Point Pens (black)	12 Ea		4	4	
7) Razor Knife (or equiv.)	1 Ea		4	4	
8) KI Distribution Forms	50 Ea		4	4	Data Sheet 1 of 91305-C or Similar Form
9) Respirator (AP w/Part. Filter)	5 Ea		4	4	
10) SCBA	4 Ea		4	4	
11) Air Cylinders For SCBA	4 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
12) Radiation Barrier Rope	1 Roll (100 ft)		4	4	
13) Rad Ribbon	2 Rolls		4	4	
14) Duct Tape (2")	2 Rolls		4	4	
15) Poly Sheeting	100 Sq. Ft.		4	4	
16) Absorbent Towels	50 Ea		4	4	
17) Protective Clothing (Complete Sets)	4 Ea		4	4	Includes Hoods, Shoe Covers, and Cotton Gloves (Large or Extra Large)
18) First Responder Emergency Kit	1 Ea		4	4	
Trauma dressing	1 Ea.		4	4	
Large trauma bag (orange or similar color)	1 Ea		4	4	
Emergency Relief System Case	1 Ea		4	4	
Breathing Injury Pack (Contains Pulse and CPR instruction card)	1 Ea		4	4	
Bleeding Injury Pack	1 Ea.		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 7

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
18) First Responder Emergency Kit Emergency Relief System Case (Continued)					
Shock Injury Pack	1 Ea		4	4	
Head and Spine Injury Pack	1 Ea		4	4	
Bone Injury Pack	1 Ea		4	4	
Eye Injury Pack	1 Ea			4	
Burn Injury Pack	1 Ea		4	4	
Bites and Stings Injury Pack	1 Ea		4	4	
Poison Injury Pack	1 Ea		4	4	
Extras Injury Pack	1 Ea		4	4	
Large bandage scissors	1 Ea		4	4	
Stethoscope	1 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
18) First Responder Emergency Kit (Continued)					
Small bandage scissors	1 Ea		4	4	
Hemostat	1 Ea			4	
Regular adult blood pressure cuff	1 Ea		4	4	
Large adult blood pressure cuff	1 Ea		4	4	
Pocket mask for CPR (This is in addition to the one in the Breathing Injury Pack)	1 Ea		4	4	
Sterile 4x4 gauge sponge	10 packs		4	4	
SAM splint	1 Ea			4	
(2") Coban wrap	2 Ea			4	
Automated external defibrillator		1 Ea		1,2,3	Cal/Exp due date is for electrode pads only. Located at the HP Control Point.
Automated external defibrillator Maintenance and checklist		1 Ea	4	4	Located at the HP Control Point.

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 5 of 7

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
19) Stretcher	1 Ea		4	4	
20) Plastic Ziplock Bags (Medium)	50 Ea		4	4	
21) Blank Data Sheet 7, 91702-C, Sheets 1 thru 6	1 Ea		4	4	Ensure Current Revisions
22) Smears	2 Boxes (1000)		4	4	
23) Survey Logs	10 Sets		4	4	
24) Body Maps	5 Ea		4	4	
25) H.P. Procedures (Available in HP Area)	1 Set		4	4	
26) Disposal Surgeon's Gloves	(50 Pair)			4	Large or Extra Large
27) Plastic Insert Signs	5 Ea		4	4	
28) Insert For Signs:					
TLD Required For Entry	5 Ea		4	4	
Radiation Area	5 Ea		4	4	
High Radiation Area	5 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 6 of 7

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
Contaminated Area	5 Ea		4	4	
Airborne Radioactive Area	5 Ea		4	4	
Radioactive Material	5 Ea		4	4	
29) AgZ Cartridges	50 Ea			4	
30) Self-Reading Dosimeter (0-99.99 Rem)	40 Ea			4	Located at the entrance of HP Control Point in Self-Reading Dosimeter racks.
31) C-Cell Batteries	30 Ea			4	
32) D-Cell Batteries	12 Ea			4	
33) 9V Transistor Battery	20 Ea			4	
34) Flashlights (2-D cell or equivalent)	5 Ea			1	
35) Potassium Iodide Tablets	18 Bottles (14 Tabs/Btl)			4	
36) TLDs	3 Ea			4	
37) Extremity Dosimetry	20 Ea.			4	
38) Telephone Headset	1 Ea		4	1	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 7

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
39) RO-2A (or equiv.)	5 Ea		1. 2. 3. 4. 5.		1,2	
40) ASP-1/HP-210 (or equiv.)	5 Ea		1. 2. 3. 4. 5.		1,2	
41) HV-1 Air Sampler (or equiv.)	2 Ea		1. 2.		1	
42) Cs-137 (5μCi) Check Source	1 Ea			4	4	

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 8
HEALTH PHYSICS DECONTAMINATION KIT (2)

Storage Location:
HP Control Point / EOF

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Spray Cleaner	2 Cans		4	4	Gosh or equivalent
2) Absorbent Dry-Up Towels	50 Ea		4	4	
3) Tide Detergent	1 Box		4	4	
4) Lava Hand Soap	2 Bars		4	4	
5) Ivory Hand Soap	2 Bars		4	4	
6) Scrub Brushes	2 Ea		4	4	
7) Hand Brushes	2 Ea		4	4	
8) Razors (disposable)	5 Ea		4	4	
9) Shaving Cream	1 Can		4	4	
10) Body Maps	50 Ea		4	4	
11) Cotton Swabs	1 Box		4	4	
12) Disposable Surgeon's Gloves	(50 Pair)			4	Large or Extra Large
13) Paper P.C.'s	25 Suits		4	4	Large or Extra Large

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 8

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
14) Paper Shoe Covers	50 Pair		4	4	Large or Extra Large
15) Poly Sheeting	100 ft^2		4	4	
16) Duct Tape (2")	2 Rolls		4	4	
17) Yellow Poly Bags (large)	10 Ea		4	4	
18) Razor Knife (or equiv.)	2 Ea		4	4	
19) First Aid Kit	1 Ea		4	4	
adhesive bandage 1 X 3	1 Box		4	4	
2" bandage compress	1 Box		4	4	
4" bandage compress	1 Box		4	4	
triangular bandage	1 Box		4	4	
gauze compress	1 Box		4	4	
ammonia inhalants	1 Box		4	4	
anesthetic/antiseptic cream	1 Box			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 4

DATA SHEET 8

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
20) Shampoo (Large)	1 Bottle		4	4	
21) Ball-Point Pens (Black)	12 Ea		4	4	
22) Writing Tablets	2 Ea		4	4	
23) Smears	1 Box (500)		4	4	
24) Plastic Insert Signs	5 Ea		4	4	
25) Insert For Signs:					
TLD Required For Entry	5 Ea		4	4	
Radiation Area	5 Ea		4	4	
High Radiation Area	5 Ea		4	4	
Contaminated Area	5 Ea		4	4	
Airborne Radioactive Area	5 Ea		4	4	
Radioactive Material	5 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 4 of 4

DATA SHEET 8

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
26) Blank Data Sheet 8, 91702-C, Sheets 1 thru 4	1 Ea		4	4	Ensure Current Revisions
27) TLDs	3 Ea			4	

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
28) ASP-1/HP-210 (or equiv.)	1 Ea				1,2	

REMARKS: _____

Kit Sealed after Inventory (Y/N)
Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____
Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 9
AMBULANCE EMERGENCY KIT

Storage Location: HP Control Point

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Absorbent Dry-Up Towels	10 Ea		4	4	
2) Radiation Tags	15 Ea		4	4	
3) Blank Data Sheet 9, 91702-C, Sheets 1 thru 2	1 Ea		4	4	Ensure Current Revisions
4) Paper P.C.'s W/Shoe Covers	3 Sets		4	4	Large or Extra Large
5) Yellow Poly Bags (large)	5 Ea		4	4	
6) Duct Tape (2")	2 Rolls		4	4	
7) Ambulance Interior Covering	1 Ea		4	4	
8) Poly Sheeting	100 Sq. Ft.		4	4	
9) Razor Knife (or equiv.)	1 Ea		4	4	
10) Pens	5 Ea		4	4	
11) Cotton Gloves	10 Pair		4	4	
12) Disposable Surgeon's Gloves	10 Pair			4	Large or Extra Large
13) Radiation Tape	1 Roll		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

DATA SHEET 9

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
14) Flashlights (2-D cell or equivalent)	1 Ea			1	
15) 9V Transistor Batteries	4 Ea			4	
16) C-Cell Batteries	12 Ea			4	
17) D-Cell Batteries	2 Ea			4	

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
18) ASP-1/HP-270 (or equiv.)	1 Ea				1,2	
19) ASP-1/HP-260 (or equiv.)	2 Ea		1. 2.		1,2	
20) RO-2 (or equiv.)	1 Ea				1,2	

REMARKS: _____

Kit Sealed after Inventory (Y/N)
Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____
Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Reference Use

DATA SHEET 10
HOSPITAL KIT

Storage Location:
Burke Co. Hospital / Doctors Hospital

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) Step-Off Pads	4 Pads		4	4	
2) CA-1-60 Cable	1 Ea		4	4	
3) CA-16-60 Cable	1 Ea		4	4	
4) Radiation Barrier Rope	1 Roll (100 ft)		4	4	
5) Yellow Poly Bags (large)	30 Ea		4	4	
6) Green Herculite (Precut)	1 Set		4	4	
7) Yellow Herculite (Precut)	1 Set		4	4	
8) Dosimeter Issue Log	1 Ea		4	4	
9) Plastic Insert Signs	6 Ea		4	4	
10) Insert For Signs:					
TLD Required For Entry	6 Ea		4	4	
Radiation Area	6 Ea		4	4	
High Radiation Area	6 Ea		4	4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 2 of 4

DATA SHEET 10

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
10) Insert For Signs: (Cont'd)					
Contaminated Area	6 Ea		4	4	
Airborne Radioactivity Area	6 Ea		4	4	
Radioactive Material	6 Ea		4	4	
Keep Out	6 Ea		4	4	
Notify HP prior to entry	6 Ea		4	4	
11) White Herculite (Precut)	1 Set		4	4	
12) Water Hoses	1 Ea		4	4	
13) Decontamination Table	1 Ea		4	4	
14) Contaminated Water Container	1 Ea		4	4	
15) Sample Kit	1 Ea		4	4	
16) Accident Poster	2 Ea		4	4	
17) Log Book	1 Ea		4	4	
18) P.C.'s (Complete Sets)	25 Ea		4	4	RMC Sets (Large or Extra Large)
19) Shoe Covers	10 pair		4	4	Large or Extra Large

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 3 of 4

DATA SHEET 10

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
20) Marking Pens	2 Ea		4	4	
21) Writing Tablets	2 Ea		4	4	
22) Masking Tape 2"	4 Rolls		4	4	
23) Stanchions	10 Ea		4	4	
24) Coleman Lantern Mantle	2 Ea		4	4	Use for source check
25) Blank Data Sheet 10, 91702-C, Sheets 1 thru 4	1 Ea		4	4	Ensure Current Revisions
26) Masslinn	2 packs		4	4	
27) Decontamination Kit:					
Phisoderm	1 Bottle		4	4	
0.9% Saline Sol.	1 Liter			4	
Hydrogen Peroxide	1 Pt			4	
Betadine Scrub	1 Bottle			4	
28) HP-210 Probe (or equiv.)	1 Ea		4	1	
29) C-Cell Batteries	12 Ea			4	

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 4 of 4

DATA SHEET 10

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
30) 9V Transistor Batteries	4 Ea			4	
31) Self-Reading Dosimeters (0-99.99 Rem)	15 Ea			5	
32) TLDs	15 Ea			4	

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	SERIAL #/ ID #	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
33) ASP-1/HP-210 (or equiv.)	1 Ea				1,2	
34) ASP-1/HP-270 (or equiv.)	1 Ea				1,2	
35) RM-14/HP-210 (or equiv.)	1 Ea				1,2,3	

REMARKS: _____

Kit Sealed after Inventory (Y/N)

Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

Sheet 1 of 1

Reference Use

DATA SHEET 11

SECURITY AND OFFSITE EMERGENCY RESPONDER DOSIMETRY

Storage Location: Security PESB

ITEM DESCRIPTION	QUANT REQ'D	QUANT FND	CAL/EXP DUE DATE*	CHECK CODE*	CHECK PERFORMED/ COMMENTS
1) TLD	15 Ea			4	
2) Self-Reading Dosimeters (0-99.99 Rem)	40 Ea			5	
3) Responder Dosimetry Assignment Form	15 Ea		4	4	Figure found in Procedure 45012-C (These forms should be blank except for the ER#, TLD# and the EDRD#. If this is not the case, obtain new forms and place this information on them.)
4) Blank Data Sheet 11, 91702-C, Sheet 1	1 Ea		4	4	Ensure Current Revisions
5) Daily Dose Cards	50 Ea.		4	4	

REMARKS: _____

Kit Sealed after Inventory (Y/N)
Signature below indicates that all the above items are present and operational unless otherwise noted in Remarks.

Signature _____ Date _____

Reviewed by _____ Date _____

*(1) Operation/Response (2) Battery Check (3) Plugged In (4) No information required (5) Switched On

PRB REVIEW REQUIRED

INVENTORY AND TESTING OF EMERGENCY PREPAREDNESS MATERIAL/EQUIPMENT WHICH ARE NOT PART OF THE EMERGENCY KITS

PROCEDURE USAGE REQUIREMENTS-		SECTIONS
Continuous Use:	Procedure must be open and readily available at the work location. Follow procedure step by step unless otherwise directed.	
Reference Use:	Procedure or applicable section(s) available at the work location for ready reference by person performing steps.	• Data Sheet 1 • Data Sheet 2 • Data Sheet 3 • Data Sheet 4 • Data Sheet 5 • Data Sheet 6 • Data Sheet 7 • Emergency Vehicle Assignment Checklist
Information Use:	Available on plant site for reference as needed.	**Remainder of Procedure**

Information Use

1.0 PURPOSE

The purpose of this procedure is to provide instructions for conducting an inventory and testing of emergency preparedness materials/equipment which are not part of the emergency kits.

2.0 RESPONSIBILITY

The Emergency Preparedness Coordinator (EPC) shall be responsible for the periodic inventory, testing, maintenance and replacement of emergency preparedness materials/equipment which are not part of emergency kits.

3.0 PREREQUISITES

NONE

4.0 PRECAUTIONS

NONE

5.0 PROCEDURE

5.1 Inventory of Emergency Preparedness material/equipment which are not part of the emergency kits shall be performed every six months or more frequently, as deemed necessary by the EPC.

5.2 Testing of the Integrated Plant Computer (IPC) shall be performed monthly.

5.3 An operational test of the Emergency Operations Facility (EOF) ventilation system shall be performed quarterly.

5.4 The inventory and/or test shall be conducted using the Data Sheets included in this procedure for the following locations:

5.4.1 Technical Support Center (TSC) Inventory - Data Sheet 1.

5.4.2 Control Room (CR) Inventory - Data Sheet 2.

5.4.3 Operations Support Center (OSC) Inventory - Data Sheet 3.

NOTE

Additional records or information can be transmitted to the EOF by hand or facsimile such as: Environmental Radiological Monitoring Records, VEGP, GPC and SNC Employee Radiation Histories, System Piping and Instrumentation Diagrams, Piping Area Diagrams, Electrical One-Line, Elementary and Wiring Diagrams, and HVAC Flow Diagrams.

5.4.4 Emergency Operations Facility (EOF) Inventory - Data Sheet 4.

5.4.5 Back-up Emergency Operations Facility (BEOF) Inventory - Data Sheet 5.

5.4.6 TSC and EOF Plant Computer Test - Data Sheet 6.

5.4.7 EOF Ventilation System Operational Test - Data Sheet 7.

5.5 Per procedure 91701-C, "Preparation and Control of Emergency Preparedness Documents", designated required documents and reference items in Data Sheets 1, 2, 3 and 4 of this procedure will be audited every calendar quarter and/or after each facility activation.

5.6 The EPC shall assign an individual to conduct an inventory and/or test if either of the following conditions exist:

5.6.1 The six month inventory and/or monthly/quarterly testing schedule is due.

5.6.2 Damage or loss of materials/equipment is suspected or apparent.

5.7 When materials/equipment are found to be inoperable, damaged, or missing, they should be repaired or replaced.

5.8 If immediate repair or replacement of inoperable, damaged, or missing materials/equipment is not possible, denote it as such on the appropriate Data Sheet and notify the EPC.

5.9 Upon completion of the inventory and/or test, the person(s) performing that task shall sign, date, and forward the Data Sheets to the EPC.

5.10 The EPC shall notify the Manager Training and Emergency Preparedness in writing if:

a. A semi-annual requirement has not been performed before June 30 or December 31, as appropriate.

b. A quarterly test requirement has not been performed before the last day of the calendar quarter in which it was due.

c. A monthly requirement has not been performed before the last day of the calendar month in which it was due.

5.11 The EPC shall coordinate the replacement and maintenance of equipment and supplies.

5.12 The EPC may designate steps as N/A when deemed appropriate.

5.13 A file of the Data Sheets shall be maintained by the EPC for a period of one year.

6.0 REFERENCES

6.1 PROCEDURES

6.1.1 91201-C, "Activation And Operation Of The Technical Support Center"

6.1.2 91202-C, "Activation And Operation Of The Operations Support Center"

6.1.3 91203-C, "Activation And Operation Of The Emergency Operations Facility"

6.1.4 91204-C, "Emergency Response Communications"

6.1.5 91701-C, "Preparation and Control of Emergency Preparedness Documents

6.1.6 91702-C, "Emergency Equipment And Supplies"

6.1.7 13505-1 "Integrated Plant Computer"

END OF PROCEDURE TEXT

Reference Use

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

Check the correct block for each item appropriately:

[ ] YES, denotes the item(s) is present and operating correctly.

[ ] NO, denotes the item(s) is missing or "Out of Service".

( ) denotes the quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

YES	NO	ITEM(S)
[ ]	[ ]	VEGP - Technical Support Center Layout
[ ]	[ ]	Emergency Level Magnetic Signs (5)
[ ]	[ ]	Emergency Team Status Board
[ ]	[ ]	Sequence of Events Status Board
[ ]	[ ]	Plant Parameter Status Board
[ ]	[ ]	Radiation Monitor/Habitability Status Board
[ ]	[ ]	VEGP 10 mile EPZ (wall mounted)
[ ]	[ ]	TSC Organizational Chart
[ ]	[ ]	Field Monitoring Teams Status Board
[ ]	[ ]	Field Team Data Status Board

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL

YES	NO	ITEM(S)
[ ]	[ ]	Projected Dose Status Board
[ ]	[ ]	VEGP Site Plan map board (wall mounted in HP area)
[ ]	[ ]	VEGP 10 mile EPZ map board (wall mounted in HP area)
[ ]	[ ]	VEGP Plant Photo
[ ]	[ ]	"Keep Out-Drill in Progress", Magnetic Sign (2)
[ ]	[ ]	"No Eating, Drinking, Smoking or Chewing in this Area", Magnetic Sign
[ ]	[ ]	VEGP Emergency Response Telephone Directories (3)*
[ ]	[ ]	Augusta Phone Book
[ ]	[ ]	Waynesboro Phone Book
[ ]	[ ]	Precautions/Limitations and Set Points Manual
[ ]	[ ]	VEGP Emergency Plan
[ ]	[ ]	Operations Work Planning Loads Test Manual
[ ]	[ ]	VEGP Tech Specs*
[ ]	[ ]	VEGP Combined Spill Prevention Control Countermeasure (SPCC)
[ ]	[ ]	CRC Standard Mathematical Tables

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	Handbook of Modern Electronics And Electrical Engineering
[ ]	[ ]	Fire Protection Boundary List
[ ]	[ ]	Plant Technical Data Book Unit 1
[ ]	[ ]	Plant Technical Data Book Unit 2
[ ]	[ ]	Equipment Index (U-1 - 1X4DR010, U-2 - 2X4DR010) [On CD-ROM]
[ ]	[ ]	Chemistry Procedures Manuals
[ ]	[ ]	Safety Related Pump Vendor Manuals
[ ]	[ ]	Sequence of Events Log - TSC
[ ]	[ ]	TSC Manager Packet*
[ ]	[ ]	Emergency Director Packet*
[ ]	[ ]	Health Physics Supervisor Packet*
[ ]	[ ]	Security Supervisor Packet*
[ ]	[ ]	Chemistry Supervisor Packet*
[ ]	[ ]	Operations Supervisor Packet*
[ ]	[ ]	Maintenance Supervisor Packet*
[ ]	[ ]	ENN Communicator Packet*

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	Engineering Supervisor Packet*
[ ]	[ ]	EPIP's, Series 91000, TSC #1*
[ ]	[ ]	EPIP's, Series 91000, TSC #2*
[ ]	[ ]	INPO Emergency Resources Manual
[ ]	[ ]	Operations Procedures, Series 12000
[ ]	[ ]	Operations Procedures, Series 18000
[ ]	[ ]	Operations Procedures, Series 13000
[ ]	[ ]	Operations Procedures, Series 19000
[ ]	[ ]	Health Physics Manual
[ ]	[ ]	Instrument Log Listing (Microfiche) [On CD-ROM]
[ ]	[ ]	Roots, Vents, Drains, and Instrument Control Valve Designation (U-1 - 1X4DR007, U-2 - 2X4DR007) [On CD-ROM]
[ ]	[ ]	Power Supply List
[ ]	[ ]	FSAR
[ ]	[ ]	Savannah River Site Emergency Plan
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex C, Savannah River Site
[ ]	[ ]	Emergency Action Level (EAL) Technical Basis

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

REFERENCE MATERIAL (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex F
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex D, Plant Vogtle
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Base Plan
[ ]	[ ]	Radiological Emergency Response Plans for Aiken, Allendale, and Barnwell Counties in South Carolina
[ ]	[ ]	Valve Location Unit 1
[ ]	[ ]	Valve Location Unit 2
[ ]	[ ]	P&ID's Unit 1, 2 and Common
[ ]	[ ]	Plant Procedures Index
[ ]	[ ]	South Carolina Operational Radiological Emergency Response Plan
[ ]	[ ]	CRC Handbook of Chemistry and Physics
[ ]	[ ]	Mark's Standard Handbook for Mechanical Engineers
[ ]	[ ]	NBS/NRC Steam Tables
[ ]	[ ]	10 CFR
[ ]	[ ]	Core Operating Limits Reports
[ ]	[ ]	SAMG's (3)*
[ ]	[ ]	Evaluation by Plant Engineering Staff (ERG background information)

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

OTHER MATERIALS/EQUIPMENT

YES	NO	ITEM(S)
[ ]	[ ]	Facsimile Paper (2 Packages)
[ ]	[ ]	Copy Machine & Paper (2 Packages)
[ ]	[ ]	Copy Machine Cartridge
[ ]	[ ]	Dose Assessment Computer System
[ ]	[ ]	Printer Paper (Dose Assessment Computer)
[ ]	[ ]	Clocks (3)
[ ]	[ ]	Telephone Headset (Status Loop Communicator)
[ ]	[ ]	Microfiche reader
[ ]	[ ]	Power strip
[ ]	[ ]	Hand Held Radio (Channel 5)
[ ]	[ ]	IPC Video Copier Paper (1 roll)
[ ]	[ ]	IPC Video copier donor film (1 roll)

Sheet 7 of 7

DATA SHEET 1

TECHNICAL SUPPORT CENTER (TSC) INVENTORY

COMMENTS: _____

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Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

Reference Use

DATA SHEET 2

CONTROL ROOM (CR) INVENTORY

Check the correct block for each item appropriately:

[ ] YES, denotes the item(s) is present and operating correctly.

[ ] NO, denotes the item(s) is missing or "Out of Service".

( ) denotes the quantity of items that should be present in excess of one (1).

REFERENCE MATERIAL

YES	NO	ITEM(S)
[ ]	[ ]	EPIP's, Series 91000, Control Room*
[ ]	[ ]	VEGP - Technical Specifications (5 sets)*
[ ]	[ ]	VEGP Emergency Response Telephone Directory*
[ ]	[ ]	Notification and Classification forms (3 sets)*
[ ]	[ ]	VEGP Emergency Plan
[ ]	[ ]	Plant Operating Procedures
[ ]	[ ]	Abnormal Operating Procedures
[ ]	[ ]	Annunciator Response Procedures
[ ]	[ ]	Emergency Operating Procedures
[ ]	[ ]	FSAR
[ ]	[ ]	Severe Accident Control Room Guideline Initial Response (SACRG-1)
[ ]	[ ]	Severe Accident Control Room Guideline for Transients After the TSC is Functional (SACRG-2)

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 2

CONTROL ROOM (CR) INVENTORY

COMMENTS: _____

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Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

Reference Use

DATA SHEET 3

OPERATIONS SUPPORT CENTER (OSC) INVENTORY

Check the correct block for each item appropriately:

[ ] YES, denotes the item(s) is present.

[ ] NO, denotes the item(s) is missing or "Out of Service".

( ) denotes the minimum quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

YES	NO	ITEM(S)
[ ]	[ ]	Organization Structure
[ ]	[ ]	Plant Parameters
[ ]	[ ]	Sequence of Events
[ ]	[ ]	Emergency Team Status
[ ]	[ ]	OSC Layout
[ ]	[ ]	VEGP Site Plan map
[ ]	[ ]	VEGP Permanent Protected Area Site Plan
[ ]	[ ]	VEGP 10 Mile EPZ
[ ]	[ ]	EPIP's - Series 91000, OSC Manager*
[ ]	[ ]	VEGP Emergency Response Telephone Directory*

COMMUNICATION EQUIPMENT

[ ]	[ ]	Head Set for telephone (Status Loop Communicator)

* - Denotes quarterly audit required and/or after every facility activation

Sheet 2 of 3

DATA SHEET 3

OPERATIONS SUPPORT CENTER (OSC) INVENTORY

REFERENCE MATERIAL

YES	NO	ITEM(S)
[ ]	[ ]	Equipment Master File Listing (U-1 - 1X4DR010, U-2 - 2X4DR010) [On CD-ROM]
[ ]	[ ]	Instrument Index (CX5DM208) [On CD-ROM]

DESK LABELS

[ ]	[ ]	OSC Document Control Team
[ ]	[ ]	First Aid
[ ]	[ ]	Communications Support
[ ]	[ ]	Mechanical
[ ]	[ ]	Status Loop Communicator
[ ]	[ ]	Warehouse Support
[ ]	[ ]	OSC Manager
[ ]	[ ]	OSC Manager Clerk
[ ]	[ ]	Instrument & Controls
[ ]	[ ]	Electrical

EMERGENCY VEHICLE KEY RINGS

[ ]	[ ]	Set #1 – Keys for Emergency Vehicles (1-6).
[ ]	[ ]	Set #2 – Keys for Emergency Vehicles (1-6).
[ ]	[ ]	Set #3 – Keys for Emergency Vehicles (1-6).
[ ]	[ ]	Set #4 – Keys for Emergency Vehicles in Security Building (1-6).

DATA SHEET 3

OPERATIONS SUPPORT CENTER (OSC) INVENTORY

MAGNETIC SIGNS

YES	NO	ITEM(S)
[ ]	[ ]	"Do not exit. This is a drill" (2)
[ ]	[ ]	"Do not enter. Use south stairs. This is a drill"
[ ]	[ ]	"Keep out drill in progress" (3)
[ ]	[ ]	"No Eating, Drinking, Smoking or Chewing in this Area"

INDIVIDUAL PACKETS

[ ]	[ ]	Offsite Relocation Center Team Handbook*
[ ]	[ ]	Lab Foreman Handbook*
[ ]	[ ]	Search & Rescue Team/First Aid Team Handbook*
[ ]	[ ]	OSC Managers Handbook*

COMMENTS: _____

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Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

* - Denotes quarterly audit required and/or after every facility activation

Reference Use

DATA SHEET 4

EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

Check the correct block for each item appropriately:

[ ] YES, denotes the item(s) is present and operating correctly.

[ ] NO, denotes the item(s) is missing or "Out of Service".

( ) denotes the quantity of items that should be present in excess of one (1).

STATUS BOARDS, CHARTS, AND MAPS

YES	NO	ITEM(S)
[ ]	[ ]	Field Monitoring Team Map (10 mile EPZ on wall) (2)
[ ]	[ ]	VEGP 50 mile EPZ (on wall)
[ ]	[ ]	SRS Emergency Response Grid Map
[ ]	[ ]	VEGP Site Plan map, portable
[ ]	[ ]	Emergency Status Board (wood frame, illuminated)
[ ]	[ ]	EOF Organization Board
[ ]	[ ]	"No Eating, Drinking, Smoking or Chewing in this Area", Magnetic sign

REFERENCE MATERIALS

[ ]	[ ]	FSAR
[ ]	[ ]	VEGP, Technical Specifications*
[ ]	[ ]	EPIP's - Series 91000, Support Coordinator*
[ ]	[ ]	EPIP's - Series 91000, EOF *
[ ]	[ ]	VEGP, Emergency Plan

* - Denotes quarterly audit required and/or after every facility activation

Sheet 2 of 5

DATA SHEET 4

EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

REFERENCE MATERIALS (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	VEGP, Operations Procedures Manual - Series 19000
[ ]	[ ]	INPO Emergency Resources Manual
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Base Plan
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex D, Plant Vogtle
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex F, Ingestion Pathway
[ ]	[ ]	State of Georgia Radiological Emergency Plan, Annex C, Savannah River Site
[ ]	[ ]	South Carolina - Operational Radiological Emergency Response Plan
[ ]	[ ]	Radiological Emergency Response Plan for Allendale, and Barnwell Counties in South Carolina
[ ]	[ ]	Savannah River Site Emergency Plan
[ ]	[ ]	Mark's Standard Handbook for Mechanical Engineers
[ ]	[ ]	CRC Standard Math Tables
[ ]	[ ]	Standard Handbook for Electrical Engineers
[ ]	[ ]	SAMG's
[ ]	[ ]	VEGP Technical Requirement Manual
[ ]	[ ]	VEGP Technical Basis Manual
[ ]	[ ]	Core Operating Limits Report and Pressure & Temperature Limits Report

Sheet 3 of 5

DATA SHEET 4

EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

REFERENCE MATERIALS (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	South Carolina Emergency Operations Plan
[ ]	[ ]	South Carolina Hurricane Plan
[ ]	[ ]	South Carolina Emergency Recovery Plan
[ ]	[ ]	Burke County EOC Liaison Technical Handbook
[ ]	[ ]	Aiken County Emergency Operations Plan
[ ]	[ ]	LDCR's
[ ]	[ ]	Corporate Emergency Plan Implementing Procedures (Vogtle Project)
[ ]	[ ]	Plant Operating Procedures (Training Center Library or Simulator)
[ ]	[ ]	Offsite Population Distribution Data (FSAR)
[ ]	[ ]	Evacuation Plan (Emergency Plan)

OTHER MATERIALS/EQUIPMENT

[ ]	[ ]	Facsimile Paper (1 Roll per each type)
[ ]	[ ]	Overhead Projectors (6)
[ ]	[ ]	Dose Assessment Computer, printer and printer paper
[ ]	[ ]	VEGP Emergency Response Telephone Directories (7)*
[ ]	[ ]	EOF - ENN Logbooks (2)

DATA SHEET 4

EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

OTHER MATERIALS/EQUIPMENT (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	Copy Machine (1) - Paper (4 Packages)
[ ]	[ ]	Telephone Headset
[ ]	[ ]	IPC Video copier paper (1 roll)
[ ]	[ ]	IPC Video copier donor film (1 roll)

INDIVIDUAL PACKETS

[ ]	[ ]	Dose Assessment Supervisor*
[ ]	[ ]	EOF Support Coordinator*
[ ]	[ ]	EOF Manager*
[ ]	[ ]	ENN Communicator*
[ ]	[ ]	Field Survey Team Communicator*
[ ]	[ ]	Emergency Director*
[ ]	[ ]	Field Survey Team Books (3)*
[ ]	[ ]	Field Survey Team Book (PESB entrance)*
[ ]	[ ]	Dose Analyst*
[ ]	[ ]	Habitability Monitor*

* - Denotes quarterly audit required and/or after every facility activation

DATA SHEET 4

EMERGENCY OPERATIONS FACILITY (EOF) INVENTORY

DESK LABELS

YES	NO	ITEM(S)
[ ]	[ ]	GEMA
[ ]	[ ]	SRS
[ ]	[ ]	South Carolina
[ ]	[ ]	NRC Director Site Operations
[ ]	[ ]	EOF Manager
[ ]	[ ]	Support Coordinator
[ ]	[ ]	Dose Assessment Supervisor
[ ]	[ ]	DNR
[ ]	[ ]	FEMA
[ ]	[ ]	NRC (2)
[ ]	[ ]	Emergency Director

COMMENTS: _____

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Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

Reference Use

DATA SHEET 5

BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

Check the correct block for each item appropriately:

[ ] YES, denotes the item(s) is present and operating correctly.

[ ] NO, denotes the item(s) is missing or "Out of Service".

( ) denotes the quantity of items that should be present in excess of one (1).

LOCATION: - BEOF/Operating Headquarters Waynesboro

STATUS BOARDS

YES	NO	ITEM(S)
[ ]	[ ]	Plant Parameter - status board, portable
[ ]	[ ]	Meteorological & Source Term Data - status board, portable
[ ]	[ ]	Radiation Monitor Status - status board, portable
[ ]	[ ]	50 mile EPZ map
[ ]	[ ]	Sequence of Events - status board, portable
[ ]	[ ]	Projected Dose And Dose Rate - status board, portable
[ ]	[ ]	10 mile EPZ map
[ ]	[ ]	Back-up EOF Facility Layout
[ ]	[ ]	Back-up EOF Phones Matrix

MATERIALS/EQUIPMENT

[ ]	[ ]	Tables (15)
[ ]	[ ]	Chairs (40)

DATA SHEET 5

BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

MATERIALS/EQUIPMENT (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	Easels (3)
[ ]	[ ]	Facsimile Paper (2 Packages)
[ ]	[ ]	Grease pens
[ ]	[ ]	Transparency pens
[ ]	[ ]	Transparency Material (Blank Sheets) (1 Box)
[ ]	[ ]	Telephone User Guide
[ ]	[ ]	Notepads (10)
[ ]	[ ]	Pens (1 box)
[ ]	[ ]	Pencils (1 box)
[ ]	[ ]	Projector lamp bulb
[ ]	[ ]	Stapler
[ ]	[ ]	Clip Board
[ ]	[ ]	Telephone Extension Cords (5)
[ ]	[ ]	Electrical Extension Cords (2)
[ ]	[ ]	Georgia Power Telephone Directory
[ ]	[ ]	Duct Tape (2 Rolls)
[ ]	[ ]	Masking Tape (2 Rolls)

Sheet 3 of 3

DATA SHEET 5

BACK-UP EMERGENCY OPERATIONS FACILITY (BEOF) INVENTORY

MATERIALS/EQUIPMENT (Cont'd)

YES	NO	ITEM(S)
[ ]	[ ]	Extension Cord Covers (5)
[ ]	[ ]	Rubber Bands (1 Box)
[ ]	[ ]	Status Loop/Computer Operator Overhead Transparencies
[ ]	[ ]	Status Loop Telephone Headset

COMMENTS: _____

Inventoried by: _____ Date: _____

Reviewed by: _____ Date: _____

Reference Use

DATA SHEET 6

TSC AND EOF INTEGRATED PLANT COMPUTER TESTING

I. TSC TESTING

a. Verify operation of (5) IPC work stations in the following manner:

(1) Ensure that the monitor power switch is "ON".

(2) Depress key labeled "CMPTR System Status" and verify that the TSC has (3) Unit 1 monitor icons and (2) Unit 2 monitor icons that indicate "green".

(3) Depress any system overview key (i.e., steam generator) and ensure that there is a display with intermittent change of data.

(4) Depress the Unit switch and change between Units and Simulator.

(5) Results of Test SAT [ ] UNSAT [ ]

Performed By: _____ Date: _____

b. Verify operation of IPC video copy in the following manner:

(1) Ensure that the copy power switch is "ON" and copier indicates "READY".

(2) Ensure that (2) video multiplexers are "ON".

(3) Depress the "VIDEO COPY" key and obtain copy.

(4) Results of Test SAT [ ] UNSAT [ ]

Performed By: _____ Date: _____

(5) Comments: _____

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Reviewed By: _____ Date: _____

Sheet 2 of 2

DATA SHEET 6

TSC AND EOF INTEGRATED PLANT COMPUTER TESTING

II. EOF TESTING

a. Verify operation of (5) IPC work stations in the following manner:

(1) Ensure that the monitor power switch is "ON".

(2) Depress key labeled "CMPTR System Status" and verify that the EOF has (2) Unit 1 monitor icons and (3) Unit 2 monitor icons that indicate "green".

(3) Depress any system overview key (i.e., steam generator) and ensure that there is a display with intermittent change of data.

(4) Depress the Unit switch and change between Units and the Simulator.

(5) Results of Test SAT [ ] UNSAT [ ]

Performed By: _____ Date: _____

b. Verify operation of IPC video copy in the following manner:

(1) Ensure that the copy power switch is "ON" and copier indicates "READY".

(2) Ensure that (2) video multiplexers are ON.

(3) Depress the "VIDEO COPY" key and obtain copy.

(4) Results of Test SAT [ ] UNSAT [ ]

Performed By: _____ Date: _____

(5) Comments: _____

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Reviewed By: _____ Date: _____

Sheet 1 of 1

Reference Use

DATA SHEET 7

QUARTERLY EOF VENTILATION OPERATIONAL TESTING for

Perform ventilation test in the following manner: _____ _____
Quarter yr.

1. Verify that ventilation system is in the normal operating mode and the three (3) outside doors to the EOF are shut.

2. Push the emergency recirculation button located in the EOF mechanical room.

3. Wait 30 seconds.

NOTE

The minimum operational value is .01"W.C." If value is less than .025"W.C." engineering should evaluate.

4. Verify that the pressure on EOF Pressurization gauge is equal to or greater than .025 inches of water column.

Record value _____ "W.C." SAT [ ] UNSAT [ ]

5. Record HEPA filter d/p _____ "W.C." SAT [ ] UNSAT [ ]

If HEPA filter d/p value is greater than 1.75 "W.C.", notify Engineering.
Engineering Notified: _____
Date: _____

6. Record Pre-filter d/p _____ "W.C. SAT [ ] UNSAT [ ]

If Pre-filter d/p value is greater than .6 "W.C. notify Maintenance.
Maintenance Notified: _____
Date: _____

7. Pull the emergency recirculation button located in the EOF mechanical room out to its pre-test position.

8. Forward a completed test copy to the Manager Engineering Support.

9. Comments: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

Reference Use

EMERGENCY VEHICLE ASSIGNMENT CHECKLIST

NOTE

a. This checklist should be implemented whenever an emergency response vehicle is replaced by Fleet Maintenance personnel.

b. The items within this checklist are the minimum requirements that should be met to ensure that a vehicle is properly prepared for use in the emergency vehicle fleet.

EMERGENCY PREPAREDNESS PERSONNEL ACTIONS

1. Verify Fleet Maintenance personnel have installed the Trunking Radio. ☐
2. Obtain five (5) sets of keys from Fleet Maintenance personnel. ☐
3. Ensure that all five (5) sets of keys open the vehicle doors. ☐
4. Ensure that all five (5) sets of keys start the vehicle. ☐
5. Replace the old vehicle key with the new vehicle key on the following key rings
   a. Three (3) sets in the Operations Support Center Managers office. ☐
   b. One (1) set in the Security Building. ☐
   c. One (1) extra set in the Emergency Preparedness Office. ☐

NOTE

Vehicle number designators (stickers) can be obtained via the labeling machine on the second floor of the Service Building.

6. Install an emergency vehicle number designator (sticker) on the new vehicle. ☐
7. Install a "Maintain Fuel Level Greater Than ½ Tank" label in a position that can be easily seen by all personnel who operate the vehicle. ☐

COMMENTS: _____

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Performed By: _____ Date: _____

Reviewed By: _____ Date: _____