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JAFP-16-0038  
March 1, 2016

James D. Jones  
Manager Emergency Planning

United States Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, D.C. 20555

SUBJECT: Transmittal of Emergency Plan Updates  
James A. FitzPatrick Nuclear Power Plant  
Docket No.50-333  
License No. DPR-059

Dear Sir or Madam:

The documents enclosed with this letter are changes to the James A. FitzPatrick Nuclear Power Plant's (JAF) Emergency Plan made pursuant to 10 CFR 50.54(q). This transmittal fulfills the requirements of 10 CFR 50.54(q), 10 CFR 50 Appendix E Section V, 10 CFR 70.32(i), and 10 CFR 72.44(f) to inform the commission of changes that have been made which do not decrease the effectiveness of the Emergency Plan.

The following documents (including change documentation and screening) are attached:

- SAP-2, Revision 56
- SAP-8, Revision 21

The following document (includes change documentation) is attached:

- Section 5, Revision 50 (periodic review date only)

This letter contains no new regulatory commitments.

If you should have any questions, please contact Mr. James D. Jones at (315) 349-6030.

Sincerely,

James D. Jones  
Manager Emergency Planning

JDJ:cfv

AX45  
NRK

Enclosure(s):

Including change documentation and screening:

- SAP-2, Revision 56
- SAP-8, Revision 21

Including change documentation:

- Section 5, Revision 50 (periodic review date only)

cc w/o screening:

USNRC (I&E) Regional Administrator, Region I – Controlled – 2 Copies  
NRC Resident Inspector – Controlled – 1 Copy  
NRC Director NMSS – Uncontrolled – 1 Copy  
NRC Director Division of Spent Fuel Storage and Transportation – Uncontrolled - 1 Copy  
NRC Director, Division of Security Policy – Uncontrolled – 1 Copy  
NYSEMO – Controlled – 1 Copy  
OCEDO – Controlled – 1 Copy

## **JAFP-16-0038**


### **Enclosures**

Including change documentation and screening:

- SAP-2, Revision 56
- SAP-8, Revision 21

Including change documentation:

- Section 5, Revision 50 (periodic review date only)

	<b>NUCLEAR MANAGEMENT MANUAL</b>	QUALITY RELATED	EN-LI-106	REV. 13
		INFORMATIONAL USE		
<b>NRC Correspondence</b>				

ATTACHMENT 9.4

NRC SUBMITTAL REVIEW

Sheet 1 of 2

**Letter #:** JAFP-16-0038

**Response Due:** 3/10/2016

**Subject:** Transmittal of Emergency Plan Updates

**Date Issued for Review:** 2/29/2016

**Correspondence Preparer / Phone #:** Cathee Vickery 315-349-6777

**Section I**


**Letter Concurrence and Agreement to Perform Actions**

POSITION / NAME	Action (concurrence, certification, etc.)	Signature (sign, interoffice memo, e-mail, or telecom)
Emergency Planning Dept.	Preparer/Reviewer	Cathee Vickery <i>Cathee Vickery</i>
Licensing Department	Concurrence	Mark Hawes / <i>Mark Hawes</i>
Emergency Preparedness Manager	Approver	James Jones / <i>James Jones</i>
<b>COMMENTS</b>		
<ul style="list-style-type: none"> <li>- SAP-2, Rev. 56,</li> <li>- SAP-8, Rev. 21</li> <li>- Section 5, Rev. 50 (periodic review date only)</li> </ul>		

**Section II**

**Correspondence Screening**

Does this letter contain commitments? If "yes," identify the commitments with due dates in the submittal and in Section III. When fleet letters contain commitments, a PCRS LO (e.g., LO-LAR, LO-WT) should be initiated with a CA assigned to each applicable site to enter the commitments into the site's commitment management system.	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/>
Does this letter contain any information or analyses of new safety issues performed at NRC request or to satisfy a regulatory requirement? If "yes," reflect requirement to update the UFSAR in Section III.	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/>
Does this letter require any document changes (e.g., procedures, DBDs, FSAR, TS Bases, etc.), if approved? If "yes," indicate in Section III an action for the responsible department to determine the affected documents. (The Correspondence Preparer may indicate the specific documents requiring revision, if known or may initiate an action for review.)	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/>
Does this letter contain information certified accurate? If "yes," identify the information and document certification in an attachment. (Attachment 9.5 must be used.)	Yes No	<input type="checkbox"/> <input checked="" type="checkbox"/>

 <b>Entergy</b>	<b>NUCLEAR MANAGEMENT MANUAL</b>	QUALITY RELATED	EN-LI-106	REV. 13
		INFORMATIONAL USE		
<b>NRC Correspondence</b>				

ATTACHMENT 9.4

NRC SUBMITTAL REVIEW

Sheet 2 of 2

**Section III**

**Actions and Commitments**

<b>Required Actions</b> <i>Note: Actions needed upon approval should be captured in the appropriate action tracking system</i>	<b>Due Date</b>	<b>Responsible Dept.</b>
N/A		
<b>Commitments</b> <i>Note: When fleet letters contain commitments, a PCRS LO should be initiated with a CA assigned to each applicable site to enter the commitments into the site's commitment management system.</i>	<b>Due Date</b>	<b>Responsible Dept.</b>
N/A		

**Section IV Final Document Signoff for Submittal**

<b>Correspondence Preparer</b>	Cathee Vickery / <i>Cathee Vickery</i>
<b>Final Submittal Review (optional)</b>	N/A
<b>Responsible Department Head</b>	James Jones / <i>JJ</i>

**ENTERGY NUCLEAR NORTHEAST  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

TO: EP Admin  
DEPT.: Emergency Planning  
LOCATION: USNRC Document Control Center, Washington  
DC/RockvilleMD

**SPECIAL NOTES:** JAFP Memo & EN-LI-106 form required.  
Include 10CFR50.54(q) Screen and Evaluation (EN-EP-305 Attach  
9.1 & 9.2)

CONTROL MANUAL NUMBER 34

FROM: PATTI PONZI  
DEPT.: ADMINISTRATIVE SERVICES  
LOCATION: JAF  
DATE: February 25, 2016

**APPLICABLE MANUAL: SAP PROCEDURES**

DOCUMENT NUMBER	DOCUMENT TITLE	REV	EFFECTIVE DATE
SAP-2	EMERGENCY EQUIPMENT INVENTORY	56	3/1/2016
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	21	3/1/2016
VOLUME 3	VOLUME 3 UPDATE LIST	--	3/1/2016

**INSTRUCTIONS:**

1. Insert the attached revised documents, and withdraw any noted WITHDRAWN documents from your controlled copy.
2. **DISCARD ALL SUPERCEDED DOCUMENTS, as applicable. DISCARD THIS TRANSMITTAL.**

**NOTE**

Failure to incorporate these documents into your controlled manual  
will result in cancellation of the subject controlled documents.

ENTERGY NUCLEAR NORTHEAST  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY  
SAP-2  
REVISION 56

EFFECTIVE DATE: 3/1/2016

*****	*****
*	*
*           REFERENCE USE           *	*           QUALITY RELATED           *
*	*
*****	*****
*****	
*	
*           ADMINISTRATIVE           *	<b>CONTROLLED</b>
*	
*****	

PERIODIC REVIEW DUE DATE: MARCH 2021

## REVISION SUMMARY SHEET

REV. NO. CHANGE AND REASON FOR CHANGE

56 FULL REVISION

1. Attachment 6 - add to EOF Fax machine section - Communications Room - 593-5875 and State/Local Communicator - 593-5865. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
2. Attachment 6 - add to EOF Copy Machines - under Fax/Copy Room - Xerox 5632 JAFPR135. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
3. Attachment 6 - add to Alternate TSC/OSC Fax machine section - 593-5707. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
4. Attachment 6 - add to Alternate TSC/OSC Copy machine section - Xerox 5632 JAFPR068. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
5. Attachment 6B - added Medical Management of the Radioactively Contaminated Patient at Oswego Hospital to list of documents at the EOF. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
6. Attachment 6B - added University Hospital to the list of documents at the EOF. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
7. Attachment 6B - Line A.1 - correct Controlled Copy numbers to 8, 9, 10. Reason: This proposed change updates the controlled copy number to the numbers that are actually there
8. Attachment 6B - Line A.2 - correct Controlled Copy number to 27. Reason: This proposed change updates the controlled copy number to the number that is actually there
9. Attachment 6B - Line A.5 - correct Controlled Copy number to 9. Reason: This proposed change updates the controlled copy number to the number that is actually there
10. Attachment 6B - Line A.9 - remove Controlled Copy number 50. Reason: This proposed change updates the quantity required of documents. We decreased the number of controlled copies of the procedures at the EOF, still having plenty available
11. Attachment 6B - add Line A.11 - EOP Support Procedures (EP) - JIC Controlled Copy No. 50. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
12. Attachment 6B - Line C.1 - correct to read: New York State Comprehensive Emergency Management Plan. Remove Controlled Copy No. and replace with N/A, place N/A in Rev. No and Latest Revision YES/NO column. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
13. Attachment 6B - Line D.1 - correct to read: Oswego County Radiological Emergency Preparedness Plan. Correct Controlled Copy No. to read 19, 24, place N/A in Rev. No and Latest Revision YES/NO column. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.



14. Attachment 6B - Line F.1 - place N/A in Rev. No and Latest Revision YES/NO column. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
15. Attachment 8 - add wording "size is approximate" to the 4x4 gauze dressings. Reason: Added information to attachments as an enhancement. This was just for an update to enhance our current procedure.
16. Attachment 8 - remove the word "large" from the biohazard bags. Reason: Removed strict detail to the item description, as an enhancement. This was just for an update to enhance our current procedure.
17. Attachment 19 - remove the word "bag" from the backboard with harness description. Reason: Removed strict detail to the item description, as an enhancement. This was just for an update to enhance our current procedure.

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**1.0 PURPOSE**

This procedure provides guidance for the inspection, inventory and operational checking of emergency equipment and instruments to ensure that this equipment is obtainable and functional.

**2.0 REFERENCES****2.1 Performance References**

2.1.1 EN-RP-502 - INSPECTION AND MAINTENANCE OF RESPIRATORY PROTECTION EQUIPMENT

2.1.2 EN-RP-143 - SOURCE CONTROL

**2.2 Developmental References**

2.2.1 Emergency Plan SECTION 8-Maintaining Emergency Preparedness

2.2.2 Equipment Manufacturers' Manuals

2.2.3 NUREG-0041, Manual of Respiratory Protection Against Airborne Radioactive Materials

2.2.4 Radiation Protection Procedures

2.2.5 NUREG 0696 - Functional Criteria for Emergency Response Facilities

2.2.6 EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAM

2.2.7 EN-RP-104 - PERSONNEL CONTAMINATION EVENTS

2.2.8 RP-INST-02.09 - CALIBRATION OF MINI-SCALER MS-2 AND MS-3

2.2.9 EAP-1.1 - OFFSITE NOTIFICATIONS

2.2.10 EAP-2 - PERSONNEL INJURY

2.2.11 EAP-5.3 - ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING

2.2.12 EAP-6 - IN-PLANT EMERGENCY SURVEY/ENTRY

2.2.13 EAP-9 - SEARCH AND RESCUE OPERATIONS

2.2.14 EAP-19 - EMERGENCY USE OF POTASSIUM IODINE (KI)

2.2.15 IAP-1 - EMERGENCY PLAN IMPLEMENTATION CHECKLIST

2.2.16 IAP-2 - CLASSIFICATION OF EMERGENCY CONDITIONS

2.2.17 SAP-3 - EMERGENCY COMMUNICATIONS TESTING

2.2.18 SAP-8 - PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION

**3.0 INITIATING EVENTS**

NONE

**4.0 PROCEDURE**

4.1 The Emergency Planning Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment in accordance with Attachment 1.

4.2 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked as follows:

4.2.1 In accordance with the frequency detailed in Attachment 1

4.2.2 After each use

4.2.3 After a seal has been found broken

4.3 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with EN-RP-502. That process is performed by RP outside this procedure.

**4.4 Use of Seals**

4.4.1 Numbered seals may be used on kits or inventoried items to indicate the inventory has not been accessed since seal was attached.

4.4.2 IF a seal has **NOT** been broken, THEN:

**NOTE:**

It is **NOT** necessary to inventory items that are within a container with an intact seal.

A. **BREAK** the seal and **ASSESS** contents for signs of poor material condition that would impair operability of the item **OR** any item with an expiration date.

B. **REPLACE** items as needed.

C. **REPLACE** the seal.

4.4.3 Seals shall be broken on the first quarter of each year and a complete inventory performed.

- 
- 4.5 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDS or DLRs) and Calibration Group (DRDs).
  - 4.6 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:
    - 4.6.1 Tracking calibration due dates
    - 4.6.2 Replacing instrument(s) prior to calibration due date
    - 4.6.3 Ensuring sufficient reserves of instruments are available to replace instruments removed from service for repair and/or calibration
  - 4.7 The following information should be used as a guide for performing inventories:
    - 4.7.1 Survey Instruments
      - A. Notify Rad Protection Calibration Group to replace any missing instruments.
      - B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking, weak or fail the battery check, replace the batteries.
      - C. Perform an operability check in accordance with applicable instrument procedure.
      - D. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.
      - E. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
      - F. Replace any instrument(s) due for calibration prior to expiration.
      - G. Ensure any radioactive sources are accounted for in accordance with EN-RP-143.
      - H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.2 Air Samplers

- A. Replace any missing samplers.
- B. Check that calibration dates are current. Notify the Respiratory Group to replace with recently calibrated instruments as necessary.
- C. Record the identification number and calibration date of any replacement samplers on the checklist.
- D. Replace any air samplers due for calibration prior to expiration.
- E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.3 Self-contained Breathing Apparatus/Breathing Air Systems

- A. Notify the Respiratory Group to replace any missing equipment.
- B. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.4 Iodine Cartridges for Respirators

- A. Notify the Respiratory Group to replace any missing equipment.
- B. Check the expiration date on the iodine cartridges (silver zeolite) and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges. If the plastic wrapper needs to be opened to determine the expiration date, reseal the wrapper with tape.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.5 Rubber Equipment

- A. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.
- B. Note any equipment replacement on the checklist.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.6 Decontamination Supplies and Solutions

- A. Check containers, which contain liquid for any evidence of leakage and replace, as necessary.
- B. Note any other equipment replacement on the checklist.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.7 Mechanical Equipment

- A. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
- B. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.8 Office Supplies

- A. Replace any items that appear to be deteriorated or unusable for any reason.
- B. Note any equipment replacement on the checklist.

## 4.7.9 Plans, Maps, Lists, Procedures, etc.

- A. Replace any missing items with a copy of the current revision.
- B. Prior to performing the inventory, obtain the current revision numbers of the JAF Emergency Plan and Procedures from the Electronic Data Management System (EDMS) (i.e., MERLIN).
- C. Replace any items which appear to be deteriorated or unusable for any reason.
- D. Verify procedures, issued since last documented inventory, are the current revision and replace, as necessary.
- E. Note any replacement on the checklist.

## 4.7.10 Medical Supplies

- A. Check for open containers and damaged items. Replace, as necessary.
- B. Check the expiration date on items and replace any which are past that date.
- C. **IF** the expiration date is before the next scheduled inventory, **THEN** replace the supplies.
- D. Note any equipment replacement on the checklist.

## 4.7.11 110 Volt Power Supplies (Inverters)

**NOTE:**

Do not run the air sampler at flow rates greater than 2.0 cfm. Exceeding that flow rate will cause the inverter to trip.

- A. Perform operational check with the vehicle running. Energize power supply and run an air sampler for at least 12.5 minutes.
- B. Note any malfunction on the checklist.

## 4.7.12 Computer Operational Check

- A. Turn on computer, monitor and peripherals.
- B. Perform visual inspection of monitor and verify monitor is working, (screen is viewable).
- C. Visually inspect computer case, keyboard, monitor, mouse, wiring, connections, external wiring, power cords and peripherals for damage, abuse, or abnormal indications of condition and/or operation.
- D. Ensure the computer station is restarted when done with inspection and operational check.

## 4.7.13 WEBEOC ceiling mounted projectors at Joint Information Center (JIC) Emergency Operations Facility (EOC), and Technical Support Center (TSC).

- A. Verify each projector powers up manually **OR** with remote control.
- B. Visually verify projector is projecting a view on a screen or wall.
- C. Ensure projectors are powered off.

## 4.7.14 WEBEOC - three wall mounted computer monitor screens at Operations Support Center (OSC).

- A. Verify each wall mounted screen powers up manually **OR** with remote control, checking that default screen display is viewable.
- B. Ensure wall monitors are powered off.



## 4.7.15 Medical Stretchers

- A. Blue restraints - check for fraying and signs of wear.
- B. Lifting bridle - check for fraying and signs of wear.
- C. Blue swing - check for fraying and signs of wear.
- D. Stokes Baskets - check for cracking, especially the hand hold areas and weld joints.
- E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.16 Accountability Card

- A. Perform a test of accountability card readers at the following locations:
  - Control Room (1) reader
  - OSC (2) readers
  - TSC (1) reader
  - Old Admin Bldg, 272' El., near the OSC Control Point
- B. Contact Security to perform an accountability system check with the SAMS computer/prINTER.
- C. Swipe badge at each accountability card reader.
- D. Obtain verbal verification from Security that accountability indicated satisfactory from all card readers.
- E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.17 Potassium Iodide (KI)

- A. Perform an inventory. Replace any missing KI.
- B. Replace any KI due to expire prior to the next inventory.
- C. Assure storage boxes in the TSC, OSC, Training lobby, Main Security, and EOF are locked. The storage boxes in the Control Room (Shift Manager's Office) and EP office area do not need to be locked.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

## 4.7.18 Automatic External Defibrillator (AED)

- A. Perform an inspection of the AED units at the locations specified in Attachment 18.
- B. Record actions taken on Attachment 18 checklist, as applicable.
  1. Examine AED for:
    - Damage
    - Signs of wear
    - Foreign substances
- C. Check electrode pads:
  1. Verify there are two sets of pads in kit.
  2. Record expiration date of pads.
  3. **IF** pads expiration date has expired **OR** is near expiration before next inspection period, **THEN** notify Emergency Planning Manager (or designee) immediately.
- D. Check accessory cables for following:
  1. Verify there are 2 electrode packages
  2. Verify that the packages are sealed
  3. Verify and document the date on the electrode packages (notify Safety if the date on the electrode package will not make it until the next surveillance)

## E. Battery checks:

1. Press the ON/OFF button to turn the AED on and verify self test.
2. Verify "**connect electrodes**" message appears on the screen/is audible. Message should appear on screen in approximately 10 seconds.
3. Verify "**battery low**" or "**replace battery**" or red battery light **IS NOT** illuminated continuously (and during the self test).

## F. Check display panel:

1. "WRENCH" light/symbol **IS NOT** displayed continuously. Symbol will display briefly on start up.
2. Verify "OK" is displayed. This display should be on prior to turning the AED on.

## 4.7.19 Portable Generators

**CAUTION**

USE ONLY WITH ADEQUATE VENTILATION

KEEP GENERATOR UPRIGHT - DO NOT TIP

- A. Test each portable generator by running for several minutes to power an air sampler.
- B. Refer to the EP Aid attached to each portable generator for detailed instructions on starting and stopping.
- C. **IF** there are any unsatisfactory results, **THEN**:
  1. **IF** possible, take immediate actions to resolve the issue.
  2. NOTIFY EP staff of any unsatisfactory results and corrective actions taken.
  3. Record date, time, and name of individual notified on inventory sheet.

- 4.8 The person performing the inventory shall:
- 4.8.1 Assess items as SAT or UNSAT
    - A. SAT = items are present in at least minimum quantities, are within expiration dates and meet the physical checks described above.
    - B. UNSAT = Any deviation from 4.8.1.A.
  - 4.8.2 Address UNSAT items as follows:
    - A. Resolve UNSAT items to the extent possible
    - B. If UNSAT items cannot be quickly resolved, then notify EP.
  - 4.8.3 COMPLETE and SIGN the appropriate checklists
  - 4.8.4 FORWARD the completed checklists to the Emergency Planning Manager.
- 4.9 The Emergency Planning Manager, or designee, shall
- 4.9.1 **REVIEW** the checklists for completeness, accuracy, discrepant, or unsatisfactory conditions,
  - 4.9.2 **SIGN** and **FILE** the completed checklists
  - 4.9.3 **INITIATE** a Condition Report (CR) or appropriate site approved tracking process for any unsatisfactory attributes not immediately corrected.
- 4.10 Attachments 2 through 24 are **QUALITY RECORDS** retained per EN-AD-103 - DOCUMENT CONTROL AND RECORDS MANAGEMENT PROGRAM.

**5.0 ATTACHMENTS**

1. EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES
2. AMBULANCE KIT INVENTORY
3. RESCUE KIT INVENTORY
4. FIELD SURVEY KIT INVENTORY
5. EOF EMERGENCY PLAN INVENTORY
6. EOF OFFICE SUPPLY/EQUIPMENT INVENTORY
- 6A. EOF COMPUTER TERMINALS AND PRINTERS
- 6B. EOF/JIC PROCEDURES INVENTORY
7. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
8. TRAUMA KIT INVENTORY
9. SECURITY BUILDING INVENTORY
10. CONTROL ROOM EP SUPPLIES INVENTORY
11. TSC COMPUTER TERMINALS AND PRINTERS
- 11A. TECHNICAL SUPPORT CENTER EPLAN SUPPLY INVENTORY
- 11B. TECHNICAL SUPPORT CENTER PROCEDURES INVENTORY
12. EOF DECONTAMINATION ROOM INVENTORY
13. EMERGENCY KEY INVENTORY
14. PASS CABINET INVENTORY
15. DECON SUPPLY INVENTORY
16. OSC EMERGENCY PLAN INVENTORY
- 16A. OSC PROCEDURES
- 16B. OSC COMPUTER TERMINALS AND PRINTERS
17. POTASSIUM IODIDE (KI) INVENTORY
18. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION
19. EMS RESCUE EQUIPMENT INVENTORY
20. ERF SURVEILLANCE
21. SITE RE-ENTRY KIT INVENTORY
22. DOSE ASSESSMENT COMPUTER SURVEILLANCE
23. EMERGENCY PLAN PROCEDURE FORMS (EOF)
- 23A. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)
- 23B. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC)
24. ACCOUNTABILITY CARD READER SURVEILLANCE
25. INCIDENT COMMAND POST SURVEILLANCE

## ATTACHMENT 1

Page 1 of 4

EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Ambulance Kit	2	Q	Admin. Bldg. 272' E1, Near elevator	Rad Protection
Rescue Kit	3	Q	Admin. Bldg. 272' E1, Near elevator	Operations
Field Survey Kits	4	Q	OSC & EOF	Rad Protection
EOF Emergency Plan	5	Q	EOF	Rad Protection
EOF Office Supplies	6	Q	EOF	Document Control & Records Mgmnt.
EOF Computer Terminals and Printers	6A	Q	EOF	EP to perform at each quarterly drill
EOF/JIC Procedures	6B	A	EOF	Document Control & Records Mgmnt.
Oswego Hospital Emergency Plan	7	Q	Oswego Hospital Emergency Entrance	Rad Protection
Trauma Kits	8	Q	1. Control Room 2. Radwaste Control Room 3. OSC 4. Administration & Support Facility - 272', Emergency Response Storage Area (under the stairs) 5. Warehouse	Operations
Security Building Kit	9	Q	Main Security Building	Rad Protection
Control Room EP Supplies	10	Q	Control Room	Rad Protection

## ATTACHMENT 1

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EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
TSC Computer Terminals and Printers	11	Q	TSC	EP to perform at each quarterly drill
TSC EP Supplies	11A	Q	TSC	Document Control & Records Mgmt.
TSC Procedures	11B	Q	TSC	Document Control & Records Mgmt.
EOF Decontamination Room	12	Q	EOF	Rad Protection
Emergency Keys	13	Q	1. FSS Office (Control Room) 2. EOF	Emergency Planning
PASS Cabinet	14	Q	Fan Room Entrance / MG Set Room	Rad Protection
Decon Supplies	15	Q	Old Admin Building Near Control Point	Rad Protection
OSC Emergency Plan	16	Q	OSC	Rad Protection
OSC Procedures	16A	Q	OSC	Document Control & Records Mgmt.
OSC Computer Terminals and Printers	16B	Q	OSC	EP to perform at each quarterly drill

## ATTACHMENT 1

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EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Potassium Iodide (KI)	17	Q	TSC, OSC, Training, Security, EOF, CR	Rad Protection
Automatic External Defibrillator (AED)	18	Q	Security Dept. Firearms Range JAF Wellness Center Training Building Lobby Main Security Building (Search Area)	Performance Improvement 8 - 11
	18	Q	Control Room Radwaste Control Room Refuel Floor OSC Fire Brigade Mechanical Maintenance Shop Warehouse Lobby Support Admin. Building	Operations 1 - 7
EMS Rescue Equipment	19	Q	Various (see Attachment)	Operations 1-7, PI 8-11
ERF Surveillance	20	M	TSC, OSC, EOF, JIC, CR	Emergency Planning
Site Re-entry Kit	21	Q	Offsite receiving area adjacent to the Wellness Center	Rad Protection
Dose Assessment Computer Surveillance	22	S	CR, EOF, County EMO	Emergency Planning



## ATTACHMENT 1

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EMERGENCY PLAN EQUIPMENT LOCATIONS AND RESPONSIBILITIES

EQUIPMENT	ATTACHMENT	FREQUENCY	LOCATION	PERFORMED BY
Emergency Plan Procedure Forms Inventory	23	Q	EOF	EP (EOF)
Emergency Plan Procedure Forms Inventory	23A	Q	CR	Operations
Emergency Plan Procedure Forms Inventory	23B	Q	OSC/TSC	Operations
Accountability Card Reader Surveillance	24	Q	Control Room, OSC (2 readers), TSC, Old Admin Bldg. (272' near the OSC Control Point)	Security
Incident Command Post Surveillance	25	Q	Incident Command Post (Public Safety Center)	Emergency Planning

AMBULANCE KIT INVENTORY

Page 1 of 1

**LOCATION:** Old Admin. Bldg., 272' el, Near Elevator

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-2-PERSONNEL INJURY	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104 - PERSONNEL CONTAMINATION EVENTS	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.11	10	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.12	10	Required Rev No: _____ As found Rev. No: _____		
Air Sample Collection Envelopes	24			
Particulate Air Sample Filters	24			
Filter Heads for Sampler	2			
Dosimeters (0 - 500 mR) (Replace prior to Cal. Due date)	10	Cal Due Date: _____		
Dosimeter Charger	1			
TLDs or DLRs	10	Date Issued: _____		
Portable Count Rate Meter Inst. No: _____ (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Hi Vol. Sampler: Instrument # _____ with spare fuses (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Portable Dose Rate Meter Inst. No: _____ (Replace prior to Cal. Due date)	1	Cal Due Date: _____		
Keys To Emergency Vehicles: EP-1 EP-2	2		_____ _____	_____ _____
Radioactive Sources accounted for per EN-RP-143 - SOURCE CONTROL	NA			
Gurney (outside OSC 272' by fire brigade equipment cage)	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_

Security Seal No.: \_\_\_\_\_

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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INVENTORYATTACHMENT 2  
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RESCUE KIT INVENTORY

Page 1 of 1

**LOCATION:** Old Admin. Bldg., 272' el, Near Elevator

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Hacksaw	2			
Flashlights	2			
Spare batteries for flashlight <sup>(1)</sup>	4			
EAP-9 - SEARCH & RESCUE OPERATIONS	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19 - EMERGENCY USE OF POTASSIUM IODIDE (KI)	1	Required Rev No: _____ As found Rev. No: _____		
Life Lines 100'	2			
Bolt Cutter	1			
Sledgehammer (6 pound)	1			
Sledgehammer (12 pound)	1			
Wrecking Bars	2			
Tripod with winch	1			
Portable Torch	1			
Stretcher (OSC Fire Brigade Cage)	1			
STOKES Basket (Outside CR)	1			

(1): Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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INVENTORYATTACHMENT 3  
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## FIELD SURVEY KIT INVENTORY

Page 1 of 2

( ) EP 1

( ) EP 2

( ) RES 3

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*	1	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 2	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 3	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 14	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 15	5	Required Rev No: _____ As found Rev. No: _____		
EAP-6, In-plant Emergency Survey/Entry	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-19, Attachment 5	5	Required Rev No: _____ As found Rev. No: _____		
Clipboards	1			
Masking Tape	2 rolls			
Pads	1			
Rain suits	2			
Hearing Protectors	2			
Surgeons Gloves	1 box			
Plastic Food Wrap	1 roll			
Sampling Utensils	1 set			
Masslin Cloth	1 pkg			
P-5 Key to Environmental Stations	1			
Gallon Jugs	3			

Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 4

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FIELD SURVEY KIT INVENTORY

Page 2 of 2

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Pens	3			
Disc Smears	1 box			
Watch	1			
Tweezers	2			
Assorted plastic bags	12			
Quart size Ziploc bags	1 pkg.			
Pint size Ziploc bags	1 pkg.			
Filter Heads for Sampler	2			
Silver Zeolite Cartridge (Replace prior to expiration date)	10	Exp. Date: _____		
Particulate air sample filters	24			
Ring Planchets	10			
Air Sample Collection Envelopes	24			
Sample Location Stakes	12			
High Visibility Vests	3			
Disposable Coveralls	4			
Shoe Covers	8 pair			
Rubbers	8 pair			
Folder of Maps	1			
110VAC Power Supply operational check Run air sampler for at least 12.5 minutes with vehicle running (Do not run the air sampler at flow rates greater than 2.0 cfm. Exceeding that will cause the inverter to trip.)	1			
\$100.00 Gas Card	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS:

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Security Seal No.: \_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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INVENTORYATTACHMENT 4  
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**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	1	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 1	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 2	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 3	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 12	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 13	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 14	5	Required Rev No: _____ As found Rev. No: _____		
EAP-5.3, Attachment 15	5	Required Rev No: _____ As found Rev. No: _____		
EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY	1	Required Rev No: _____ As found Rev. No: _____		
EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)	1	Required Rev No: _____ As found Rev. No: _____		
RP-INST-02.09, MINI-SCALER MS-2 AND MS-3	1	Required Rev No: _____ As found Rev. No: _____		
Surgeons Gloves	6 boxes			
Masslin	6 pkgs.			
Respirators (MSA Ultravue)	8			
Respirator Cartridges (Iodine) (replace prior to expiration)	16	Exp Date: _____		
Respirator Filters (Particulate)	16			

Notify EP Staff immediately of any UNSAT items.

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 5  
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**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
DRDs (0-500 Mr) (replace prior to Cal Due Date)	5	Due Date: _____		
Charger	2			
Dosimeters (0-200 Mr) (replace prior to expiration)	50	Cal Due Date: _____		
Hearing Protection	1 set			
Masking Tape	3 rolls			
Pens	6			
Tape Dispenser	1			
AA Batteries <sup>(1)</sup>	24 each	Exp. Date _____		
"C" Batteries <sup>(1)</sup>	4 each	Exp. Date _____		
"D" Batteries <sup>(1)</sup>	24 each	Exp. Date _____		
"9 VDC" Batteries <sup>(1)</sup>	6 each	Exp. Date _____		
<b>Remote Assembly Area Kit (located on storage shelf)</b>				
Airport Access key-card	1			
Clipboards	2			
Pens	6			
Accountability Log	1			
EAP-14.7, REMOTE ASSEMBLY AREA ACTIVATION	1			
EAP-14.7, Attachment 4	1			

**(1):** Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

LOCATION: EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Flashlights	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 pkg			
Quart bags	1 pkg			
Pint bags	1 pkg			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets (survey teams) (replace prior to expiration)	Min. 56 tablets	Exp. Date: _____		
Disc Smears	4 boxes			
Particulate Air Sample Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges (replace prior to expiration)	20	Exp. Date: _____		
Ring Planchets	20			
Hi Vol. Sampler and spare fuses (replace prior to Cal Due Date).	4	Cal Due Date:		
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____
Inst. No: _____		_____	_____	_____

Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 5  
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LOCATION: EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Portable Count Rate Meter (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date: _____ _____ _____ _____ _____ _____		
Portable Dose Rate Meters (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____ _____		
Teletector (or equivalent) Inst. No: _____ (replace prior to calibration due date)	1	Cal Due Date: _____		
Radioactive Sources accounted for per EN-RP-143-SOURCE CONTROL		Source ID: 397 _____ 404 _____ 134 _____ 391 _____ 20 _____		
Mini-Scaler with HP210 Probe and spare fuses (replace prior to calibration due date) Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____ _____		
Disposable Coveralls	16			
Rain suits	4			
Plastic shoe covers (high top)	24			
Coveralls	5			
Hoods	5			
Boot Covers	20 pair			
Rubbers	20 pair			
Rubber Gloves	40 pair			

Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 5  
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**LOCATION:** EOF Roll-Up Door Entrance

DESCRIPTION	MINIMUM QUANTITY REQUIRED	OTHER	SAT	UNSAT
Cotton liners	40 pair			
Work Gloves	8 pair			
Sampling tools	1 set			
Rope - yellow & magenta - 100'	1			
Radiation warning signs	4			
Stanchions	3			
Collection container (40 gal)	1			
Garden hose	1			
Buckets	2			
Sponges	6			
TLD or DLR Labeled "Control"	1	Date Issued: _____		
TLDs or DLR	55	Date Issued: _____		
Oil Spill clean-up kit	1			
Portable Generator	1	Verify operation per step 4.7.19		

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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 Performed by (print name/initial) / Date

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 EP Dept. (print name/initial) / Date

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EMERGENCY EQUIPMENT  
 INVENTORY

ATTACHMENT 5  
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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 1 of 3

LOCATION: EOF

<b>OFFICE SUPPLIES FAX/COPY ROOM</b>	<b>MINIMUM AMOUNT REQUIRED</b>	<b>SAT</b>	<b>UNSAT</b>
<b>NOTE: Refer to EP JOB Aid for specific toners/ribbons</b>			
Pads of Paper	35 each		
Clipboards	6 each		
Pens	50 each		
Dry Erase Markers	24 each		
Copier Paper	1 case		
Telecopier Paper	6 rolls		
Seiko Paper	2 rolls		
Seiko Instruments Film (EPIC) – 3 color ink sheet – CH5500	1 case		

Notify EP Staff immediately of any UNSAT items.

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INVENTORYATTACHMENT 6  
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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 2 of 3

**LOCATION: EOF**

<b>FAX MACHINES (Check for Operability)</b>	<b>SEND</b>	<b>RECEIVE</b>	<b>SAT</b>	<b>UNSAT</b>
FAX A (593-5951)				
FAX B (592-0673)				
DOSE ASSESSMENT ROOM (593-5992)				
STATE/LOCAL ROOM (593-5975)				
COMMUNICATIONS (593-5875)				
STATE/LOCAL COMMUNICATOR (593-5865)				

<b>COPY MACHINES (Check for Operability)</b>	<b>SAT</b>	<b>UNSAT</b>
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM – XEROX 5632 JAFPR135		

<b>PUBLIC ADDRESS</b>	<b>SAT</b>	<b>UNSAT</b>
Dial "5899" from any phone		

**LOCATION: ALTERNATE TSC/OSC**

<b>FAX MACHINES (Check for Operability)</b>	<b>SEND</b>	<b>RECEIVE</b>	<b>SAT</b>	<b>UNSAT</b>
593-5707				

<b>COPY MACHINES (Check for Operability)</b>	<b>SAT</b>	<b>UNSAT</b>
XEROX 5632 JAFPR068		

Notify EP Staff immediately of any UNSAT items.

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INVENTORYATTACHMENT 6  
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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Page 3 of 3

LOCATION: EOF

READER PRINTERS - PLANT ASSESSMENT ROOM	AMOUNT REQUIRED	SAT	UNSAT
Minolta RP600Z (Check for Operability)	2		
Toner (PN 8910-404)	2 cart		
Minolta RP 605Z (Check for Operability)			
Toner (PN 8910-204)	.1 cart		

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_

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Performed by (print name/initial) / Date\_\_\_\_\_  
EP Dept. (print name/initial) / Date**- This is a Quality Record -**SAP-2  
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INVENTORYATTACHMENT 6  
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EOF COMPUTER TERMINALS AND PRINTERS

Page 1 of 2

LOCATION: EOF

COMPUTER TERMINALS AND PRINTERS(Check for Operability) (Reference Steps 4.7.12 and 4.7.13)	SAT	UNSAT
<b>NETWORK COMPUTERS</b>		
Plant Assessment Room - Terminal		
Dose Assessment Room - Computer		
Dose Assessment Room - 2 EPIC slave monitors		
Technical Liaison - Computer		
State/Local Room - Terminal		
Computer on front desk across from Entergy Plant Assessment Room		
Main EOF Area projector for EPIC display		
NRC Area - Computer		
NRC Area - EPIC display projector		
<b>WEATHER (Dose Assessment Room)</b>		
Computer on West wall desk (JAFPC06)		
Printer next to JAFPC06		
EOF - WEBEOC projector operational check (manually <b>OR</b> remote)		
JIC - WEBEOC projector operational check (manually <b>OR</b> remote)		
JIC - Utility Work Room EPIC slave monitor JAF EPIC 06		
<b>NOTE: Must coordinate with an individual in the TSC to allow access to EPIC from remote</b>		

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<b>EPIC</b> (Check for Operability) <b>NOTE:</b> Must coordinate with an individual in the TSC to allow access to EPIC from remote locations. As posted on the EPIC computers in the JIC and EOF.			
Technical Liaison			
Dose Assessment Room			
Printer			
Minolta RP-609Z (aperture card)(Check for Operability)			
Paper 18" (item 8975-018)	1 roll		
Toner (item 8910-704)	1 cart		
Bulbs, type DDL	3		

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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EOF/JIC PROCEDURES INVENTORY

Page 1 of 1

DOCUMENT NO.	TITLE	CONTROLLED COPY NO.	DOCUMENT LOCATED YES/NO	REV. NO.	LATEST REVISION YES/NO
A.1	JAFNPP Emergency Plan/Procedures - EOF	8, 9, 10			
A.1	JAFNPP Emergency Plan/Procedures - JIC	27			
A.2	FSAR	10			
A.3	Technical Specifications	29, 30			
A.4	Operating Procedures	4			
A.5	Emergency Operating Procedures	9			
A.6	Operating Drawings	4			
A.7	Abnormal Operating Procedures (AOP)	9			
A.8	Operations Dept. Standing Orders (ODSO)	9			
A.9	EOP Support Procedures (EP)	9			
A.10	RP and Chemistry Procedures and Programs (both)	Memory Stick			
A.11	EOP Support Procedures (EP) JIC	50			
B.1	JAFNPP Emergency Plan/Procedures (ATSC/OSC)	5			
C.1	New York State Comprehensive Emergency Management Plan	N/A		N/A	N/A
D.1	Oswego County Radiological Emergency Preparedness Plan	19, 24		N/A	N/A
F.1	Onondaga County Radiological Emergency Response Host Plan	N/A		N/A	N/A
	Technical Support Guidelines (TSG's)	7, 8			
	Medical Management of the Radioactively Contaminated Patient at Oswego Hospital	7		N/A	N/A
	University Hospital (Upstate) Plan	N/A		N/A	N/A

REMARKS: \_\_\_\_\_

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Performed by (print name/initial) / Date \_\_\_\_\_

EP Dept. (print name/initial) / Date \_\_\_\_\_

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 6B  
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OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

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**LOCATION:** Closet next to REA and Hallway near X-Ray Department

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
White Herculite	1			
Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (Nine Mile Point)	1			
Count Rate Meter (JAF) (Qty 2) (replace prior to calibration due date) Inst. No.: _____	1	Cal Due Date: _____	_____	_____
Inst. No.: _____	1	Cal Due Date: _____	_____	_____
Dose Rate Meter (JAF) (replace prior to calibration due date) Inst. No.: _____	1	Cal Due Date: _____		
Dose Rate Meter (Nine Mile Point) (check calibration due date) Inst. No.: _____	1	Cal Due Date: _____		
Extension Cord	1			
EAP-2 - PERSONNEL INJURY	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104 - PERSONNEL CONTAMINATION EVENTS	1	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.11	10	Required Rev No: _____ As found Rev. No: _____		
EN-RP-104, ATTACHMENT 9.12	10	Required Rev No: _____ As found Rev. No: _____		
Nine Mile Point Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (Nine Mile Point) (check calibration due date) Inst. No.: _____	1	Cal Due Date: _____		

Notify EP Staff immediately of any UNSAT items.

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 7  
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OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

Page 2 of 3

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Magnets	6			
Atomic Wipes	50			
Q Tips	1 pkg.			
Markers	2			
Smears	50			
Surgeons Gloves	1 pkg.			
Sodium Chloride (replace prior to expiration)	1 bottle	Exp. Date: _____		
Betadine (replace prior to expiration)	1 bottle	Exp. Date: _____		
Dosimeters (Nine Mile Point)	5			
Dosimetry Issue Log and Cross Reference to Kit # (Nine Mile Point)	1			
Assorted Bags	15			
Radiation Signs	10			
Radiation Tags (tie)	20			
Radiation Tags (adhesive)	20			
Sample Collection Kit	1			
Decontamination Kit	1			
Accident Proc. Poster	1			
Stanchion	2			
Lead Pig	1			
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (typically located at nurses' station)	1			
Check all procedure revision numbers in nurse's binder				

Notify EP Staff immediately of any UNSAT items.

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OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

Page 3 of 3

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Protective Clothing Kits (each containing the following items:)	10			
Shoe covers	1 pair			
Long sleeve gowns	2			
Head cover	1			
Mask with shield	1			
Exam gloves	1 pair			
Gauntlet gloves	1 pair			
Tape	1 roll or 2 strips			

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
TLD badges (may be in separate box)	1			
Self reading dosimeters (low range Nine Mile Point)(may be stored separately)	1			
Self reading dosimeters (high range Nine Mile Point) (may be stored separately)	1			
Decontamination Table Top (normally stored in Radiological Emergency Room; check with ER staff for exact location)	1			
Yellow Trash Receptacles	2			
Yellow Water Receptacles	2			
Movable Base for Trash Receptacles	2			
Hose and Nozzle for Decontamination Table Top	2			
Step-off Pads	2			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

Performed by (print name/initial) / Date \_\_\_\_\_

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INVENTORY

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TRAUMA KIT INVENTORY

Page 1 of 1

- ( ) CONTROL ROOM                      ( ) OSC                      ( ) WAREHOUSE  
( ) RAD WASTE CONTROL ROOM                      ( ) ADMINISTRATION & SUPPORT FACILITY  
272' EMERGENCY RESPONSE STORAGE  
AREA (UNDER THE STAIRS)

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Pocket Mask	2			
Medic Shears	1			
Blanket	1			
9 ft. Patient Restraint Strap	3			
10 x 30 Multi-Trauma Dressing	3			
1 x 3 Sheer Band-Aids	1 pkg			
4 x 4 Dressing (Size is Approximate)	50			
Adhesive Tape 1"	2 rolls			
Red Biohazard Bags	3			
Nitrile Gloves	1 pkg			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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SECURITY BUILDING INVENTORY

Page 1 of 1

LOCATION: Main Security Building

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Disposable Coveralls	8			
Booties	8 pair			
Hoods	8			
Work Gloves	8 pair			
Rubber Gloves	8 pair			
Cotton Liners	8 pair			
Surgeons Gloves	1 box			
Rubbers	8 pair			
Resp. Cartridges (Iodine) (replace prior to expiration)	16	Exp Date: _____		
Resp. Cart. (Particulate)	16			
Tape	2 rolls			
Herculite for ambulance	1			
TLDs / DLRs	50	Date Issued: _____		
TLD / DLR Issue Log	20			
DRDs (0-500 mR) (replace prior to cal. due date)	50	Cal Due Date: _____		
Dosimeter Charger	1			
Respirators (MSA Ultravue)	8			
Scott Pak	4			
Spare Air Cylinders	4			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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CONTROL ROOM EP SUPPLIES INVENTORY

Page 1 of 1

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Face Masks (18 total including those with SCBAs and Cascade System)				
X-LARGE	6			
LARGE	6			
SMALL	6			
Air Bottles: verify >2250 psi on last RP-RESP-02.04 Attachment 1. Date: _____	5			
Air Lines	5			
SCBA	8			
Spare Bottles	4			
Meals (replace prior to expiration)	90	Exp. Date: _____		
JAFNPP Emergency Plan and Implementing Procedures (Typically located inside the Briefing Room)	2			
Bottled Water (break room)	6 – 8			
Pager number and password activation envelope (in fuse satellite warehouse cabinet)	1 envelope	Unopened		
Shift Manager desk calculator	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
<b>Operability check – Technical Support Center</b>				
Monitor/Computer JAFPC26	1			
Monitor/Computer JAFPC25	1			
Monitor/Computer JAFPC24	1			
Fax Machine (342-2255)	1			
Monitor/Computer JAFPC23	1			
Monitor/Computer JAFPC22	1			
Monitor/Computer JAFPC21	1			
Printer OPCON5	1			
Printer LP2 – LOGS	1			
Printer LP6 – ALARMS	1			
Printer JAFPR059	1			
17-MDAS-PNL Recorder 100D	1			
17-MDAS-PNL Recorder 100G	1			
17-MDAS-PNL Recorder 100J	1			
17-MDAS-PNL Recorder 100K	1			
<b>Operability check – TSC Conference Room 2</b>				
Monitor/Computer JAFPC27	1			
Monitor/Computer JAFPC28	1			
Monitor / Computer JAFPC29	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_

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ATTACHMENT 11  
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DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size) <sup>(1)</sup>	1 box	Exp.Date		
Spare 9 volt batteries for microphone (replace prior to expiration)	2	Exp.Date		
AMS-4 CAM / Iodine Monitor Inst. No: _____ (Replace or Calibrate prior to Cal due date)	1	Cal Due Date:		
Wall Map 10 Mile EPZ	1			
Wall Map 50 Mile EPZ	1			
Fax Machine Operability Check (315-349-6053) (Date and Time)	1			
Fax Machine Operability Check (315-342-4268) (Date and Time)	1			
Printer / scanner JAFPR105	1			
WEBEOC Projector operational check (manually or remote)	All			

(1): Replace batteries prior to expiration.

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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DOCUMENT TITLE	QUANTITY (MINIMUM)	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT	UNSAT
JAFNPP FSAR (Volumes 1 – 10) (Located with Ops Procedure Writers)	1 set					
JAFNPP Operating Procedures	1 set					
JAFNPP Emergency Plan and Implementing Procedures	3		N/A	N/A		
* The following procedures are located in the E-Plan office in the New Administration Building. Verify document revision numbers during the first quarter of each calendar year by calling the specific department.						
New York State Radiological Plan/Procedures	1			*		
Oswego County Radiological Emergency Plan	1			*		
Onondaga County Radiological Emergency Response Host Plan	1			*		
Nine Mile Point - 1 & 2 Emergency Plan/Procedures	1			*		
FPP- Fire Protection and Prevention	1					
PFP – Pre Fire Plans	1					
Radiation Protection Procedures	1					
EOP	1					
SAOG	1					
TSG	1					
AOP	1					
OP	1					
EP	1					
Chemistry Procedures	1					

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 11B  
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EOF DECONTAMINATION ROOM INVENTORY

Page 1 of 1

LOCATION: Decontamination Room

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Bar soap	20			
Surgical Scrub Brushes	10			
Cotton swabs	1 pkg			
Hair Remover	4			
Shaving Cream	4			
Disposable razors	12			
Shampoo	6 bottles			
Cotton Gauze Pads	100			
Surgical Tape	2			
Scissors	3			
Plastic wrap	2 rolls			
Disposable Hand Towels	8 pkgs			
Plastic Bags	4			
Plastic Rain Suits	4			
Plastic Booties	20 pair			
Masslin	4 pkgs			
Surgeons Gloves	1 pkg			
Coveralls	8 pair			
Work Gloves	8 pair			
Step-off pads	2			
Glove liners	20			
Bath Towels	3 pkgs			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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EMERGENCY KEY INVENTORY

Page 1 of 1

LOCATION: FSS Office and EOF

FSS OFFICE

KEY	SAT	UNSAT
EMERGENCY VEHICLES (4)		
TSC/OSC DOOR		
METEOROLOGICAL COMPUTER ROOM(AB 286' EL, NE)		
EPIC ROOM		
MEDICAL OFFICE		
EMERGENCY CABINETS		
ENVIRONMENTAL STATIONS		
EOF DOOR		
JOINT INFORMATION CENTER		
PORTABLE GENERATOR		

EOF

KEY	SAT	UNSAT
EMERGENCY VEHICLES (3)		
ENVIRONMENTAL STATIONS (P-5)		
METEOROLOGICAL BUILDINGS		
JOINT INFORMATION CENTER		
PORTABLE GENERATOR		

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Performed by (print name/initial) / Date

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PASS CABINET INVENTORY

Page 1 of 2

LOCATION: Fan Room (AB 300')

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Dosimeters (0 - 1 R) (replace prior to cal. due date)	5	Cal Due Date:		
Dosimeters (0 - 5 R) (replace prior to cal. due date)	5	Cal Due Date:		
Dosimeter Charger	1			
Radios - base station	1			
Radios - headsets	5			
Spare AA Batteries <sup>(1)</sup>	12	Exp. Date		
Extension Cord	1			
RAD Rope - 50'	1			
RAD Signs	2			
Absorbent Towels (paper)	1 pkg			
Surgeons Gloves	2 pks			
Portable Count Rate Meter (replace prior to expiration) Inst. No: _____	1	Cal Due Date:		
Duct Tape	1 roll			
Trash and PC Bags	2 yellow 2 red 2 white		___	___
Plastic Bags	10			
Bath Towels	2			
Full Face Respirator (SCOTT AV-2000)	3			
Finger Ring TLDs	5 sets	Issue Date:		
TLDs	5	Issue Date:		
Control TLD	1	Issue Date:		
Radioactive Sources accounted for per EN-RP-143 - SOURCE CONTROL	N/A			

(1): Replace battery(ies) prior to expiration date.

Notify EP Staff immediately of any UNSAT items.

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PASS CABINET INVENTORY

Page 2 of 2

**LOCATION:** Fan Room (Old Admin Building 300')

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Teletector or equivalent (replace prior to expiration) Inst. No.: _____	1	Cal Due Date: _____		
Booties	10 pair			
Hoods	10			
Surgeon's Caps	10			
Rubbers	10 pair			
Cotton Liners	1 pkg			
Rubber Gloves (size 9 or med)	15 pair			
Rubber Gloves (size 10 or lg)	15 pair			
Disposable Coveralls	10			
Trash and PC Bag Stands	1			
Step off pad	3			
Stanchions	2			
Rad Rope Eyebolt Magnets	2			
AMS-4 (in MG Set Room) (replace prior to cal due date) Inst. No.: _____	1	Cal Due Date: _____		
Airline 100' (located in MG Set Room)	4			
Airline Triple Connection (located on Cascade System in MG Set Room)	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

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Performed by (print name/initial) / Date\_\_\_\_\_  
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DECON SUPPLY INVENTORY

Page 1 of 2

**LOCATION:** Old Admin Building Near Control Point (AB 272')

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Bar Soap	1 pkg			
Shampoo	5 bottles			
Paper Towels	1 roll			
Disposable Razors	50			
Shaving Cream	10 cans			
Scissors	3 pair			
Liquid Hair Remover	5 bottles			
Cotton Gauze Pads	3 pkgs			
Scrub Brushes	5			
Glove Liners	1 pkg			
Surgeons Gloves	3 pkgs			
Tape (surgical)	6 rolls			
Cotton Swabs	2 pkgs			
Plastic Food Wrap	1 roll			
Plastic Rain Suits	2 pair			
Towels	1 pkg			
Nail Clippers	5			
Masking Tape	6 rolls			
Dermatological Sponge	1 pkg			
50:50 Mixture of Dry Tide Detergent and Cornmeal	1			
Sample Collection Kit	1			

Notify EP Staff immediately of any UNSAT items.

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DECON SUPPLY INVENTORY

Page 2 of 2

**LOCATION:** Old Admin Building Near Control Point (AB 272')**NOTE:** Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Cotton Balls	1 pkg			
Phisoderm	1 bottle			
Ear Plugs	6 pair			
Irrigating Eye Wash Sterile Solution (replace prior to expiration)	3 bottles	Exp. Date: _____		

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_

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Security Seal No.: \_\_\_\_\_

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OSC EMERGENCY PLAN INVENTORY

Page 1 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Respirator Filters (Particulate)	15			
Respirator Cartridges (Iodine) (replace prior to expiration)	25	Exp. Date: _____		
Respirators (MSA Ultravue)	25			
Scott Pak	2			
Spare Air Cylinders	4			
Clipboard	10			
Pads	20			
Pens	25			
Watch	1			
Pencils	10			
Tweezers	2 pair			
Assorted Plastic Bags	10			
Paper Towels	2 pkgs			
Surgeons Gloves	1 pkg			
Dry Erase Markers	10			
Permanent Ink Markers with 'TEC' designation (NOTE 1)	5			
Disc Smears	1 box			

**NOTE 1:** Authorized permanent markers for use on or near plant equipment are required to have 'TEC' designation on them. (TEC=Trace Element Chemical).

Notify EP Staff immediately of any UNSAT items.

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 16  
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OSC EMERGENCY PLAN INVENTORY

Page 2 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Dosimeters (0-200 mR (replace prior to expiration)	10	Cal Due Date: _____		
Dosimeters (0-500 mR) (replace prior to expiration)	15	Cal Due Date: _____		
Dosimeters (0-1 R) (replace prior to expiration)	15	Cal Due Date: _____		
Dosimeters (0-5 R) (replace prior to expiration)	10	Cal Due Date: _____		
Dosimeters (0 - 100 R) (replace prior to expiration)	10	Cal Due Date: _____		
Ring Planchets	10			
Particulate Air Sample Filters	24			
EP Vehicle Keys	3 sets			
Teletector or equivalent Inst. No: _____ (replace prior to cal due date)	1	Cal Due Date: _____		
Dosimeter Charger	1			
Portable Dose Rate Meter (replace prior to cal due date) Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
TLDs/DLRs	35	Date Issued: _____		

Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 16  
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OSC EMERGENCY PLAN INVENTORY

Page 3 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Air Sample Collection Envelopes	25			
Hi Vol Sampler with spare fuses (replace prior to expiration)  <div style="text-align: right;"> Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____ </div>	6	Cal Due Date:  <div style="text-align: center;"> _____  _____  _____  _____  _____  _____  _____ </div>	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries for flashlights <sup>(1)</sup>	20	Exp. Date: _____		
KI Tablets (survey teams) (replace prior to expiration)	Min. 56 tablets	Exp. Date: _____		
RAD Rope	1 spool			
Silver Zeolite Cartridge (replace prior to expiration)	24	Exp. Date: _____		
Radioactive source accounted for per EN-RP-143 - SOURCE CONTROL	NA			
Step-Off Pads	2			
Portable Count Rate Meter: (replace prior to cal. due date)  <div style="text-align: right;"> Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____ </div>	4	Cal Due Date:  <div style="text-align: center;"> _____  _____  _____  _____ </div>	_____ _____ _____ _____	_____ _____ _____ _____
Portable Scalers: (replace prior to cal due date)  <div style="text-align: right;"> Inst. No: _____  Inst. No: _____  Inst. No: _____  Inst. No: _____ </div>	3	Cal Due Date:  <div style="text-align: center;"> _____  _____  _____  _____ </div>	_____ _____ _____ _____	_____ _____ _____ _____

**(1): Replace battery(ies) prior to expiration date.**  
Notify EP Staff immediately of any UNSAT items.

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INVENTORY

ATTACHMENT 16  
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OSC EMERGENCY PLAN INVENTORY

Page 4 of 4

**LOCATION:** Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	OTHER	SAT	UNSAT
Area Radiation Monitor (replace prior to cal due date) Inst. No: _____	1	Cal Due Date: _____		
Personal Computer Operability Check	ALL			
Hoods	30			
Caps	30			
Booties	30 pair			
Cotton Liners	30 pair			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
Disposable Coveralls	30			
Booties, Plastic	30 pair			
Rubber Shoe Covers	30 pair			
Rubber Gloves (size 9 & 10)	30 pair			
Gore Tex Suits	5			
Portable generators (1 each):  EP-1 Vehicle EP-2 Vehicle M-1 Vehicle	3	Verify operation per step 4.7.19	_____ _____ _____	_____ _____ _____

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Performed by (print name/initial/date) \_\_\_\_\_

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INVENTORY

ATTACHMENT 16  
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OSC PROCEDURE INVENTORY

Page 1 of 1

**LOCATION:** Old Administration Building 272' Elevation

DESCRIPTION	QUANTITY (MINIMUM)	Document Located Yes/No	Controlled Copy Number	SAT	UNSAT
Emergency Planning Procedures	2 Complete Sets				
RP Procedures: RP-RESP	1 SET				
RP-ALARA	1 SET				
RP-OPS	1 SET				
RP-INST	1 SET				
RP-DOS	1 SET				
OP's (Operating Procedures)	1 SET				
MP (Maintenance Procedures)	1 SET				
MST (Maintenance Surveillance Test)	1 SET				
IMP'S (I&C Procedures)	1 SET				
ISP'S (I&C Procedures)	1 SET				
Procurement Warehouse CD (located on desk in Briefing Room #3)	1 CD				
WEBEOC wall displays (manual power switch on monitor)	N/A				

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Security Seal No.: \_\_\_\_\_

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DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Operability check – Technical Support Center				
Monitor/Computer (Room 1) Serial #HLNP3P1	1			
Monitor/Computer (Room 1) Serial #71MCSW1	1			
Printer (Room 1) JAFPR039	1			
Monitor/Computer (Room 2) JAFPC33	1			
Monitors (2) /Computer (Room 3) Serial #45JZ8Z1	1			
Monitor/Computer (Main ) Serial #45CZ8Z1	1			
Monitor/Computer (Main) Serial #94YPTS2	1			
Monitor/Computer (Main) Serial #63CVYV1	1			
Printer (Main) JAFPR017	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_

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Performed by (print name/initial) / Date

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INVENTORY

ATTACHMENT 16B  
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POTASSIUM IODIDE (KI) INVENTORY

Page 1 of 1

**NOTE:** Keys to locked storage boxes are available from Emergency Planning Key Locker - located in the TSC by the East door.

KI STORAGE LOCATION	QUANTITY (MINIMUM)	OTHER	SAT (seal #)	UNSAT	LOCKED
TSC (column post near podium) (replace prior to expiration)	300 tablets	Exp date: _____			
OSC (wall between briefing room 1 and 2) (replace prior to expiration)	300 tablets	Exp date: _____			
Training (lobby wall of auditorium) (replace prior to expiration)	300 tablets	Exp date: _____			
Main Security (wall after exiting) (replace prior to expiration)	700 tablets	Exp date: _____			
EOF (Dose Assessment Room) (replace prior to expiration)	600 tablets	Exp date: _____			
CR (Shift Manager's Desk) (replace prior to expiration)	100 tablets	Exp date: _____			
EP Office Area (replace prior to expiration)	1000 tablets	Exp. date: _____			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
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Performed by (print name/initial) / Date

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EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 17  
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AUTOMATIC EXTERNAL DEFIBRILLATOR (AED)  
INSPECTION

Page 1 of 1

**LOCATION:**

1. OSC Fire Brigade Cage, 272' El.
2. Control Room, 300' El.
3. Refuel Floor
4. Support Admin Bldg. 272' El. At Medical Office
5. Mechanical Maintenance Shop
6. Warehouse Lobby 272' El. Near entry doors
7. Radwaste Control Room, 286' El.
8. Main Security Bldg. Search Area
9. Training Bldg. Lobby outside Fitness for Duty Office
10. JAF Wellness Center
11. Security Dept. Firearms Range

INSPECTION (Reference Section 4.7.18)	AED LOCATION										
	1	2	3	4	5	6	7	8	9	10	11
Mark <b>S</b> for SATISFACTORY Mark <b>U</b> for UNSATISFACTORY											
Step 4.7.18.A, AED in place											
Step 4.7.18.B.1, Damage check											
Step 4.7.18.C, Check PADS											
Step 4.7.18.C.3, Record PAD exp. Date											
Step 4.7.18.D, Check cables											
Step 4.7.18.E.1, AED self check											
Step 4.7.18.E.2, Check electrodes											
Step 4.7.18.E.3, Battery Indication											
Step 4.7.18.F.1, 'wrench' indicator											
Step 4.7.18.F.2, 'OK' indicator											

Notify EP Staff immediately of any UNSAT items.

**REMARKS/NOTES**

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Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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Rev. No. 56

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 18  
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EMS EQUIPMENT INVENTORY

Page 1 of 1

**LOCATION:**

- |   |  |
|---|--|
| 1. Old Admin OSC Fire Brigade Cage, 272' elev.              | 7. Radwaste Control Room, 286' elev., near door              |
| 2. Control Room Lobby, near stairwell 300' elev.            | 8. Main Security Search Area                                 |
| 3. Refuel Floor 369' elev., near Quiet Room stairs          | 9. Wellness Center/Receiving (Owner Controlled Area - South) |
| 4. Support Admin. Building, 272' elev., near Medical Office | 10. Training Building Lobby, near Fitness For Duty Office    |
| 5. Main Warehouse Lobby, near main entrance                 | 11. SEC Firing Range   |
| 6. Screenwell 272' elev., North Wall near OH Door           |  |

		Owner Protected Area (OPA)							Owner Controlled Area (OCA)				
Description	Qty	1	2	3	4	5	6	7	8	9	10	11	REMARKS
		S=Satisfactory UN=Unsatisfactory N/A= Not Applicable											
Back Board w/harness	1												
Head Immobilizer	1												
Cervical Spine Collar	1												
STOKES Basket	1					N/A		N/A		N/A	N/A		
SKED Stretcher	1		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Wheeled Stretcher	1		N/A	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	

Notify EP Staff immediately of any UNSAT items.

\_\_\_\_\_  
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\_\_\_\_\_  
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ATTACHMENT 19

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# EMERGENCY RESPONSE FACILITIES SURVEILLANCE

Page 1 of 2

Month \_\_\_\_\_ Year \_\_\_\_\_ EOF (includes Alternate TSC/OSC) \_\_\_\_\_ JIC \_\_\_\_\_ OSC \_\_\_\_\_ TSC \_\_\_\_\_ CR \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Facility cleanliness                            | <input type="checkbox"/> Rad Instrumentation (TSC)                        |
| <input type="checkbox"/> General maintenance (lights, furniture, phones) | <input type="checkbox"/> Procedures                                       |
| <input type="checkbox"/> Wall clocks                                     | <input type="checkbox"/> EOPs (TSC/EOF)                                   |
| <input type="checkbox"/> Keys/break-away box                             | <input type="checkbox"/> PING (TSC)                                       |
| <input type="checkbox"/> Emergency ventilation (TSC)                     | <input type="checkbox"/> Portable Instrumentation (OSC/EOF)               |
| <input type="checkbox"/> Media/film readers (verify print capability)    | <input type="checkbox"/> Computers/Faxes                                  |
| <input type="checkbox"/> Normal Communication Devices (All)              | <input type="checkbox"/> Key Pads (EOF/JIC only)                          |
| <input type="checkbox"/> All phones work (POTS, OPX, Sat, FTS)           | <input type="checkbox"/> All radios work                                  |
| <input type="checkbox"/> Everything is labeled                           | <input type="checkbox"/> Previous month's deficiencies reviewed/corrected |

ISSUE	CORRECTIVE ACTION (IT Ticket #, WT #, CR # etc.)

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20  
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EMERGENCY RESPONSE FACILITIES SURVEILLANCE  
MONTHLY FACILITY INSPECTION CHECKLIST

Page 2 of 2

Focus of the walk-downs:

- a. General cleanliness (dust, carpets, sinks, restrooms, trash receptacles, etc).
- b. Safety hazards:
  - Tripping hazards
  - Walkway blockage
  - Exterior access hazards
  - Lighting deficiencies
  - Other potential hazards
- c. Facility readiness
  - Procedures available and properly located
  - Equipment moved to locations that would impact startup of the facility
  - Evidence of personnel using the facility for non-ep purposes (need to make an assessment as to the impact on readiness of the facility – i.e. some ancillary uses are permitted)
  - Any alarm conditions that are recognized (e.g. JIC septic tank in need of pumping, fire alarms, etc.)
- d. The walk-down should include areas of the facility that may be considered out of the way – e.g. EOF mechanical room, JIC mechanical room, etc.
- e. Include an assessment of the exterior of the facility:
  - Grass requires mowing
  - Shrubs need trimming
  - External walk-ways have tripping hazards
  - Snow not removed from walk-ways
  - Exterior building in disrepair (e.g.):
    - gutters hanging
    - signs damaged/illegible
    - flashing hanging
    - lighting damaged

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20

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SITE RE-ENTRY KIT INVENTORY

Page 1 of 1

**LOCATION:** In offsite receiving area adjacent to the Wellness Center  
(May require WA 6 key for after hours access to building)  
(Locked cabinet requires B2 key for access)

DESCRIPTION	QTY (min)	OTHER	SAT	UNSAT
Portable Dose Rate Meters (replace prior to cal due date)	2			
Inst. No. _____		Cal. Due: _____	_____	_____
Inst. No. _____		Cal. Due: _____	_____	_____
Check Source No. _____	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Security Seal No.: \_\_\_\_\_

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EP Dept. (print name/initial) / Date

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 21

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## DOSE ASSESSMENT COMPUTER SURVEILLANCE

Page 1 of 1

1. Record the date this surveillance was conducted: \_\_\_\_\_

2. Record results in the table below as "SAT" (Satisfactory) or "UNSAT" (Unsatisfactory)

Surveillance Action		Control Rm URI 1	Control Rm URI 2	EOF URI 1	EOF URI 2	County URI 1	County URI 2
a.	Computer able to gain access to URI via the network in accordance with EAP-4A for CR and EAP-4B for other ERFs. Record URI Version #:					N/A	N/A
b.	Computer able to gain access to URI via the local hard disk in accordance with EAP-4A or 4B. Record URI Version #:						
c.	Verify URI version on local hard disk is the same as that on the network					N/A	N/A
d.	Computer able to access meteorological data in accordance with EAP-42						
e.	Verify computer print capability					N/A	N/A
f.	Verify computer display is satisfactory						

3. Document details of "UNSAT" results and disposition below.

Computer	Issue	Disposition

REMARKS: \_\_\_\_\_

Performed By (Print name/initial/date)

EP Dept Review (Print name/initial/date)

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 22  
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EMERGENCY PLAN PROCEDURE FORMS INVENTORY (EOF)

Page 1 of 1

Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-4B, Attach 1, 2, 3, 6, 7, 8, 9, 10, 12	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-4.1 Attach 1, 2, 3, 4, 5	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-5.3 Attach 1 & 2	EOF Dose Assessment Forms Box (30 copies)	EOF	
		EAP-4B, Attach 1, 2, 3, 6, 7, 8, 9, 10, 12	EOF Forms Drawer (20 copies)	EOF	
		EAP-4.1 Attach 2, 3, 4, 5	EOF Forms Drawer (20 copies)	EOF	
		EAP-5.3 Attach 1, 2, 3, 4, 14 & 15	EOF Forms Drawer (20 copies)	EOF	
		EAP-12 Attach 1	EOF Forms Drawer (20 copies)	EOF	
		EAP-15 Attach 1 & 4	EOF Forms Drawer (20 copies)	EOF	
		EAP-24 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-27 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-35 Attach 1 & 2	EOF Forms Drawer (20 copies)	EOF	
		EAP-42 Attach 2	EOF Forms Drawer (20 copies)	EOF	
		IAP-1 Attach 2	EOF Forms Drawer (20 copies)	EOF	
		SAP-3 Attach 1 & 3	EOF Forms Drawer (20 copies)	EOF	

REMARKS: \_\_\_\_\_

Performed By (Print name/initial/date) \_\_\_\_\_

EP Dept Review (Print name/initial/date) \_\_\_\_\_

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23  
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EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)

Page 1 of 1

Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified		Verified
		EAP-1.1 Attachment 1, 4, 5, 6	Control Room (30 copies)	Forms Drawer		Binder	
		EAP-1.1 Attachment 9	Control Room (30 copies) of pages 1-4 individual copies	Forms Drawer		Binder	
		EAP-1.1 Attachment 9	Control Room (30 copies) pages 1-4 stapled together	Forms Drawer		Binder	
		EAP-2 Attachment 1	Control Room (30 copies)	Forms Drawer		Binder	
		EAP-4A Attachments 1, 2, 3, 5, 6	Control Room (30 copies)	Forms Drawer		Binder	
		EAP-4C Attachment 1 (11 x 17)	Control Room SM Desk (1 copy laminated)	CR		Binder	
		EAP-4C Attachment 1 (11 x 17)	Control Room SM Desk (5 copies, non-laminated)	CR		Binder	
		EAP-4.1 Attachments 1, 3, 4, 5	Control Room (30 copies)	Forms Drawer		Binder	
		EAP-17 Attachments 1, 2 (11x17)	Control Room (30 copies)	Forms Drawer		Binder	
		IAP-1 Attachment 1	Control Room (30 copies)	Forms Drawer		Binder	
		IAP-2 Figure IAP-2.1 (in Merlin)	Control Room (minimum quantity 1)	CR		Binder	
		SAP-8 Attachment 1	Control Room (30 copies)	Forms Drawer		Binder	

REMARKS: \_\_\_\_\_

Performed By (Print name/initial/date) \_\_\_\_\_

EP Dept Review (Print name/initial/date) \_\_\_\_\_

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EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23A  
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EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC)

Page 1 of 1

Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-13 Attach 1, 2 & 3	OSC Forms Box (Yellow box on OSC Mgr Desk) 30 copies	OSC	
Found Rev. No.	Current Rev. No.	Procedure / Form	Location		Verified
		EAP-1.1 Attach 1, 2,3,5,6 & 8	TSC Forms Drawer (20 copies)	TSC	
		EAP-5.3 Attach 1, 2, 3, 4, 14 & 15	TSC Forms Drawer (20 copies)	TSC	
		EAP-8 Attach 1, 2 & 3	TSC Forms Drawer (20 copies)	TSC	
		EAP-12 Attach 1	TSC Forms Drawer (20 copies)	TSC	
		EAP-15 Attach 1 & 4	TSC Forms Drawer (20 copies)	TSC	
		EAP-42 Attach 2	TSC Forms Drawer (20 copies)	TSC	
		SAP-2 Attach 20	TSC Forms Drawer (20 copies)	TSC	
		SAP-3 Attach 1 & 2	TSC Forms Drawer (20 copies)	TSC	
		SAP-10 Attach 1	TSC Forms Drawer (20 copies)	TSC	

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
Performed By (Print name/initial/date)\_\_\_\_\_  
EP Dept Review (Print name/initial/date)

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Rev. No. 56

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23B  
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ACCOUNTABILITY CARD READER SURVEILLANCE

Page 1 of 1

ACCOUNTABILITY CARD READER LOCATION	SAT	UNSAT
Control Room		
OSC Reader #1		
OSC Reader #2		
TSC		
Old Admin Bldg, 272' El., near the OSC Control Point		

Notify EP Staff immediately of any UNSAT items.

Note any unusual conditions, discrepancies, and all actions taken on the checklist

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

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Rev. No. 56

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 24  
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INCIDENT COMMAND POST SURVEILLANCE

Page 1 of 1

(In accordance with inventory inside kits)	SAT	UNSAT
Incident Command Post Offsite Liaison Kits (Located at Oswego County Sheriff's Dept.)		
State Offsite Liaison Kit (Located at EOF)		
County Offsite Liaison Kit (Located at EOF)		

Notify EP Staff immediately of any UNSAT items.

Note any unusual conditions, discrepancies, and all actions taken on the checklist

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Performed by (print name/initial) / Date

\_\_\_\_\_  
EP Dept. (print name/initial) / Date

- This is a Quality Record -

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Rev. No. 56

EMERGENCY EQUIPMENT  
INVENTORY

ATTACHMENT 25  
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Procedure/Document Number: SAP-2	Revision: 56
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. This is an enhancement.

1. Attachment 6 – add to EOF Fax machine section – Communications Room – 593-5875 and State/Local Communicator – 593-5865.
2. Attachment 6 – add to EOF Copy Machines – under Fax/Copy Room – Xerox 5632 JAFPR135.
3. Attachment 6 – add to Alternate TSC/OSC Fax machine section – 593-5707.
4. Attachment 6 – add to Alternate TSC/OSC Copy machine section – Xerox 5632 JAFPR068.
5. Attachment 6B – added Medical Management of the Radioactively Contaminated Patient at Oswego Hospital to list of documents at the EOF.
6. Attachment 6B – added University Hospital to the list of documents at the EOF
7. Attachment 6B – Line A.1 – correct Controlled Copy numbers to 8, 9, 10
8. Attachment 6B – Line A.2 – correct Controlled Copy number to 27
9. Attachment 6B - Line A.5 – correct Controlled Copy number to 9
10. Attachment 6B – Line A.9 – remove Controlled Copy number 50
11. Attachment 6B – add Line A.11 – EOP Support Procedures (EP) – JIC Controlled Copy No. 50
12. Attachment 6B – Line C.1 – correct to read: New York State Comprehensive Emergency Management Plan. Remove Controlled Copy No. and replace with N/A. Placed N/A in Rev. No column and N/A in Latest Revision YES/NO column because these are not controlled copies and therefore do not have revision numbers.
13. Attachment 6B – Line D.1 – correct to read: Oswego County Radiological Emergency Preparedness Plan. Correct Controlled Copy No. to read 19, 24. Placed N/A in Rev. No column and N/A in Latest Revision YES/NO column.
14. Attachment 6B – Line F.1 – Onondaga County Radiological Emergency Response Host Plan - Place N/A in Rev. No and Place N/A in Latest Revision YES/NO column because these are not controlled copies and therefore do not have revision numbers.
15. Attachment 8 – add wording "size is approximate" to the 4x4 gauze dressings
16. Attachment 8 – remove the word "large" from the biohazard bags.
17. Attachment 19 – remove the word "bag" from the backboard with harness description because there is no bag associated with the backboard, harness is attached.

Procedure/Document Number: SAP-2	Revision: 56
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

<b>Part II. Activity Previously Reviewed?</b> Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?  If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below: <b>Justification:</b>  <input type="checkbox"/> Bounding document attached (optional)		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
<b>Part III. Applicability of Other Regulatory Change Control Processes</b> Check if any other regulatory change processes control the proposed activity.(Refer to EN-LI-100) <b>NOTE:</b> For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are <b>NOT</b> to be included in this 50.54(q)(3) Screening.			
<b>APPLICABILITY CONCLUSION</b> <input checked="" type="checkbox"/> If there are no controlling change processes, continue the 50.54(q)(3) Screening. <input type="checkbox"/> One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below. <input type="checkbox"/> One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.			
<b>CONTROLLING CHANGE PROCESSES:</b>  10CFR50.54(q)			
<b>Part IV. Editorial Change</b> Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? <b>Justification:</b> There are no editorial changes.		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part

Procedure/Document Number: SAP-2	Revision: 56
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

<b>Part V. Emergency Planning Element/Function Screen</b> (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?	
1. Responsibility for emergency response is assigned. [1]	<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]	<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]	<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]	<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]	<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]	<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]	<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]	<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]	<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]	<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]	<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]	<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]	<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]	<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]	<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]	<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]	<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events. [10]	<input type="checkbox"/>
21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify	<input type="checkbox"/>

Procedure/Document Number: SAP-2	Revision: 56
Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant	
Title: EMERGENCY EQUIPMENT INVENTORY	

weaknesses. [14]	
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>

**APPLICABILITY CONCLUSION**

- ☒ If no Part V criteria are checked, a 50.54(q)(3) Evaluation is NOT required; document the basis for conclusion below and complete Part VI.
- ☐ If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.

**BASIS FOR CONCLUSION**

The proposed changes revise the surveillance and inventory information without affecting changes to the types, quantities or facility where emergency equipment or supplies are located. County and state plans do not have controlled copy numbers and therefore do not have revisions. When the county and state update their plans, Emergency Planning updates them at our facilities as soon as we receive them. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. No further evaluation is required.

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature <i>mjchristman</i>	Date: 2-24-2016
(Optional) Reviewer Name (Print) N/A	Reviewer Signature	Date:
Reviewer Name (Print) <i>David P. Townsend</i> Nuclear EP Project Manager	Reviewer Signature <i>David P. Townsend</i>	Date: 2-24-16
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>James D. Jones</i>	Date: 2-24-2016

ENTERGY NUCLEAR OPERATIONS, INC.  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PROMPT NOTIFICATION SYSTEM FAILURE/SIREN  
SYSTEM FALSE ACTIVATION  
SAP-8  
REVISION 21

EFFECTIVE DATE: 3/1/2016

*****	*****
* INFORMATIONAL USE *	* QUALITY RELATED *
*****	*****
*****	<b>CONTROLLED</b>
* ADMINISTRATIVE *	
*****	
*****	

PERIODIC REVIEW DUE DATE: MAY 2020

REVISION SUMMARY SHEET

REV. NO.   CHANGE AND REASON FOR CHANGE

21      LIMITED REVISION

Global: Removed any reference to Tone Alert Radios as these  
are no longer part of the ANS system

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<u>SECTION</u>		<u>PAGE</u>
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5.0	ATTACHMENTS .....	7
	1. <u>ALERT AND NOTIFICATION SYSTEM PROBLEM FORM</u> .....	8



## 1.0 PURPOSE

This procedure describes actions to be taken in the event of:

- Failures of the Alert and Notification System (ANS) sirens
- False activations of ANS sirens

## 2.0 REFERENCES

### 2.1 Performance References

NONE

### 2.2 Developmental References

- 2.2.1 NUREG-1022, Revision 3, Event Reporting Guidelines 10CFR50.72 and 10CFR50.73.
- 2.2.2 NEI 13-01, Reportable Action Levels for Loss of Emergency Preparedness Capabilities (rev 0)
- 2.2.3 EP-MA-121-1002, Exelon East Alert Notification System (ANS) Program
- 2.2.4 JAF Emergency Plan Section 7.
- 2.2.5 Alert and Notification System (ANS) Design Report, Revision 1 (5-12-2014) for Exelon Nine Mile Point and Entergy J.A. FitzPatrick.

## 3.0 INITIATING EVENTS

Notification has been received that there has been a:

- Failure of ANS sirens, or
- Siren false activation.

#### 4.0 PROCEDURE

#### 4.1 NRC Reportability Criteria:

4.1.1 ANY of the following are considered a major loss of offsite response capability requiring a 10CFR50.72(b)(3) notification within 8 hours of discovery:

A. ANS siren failure affecting greater than 25% of the total EPZ population for greater than 1 hour AND the backup system (Hyper-Reach, activated by Oswego County 911) is NOT available.

B. ANS siren failure affecting greater than 25% of the total EPZ population for greater than 24 hours AND the backup system (Hyper-Reach, activated by Oswego County 911) IS available.

4.2 IF the Control Room receives notification of ANY ANS sirens failures, THEN the Shift Manager or designee should take the following actions:

4.2.1 INITIATE the ANS Problem Notification Form, Attachment 1.

4.2.2 IF the notification indicates that ANY of the criteria in step 4.1 are met, THEN INITIATE a 10CFR50.72(b)(3) notification within 8 hours of discovery.

- 4.2.3 IF the percentage of EPZ population is NOT provided in the notification, it may be calculated as follows using Attachment 1 to record results:
- A. Locate the Siren Failure Calculator located on "J: Siren Failure Calculator"
  - B. Select the "Select Failed Siren" button
  - C. Select the sirens that are out of service
  - D. Select "OK"
  - E. Under the "Summary Statistics" table, note the "Percent Affected".
  - F. Sum the "Percent Affected" from step 4.2.3.E. This result is the "Total % EPZ Population Affected."
  - G. IF the status of the Hyper-Reach system is unknown, contact Oswego County 911 (343-1313) and inquire.
  - H. Assess the results of steps 4.2.3.G and 4.2.3.H against the criteria in step 4.1.
    - 1. IF ANY of the criteria in step 4.1 are met, THEN INITIATE a 10CFR50.72(b)(3) notification within 8 hours of discovery.
    - 2. NOTIFY the Nine Mile Point Unit 1 Shift Manager that the NRC notification call will be made over the NRC ENS line (or other).
- 4.2.4 INITIATE a Condition Report (CR) and attach a copy of the CR to Attachment 1.
- 4.2.5 NOTIFY the Emergency Planning Duty Manager of the event.
- 4.2.6 WHEN notified that failed sirens are back in service OR that step 4.1 criteria are no longer met, THEN:
- A. Complete Attachment 1 and forward to Emergency Planning.
  - B. IF NRC notification were made, THEN
    - 1. Notify the NMP 1 Shift Manager
    - 2. Perform and closeout notification to the NRC.

4.3 IF the Control Room receives notification of a false activation of an ANS siren(s), THEN the Shift Manager or designee should take the following actions:

4.3.1 COMPLETE the ANS Problem Notification Form, Attachment 1.

A. If the telephone call is received from a member of the general public:

1. Record name, address and telephone number of the caller, location of the activated siren, duration of the activation and if it is still sounding, call Exelon ANS Services and give them the above information.
2. Verify the false activation by contacting the Oswego County 911 Center at 343-1313.

4.3.2 INITIATE a Condition Report (CR) and attach a copy of the CR to Attachment 1.

4.3.3 NOTIFY the Nine Mile Point Unit 1 Shift Manager of the false activation via EITHER RECS or telephone.

4.3.4 NOTIFY the Emergency Planning Duty Manager AND the Public Information Duty Manager of the event.

4.3.5 IF it is determined that a press release will be issued because of the false activation, THEN a 10CFR50.72(b)(2)(4 hour report) notification may be required.

4.3.6 COMPLETE Attachment 1 and forward to Emergency Planning.

## 5.0 ATTACHMENTS

1. ALERT AND NOTIFICATION SYSTEM PROBLEM FORM

Message Received by	(JAF Shift Manager or designee)	
Notification received from	<input type="checkbox"/> Exelon ANS Services <input type="checkbox"/> Oswego County <input type="checkbox"/> Other (specify):	
Message method	<input type="checkbox"/> Telephone <input type="checkbox"/> RECS	
Message transmitted at	Date:	Time:
Reported by	Name:	Call Back #:
The following sirens are out of service	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
	Hyper Reach status: <input type="checkbox"/> Available <input type="checkbox"/> NOT available	
<b>% EPZ Population Affected Calculation</b> % Total EPZ Population Affected _____		
<b>10CFR50.72(b)(3) reportability applies if EITHER:</b>  A.    ANS siren failure affecting greater than 25% of the total EPZ population for greater than 1 hour AND the backup system (Hyper-Reach, activated by Oswego County 911) is NOT available, OR  B.    ANS siren failure affecting greater than 25% of the total EPZ population for greater than 24 hours AND the backup system (Hyper-Reach, activated by Oswego County 911) IS available.		
The following sirens are back in service	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
There has been a <u>false activation</u> of the following sirens	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
Comments		

Procedure/Document Number: SAP-8

Revision: 21

Equipment/Facility/Other: James A. FitzPatrick Nuclear Power Plant

Title: PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION

**Part I. Description of Activity Being Reviewed** (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

Global: Removed any reference to Tone Alert Radios as these are no longer part of the ANS system

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<b>Part II. Activity Previously Reviewed?</b> Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?  If YES, identify bounding source document number/approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below: <b>Justification:</b>  <input type="checkbox"/> Bounding document attached (optional)		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part
<b>Part III. Applicability of Other Regulatory Change Control Processes</b> Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100) <b>NOTE:</b> For example, when a design change is the proposed activity, consequential actions may include changes to other documents which have a different change control process and are NOT to be included in this 50.54(q)(3) Screening.			
<b>APPLICABILITY CONCLUSION</b> <input checked="" type="checkbox"/> If there are no controlling change processes, continue the 50.54(q)(3) Screening. <input type="checkbox"/> One or more controlling change processes are selected, however, some portion of the activity involves the emergency plan or affects the implementation of the emergency plan; continue the 50.54(q)(3) Screening for that portion of the activity. Identify the applicable controlling change processes below. <input type="checkbox"/> One or more controlling change processes are selected and fully bounds all aspects of the activity. 50.54(q)(3) Evaluation is NOT required. Identify controlling change processes below and complete Part VI.			
<b>CONTROLLING CHANGE PROCESSES:</b>  10CFR50.54(q)			
<b>Part IV. Editorial Change</b> Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? <b>Justification:</b> There are no editorial changes.		<input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI.	<input checked="" type="checkbox"/> NO Continue to next part

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<b>Part V. Emergency Planning Element/Function Screen</b> (Associated 10 CFR 50.47(b) planning standard function identified in brackets) Does this activity affect any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II?	
1. Responsibility for emergency response is assigned. [1]	<input type="checkbox"/>
2. The response organization has the staff to respond and to augment staff on a continuing basis (24/7 staffing) in accordance with the emergency plan. [1]	<input type="checkbox"/>
3. The process ensures that on shift emergency response responsibilities are staffed and assigned. [2]	<input type="checkbox"/>
4. The process for timely augmentation of onshift staff is established and maintained. [2]	<input type="checkbox"/>
5. Arrangements for requesting and using off site assistance have been made. [3]	<input type="checkbox"/>
6. State and local staff can be accommodated at the EOF in accordance with the emergency plan. [3]	<input type="checkbox"/>
7. A standard scheme of emergency classification and action levels is in use. [4]	<input type="checkbox"/>
8. Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notifications. [5]	<input type="checkbox"/>
9. Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. [5]	<input type="checkbox"/>
10. The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. [5]	<input type="checkbox"/>
11. Systems are established for prompt communication among principal emergency response organizations. [6]	<input type="checkbox"/>
12. Systems are established for prompt communication to emergency response personnel. [6]	<input type="checkbox"/>
13. Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). [7]	<input type="checkbox"/>
14. Coordinated dissemination of public information during emergencies is established. [7]	<input type="checkbox"/>
15. Adequate facilities are maintained to support emergency response. [8]	<input type="checkbox"/>
16. Adequate equipment is maintained to support emergency response. [8]	<input type="checkbox"/>
17. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>
18. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>
19. Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. [10]	<input type="checkbox"/>
20. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.[10]	<input type="checkbox"/>
21. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
22. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
23. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
24. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
25. Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify	<input type="checkbox"/>



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weaknesses. [14]	
26. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
27. Training is provided to emergency responders. [15]	<input type="checkbox"/>
28. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
29. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>

**APPLICABILITY CONCLUSION**

- ☒ If no Part V criteria are checked, a 50.54(q)(3) Evaluation is NOT required; document the basis for conclusion below and complete Part VI.
- ☐ If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.

**BASIS FOR CONCLUSION**

Global: Removed any reference to Tone Alert Radios as these are no longer part of the ANS system, the changes were made to reflect the update of ANS. Actual changes to the siren system were previously made via a change to the Emergency Plan and ANS design report. The changes to the siren system were previously evaluated under 10CFR50.54(q). Siren requirements continue to exist and be met. The frequency of siren testing is unchanged. There are no applicable Emergency Planning Element/Functions affected by this change. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. No further evaluation is required.

**Part VI. Signatures:**

Preparer Name (Print) Mellonie Christman	Preparer Signature <i>mg Christman</i>	Date: 02-23-2016
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date:
Reviewer Name (Print) <i>David K. Toarsen</i> Nuclear EP Project Manager	Reviewer Signature <i>David K. Toarsen</i>	Date: 2-23-16
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature <i>James D. Jones</i>	Date: 2-24-2016

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3  
UPDATE LIST

Date of Issue: 3/1/2016

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 26	07/15	N/A
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 13	05/15	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 7	08/13	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY	REV. 4	07/11	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 5	08/13	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 8	08/13	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 6	05/13	Informational
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 25	04/14	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 70	01/11	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 8	07/12	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM)	REV. 9	04/15	Informational
EAP-46	SUPPLEMENTAL ERO ACTIONS	REV. 2	10/15	Reference
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 24	12/14	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 56	12/15	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 85	12/15	Reference
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 21	07/15	Informational
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 16	04/15	Reference
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 11	03/11	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 36	03/15	Informational
SAP-23	EQUIPMENT IMPORTANT TO EMERGENCY PREPAREDNESS	REV. 1	12/14	Informational
SAP-24	LOSS OF EMERGENCY PREPAREDNESS CAPABILITIES	REV. 0	12/15	Informational

**ENTERGY NUCLEAR NORTHEAST  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

TO: EP Admin  
DEPT.: Emergency Planning  
LOCATION: USNRC Document Control Center, Washington  
DC/RockvilleMD

**SPECIAL NOTES:** JAFP Memo & EN-LI-106 form required.  
Include 10CFR50.54(q) Screen and Evaluation (EN-EP-305 Attach  
9.1 & 9.2)

CONTROL MANUAL NUMBER 34

FROM: PATTI PONZI  
DEPT.: ADMINISTRATIVE SERVICES  
LOCATION: JAF  
DATE: February 25, 2016

**APPLICABLE MANUAL: EMERGENCY PLAN**

**\*\* PERIODIC REVIEW DATE CHANGE \*\***

DOCUMENT NUMBER	DOCUMENT TITLE	REV	EFFECTIVE DATE
SECTION 5	**COVER PAGE ONLY**	50	N/A
VOLUME 1	VOLUME 1 UPDATE LIST	--	2/25/2016

**INSTRUCTIONS:**

1. Insert the attached revised documents, and withdraw any noted WITHDRAWN documents from your controlled copy.
2. **DISCARD ALL SUPERCEDED DOCUMENTS, as applicable. DISCARD THIS TRANSMITTAL.**

**NOTE**

Failure to incorporate these documents into your controlled manual  
will result in cancellation of the subject controlled documents.

# EMERGENCY PLAN / VOLUME 1 UPDATE LIST

Date of Issue: 2/25/2016

		Revision Number	Date of Last Review
N/A	TABLE OF CONTENTS - VOLUME 1	REV. 31	07/15
SECTION 1	DEFINITIONS/ACRONYMS	REV. 28	01/16
SECTION 2	SCOPE AND APPLICABILITY	REV. 27	01/16
SECTION 3	SUMMARY OF THE JAFNPP EMERGENCY PLAN	REV. 15	05/15
SECTION 4	EMERGENCY CONDITIONS	REV. 27	01/16
SECTION 5	ORGANIZATION	REV. 50	02/16
SECTION 6	EMERGENCY MEASURES	REV. 35	12/14
SECTION 7	EMERGENCY FACILITIES AND EQUIPMENT	REV. 34	02/15
SECTION 8	MAINTAINING EMERGENCY PREPAREDNESS	REV. 33	02/15
SECTION 9	RECOVERY	REV. 23	07/15
APPENDIX A	EMERGENCY PLAN IMPLEMENTING PROCEDURES	REV. 29	04/15
APPENDIX B	JAFNPP POLICY STATEMENT	REV. 09	02/16
APPENDIX C	LETTERS OF AGREEMENT	REV. 37	08/15
APPENDIX D	NEW YORK STATE PLAN AND PROCEDURES	REV. 09	07/15
APPENDIX E	OSWEGO COUNTY PLANS AND PROCEDURES	REV. 10	07/15
APPENDIX F	TYPICAL SUPPORT COMPANIES AND ORGANIZATIONS	REV. 19	07/15
APPENDIX G	DELETED (2/98)		
APPENDIX H	PUBLIC INFORMATION PROGRAM	REV. 37	02/16
APPENDIX I	EMERGENCY EQUIPMENT KITS	REV. 12	04/15
APPENDIX J	SUPPORTING DOCUMENTS	REV. 12	02/15
APPENDIX K	EVACUATION TRAVEL TIME ESTIMATES AND POPULATION DISTRIBUTION FOR THE JAF/NINE MILE POINT EMERGENCY PLANNING ZONE	REV. 09	11/15
APPENDIX L	NUREG-0654/FEMA-REP-1 CROSS REFERENCE	REV. 18	09/15
APPENDIX M	DELETED (5/84)		
APPENDIX N	TYPICAL FEDERAL SUPPORT RESOURCES	REV. 21	07/15

ENTERGY NUCLEAR OPERATIONS, INC.  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT

EMERGENCY PLAN VOLUME 1

ORGANIZATION

SECTION 5

REVISION 50

EFFECTIVE DATE: 4/29/15

*****	*****
* INFORMATIONAL USE *	* QUALITY RELATED *
*****	*****
* ADMINISTRATIVE *	<b>CONTROLLED</b>
*****	
*****	

PERIODIC REVIEW DUE DATE: FEBRUARY 2017

REVISION SUMMARY PAGE

FULL REVISION 50

Section 5.1 - replaced AP-01.05, Plant Organization and Responsibilities, with EN-OP-115, Conduct of Operations

Section 5.1 - change RP to Radiation Protection

Section 5.1 - change Nuclear Plant Operators (NPO) from 5 to 6 and add statement "covers Fire Brigade member, AOP-43 and E-Plan Communicator requirements"

Section 5.1 - remove 1 Additional Fire Brigade qualified person because Nuclear Plant Operators are covering this position.

Section 5.1 - remove wording "at other times" because it is desired to leave various operations staffing configurations to the detail in the reference documents.

Section 5.1 - Move Security Personnel to the bottom of the list and add a (-) in the column where a number would go to clarify the change.

Notes Table 5-1 H - remove "and one additional Fire Brigade qualified individual" and change 3 to 4 NPO's because Nuclear Plant Operators are covering that position.

DECLASSIFIED