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November 4, 2003

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**FILE INSTRUCTIONS:**

OEP-ADM-1319.02 REV.15

**DESTROY OUTDATED:**

OEP-ADM-1319.02 REV.14

FAILURE TO COMPLY WITH REQUIRED ACTION, WITHIN FIVE (5) WORKING DAYS OF THIS REQUEST, COULD RESULT IN A CAP.

- REQUIRED ACTION:
1. ADD REVISION TO YOUR CONTROLLED COPIES.
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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU HAVE FILED THE CURRENT REVISION. THIS SIGNED FORM CAN BE USED FOR AUDITING PURPOSES.

AG5942 (08/02)

A045

**AmerGen**

An Exelon/British Energy Company

**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

OEP-ADM-1319.02

| Title  | Usage Level | Revision No. |
|--|-------------|--------------|
| EMERGENCY RESPONSE FACILITIES & EQUIPMENT<br>MAINTENANCE | 3           | 15           |

Prior Revision 14 incorporated the  
following Temporary Changes:

N/A

This Revision 15 incorporates the  
following Temporary Changes:

N/AList of Pages

1.0 to 11.0  
E1-1 to E1-21  
E2-1 to E2-5  
E3-1 to E3-2  
E4-1 to E4-4  
E5-1  
E6-1 to E6-2  
E7-1 to E7-3  
E8-1 to E8-3  
E9-1

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**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

OEP-ADM-1319.02

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

15

DOCUMENT HISTORY

| REV | DATE     | DESCRIPTION OF CHANGE   | PREPARED BY:<br>REVIEWED BY:<br>APPROVED BY: |
|-----|----------|---|--|
| 7   | 07/17/92 | Revise forms requirement at several centers, update JIC equipment.  |  |
| 8   | 08/93    | Major rewrite of Procedure.   | D. VanNortwick                               |
| 9   | 09/94    | Update form i.e. Quantities and Nomenclature. Remove telephones, desks, chairs, clocks from inventory.  | A. Smith                                     |
| 10  | 12/94    | Update forms for various inventories at centers.  | A. Smith                                     |
| 11  | 05/19/95 | Reduce inventory of fixed equipment and normal consumables i.e. pens & pads clarify reporting instructions on inventory forms. Due to the extent of the change rev bars are not appropriate.  | A. Smith                                     |
| 0   | 04/06/96 | Remove North Gate inventories. Adjust various inventories to reflect anticipated needs. Further clarify reporting instructions. Correct responsible titles. Clarify review process for completed inventories. Due to the extent of the change rev bars are not appropriate. | A. Smith                                     |
| 1   | 02/97    | Reduce quantities of full face neg. pressure resp. at ERF's, add Zeolite cartridge insp., add Dosimeter charger to APP A-1, adjust the size of Phillips Head screw drivers in APP. "D" to reflect actual contents.  | A. Smith                                     |
| 2   | 12/97    | Delete Ref. To EPIP-OC-.04 add inventory sheet for new primary EAA which is now OCAB Cafeteria. Modify tests for EACC Computers to reflect current testing.   | A. Smith                                     |
| 3   | 06/98    | Adjusting inventories on various appendixes to reflect additional equip. consolidate forms for cleaner documentation. Change air sampler in on site van from hi-vol to lo-vol.  | J. Rayment                                   |
| 4   | 09/98    | Remove respirators from offsite FMT vans as per Revision 1 of this procedure.   | A. Smith                                     |
| 5   | 02/99    | Change "Xetex Chirper" to ESRD or equivalent.   | D. VanNortwick                               |
| 6   | 08/99    | Include rescue equipment in lockers-clarify locker location.  | D. VanNortwick                               |
| 7   | DOS      | Remove Comec and GPU cover page. Change reference from GPU or GPUN to OCNCS.  | A. Smith                                     |
| 8   | 04/01    | Relocate first aid equipment.   | G. Hutton                                    |
| 9   | 06/01    | Update titles, include change management process, update new locations for equipment.   | A. Smith                                     |
| 10  | 11/01    | Remove certain chemistry equipment and keep what is required by the plan.   | A. Smith                                     |
| 11  | ½        | Clarify location of RAC computer in ECC. Add Note regarding actions to take if "busy" signal detected while verifying CREST access during surveillance.   |  |
| 12  |          | Remove SCBA respirators from kits add checks for battery expiration.  | A. Smith                                     |

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**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

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|    |       |  |             |
|----|-------|--|-------------|
| 13 | 10/02 | <ul style="list-style-type: none"><li>• Added new page 3.0 renumbered old (Page 3.0 through 11.0)</li><li>• Revised Table of Contents (Page 4.0)</li><li>• 4.2 Revised EP Manager Title</li><li>• Revised following pages to replace:<br/>Personnel Clothing Contamination Survey Form" and Personnel Contamination Survey Event Report" with "OC Personnel Contamination Event Report" App A-1 page E1-3, A-2 page E1-5, A-3 E1-6, A4 E1-9, A-5 page E1-11, A-6 page E1-13, A-7 page E1-14, A-12 page E1-20, A-13 page E1-21</li><li>• Revised "Survey Forms Radiological Skin Clothing with "OC Personnel Contamination Event Report" App A-9 Page E1-16, A-10 Page E1-17.</li><li>• Revised App D Page E4-1 added defibrillator changed stretcher to stair, chair, backboard.</li><li>• Revised AC Bldg. 14 to Bldg. 12. Add O<sub>2</sub> Resuscitator. Deleted ambulance (no longer on site)</li><li>• Correct Appendix reference in 5.1.3 Note H to G)</li><li>• Correct Appendix reference in 5.4.2 (J to I)</li><li>• Eliminate 200' Rope App D increase 150' Quantity</li></ul> | J. Bontempo |
| 14 | 02/03 | TOC Correct Manager Chemistry/Environmental<br>Delete Supv Radwaste<br>Move 4.7.1 to 4.3.2<br>Renumber old 4.8 thru 4.10 to 4.7 thru 4.9<br>Section 2.0 Correct applicability to OCNS<br>App A-9 Correct Procedure reference from 6630-ADM-4330.02 to RP-AA-350<br>App B-2 Add note re keys for veh 2916<br>App H Delete reference to Button source  | J. Bontempo |
| 15 | 10/03 | Change Appendix I to Field Monitoring Vehicles checklist. Current Appendix I now becomes Appendix J.   | M. Chanda   |

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Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

15

**1.0 PURPOSE**

This procedure delineates the requirements to maintain availability and reliability of Emergency Equipment.

**2.0 APPLICABILITY/SCOPE**

This procedure applies to the Oyster Creek Nuclear Station personnel assigned responsibilities for Emergency Response Facilities and/or equipment.

**3.0 DEFINITIONS**

Housekeeping as used in this document is intended to maintain emergency lockers in a neat and orderly fashion.

**4.0 RESPONSIBILITIES****4.1 All Responsible Organizations**

- 4.1.1 Directors/Managers shall be responsible to assign an individual to inventory equipment/material needs for each facility as identified in Section 4.0.

**NOTE**

Directors/Managers shall be responsible to replace any equipment and/or supplies which were used or are missing or require maintenance.

**4.2 The Emergency Preparedness Manager or designee shall:**

- 4.2.1 Assign a facility custodian to maintain the Emergency Operations Facility (EOF), Tech Support Center (TSC), and Building 14 Remote Assembly Area in a state of readiness.

4.2.2 Ensure that inventories are performed at frequencies defined in this procedure and that surveillance deficiencies are identified, resolution scheduled and tracked to completion.

4.2.3 Review the results of inventories in accordance with Section 5.4.

4.3 The Manager, Chemistry/Environmental shall:

4.3.1 Maintain the Emergency Chemistry equipment in a state of readiness.

4.3.2 Maintain the Environmental Assessment Command Center (EACC) in a state of readiness.

4.4 The Director of Operations shall maintain the Emergency Control Center (ECC) in a state of readiness.

4.5 The Manager Security shall maintain the Main Gate Processing Center, and the Emergency Assembly Area in a state of readiness.

4.6 The Manager Radiation Protection shall:

4.6.1 Make available HP-Techs following each drill or quarter as necessary to assist completing the required inventory of facilities and Emergency Radiological Controls equipment. EP, individual facility coordinators, RCCs or RPSs will indicate the facilities and equipment to be inventoried and replenished.

4.6.2 Assign a custodian to test and maintain the Dose Projection Computer equipment located in the Control Room on the west wall adjacent to Panel 15R and in the Rad Analysis Support Engineer's office in the TSC.

4.6.3 Assign a facility custodian to ensure Rad Assessment Support Office in TSC is kept orderly and in a state of readiness.

4.6.4 Maintain Emergency Respirator Equipment Facility.

4.6.5 Ensure the Emergency Off-Site Monitoring Equipment is inventoried and maintained.

4.7 The Occupational Health shall ensure that First Aid and Rescue equipment is maintained.

4.8 The Director Maintenance-OC shall:

4.8.1 Assign a facility custodian and maintain the Operations Support Center (OSC) in a state of readiness.

4.8.2 Ensure that Manager Rad Engineering

4.9 Rad Engineering

4.9.1 Will ensure that Rad Pro emergency instruments are properly maintained, calibrated, and inventoried per applicable procedures.

5.0 PROCEDURE

5.1 Emergency Response Facilities

A facility custodian should be assigned for the TSC, OSC and EOF and may be assigned for other Emergency Response Facilities by the responsible director, manager, or supervisor as identified in Section 4.0. These facility custodians or the responsible Director, Manager, or Supervisor shall oversee the readiness of the assigned facility. Any changes to emergency facilities or equipment must be reviewed in accordance with the Change Management Process as referenced in this procedure.

This includes:

5.1.1 Maintenance of controlled procedures, drawings, logbooks, etc.

5.1.2 Inspection and inventory of the assigned facility after each use, but in no case less than quarterly, to verify stockage of required items and to test equipment operability.

5.1.3 The use of the Dose Projection Computers and associated equipment during a drill will constitute the inspection required after each drill as long as the quarterly requirements are met.

NOTE

Appendix G of this procedure will still be filled out to document the results of the inspection.

5.2 Emergency Equipment

Emergency equipment shall be inventoried, calibrated, and maintained by the responsible departments identified in Section 4.0.



5.2.1 Emergency kits/lockers shall be inventoried once each calendar quarter and after use during drills, exercises, training or actual emergencies. An inventory performed after use during drills, exercises, training or actual emergencies may also satisfy the quarterly requirement.

5.2.1.1 Inventories should be completed within 10 days of drill or training usage or end of quarter.

5.2.2 Radiological instruments should be inspected for serviceability, calibration, battery condition.

5.2.3 When removing any instrument or equipment for repair/calibration from any emergency equipment storage location, an equivalent (serviced and calibrated) replacement shall be provided by the end of the shift it was taken out of service on.

5.2.4 Radiological instruments in emergency lockers are not to be used for any other purpose in the plant. They are for emergency and drill use only.

5.2.5 Silver Zeolite Cartridges are certified by the manufacturer to have a ten year shelf life when in a sealed sleeve. The sleeve integrity and date on sleeve should be checked during each inventory. All other cartridges out of sleeves should be marked "For Training Use".

5.2.6 Emergency lockers and kits will be locked and periodically (at least quarterly) inspected for lock integrity. Lockers or kits with suspect integrity should be inventoried.

**NOTE**

Emergency kits which contain TLD's DO NOT store button source close to TLD's.

**5.3 Emergency Equipment/Facility Inventory**

5.3.1 The Responsible Departments shall complete required inventory checklists.

5.3.2 The responsible organization shall assign an individual to complete the inventory of the facilities and equipment as follows:

Appendix Organization

|      |   |
|------|---|
| A-1  | Rad Pro/Emergency Preparedness              |
| A-2  | Rad Pro/Emergency Preparedness              |
| A-3  | Rad Pro/Emergency Preparedness              |
| A-4  | Rad Pro/Emergency Preparedness              |
| A-5  | Rad Pro/Emergency Preparedness              |
| A-6  | Respiratory Protection Maintenance          |
| A-7  | Rad Pro/Emergency Preparedness              |
| A-8  | Rad Pro/Emergency Preparedness              |
| A-9  | Respiratory Protection Maintenance          |
| A-10 | Rad Pro/Emergency Preparedness              |
| A-11 | Rad Pro/Emergency Preparedness              |
| A-12 | Rad Pro/Emergency Preparedness              |
| A-13 | Rad Pro/Emergency Preparedness              |
| B-1  | Rad Pro/EP                                  |
| B-2  | Rad Pro/EP                                  |
| C    | Rad Pro/EP                                  |
| D    | Rad Pro/EP                                  |
| E    | Environmental or Rad Pro                    |
| F    | Rad Pro/EP (ECC, EOF, TSC, OSC, MGPC, JIC)) |
| G    | Rad Engineering/Environmental or Rad Pro    |
| H    | Radiac I & C or Rad Pro                     |

5.3.2.1 The assigned individual shall use the appropriate appendix as identified in 5.3.2.

5.3.2.2 Items listed on the inventory sheet shall not be allowed to remain less than 70% of the required quantity without replacement immediately. There are no upper limits for inventory quantities, normal housekeeping should apply.

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- 5.3.2.3 Deficiencies shall be noted and corrected. Damage to the facility or equipment should be noted. Items which are found to be in quantities described by 5.3.2.2 above shall not be considered deficient. Items which cannot be immediately corrected shall be identified with corrective action and date to be completed noted.
- 5.3.2.4 Consumables with established shelf life should be verified current through the next expected inventory.

#### 5.4 Inventory Review

- 5.4.1 The inventory checklist will be reviewed by a responsible department supervisor or designee indicating any deficiencies found have been corrected. Unresolved deficiencies will be noted including suggestions for corrective actions, sign checklist and return to the Emergency Preparedness Surveillance Coordinator.
- 5.4.2 The Emergency Preparedness Coordinator or designee shall review ERF Checklists in accordance with inventory expectations and this procedure and subsequently file all Emergency Equipment/Facility Checklists in Emergency Preparedness Section files for interim storage until filed in the DCC as LP Documents. Receipt of the checklists will be tracked using Appendix I. A random sample of inventories will be reviewed by the EP Coordinator or designee for each drill or at least quarterly.

#### 6.0 REFERENCES

- 6.1 2000-PLN-1300.01, OCGS Emergency Plan.
- 6.2 Emergency Preparedness Procedure, OEP-ADM-1319.01, Oyster Creek Emergency Preparedness Program
- 6.3 AD-AA-1101 Change Management
- 6.4 AD-AA-1102 Change Management Overview and Supplemental Information
- 6.5 AD-AA-1103 Change Management Checklist

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

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7.0 EXHIBITS

- |      |            |   |
|------|------------|---|
| 7.1  | Appendix A | Emergency Rad Pro Equipment                 |
| 7.2  | Appendix B | Emergency Monitoring Equipment              |
| 7.3  | Appendix C | Emergency Chemistry Equipment               |
| 7.4  | Appendix D | Emergency First Aid and Rescue Equipment    |
| 7.5  | Appendix E | EACC Checklist                              |
| 7.6  | Appendix F | Emergency Facilities Equipment              |
| 7.7  | Appendix G | Emergency Offsite Dose Projection Computers |
| 7.8  | Appendix H | Hospital Rad Pro Equipment                  |
| 7.9  | Appendix I | Field Monitoring Vehicles                   |
| 7.10 | Appendix J | Inventories Tracking Form                   |

APPENDIX AEmergency Rad Con EquipmentAppendix SectionLocation

|      |  |
|------|--|
| A-1  | Emergency Assembly Area (Warehouse)                  |
| A-2  | Emergency Control Center                             |
| A-3  | Remote Assembly Area (Berkeley)                      |
| A-4  | Operations Support Center                            |
| A-5  | Main Gate Processing Center                          |
| A-6  | Technical Support Center                             |
| A-7  | Emergency Operations Facility                        |
| A-8  | Emergency Respiratory Equipment Issue Facility       |
| A-9  | Contaminated/Injured Worker Transport Kits Ambulance |
| A-10 | RWP Office   |
| A-11 | RAA Transport Kit (OSC)                              |
| A-12 | FRAA (Building 14)                                   |
| A-13 | Emergency Assembly Area (OCAB)                       |

APPENDIX A-1  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Assembly Area Type: Emergency Locker Inventory Date: \_\_\_\_\_  
(Warehouse)

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_ By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                       | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Button Source                              | 1                  |          |
| Dose Rate Meter w/batt. (0-1R/Hr.)         | 1                  |          |
| Frisker w/probe & power cable              | 1                  |          |
| Area Rad Monitor w/alarm                   | 1*                 |          |
| Air Sampler, Continuous Monitoring w/alarm | 1*                 |          |
| Air Sampler, Low Vol. RAS 1                | 1                  |          |
| Particulate Air Sample Filter              | 50                 |          |
| Silver Zeolite Cartridge GY130             | 5                  |          |
| Duct Tape (2 inch roll)                    | 1                  |          |
| Poly Sheets (4 ft. x 8 ft.)                | 2                  |          |
| Smear Disc                                 | Approx. 100        |          |
| Sample Envelopes                           | Approx. 100        |          |
| Radiation Warning Rope                     | Approx. 200 ft.    |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

- THESE ITEMS STORED OUTSIDE OF LOCKER

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-1 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Assembly Area  
(Warehouse)

Type: Emergency Locker

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

Inventory Performed \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
Locked or Sealed \_\_\_\_\_

Reviewed: \_\_\_\_\_  
By Dept. Supervisor

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

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Poly Bag (medium)                       | 10                 |          |
| Radiological Warning Signs              | 5                  |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map             | 10                 |          |
| Bull Horn                               | 2                  |          |
| Rad Materials Stickers                  | 20                 |          |
| Step-off Pad                            | 2                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-3

APPENDIX A-2  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Control Center Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
By Dept. Supervisor

Locked or Sealed  
Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM  | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source                                   | 1                  |          |
| Dose Rate Meter (0-50 R/Hr.)                    | 2                  |          |
| Alarming Dosimeter                              | 5                  |          |
| Frisker w/probe & power cable                   | 1                  |          |
| Air Sampler, Continuous monitoring w/alarm      | 1                  |          |
| Air Sampler, Low Vol. RAS 1                     | 1                  |          |
| Air Sampler, Hi Vol. H809V                      | 1                  |          |
| Count Rate Survey Meter (0-50 KCPM)             | 1                  |          |
| Dosimeter, 0-200 mRem                           | 20                 |          |
| Dosimeter, 0-10 Rem                             | 10                 |          |
| Dosimeter Charger                               | 1                  |          |
| Full Face Negative pressure respirator w/Filter | 5                  |          |
| SCBA Paks                                       | 4                  |          |
| Duct Tape (2 inch roll)                         | 1                  |          |
| Particulate Air Sample Filter                   | Approx. 100        |          |
| Silver Zeolite Air Sample Cartridge (GY-130)    | 5                  |          |
| Smear Disc                                      | Approx. 100        |          |

Emergency Preparedness Department Review \_\_\_\_\_/  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS



APPENDIX A-2 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Control Center Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM   | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Sample Envelopes                                 | Approx. 100        |          |
| PC's Paper (Sets)                                | 50                 |          |
| Radiation Warning Rope (ft.)                     | Approx. 100        |          |
| Emergency Message Forms                          | Approx. 500        |          |
| Poly Bag (Medium)                                | 10                 |          |
| Radiological Warning Signs                       | 2                  |          |
| Control Point Access Ticket                      | Approx. 200        |          |
| OC Personnel Clothing Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map                      | 10                 |          |
| Rad Material Stickers                            | 10                 |          |
| Step-off Pad                                     | 2                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-3  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Remote Assembly Area (RAA) Berkeley Type: Emergency Locker/Closet Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified  
Locked or Sealed  
By Dept. Supervisor

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Protective Clothing (Full Set)          | 20                 |          |
| Smear Disc                              | Approx. 500        |          |
| Sample Envelopes                        | Approx. 500        |          |
| Radiological Warning Signs w/inserts    | 20                 |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map             | 50                 |          |
| Bull Horn                               | 2                  |          |
| Step-off Pad                            | 5                  |          |
| Boots (Pairs)                           | 12                 |          |
| Catch Container                         | 2                  |          |
| Rad Material Stickers                   | Approx. 100        |          |
| Radiation Warning Rope (ft.)            | Approx. 600        |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-6

APPENDIX A-4  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Operation Support Center (OSC) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM  | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source                                   | 1                  |          |
| Dose Rate Meter (0-1000 R/Hr.)                  | 2                  |          |
| Frisker w/probe & power cable                   | 3                  |          |
| Area Radiation Monitor w/alarm                  | 1                  |          |
| Air Sampler, Continuous Monitoring w/alarm      | 1                  |          |
| Air Sampler, Hi Vol. H809V                      | 2                  |          |
| Air Sampler, Lo Vol. RAS-1                      | 2                  |          |
| Air Sampler, Lapels                             | 5                  |          |
| Lapel Air Sampler Cartridges                    | Approx. 50         |          |
| Lapel Air Sampler Charger                       | 1                  |          |
| Count Rate Survey Meter (0-50 KCPM)             | 1                  |          |
| Dosimeter, 0-200 mRem                           | 10                 |          |
| Dosimeter, 0-10 Rem                             | 10                 |          |
| Dosimeter, 0-200 Rem                            | 10                 |          |
| Dosimeter Charge                                | 1                  |          |
| Full Face Negative Pressure Respirator w/Filter | 10 Respirators     |          |
| Duct Tape (2 inch roll)                         | 5                  |          |

Emergency Preparedness Department Review \_\_\_\_\_ / \_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-7

APPENDIX A-4  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Operation Support Center (OSC) Type: Emergency Locker Inventory Date: \_\_\_\_\_  
Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_ and  
Equipment Verified \_\_\_\_\_ By Dept. Supervisor  
Locked or Sealed \_\_\_\_\_  
Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM   | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Poly Sheets (4 ft. x 8 ft.)                  | 5                  |          |
| Particulate Air Sampler Filter               | Approx. 200        |          |
| Silver Zeolite Air Sample Cartridge (GY-130) | 50                 |          |
| Smear Disc                                   | Approx. 500        |          |
| Sample Envelopes                             | Approx. 500        |          |
| Water Sample Bottle                          | 10                 |          |
| Poly Bag (Medium)                            | 25                 |          |
| Radiological Warning Signs                   | 20                 |          |
| Control Point Access Ticket                  | 20                 |          |
| Paper PC's for Reverse Contamination         | 50                 |          |
| Plastic Booties for Reverse Contamination    | 50 pair            |          |
| Surgeon Gloves for Reverse Contamination     | 100 pair           |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-8

APPENDIX A-4 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Operation Support Center (OSC) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map             | Approx. 50         |          |
| Step-off Pad                            | 10                 |          |
| Boots (Pairs)                           | Approx. 50         |          |
| Rad Material Stickers                   | Approx. 100        |          |
| Radiation Warning Rope (ft.)            | Approx. 500 Ft.    |          |
| Emergency Message Forms                 | Approx. 100        |          |

Emergency Preparedness Department Review \_\_\_\_\_ /  
Initials Date

Remarks:

**NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS**

EL-9

APPENDIX A-5  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Main Gate Processing Center Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

NOTE

KEY FOR LOCKER IN MAIN GATE IS IN SECURITY OFFICE KEY BOX, KEY #21.

| ITEM  | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source                                   | 1                  |          |
| Frisker w/probe & power cable                   | 1                  |          |
| Area Radiation Monitor w/alarm                  | 1                  |          |
| Air Sampler, Continuous Monitoring w/alarm      | 1                  |          |
| Electronic Self Read Dosimeter or Equivalent    | 20                 |          |
| Full Face Negative Pressure Respirator w/Filter | 5                  |          |
| Duct Tape (2 inch roll)                         | 1                  |          |
| Poly Sheets (4 ft. x 8 ft.)                     | 1                  |          |
| Particulate Air Sample Filter                   | 50                 |          |
| Smear Disc                                      | Approx. 100        |          |
| Sample Envelopes                                | Approx. 100        |          |
| Step-off Pad                                    | 2                  |          |
| Radiation Warning Rope (ft.)                    | Approx. 500        |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-5 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Main Gate Processing Center Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

NOTE

KEY FOR LOCKER IN MAIN GATE IS IN SECURITY OFFICE KEY BOX, KEY #21.

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Poly Bag (Medium)                       | 10                 |          |
| Radiological Warning Signs              | 5                  |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map             | 10                 |          |
| Rad Material Stickers                   | 10                 |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-11

APPENDIX A-6  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Technical Support Center (TSC) Type: Emergency Locker

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

Inventory Performed \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
Locked or Sealed \_\_\_\_\_

Reviewed: \_\_\_\_\_  
By Dept. Supervisor

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

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM  | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source                                   | 1                  |          |
| Dose Rate Meter (0-1R/Hr.)                      | 1                  |          |
| Frisker w/probe & power cable                   | 2                  |          |
| Area Radiation Monitor w/alarm                  | 1                  |          |
| Air Sampler, Continuous Monitoring w/alarm      | 1                  |          |
| Air Sampler, Hi Vol. H809V                      | 1                  |          |
| Air Sampler, Lo Vol. RAS1                       | 1                  |          |
| Dosimeter, 0-200 mRem                           | 40                 |          |
| Full Face Negative Pressure Respirator w/Filter | 5                  |          |
| Count Rate Survey Meter                         | 1                  |          |
| PC's Paper (Sets)                               | Approx. 50         |          |
| Duct Tape (2 inch roll)                         | 1                  |          |
| Poly Sheets (4 ft. x 8 ft.)                     | 2                  |          |
| Particulate Air Sample Filter                   | Approx. 100        |          |
| Silver Zeolite Air Sample Cartridge (GY-130)    | 10                 |          |
| Smear Disc                                      | Approx. 100        |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS



APPENDIX A-6 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Technical Support Center (TSC) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Sample Envelopes                        | Approx. 100        |          |
| Water Sample Bottle                     | 5                  |          |
| Step-off Pad                            | 5                  |          |
| Radiation Warning Rope (ft.)            | Approx. 200        |          |
| Poly Bay (Medium)                       | 25                 |          |
| Radiological Warning Signs              | 10                 |          |
| Control Point Access Ticket             | 20                 |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Facility Rad Con Survey Map             | 10                 |          |
| Rad Material Stickers                   | Approx. 100        |          |
| Emergency Message Forms                 | Approx. 100        |          |
| SRD Charger                             | 1                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-7  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Operation Facility (EOF) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source (See Remarks)             | 1                  |          |
| Frisker w/probe & power cable           | 1                  |          |
| Smear Disc                              | Approx. 100        |          |
| Sample Envelopes                        | Approx. 100        |          |
| Poly Bag (Medium)                       | 10                 |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Rad Material Stickers                   | 5                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: BUTTON SOURCE IS LOCATED IN THE KEY LOCK BOX NEAR ENTRANCE TO EOF. (THE BOX IS UNLOCKED)

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-14

APPENDIX A-8  
INVENTORY FORM - EMERGENCY EQUIPMENT

Emergency Respiratory/Dosimetry

Equipment Location Bldg. 14

Type: N/A

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

Inventory Performed \_\_\_\_\_

Reviewed: \_\_\_\_\_

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

and Equipment Verified \_\_\_\_\_

By Dept. Supervisor

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                               | NUMBER<br>REQUIRED | COMMENTS |
|------------------------------------|--------------------|----------|
| Emergency Dosimetry SRD's 0-200 MR | 100                |          |
| Procedure EPIP-OC-.35 in Red Book  | 1                  |          |
| Emergency TLDs                     | 100                |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

**NOTE:**

Remarks:

**NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS**

E1-15

APPENDIX A-9  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location RP Auto Access Sign in Area Type: Medical Transport Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Count Rate Survey Meter                 | 1                  |          |
| Pancake Probes                          | 2                  |          |
| Button Source                           | 1                  |          |
| Disposable Blanket                      | 1                  |          |
| Paper (PC) 1 Set                        | 1                  |          |
| Smear Pads                              | 20                 |          |
| Gloves (Pairs)                          | 2                  |          |
| Tape (rolls)                            | 2                  |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Rad Ribbon                              | Approx. 100 Ft.    |          |
| Rad Material Stickers                   | 10                 |          |
| Procedure RP-AA-350                     | 1                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

**NOTE:** IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-10  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location RWP Office Type: Medical Transport Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Count Rate Survey Meter                 | 1                  |          |
| Pancake Probes                          | 2                  |          |
| Button Source                           | 1                  |          |
| Disposable Blanket                      | 1                  |          |
| Paper (PC) (Set)                        | 1                  |          |
| Trash Bags                              | 5                  |          |
| Smear Pads                              | 20                 |          |
| Gloves (Pairs)                          | 2                  |          |
| Tape (rolls)                            | 2                  |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Rad Ribbon                              | Approx. 100 Ft.    |          |
| Rad Material Stickers                   | 10                 |          |
| Procedure 6630-ADM-4330.02              | 1                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX A-11  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location OSC Type: RAA Transport Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
Locked or Sealed \_\_\_\_\_  
By Dept. Supervisor \_\_\_\_\_

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Dose Rate Meter (0-1R/Hr.)              | 2                  |          |
| Frisker w/probe & power cable           | 2                  |          |
| Button Source                           | 1                  |          |
| Dosimeter, 0-200 mRem                   | 10                 |          |
| Paper (PC) (Set)                        | 5                  |          |
| Rad Ribbon                              | Approx. 100 Ft.    |          |
| Smear Pads                              | 20                 |          |
| Gloves (Pairs)                          | 10                 |          |
| Tape (rolls)                            | 2                  |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |
| Radiological Material Stickers          | 10                 |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

Note: FRISKERS FOR TRANSPORT KITS ARE IN THE OSC LOCKERS

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

E1-18

APPENDIX A-12  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location FRAA (Bldg. 14) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                       | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Button Source                              | 1                  |          |
| Dose Rate Meter (0-1R/Hr.)                 | 2                  |          |
| Frisker w/probe & power cable              | 3                  |          |
| Area Radiation Monitor w/alarm             | 1                  |          |
| Air Sampler, Continuous Monitoring w/alarm | 1                  |          |
| Dosimeter, 0-200 mRem                      | 10                 |          |
| Protective Clothing (Full Set)             | 20                 |          |
| Duct Tape (2 inch roll)                    | 12                 |          |
| Poly Sheets (4 ft. x 8 ft.)                | 5                  |          |
| Particulate Air Sample Filter              | Approx. 100        |          |
| Smear Disc                                 | Approx. 500        |          |
| Sample Envelope                            | Approx. 500        |          |
| Water Sample Bottle                        | 10                 |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

**NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS**

EL-19

APPENDIX A-12 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location FRAA (Bldg. 14) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS           |
|---|--------------------|--------------------|
| Poly Bag (Medium)                       | 25                 |                    |
| Radiological Warning Signs              | 20                 |                    |
| Control Point Access Ticket             | 15                 |                    |
| OC Personnel Contamination Event Report | Approx. 50         |                    |
| Facility Rad Con Survey Map             | Approx. 10         |                    |
| Bull Horn                               | 2                  | Verify Operational |
| Towels (paper)                          | Approx. 100        |                    |
| Herculite (ft.)                         | Approx. 100        |                    |
| Bottles, Liquid Waste (15 Gal.)         | 5                  |                    |
| Step-off Pad                            | 5                  |                    |
| Boots (Pairs)                           | Approx. 50 Pr.     |                    |
| Sponges                                 | Approx. 100        |                    |
| Soap (Bars)                             | 2                  |                    |
| Rad Material Stickers                   | Approx. 100        |                    |
| Radiation Warning Rope (ft.)            | Approx. 600        |                    |
| Emergency Message Forms                 | 50                 |                    |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: G.E.T. SUPPLIES ARE AN AVAILABLE RESOURCE

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS



APPENDIX A-13  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location Emergency Assembly Area (OCAB) Type: Emergency Locker Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
Locked or Sealed By Dept. Supervisor

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                    | NUMBER<br>REQUIRED | COMMENTS |
|---|--------------------|----------|
| Button Source                           | 1                  |          |
| Dose Rate Meter w/batt. (0-1R/Hr.)      | 1                  |          |
| Frisker w/probe & power cable           | 1                  |          |
| Area Rad Monitor w/alarm (AM-2)         | 1                  |          |
| Air Sampler, Low Vol. RAS 1             | 1                  |          |
| Particulate Air Sample Filter           | 50                 |          |
| Silver Zeolite Cartridge GY130          | 10                 |          |
| Duct Tape (2 inch roll)                 | 1                  |          |
| Smear Disc                              | Approx. 100        |          |
| Sample Envelopes                        | Approx. 100        |          |
| Radiation Warning Rope or Ribbon        | Approx. 200 ft     |          |
| Radiological Warning Signs              | 5                  |          |
| Rad Materials Stickers                  | 20                 |          |
| Step-off Pads                           | 2                  |          |
| Poly Bags (Medium)                      | 10                 |          |
| Facility Rad Con Survey Maps            | 10                 |          |
| OC Personnel Contamination Event Report | Approx. 50         |          |

Emergency Preparedness Department Review \_\_\_\_\_ / \_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

|   |              |
|---|--------------|
| Title   | Revision No. |
| EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE | 15           |

APPENDIX B-1Monitoring Kit Inventory Checklist For Three FMT'sOCAB

| ITEM:   | Number        | Number        | Number        |
|---|---------------|---------------|---------------|
| Monitoring Kit Instrument Locker                          | 1             | 2             | 3             |
| Button Source   | 1             | 1             | 1             |
| Dose Rate Meter and Probe w/cables                        | 1             | 1             | 1             |
| Count Rate Meter (0-50 KCPM) and Probe w/cables           | 3             | 3             | 3             |
| Frisker w/pancake type probe                              | 1             | 1             | 1             |
| Air Sampler Hi Vol H809V                                  | 1             | 1             | 1             |
| Air Sampler Hi Vol H809C DC only                          | 1             | 1             | 1             |
| Map of Offsite Monitoring Points                          | 1             | 1             | 1             |
| Procedure EPIP-OC-.11                                     | 1             | 1             | 1             |
| EPIP-OC-.11 Exhibit 1 Field Monitoring Team Checklist     | 5             | 5             | 5             |
| EPIP-OC-.11 Exhibit 2 FMT Activation Checklist            | 5             | 5             | 5             |
| EPIP-OC-.11 Exhibit 2B Dose Rate & Count Rate Instr Op Ck | 5             | 5             | 5             |
| EPIP-OC-.11 Exhibit 2C AC Air Sampler Op Check            | 2             | 2             | 2             |
| EPIP-OC-.11 Exhibit 2D DC Air Sampler Op Check            | 2             | 2             | 2             |
| EPIP-OC-.11 Exhibit 3 FMT Termination Checklist           | 2             | 2             | 2             |
| EPIP-OC-.11 Exhibit 11 Offsite Monitoring Points          | 1             | 1             | 1             |
| EPIP-OC-.11 Exhibit 14 Sample Record                      | 5             | 5             | 5             |
| EPIP-OC-.11 Exhibit 15 Countrate Survey Record            | 5             | 5             | 5             |
| EPIP-OC-.11 Exhibit 16 Environmental Sample               | 2             | 2             | 2             |
| Dosimeter 0-200 mRem                                      | 4             | 4             | 4             |
| Dosimeter 0-1500 mRem                                     | 4             | 4             | 4             |
| Badge, TLD Holder w/TLD Chips                             | 2             | 2             | 2             |
| Cellular Phones   | 1             | 1             | 1             |
| <u>MONITORING KIT (VEHICLE):</u>                          |               |               |               |
| Masking Tape (2 Inch Roll)                                | 2             | 2             | 2             |
| Paper PC's  | 4             | 4             | 4             |
| Shoe Covers (pairs)                                       | 12            | 12            | 12            |
| Paper Hoods   | 4             | 4             | 4             |
| Dosimetry Charger   | 1             | 1             | 1             |
| Poly Sheets (4 ft. x 8 ft.)                               | 2             | 2             | 2             |
| Silver Zeolite Cartridge (GY-130)                         | 10            | 10            | 10            |
| Two Way Radio (Portable or Truck Mounted)                 | 1             | 1             | 1             |
| Smear Disc (package of 100 each)                          | 3             | 3             | 3             |
| Sample Envelopes  | Approx<br>100 | Approx<br>100 | Approx<br>100 |
| Water Sample Bottle                                       | 10            | 10            | 10            |
| Soil Sample Container                                     | 10            | 10            | 10            |

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

Title

Revision No.

EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE

15

APPENDIX B-1 (continued)

Monitoring Kit Inventory Checklist

OCAB

| ITEM:                                  | Number         | Number         | Number         |
|--|----------------|----------------|----------------|
| Monitoring Kit                         | 1              | 2              | 3              |
| Flashlight                             | 2              | 2              | 2              |
| Surgeons Gloves (Box of Each)          | 1              | 1              | 1              |
| Silver Zeolite Cartridge Sample Labels | 15             | 15             | 15             |
| Radiation Warning Rope (ft.)           | Approx.<br>100 | Approx.<br>100 | Approx.<br>100 |
| Writing Tablet                         | 2              | 2              | 2              |
| Marking Pen                            | 2              | 2              | 2              |
| Clipboard                              | 2              | 2              | 2              |
| Wax Pencil                             | 2              | 2              | 2              |
| Waterproof Marker                      | 2              | 2              | 2              |
| Poly Bag (Medium)                      | 25             | 25             | 25             |
| Biotic Media Sample Labels             | 15             | 15             | 15             |
| Radiological Warning Signs             | 5              | 5              | 5              |
| Dimes for Telephones                   | 10             | 10             | 10             |
| Trowel                                 | 1              | 1              | 1              |
| Tweezers                               | 1              | 1              | 1              |
| Clippers                               | 1              | 1              | 1              |
| Control Point Access Ticket            | 10             | 10             | 10             |
| Key (JD-1, LB-2, LA-1, FRH-6)          | 1 Ea.          | 1 Ea.          | 1 Ea.          |
| First Aid Kit                          | 1              | 1              | 1              |
| Life Preservers                        | 2              | 2              | 2              |

Inventory Performed \_\_\_\_\_ Date \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_  
Locked or Sealed \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dept. Supervisor \_\_\_\_\_

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other ☐  
Explain in Remarks \_\_\_\_\_

Emerg. Prep. Department Review \_\_\_\_\_ Date: \_\_\_\_\_  
Initials \_\_\_\_\_

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX B-2  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location RP SAFETY LAB

Type: Monitoring Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_

Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_ and

Equipment Verified

By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM   | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Button Source  | 1                  |          |
| Dose Rate and Probe w/cables, see Note                   | 1                  |          |
| Count Rate Meter (0-50K CPM and Probe w/cable), see Note | 2                  |          |
| Air Sampler, Hi Vol. H809C DC, see Note                  | 1                  |          |
| Air Sampler, Lo Vol.                                     | 2                  |          |
| Map of Off Site Monitoring Points                        | 1                  |          |
| Procedure EPIP-OC-.10                                    | 1                  |          |
| EPIP-OC-.10 Survey Form                                  | 15                 |          |
| EPIP-OC-.10 Sample Record                                | 15                 |          |
| Procedure EPIP-OC-.11                                    | 1                  |          |
| EPIP-OC-.11 Off Site Rad/Env Survey Team Log             | 15                 |          |
| EPIP-OC-.11 Sample Record                                | 15                 |          |
| EPIP-OC-.11 Count Rate Survey Record                     | 15                 |          |
| Vehicle Key Set. NOTE                                    | 1                  |          |

NOTE: Vehicle #2916 keys in locker @ RPS

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Note: Phone stored in RP Supervisor key box "On Charge"

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX B-2 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location RP Safety Lab Type: Monitoring Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified \_\_\_\_\_ By Dept. Supervisor  
Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                                     | NUMBER<br>REQUIRED | COMMENTS |
|--|--------------------|----------|
| Dosimeter 0-1500 mRem                    | 2                  |          |
| Badge, TLD Holder w/TLD Chips            | 2                  |          |
| Dosimetry Charger                        | 1                  |          |
| Duct Tape (2 inch roll)                  | 2                  |          |
| Tweezers                                 | 1                  |          |
| Clippers                                 | 1                  |          |
| Control Point Access Ticket              | 10                 |          |
| Key (JD-1)                               | 1                  |          |
| Key (Met Tower)                          | 1                  |          |
| First Aid Kit                            | 1                  |          |
| Poly Sheets (4 ft. x 8 ft.)              | 2                  |          |
| Silver Zeolite Cartridges GY-130         | 10                 |          |
| Two Way Radio (Portable or Truck member) | 1                  |          |
| Smear Disc (Package 100)                 | 2                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

APPENDIX B-2 (continued)  
INVENTORY FORM - EMERGENCY EQUIPMENT

Kit Location RP Safety Lab Type: Monitoring Kit Inventory Date: \_\_\_\_\_

Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
and Equipment Verified By Dept. Supervisor

Locked or Sealed

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain in Remarks) ☐

| ITEM                              | NUMBER<br>REQUIRED | COMMENTS |
|-----------------------------------|--------------------|----------|
| Sample Envelopes                  | Approx. 200        |          |
| Water Sample Bottle               | 10                 |          |
| Soil Sample Container             | 10                 |          |
| Particulate Filters               | 50                 |          |
| Flashlight                        | 2                  |          |
| Surgeons Gloves (Box)             | 1                  |          |
| Rad Warning Rope (ft.)            | Approx. 100        |          |
| Writing Tablet                    | 2                  |          |
| Marking Pen                       | 2                  |          |
| Clipboards                        | 2                  |          |
| Wax Pencil                        | 2                  |          |
| Waterproof Marker                 | 2                  |          |
| Poly Bag (Medium)                 | 25                 |          |
| Biotic Media Sample Labels        | 15                 |          |
| Radiological Warning Signs        | 5                  |          |
| Trowel                            | 1                  |          |
| FFNP w/GMI-H Respirators/w Filter | 4                  |          |

Emergency Preparedness Department Review \_\_\_\_\_/\_\_\_\_\_  
Initials Date

Remarks:

NOTE: IF KIT OR LOCKER CONTAINS SPARE BATTERIES CHECK EXPIRATION DATE. IF OUT OF DATE, REPLACE WITH APPROPRIATE BATTERIES AND NOTE WHAT WAS REPLACED. IF NO BATTERIES IN KIT, THEN STATE "BATTERIES N/A THIS KIT" IN REMARKS

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Number

**OEP-ADM-1319.02**

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

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APPENDIX CEmergency Chemistry EquipmentLocationKit

C-1 OSC (Hallway)

No. 5 and 6

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Number

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APPENDIX C-1  
INVENTORY FORM - EMERGENCY EQUIPMENTKit Location OSC (Hallway) Kit Number 5 and 6 Type: Emergency Chemistry  
Equipment Inventory Date: \_\_\_\_\_Inventory Performed \_\_\_\_\_ Reviewed: \_\_\_\_\_  
Date: \_\_\_\_\_and Equipment Verified  
Locked or Sealed

By Dept. Supervisor

Reason for Inventory: Quarterly Requirement ☐ Post Drill ☐ Other (explain  
in Remarks) ☐

| ITEM  | NUMBER<br>REQUIRED |  |
|---|--------------------|--|
| Remote Handling Tools   | 5                  |  |
| Particulate Filter Cask   | 1                  |  |
| Iodine Cartridge Cask   | 1                  |  |
| Noble Gas Sample Cask w/insert                                  | 1                  |  |
| Particulate/Iodine Sample Holder (Loaded-Sealed in Plastic Bag) | 1                  |  |
| Particulate Filters (47mm dia.)                                 | 20                 |  |
| Remote Valve Handling Tool                                      | 1                  |  |
| Iodine Sample Cartridges  | 5                  |  |
| Remote Handling Tool Heads                                      | 3                  |  |
| Septum Bottles (15cc)   | 10                 |  |
| Gas Marinelli Flask w/valves (1000cc)                           | 1                  |  |

Review \_\_\_\_\_/\_\_\_\_\_

Emergency Preparedness Department

Initials Date

Remarks:



APPENDIX DEmergency First Aid and Rescue EquipmentLocationKit/Locker/Stretcher

MOB-3, Fire Brigade Turnout Gear Room

Trauma Kit (W/O<sub>2</sub> resuscitator)  
Defibrillator

New Radwaste Bldg. Control Room

Stretcher

## Reactor Building Elevation:

23 ft. adjacent to Stairwell Entrance

Stretcher

23 ft. adjacent to Elevator

Stretcher/Extrication Locker  
(RB-EL23) w/Trauma Kit

51 ft. adjacent to Elevator

Stretcher

75 ft. adjacent to Elevator

Stretcher

119 ft. adjacent to Elevator

Stretcher

119 ft. Stairwell Landing

Extrication Locker (RB-EL119)  
w/Trauma Kit

## Turbine Building Elevation:

46 ft. adjacent to P.C. Change Area

Stretcher/Extrication Locker  
(TB-EL46) w/Trauma Kit

23 ft. adjacent to Elevator

Stair Chair, Backboard

0 ft. North, adjacent to

Stretcher

Condenser Bay Entrance

0 ft. South, adjacent to

Stretcher

Condenser Bay Entrance

Main Office Bldg., Third Floor adjacent to  
Rad Con Monitor and Control Point

Stretcher

Main Gate Processing Center, South Wall

Stretcher/Trauma Kit

Bldg. 12, Forked River

Trauma Kit (w/O<sub>2</sub> resuscitator)

Title

EMERGENCY RESPONSE FACILITIES &amp; EQUIPMENT MAINTENANCE

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APPENDIX D (continued)Emergency First Aid and Rescue Equipment Inventory ChecklistExtrication Locker Equipment

| LOCKER NUMBERS:<br>TB-EL46, RB-EL23, RB-EL119 | NUMBER<br>REQUIRED<br>EACH LOCKER |         |        | COMMENTS |
|---|-----------------------------------|---------|--------|----------|
| EQUIPMENT LIST                                | RECOMMENDED                       |         |        |          |
|   | TBOF                              | RX-119' | RX-23' |          |
| 1/2" Rope ~150'                               | 3                                 | 3       | 3      |          |
| 7/16" Rope ~48'                               | 3                                 | 3       | 3      |          |
| Full Body Red Harnesses                       | 2                                 | 2       | 2      |          |
| Large Carabineers                             | 7                                 | 7       | 7      |          |
| X Large Carabineers                           | 2                                 | 2       | 2      |          |
| Pulleys                                       | 3                                 | 3       | 3      |          |
| Gibbs Ascender                                | 2                                 | 2       | 2      |          |
| Break bar                                     | 1                                 | 1       | 1      |          |
| Webbing                                       | 1                                 | 1       | 1      |          |
| Anchor Straps                                 | 4                                 | 4       | 4      |          |
| Australian Gold 4-1 Haul sys<br>w/pulleys     | 1                                 | 1       | 0      |          |
| Figure 8 with ears                            | 1                                 | 1       | 1      |          |
| Locker with Lock                              | 1                                 | 1       | 1      |          |
| Pillow  | 1                                 | 1       | 1      |          |
| Blanket                                       | 1                                 | 1       | 1      |          |
| Leather Gloves                                | 10                                | 10      | 10     |          |
| Trauma Kit                                    | 1                                 | 1       | 1      |          |

NOTE: Locker seal to be inspected quarterly to confirm intact. Complete inventory performed annually.

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

**15**APPENDIX D (continued)Emergency First Aid and Rescue Equipment Inventory ChecklistSTRETCHER STATIONS

| STRETCHER LOCATIONS           | NUMBER REQUIRED | COMMENTS |
|-------------------------------|-----------------|----------|
| New Radwaste, 46 ft. el.      | 1 Ea.           |          |
| REACTOR BUILDING ELEVATION:   |                 |          |
| 23 ft. (Elevator)             | 1 Ea.           |          |
| 23 ft. (Drywell Entrance)     | 1 Ea.           |          |
| 51 ft. (Elevator)             | 1 Ea.           |          |
| 75 ft. (Elevator)             | 1 Ea.           |          |
| 119 ft. (Elevator)            | 1 Ea.           |          |
| TURBINE BUILDING ELEVATION:   |                 |          |
| 46 ft. (Elevator)             | 1 Ea.           |          |
| 23 ft. (Elevator)*            | 1 Ea.           |          |
| 0 ft. North                   | 1 Ea.           |          |
| 0 ft. South                   | 1 Ea.           |          |
| Main Office Bldg. Third Floor | 1 Ea.           |          |
| Main Gate Processing Center   | 1 Ea.           |          |

\*Stair Chair and Backboard in lieu of stretcher.

Title

EMERGENCY RESPONSE FACILITIES &amp; EQUIPMENT MAINTENANCE

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APPENDIX D (Continued)TRAUMA KIT LOCATIONS

TB-EL46, RB-EL23, RB-EL119, FIRE BRIGADE TURNOUT GEAR ROOM, MAIN GATE, BLDG. 12 OR 14

| FACILITY LOCKER TRAUMA KIT CONTENTS: | NUMBER REQUIRED | COMMENTS |
|--------------------------------------|-----------------|----------|
| Container, Trauma Kit                | 1 Each          |          |
| Gloves (Pair)                        | 5 Each          |          |
| Face Shields                         | 2 Each          |          |
| Pocket Mask/(CPR Shield)             | 1 Each          |          |
| Arm Splints                          | 2 Each          |          |
| Ice Packs                            | 2 Each          |          |
| Stethoscope                          | 1 Each          |          |
| Triangular Bandage                   | 10 Each         |          |
| Ace Bandage, 3 inch                  | 3 Each          |          |
| Gauze Bandage                        | 3 Each          |          |
| Dressings Assorted                   | 5 Each          |          |
| Combine Dressing                     | 3 Each          |          |
| Eye Pads                             | 2 Each          |          |
| Tape, 1 Inch Roll                    | 1 Each          |          |
| Scissors                             | 1 Each          |          |

☐

No Deficiencies

☐Deficiencies were found,  
description/remarks/corrective action below

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Reason for inventory (Check as applicable)

☐

Quarterly

☐

Post Drill

☐Inventoried by: \_\_\_\_\_  
(Signature)

(Date)

Department Supervisor Review: \_\_\_\_\_  
(Signature)

(Date)

Emergency Preparedness Dept. Review \_\_\_\_\_  
(Initials)

(Date)

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

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APPENDIX E

## ENVIRONMENTAL ASSESSMENT COMMAND CENTER MASTER CHECKLIST

The following Emergency Planning equipment has been checked:

ITEMCIRCLE ONE (YES OR NO)

|  |          |
|--|----------|
| Field Monitoring Team (FMT) radio present and operational?                     | YES / NO |
| COMMENTS:  |          |
| Telephone Lines including Environmental Direct Line<br>Assessment Operational? | YES / NO |
| COMMENTS:  |          |
| EOF Dose Summary visual aid projector operational?                             | YES / NO |
| COMMENTS:  |          |
| Reuter-Stokes modem and printer operational?                                   | YES / NO |
| COMMENTS:  |          |
| Emergency Planning Zone (EPZ) board clean?                                     | YES / NO |
| COMMENTS:  |          |

## Post-Drill Inventory Items

|   |          |
|---|----------|
| Ensure EPIP-OC-.31 and Emergency Dose<br>Calculation Manual (6632-ADM-4010.03) are available? | YES / NO |
| COMMENTS:   |          |
| Ensure copies of EPIP-OC-.31 Exhibit 1, 2,<br>3, and 4 are available?                         | YES / NO |
| COMMENTS:   |          |
| Offsite Dose Assessment computer checklist complete?  | YES / NO |
| COMMENTS:   |          |

DATE OF TEST: \_\_\_\_\_

SIGNATURE OF TESTER: \_\_\_\_\_

EMERGENCY PREPAREDNESS  
DEPARTMENT REVIEW: \_\_\_\_\_

Initials

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Number

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EMERGENCY RESPONSE FACILITIES &amp; EQUIPMENT MAINTENANCE

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APPENDIX FEmergency Facilities Equipment Inventory ChecklistFacilityLocationSection 1 - Site Direct Support Facilities:

Emergency Control Center (ECC)

Control Room

Emergency Operations Facility (EOF)

Pineland Division Office  
Lakewood, New Jersey

Technical Support Center (TSC)

Site Emergency Building

Operations Support Center (OSC)

Drywell Processing Center

Main Gate Processing Center (MGPC)

Main Gate

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

15

APPENDIX FSection 1Emergency Facilities Equipment Inventory Checklist

| ITEM:  | ECC | EOF | TSC | OSC | MGPC | JIC | SIM |
|--|-----|-----|-----|-----|------|-----|-----|
| Emergency Preparedness Portable Radios w/charger Units | 5   | 0   | 2   | 5   | 2    | 0   | 5   |
| Emergency Preparedness Remote Base Radio Units         | 1   | 1   | 2   | 2   | 0    | 0   | 1   |
| State EMRAD Units                                      | 0   | 1   | 0   | 0   | 1    | 0   | 0   |
| Facility Key Locker (Key Inventory Inside Locker)      | 1   | 1   | 1   | 1   | 0    | 0   | 0   |
| 20' Battery Booster Cable                              | 0   | 1   | 0   | 0   | 0    | 0   | 0   |
| Weather Radio  | 0   | 0   | 0   | 0   | 1    | 0   | 0   |
| 19" Televisions  | 0   | 0   | 0   | 0   | 0    | 2   | 0   |
| Flip Chart Pad   | 0   | 2   | 2   | 2   | 0    | 1   | 0   |
| Transparencies (Approx.)                               | 0   | 50  | 50  | 50  | 0    | 0   | 0   |
| Emergency Operating Procs.                             | 0   | 1   | 1   | 0   | 0    | 0   | 0   |
| DOCUMENTS:   |     |     |     |     |      |     |     |
| Emergency Staff Log Books                              | 2   | 2   | 4   | 2   | 0    | 1   | 2   |
| Station Procedure Set                                  | 1   | 1   | 1   | 0   | 0    | 0   | 1   |
| Emergency Plan Implementation Procedure Set            | 1   | 1   | 1   | 1   | 1    | 1   | 1   |
| Backgrounder Book                                      | 0   | 0   | 0   | 0   | 0    | 1   | 0   |
| Technical Specifications                               | 1   | 1   | 1   | 0   | 0    | 0   | 1   |
| Updated Final Safety Analysis Report                   | 0   | 1   | 1   | 0   | 0    | 0   | 0   |
| Emergency Plan (2000-PLN-1300.01)                      | 1   | 1   | 1   | 1   | 0    | 1   | 1   |
| Selected Plant Prints File (ECC Complete Set)          | 1   | 1   | 1   | 1   | 0    | 0   | 1   |
| Position Specific Red Books                            | 2   | 9   | 7   | 9   | 0    | 5   | 2   |

☐

No Deficiencies

☐Deficiencies were found,  
description/remarks/corrective action below

Reason for inventory (Check as applicable)

☐

Quarterly

☐

Post Drill

☐Inventoried by: \_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)Department Supervisor Review: \_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)Emergency Preparedness Dept. Review \_\_\_\_\_  
(Initials)\_\_\_\_\_  
(Date)

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Number

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Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

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APPENDIX GEmergency Offsite Dose Projection ComputersFacilityLocation

Emergency Control Center (ECC) OCNGS

Control Room

Technical Support Center (TSC) and  
TSC BackupOCNGS Site Emergency  
Building

Emergency Operations Facility (EOF) (EACC)

Pineland Division  
Office  
Lakewood, New Jersey



APPENDIX G  
(continued)**Emergency Offsite Dose Projection Computer Operability Test Instructions**Purpose:

The purpose of the following instructions is to assess the operability of the offsite dose projection computer to function as required to perform its emergency plan function. The offsite dose projection computing system should be tested four times a year by the person who is trained and assigned to use that system in its Emergency Plan capacity.

RESPONSIBILITIES:

It is the responsibility of the person performing the system test to:

- (1) Perform the test of the system per attached instructions and to create a record of that test which is to be forwarded to the Emergency Preparedness Manager for review.
- (2) Have the offsite dose projection system brought up to functional status if it fails any of the tests on three consecutive attempts.
- (3) Repeat the tests on those items that failed their initial quarterly test after repair has been effected.

**INSTRUCTIONS TO TEST OYSTER CREEK  
OFFSITE DOSE PROJECTION COMPUTER SYSTEM**

- (1) Have checklist available for use for offsite dose projection functionability test.
- (2) Check clock display on modem. If time is incorrect, follow attached instructions for setting of time.
- (3) Turn on IBM-PC, printer and screen and allow to warm up.
- (4) Initialize RAC program by entering "RAC" if not done automatically.
- (5) Update computer time and date if required.
- (6) Press "F3 Met Data" key
- (7) Wait for MET Data.
- (8) After final copy is automatically produced power down the computer, screen and printer.

Title

EMERGENCY RESPONSE FACILITIES &amp; EQUIPMENT MAINTENANCE

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APPENDIX G  
(continued)

## Section 1

## CHECKLIST FOR OFFSITE DOSE PROJECTION COMPUTER

ECC

☐

TSC

☐

EACC

☐

Check if satisfactory, explain below if not:

- \_\_\_\_\_ IBM-PC present and has power available.
- \_\_\_\_\_ Modem present and operational.
- \_\_\_\_\_ Offsite dose projection program discs present.
- \_\_\_\_\_ Offsite dose projection program loads.
- \_\_\_\_\_ Printer present and has power.
- \_\_\_\_\_ Modem goes offhook and dial tone is heard.
- \_\_\_\_\_ Modem dials PCS number and PCS phone rings.
- \_\_\_\_\_ PCS answers and sends tone to modem.
- \_\_\_\_\_ Data from PCS Data is transmitted to IBM-PC.
- \_\_\_\_\_ Printer makes satisfactory copy.
- \_\_\_\_\_ Spare ream of paper available for printer.
- \_\_\_\_\_ Successful connection via LAN to national weather service  
Forecast Data (EACC Only).
- \_\_\_\_\_ Successful connection via modem to State of New Jersey CREST  
system (TSC & EACC only).

NOTE

The designated telephone number for Oyster Creek Generating Station use during emergencies is used by New Jersey Air Monitoring and New Jersey Bureau of Nuclear Engineering for routine, daily activities.

If a busy signal is detected during the test, attempts to access the CREST system should be attempted at a later time.

Explanation of Deficiencies:

Date of test \_\_\_\_\_

Signature of tester \_\_\_\_\_

Emergency Preparedness Dept. Review \_\_\_\_\_  
(Initials) \_\_\_\_\_ Date \_\_\_\_\_

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**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

**OEP-ADM-1319.02**

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**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

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APPENDIX HHospital ChecklistHospitalLocation

Southern Ocean County Hospital

1140 W. Bay Avenue  
Manahawkin, N.J. 08050

Community Medical Center

99 Highway 37 West  
Toms River, N.J. 08753

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**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

**OEP-ADM-1319.02**

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**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

**15**APPENDIX H  
(Continued)HOSPITAL CHECKLISTFORSOUTHERN OCEAN COUNTY AND COMMUNITY MEDICAL CENTER

| ITEM                                | QUANTITY EACH<br>HOSPITAL | COMMENTS |
|-------------------------------------|---------------------------|----------|
| SRD'S 0-200 Mr/Hr.                  | 10                        |          |
| SRD Reader                          | 1                         |          |
| Portable Dose Rate Meter 0-200Mr/Hr | 1                         |          |
| Minivol Air Sampler                 | 1                         |          |
| Count Rate Meter                    | 1                         |          |
| Air Sampler Particulate Filters     | 1 box                     |          |

☐

No Deficiencies

☐Deficiencies were found,  
description/remarks/corrective action below

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Reason for inventory (Check as applicable)

☐

Quarterly

☐

Post Drill

☐Inventoried by: \_\_\_\_\_  
(Signature) (Date)Department Supervisor Review: \_\_\_\_\_  
(Signature) (Date)Emergency Preparedness Dept. Review \_\_\_\_\_  
(Initials) (Date)

**OYSTER CREEK  
EMERGENCY PREPAREDNESS  
IMPLEMENTING PROCEDURE**

Number

**OEP-ADM-1319.02**

Title

**EMERGENCY RESPONSE FACILITIES & EQUIPMENT MAINTENANCE**

Revision No.

**15****APPENDIX J**  
(Continued)**FIELD MONITORING VEHICLES**

| ITEM   | YES | NO | COMMENTS |
|--|-----|----|----------|
| Keys are readily accessible.   |     |    |          |
| Engine starts and runs.  |     |    |          |
| Headlights, brake lights and turn signals are working.                   |     |    |          |
| Tires appear properly inflated and show no excessive tread wear.         |     |    |          |
| Windshield wipers are working.   |     |    |          |
| Vehicle is free of unnecessary material, such as loose trash and debris. |     |    |          |
| Fuel gauge indicates the fuel tank is at least one-half full.            |     |    |          |
| Vehicle license, registration and inspections are current.               |     |    |          |

Reason for inventory (Check as applicable)

☐

Quarterly

☐

Post Drill

Inventoried by: \_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)Department Supervisor Review: \_\_\_\_\_  
(Signature)\_\_\_\_\_  
(Date)Emergency Preparedness Dept. Review \_\_\_\_\_  
(Initials)\_\_\_\_\_  
(Date)

INVENTORY TRACKING FORM  
Appendix J

| APP  | LOCATION   | DATE PERFORMED |             |             |             |
|------|--|----------------|-------------|-------------|-------------|
|      |  | 1ST QUARTER    | 2ND QUARTER | 3RD QUARTER | 4TH QUARTER |
| A-1  | Emergency Assembly Area (Warehouse)                  |                |             |             |             |
| A-2  | Emergency Control Center                             |                |             |             |             |
| A-3  | Remote Assembly Area (Berkeley)                      |                |             |             |             |
| A-4  | Operations Support Center                            |                |             |             |             |
| A-5  | Main Gate Processing Center                          |                |             |             |             |
| A-6  | Technical Support Center                             |                |             |             |             |
| A-7  | Emergency Operations Facility                        |                |             |             |             |
| A-8  | Emergency Respiratory Equipment Issue Facility       |                |             |             |             |
| A-9  | Contaminated/Injured Worker Transport Kits Ambulance |                |             |             |             |
| A-10 | RWP OOffice  |                |             |             |             |
| A-11 | RAA Transport Kit                                    |                |             |             |             |
| A-12 | FRAA (Building 14)                                   |                |             |             |             |
| A-13 | Emergency Assembly Area (OCAB Cafeteria)             |                |             |             |             |
| B-1  | Field Monitoring Vans                                |                |             |             |             |
| B-2  | On Site Emergency Van                                |                |             |             |             |
| C-1  | Monitoring Kit 5 & 6                                 |                |             |             |             |
| D    | First Aid/Rescue Equipment                           |                |             |             |             |
| E    | Environmental Assessment Command Center              |                |             |             |             |
| F-1  | Emergency Control Center                             |                |             |             |             |
| F-1  | Emergency Operations Facility                        |                |             |             |             |
| F-1  | Tech Support Center                                  |                |             |             |             |
| F-1  | Operations Support Center                            |                |             |             |             |
| F-1  | Main Gate Processing Center                          |                |             |             |             |
| F-1  | JIC Joint Information Center                         |                |             |             |             |
| F-1  | Simulator  |                |             |             |             |
| G-1  | Emergency Control Center                             |                |             |             |             |
| G-1  | Tech Support Center                                  |                |             |             |             |
| G-1  | Environmental Assessment Command Center              |                |             |             |             |
| H    | Southern Ocean County Hospital                       |                |             |             |             |
| H    | Community Medical Center                             |                |             |             |             |
| I    | Field Monitoring Vehicles                            |                |             |             |             |

Emergency Preparedness Quarterly Review

| 1ST QUARTER | 2ND QUARTER | 3RD QUARTER | 4TH QUARTER |
|-------------|-------------|-------------|-------------|
|             |             |             |             |

INITIAL AND DATE BLOCK.