

JAFP-17-0109

Enclosure

EAP-2, Revision 35

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

PERSONNEL INJURY
EAP-2
REVISION 35

EFFECTIVE DATE: 10-11-2017

*****	*****
*	*
* INFORMATIONAL USE *	* QUALITY RELATED *
*	*
*****	*****
*****	*****
*	*
* ADMINISTRATIVE *	*
*	*
*****	*****

PERIODIC REVIEW DUE DATE: OCT. 2022

REVISION SUMMARY SHEET

REV. NO. CHANGE AND REASON FOR CHANGE

35 FULL REVISION

1. Remove entire Section 2.3 EXPECTATIONS. Reason: This section references CR-JAF-2005-0057 which states " Discusses when communicating with E911 that access to JAFNPP Site is via County Route 29 only." JAF is no longer restricted on which direction emergency vehicles access the site from.
2. Section 4.2.3.A.1 - Replaced the locations of the trauma kit. It has changed from "Under the stairs in the new Administration Building near the Onsite Medical Office on the ground floor" to "Support Admin Bldg. 272' Fire Brigade Locker Room". Reason: The location of trauma kit has been changed due to combustible storage issues.
3. Remove references to EN-IS-113, "REPORTING & INVESTIGATING OCCUPATIONAL INJURIES/ILLNESSES AND NEAR MISSES". Reason: JAF no longer uses this procedure, it has been withdrawn.
4. Attachment 2 – First Aid Team – add "(1) Chemistry Technician (may be relieved by RP Technician)". Reason: Chem Tech is currently part of the first aid team but not listed on the Attachment.

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE	4
2.0 REFERENCES	4
3.0 INITIATING EVENTS	5
4.0 PROCEDURE	5
5.0 ATTACHMENTS	16
1. <u>CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER</u> ..	17
2. <u>FIRST AID TEAM COMPOSITION</u>	18

1.0 PURPOSE

- 1.1 This procedure provides instructions necessary to assure that medical attention is promptly administered to individuals injured or stricken at the JAFNPP while limiting the unnecessary spread of contamination, limiting personnel exposure, and providing for appropriate off-site notifications. The composition of the First Aid Team is specified in ATTACHMENT 2 - FIRST AID TEAM COMPOSITION.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 EN-RP-104, PERSONNEL CONTAMINATION EVENTS
- 2.1.2 AP-12.11, NOTIFICATIONS AND RESPONSE TO OPERATIONAL CONCERNS
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL

2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.2.2 AP-12.11, NOTIFICATIONS AND RESPONSE TO OPERATIONAL CONCERNS
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.4 Decontamination and Treatment of the Radioactively Contaminated Patient at University Hospital, Syracuse
- 2.2.5 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.6 EN-RP-104, PERSONNEL CONTAMINATION EVENTS
- 2.2.7 RADIATION PROTECTION PROCEDURES
- 2.2.8 Reference ATTACHMENT 2 - FIRST AID TEAM COMPOSITION
- 2.2.9 10 CFR 50.72, Immediate Notification Requirements for Operating Nuclear Power Reactors

- 2.2.10 10 CFR 72.75, Reporting Requirements for specific Events and Conditions

3.0 INITIATING EVENTS

A person has been injured or has become ill and is potentially contaminated.

AND/OR

The Shift Manager/Emergency Director determines that implementation of this procedure is necessary.

4.0 PROCEDURE

NOTE: For a minor injury/illness, implement Section 4.1.

For an injury/illness that requires immediate attention, implement Section 4.2.

4.1 Minor Injury/illness

4.1.1 The injured/ill individual should report to the Site Medical Office and inform the Shift Manager.

4.1.2 The assigned medical provider or other individual qualified to administer first aid in accordance with TP-4.02, FIRE AND RESCUE TRAINING, shall evaluate the injury/illness to determine if it can be treated onsite.

4.1.3 The injury/illness shall be treated using standard first aid techniques.

4.1.4 **IF** the individual is contaminated, **THEN** assure that contamination is not spread.

4.1.5 Monitor and decontaminate the individual in accordance with EN-RP-104, PERSONNEL CONTAMINATION EVENTS and Radiation Protection procedures.

4.2 Injuries/Illnesses That Require Immediate Attention

4.2.1 Person who discovers the injured/ill individual, or the individual, immediately contacts the Control Room for first aid assistance.

4.2.2 Shift Manager or designee shall:

A. **IF** available information indicates an immediate need for an ambulance, **THEN** contact 911 and request an ambulance as soon as possible.

1. **IF** the station is experiencing a Hostile Action Based event, **THEN** provide the dispatcher with the following statement:
"The station is under attack".

NOTE: During adverse weather, the Shift Manager may request that Security or other department provide a vehicle to meet the First Aid Team and transport their equipment to the location of the injury.

NOTE: During a Hostile Action Based Event, announcements and directions for personnel to move about should be delayed until Security has determined that it is safe for First Aid responders to move about.

NOTE: During a Hostile Action Based Event, emergency responders from offsite (Fire, Police and EMS) will be delayed until their entry can be coordinated through the Incident Command Post.

(Actions are performed with Section 4.2.3)

B. Instruct the Control Room operator to sound the Station Alarm and make the following announcement: (twice)

ATTENTION, ATTENTION: AN INJURY HAS OCCURRED (location of injured). THE FIRST AID TEAM SHALL REPORT TO (location of injured) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.

C. **IF** the injured/ill individual requires evaluation or treatment at an off-site medical facility, **THEN** ensure the individual is accompanied by a representative from management to provide case investigation oversight.

D. **IF** radiological survey information from the first aid team (Step 4.2.3.F), indicates that the individual is contaminated **and will not be**

decontaminated prior to treatment **and** the contaminated individual requires transport to an offsite medical facility for treatment, **THEN**

1. Notify the NRC in accordance with 10 CFR 50.72 as soon as practical and within eight (8) hours of the occurrence.
 2. **IF** the injury involves spent fuel, High Level Waste (HLW), or reactor-related Greater Than Class "C" (GTCC) waste, **THEN** Notify the NRC in accordance 10 CFR 72.75 as soon as practical no later than four (4) hours of the occurrence.
- E. **IF** injured/ill individual is found to be contaminated, **THEN** perform steps 4.2.2.G through 4.2.2.N of this procedure.
- F. **IF** injured/ill individual is not contaminated, **THEN** perform steps 4.2.2.P through 4.2.2.T of this procedure.
- G. **IF** the injured/ill individual is contaminated or potentially contaminated, **THEN** complete ATTACHMENT 1 - CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER, **THEN** do the following:
1. Call Oswego County E-911 Center at: 911 and report the following messages:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	IF the station is experiencing a Hostile Action Based event, THEN provide the dispatcher with the following statement: "The station is under attack".
c)	Provide information from ATTACHMENT 1 - <u>CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER</u> to the Oswego County Dispatcher.

2. Call the receiving hospital at:

Oswego Hospital

(315) 349-5522

OR

University Hospital

(315) 464-5612

and report the following message:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from ATTACHMENT 1 - <u>CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER</u> to the Receiving Hospital.

H. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured). PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs, SURGEONS GLOVES, HERCULITE.

- I. Assign an RP Technician (preferred) or Chemistry Technician to accompany the ambulance to the hospital. This will normally be the Shift RP Technician who responds as a part of the First Aid Team.
- J. Assign a second RP technician (preferred) or Chemistry Technician to perform the following (this will normally be the Shift Chemistry Technician initially, who may be relieved by a call-out RP Technician):
1. Meet the ambulance at the designated building entry point.
 2. Ensure that ambulance attendants have been issued DRDs and TLDs.
 3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.

K. If additional information is requested by the hospital; attempt to contact the assigned medical provider for more complete information.

L. Contact an RP Supervisor and direct Supervisor to perform the following:

NOTE: IF the patient is being transported to University Hospital, **THEN** the RP Supervisor may call-out an RP Technician and dispatch that individual directly to University Hospital so that they are there upon ambulance arrival.

NOTE: During a Hostile Action Based Event, any personnel being requested or directed to come to the site will be required to coordinate their response through the EOF and the ICP.

1. Immediately call-out an RP Technician to come to the site, obtain the ambulance kit, and follow the ambulance to the hospital.
2. Inform the call-out RP Technician that IF he arrives at site following the departure of the ambulance and follow-up vehicle, THEN the Technician should proceed directly to the hospital to assist.
3. The RP Supervisor should proceed to the hospital and provide direction and assistance to the RP Technicians (preferred) or Chemistry Technicians and hospital staff as appropriate.

M. Perform internal notifications as required by AP-12.11, RESPONSE TO OPERATIONAL CONCERNS AND NOTIFICATIONS.

N. Obtain the name of the injured person and request that the injured persons Supervisor (or designee) contact the individual designated in the injured's file for emergency information.

O. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

OR

University Hospital (315) 464-5612

P. **IF** the "contaminated" individual is found not to be contaminated **or** is decontaminated, **THEN** do the following:

1. Call the Oswego County E-911 Center at:

911

and give the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS **NOT** CONTAMINATED, I REPEAT **NOT** CONTAMINATED.

IF the station is experiencing a Hostile Action Based event, THEN provide the dispatcher with the following statement: "The station is under attack".

2. Call the Receiving Hospital at:

Oswego Hospital (315) 349-5522

OR

University Hospital (315) 464-5612

and report the following messages:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS **NOT** CONTAMINATED, I REPEAT **NOT** CONTAMINATED.

- Q. **IF** the injured/ill individual is not contaminated, **THEN** complete Attachment 1, **THEN** call Oswego County E-911 Center at: 911

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS <u>NOT</u> CONTAMINATED. I REPEAT <u>NOT</u> CONTAMINATED. (State specifically that the individual is <u>NOT</u> CONTAMINATED.)
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.
c)	IF the station is experiencing a Hostile Action Based event, THEN provide the dispatcher with the following statement: "The station is under attack" .

- R. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured).

If it is anticipated that ambulance attendants will enter the RCA, direct Security to: PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs AND SURGEONS GLOVES

- S. If additional information is requested by the hospital, attempt to contact the assigned medical provider for more complete information.
- T. Obtain the name of the injured individual and request the injured person's Supervisor (or designee) to contact the individual designated in the injured person's medical file for emergency information.
- U. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital	(315) 349-5522
University Hospital	(315) 464-5612

- V. Consider contacting the On-Call RP and/or Chemistry Supervisor(s) to call out replacement shift technicians if staffing levels fall below minimum.

4.2.3 First Aid Team shall:

WARNING

Precautions should be taken to avoid exposure to blood or body fluids per OSHA blood borne pathogen standard.

NOTE: If the injured is not contaminated, perform only the steps in this Section needed for appropriate care of the injured.

NOTE: During adverse weather, the Shift Manager may request that Security or other department provide a vehicle to meet the First Aid Team and transport their equipment to the location of the injury.

- A. Upon hearing the announcement of injury/illness over the Public Address (PA) system, report to the specified location with a trauma kit and stretcher. Trauma kits are located in the following areas:

1. Support Admin Bldg. 272' Fire Brigade Locker Room
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

- B. Upon reaching the injured individual, perform the following:

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.
3. Assess radiological conditions, and implement EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL, if necessary.

4. Report radiological status of injured to the Control Room.

5. Provide medical treatment.

NOTE: When making decisions concerning the disposition of the injured, the injured's well-being and need for medical attention shall always take precedence over decontamination efforts.

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.

7. Use standard contamination control techniques to remove the individual from a contaminated area.

C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).

D. Complete personnel and clothing contamination forms from EN-RP-104, PERSONNEL CONTAMINATION EVENTS (Attachments 9.11 and/or 9.12). Report the contamination levels to the Shift Manager or designee.

E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.

F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with EN-RP-104, PERSONNEL CONTAMINATION EVENTS. As the injuries permit continue attempts to:

1. Remove any protective clothing.

2. Place the injured on a stretcher.

3. Wrap the injured and the stretcher in a clean blanket.

G. If the individual has been successfully decontaminated, notify the Shift Manager

immediately.

- H. **IF** the individual is not contaminated **or** has been successfully decontaminated, **THEN** inform the ambulance attendants that no special hospital procedures need to be implemented.
- I. IF the individual is contaminated, THEN have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be an RP/Chem Technician. This team member should be provided with the completed EN-RP-104, PERSONNEL CONTAMINATION EVENTS forms and any available information to be utilized at the hospital.
- J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
- K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
- L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.
- M. First Aid Team Leader and/or assigned medical provider shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed ATTACHMENT 3 - PRE-HOSPITAL CARE REPORT.
- N. First Aid Team Leader shall notify the Site Industrial Safety Dept. to ensure medical aide kits and supplies are replenished and restocked.
- O. Site Industrial Safety Dept. shall ensure all medical aide kits are restocked and inventoried.

4.2.4 First Aid Team Members (RP Technicians preferred or Chemistry Technicians) assigned to accompany and follow the contaminated individual to the hospital shall:

- A. Meet the ambulance at the designated building entry point.
- B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
- C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
- D. Assist ambulance attendants as required.
- E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
- F. The RP Technician (preferred) or Chemistry Technician (this will normally be the Shift RP Technician) who rides in the ambulance with the injured person shall:
 1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
 2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
 3. If the ambulance is diverted from Oswego Hospital to University Hospital while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.
- G. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
- H. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
- I. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.
- J. The RP Technician (preferred) or Chemistry Technician arriving in a separate vehicle shall:
 1. Assist hospital personnel as requested.

2. Request additional assistance from plant, if needed.

NOTE: In lieu of a qualified Radiation Protection Technician being available, the Radiation Protection Supervisor may perform the following activities until a qualified Radiation Protection Technician arrives.

- K. The RP Technician arriving in a separate vehicle shall:
 1. Survey, decontaminate, and release the ambulance and attendants as soon as practicable. Collect dosimetry from ambulance attendants for return to Rad Protection.
 2. Assist in monitoring and decontamination of hospital areas.
- L. When no longer needed at the hospital, collect all dosimetry issued to hospital, ambulance personnel, and patient(s) and report back to the plant with any radwaste generated. If the patient has an OCA badge, collect it and bring it back to the plant. Report to plant supervisory personnel for debriefing.
- M. TLD results and dosimetry readings will be provided to hospital and ambulance personnel by Radiation Protection personnel in accordance with Radiation Protection procedures.

5.0 ATTACHMENTS

1. CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER
2. FIRST AID TEAM COMPOSITION

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

The Oswego County E-911 Dispatcher will receive the initial notification telephone call from the nuclear station of impending patient(s) arrival.

Initial Notification Data

Date/Time of Call _____

Person Calling:

Name: _____

Address: James A. FitzPatrick Nuclear Power Plant
268 East Lake Road, Oswego, NY.

Telephone Number: (315)349-6664 or (315)349-6665 or (315)349-6666

Accident Information:

IF the station is experiencing a Hostile Action Based event, **THEN** provide the dispatcher with the following statement: **"The station is under attack".**

Location _____

Date & Time _____

of Injured Patients _____

of Contaminated/Injured Patients _____

Description of Injuries:

Remarks: _____

ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

- Senior Nuclear Operator
- (2) Operators
- (1) Chemistry Technician (may be relieved by RP Technician)
- (1) RP Technician

(The RP Technician on-shift should respond unless another technician is designated by supervision.)

NOTE: As available, in addition to the First Aid Team at the JAFNPP, the assigned medical provider or designee shall report to the specified injury/illness location. The assigned medical provider or designee should direct medical treatment upon reporting to the accident scene.

Procedure/Document Number: EAP-2	Revision: ^{MSC} 26 35		
Equipment/Facility/Other: JAF			
Title: PERSONNEL INJURY			
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):			
<ol style="list-style-type: none"> 1. Remove entire Section 2.3 EXPECTATIONS. 2. Section 4.2.3.A.1 - Replaced the locations of the trauma kit. It has changed from "Under the stairs in the new Administration Building near the Onsite Medical Office on the ground floor" to "Support Admin Bldg. 272' Fire Brigade Locker Room". 3. Remove references to EN-IS-113, "REPORTING & INVESTIGATING OCCUPATIONAL INJURIES/ILLNESSES AND NEAR MISSES". 4. Attachment 2 – First Aid Team – add "(1) Chemistry Technician (may be relieved by RP Technician)". 			
Part II. Activity Previously Reviewed? 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:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;"> <input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI. </td> <td style="width: 50%; border: none; padding: 5px;"> <input checked="" type="checkbox"/> NO Continue to next part </td> </tr> </table>	<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
<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		
Justification: <input type="checkbox"/> Bounding document attached (optional)			
Part III. Applicability of Other Regulatory Change Control Processes Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100) NOTE: 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.			
APPLICABILITY CONCLUSION <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.			
CONTROLLING CHANGE PROCESSES 10CFR50.54(q)			
Part IV. Editorial Change Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? Justification: N/A	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;"> <input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI. </td> <td style="width: 50%; border: none; padding: 5px;"> <input checked="" type="checkbox"/> NO Continue to next part </td> </tr> </table>	<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
<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: EAP-2	Revision: <i>me</i> 38 35
Equipment/Facility/Other: JAF	
Title: PERSONNEL INJURY	
Part V. Emergency Planning Element/Function Screen (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. Adequate facilities are maintained to support emergency response. [8]	<input type="checkbox"/>
15. Adequate equipment is maintained to support emergency response. [8]	<input type="checkbox"/>
16. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]	<input type="checkbox"/>
17. A range of public PARs is available for implementation during emergencies. [10]	<input type="checkbox"/>
18. 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"/>
19. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events. [10]	<input type="checkbox"/>

Procedure/Document Number: EAP-2	Revision: 36 35
Equipment/Facility/Other: JAF	
Title: PERSONNEL INJURY	
20. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
21. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
22. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
23. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
24. 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 weaknesses. [14]	<input type="checkbox"/>
25. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
26. Training is provided to emergency responders. [15]	<input type="checkbox"/>
27. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
28. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>
APPLICABILITY CONCLUSION <input checked="" type="checkbox"/> If no Part V criteria are checked, a 50.54(q)(3) Evaluation is <u>NOT</u> required; document the basis for conclusion below and complete Part VI. <input type="checkbox"/> If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.	
BASIS FOR CONCLUSION <ol style="list-style-type: none"> 1. Remove entire Section 2.3 EXPECTATIONS. This section references CR-JAF-2005-0057 which states "Discuss when communicating with E911 that access to JAFNPP Site is via County Route 29 only." JAF is no longer restricted on which direction emergency vehicles access the site from. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required. 2. Section 4.2.3.A.1 - Replaced the locations of the trauma kit. It has changed from "Under the stairs in the new Administration Building near the Onsite Medical Office on the ground floor" to "Support Admin Bldg. 272' Fire Brigade Locker Room". The location of trauma kit has been changed due to combustible storage issues. This revision updates the location of the equipment but does not change the equipment available. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required. 3. Remove references to EN-IS-113, "REPORTING & INVESTIGATING OCCUPATIONAL INJURIES/ILLNESSES AND NEAR MISSES". JAF no longer uses this procedure, it has been withdrawn. This update does not affect any planning standard function. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required. 	

ATTACHMENT 9.1
SHEET 4 OF 4

10CFR50.54(q) SCREENING

Procedure/Document Number: EAP-2

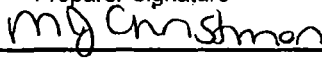
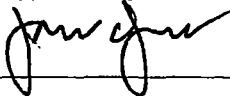
Revision: ^{MSC} 3835

Equipment/Facility/Other: JAF

Title: PERSONNEL INJURY

4. Attachment 2 – First Aid Team – add “(1) Chemistry Technician (may be relieved by RP Technician)”. Chemistry Tech is currently part of the first aid team but not listed on the Attachment. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.

Part VI. Signatures:

Preparer Name (Print) Mellonie Christman	Preparer Signature 	Date: 9-28-2017
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date: N/A
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature N/A	Date: N/A
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature 	Date: 10-2-2017

JAFP-17-0109

Enclosure

SAP-2, Revision 63

JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY
SAP-2
REVISION 63

EFFECTIVE DATE: 10-10-2017 ^{mjc}

*****	*****
*	*
REFERENCE USE	QUALITY RELATED
*	*
*****	*****

*	
ADMINISTRATIVE	
*	

PERIODIC REVIEW DUE DATE: OCT 2022

REVISION SUMMARY SHEET

1. Replaced the locations of medical equipment in Attachments 1, 18 and 19. It has changed from "Administration & Support Facility - 272', Emergency Response Storage Area (under the stairs)" to "Support Admin Bldg. 272' Fire Brigade Locker Room". Reason: The location of medical equipment has been changed due to combustible storage issues.
2. Remove strap length of 9" from Attachment 8. Reason: The length is not important to the surveillance and it is not required to be a certain number.
3. Remove specific brand names from Respirators references on Attachments 5, 9, 14 and 16. Reason: Brand name is not important to the surveillance and it is not required to be a certain brand name.

TABLE OF CONTENTS

<u>SECTION</u>		<u>PAGE</u>
1.0	PURPOSE	4
2.0	REFERENCES	4
3.0	INITIATING EVENTS	5
4.0	PROCEDURE	5
5.0	ATTACHMENTS	13
	1. EMERGENCY PLAN EQUIPMENT LOCATIONS & RESPONSIBILITIES	14
	2. AMBULANCE KIT INVENTORY	18
	3. RESCUE KIT INVENTORY	19
	4. FIELD SURVEY KIT INVENTORY	20
	5. EOF EMERGENCY PLAN INVENTORY	22
	6. EOF OFFICE SUPPLY/EQUIPMENT INVENTORY	27
	6A. EOF COMPUTER TERMINALS AND PRINTERS	30
	6B. EOF/JIC PROCEDURES INVENTORY	32
	7. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY	33
	8. TRAUMA KIT INVENTORY	36
	9. SECURITY BUILDING INVENTORY	37
	10. CONTROL ROOM EP SUPPLIES INVENTORY	38
	11. TSC COMPUTER TERMINALS AND PRINTERS	39
	11A. TECHNICAL SUPPORT CENTER EPLAN SUPPLIES INVENTORY ...	40
	11B. TECHNICAL SUPPORT CENTER PROCEDURES INVENTORY	41
	12. EOF DECONTAMINATION ROOM INVENTORY	42
	13. EMERGENCY KEY INVENTORY	43
	14. PASS CABINET INVENTORY	44
	15. DECON SUPPLY INVENTORY	46
	16. OSC EMERGENCY PLAN INVENTORY	48
	16A. OSC PROCEDURES	52
	16B. OSC COMPUTER TERMINALS AND PRINTERS	53
	17. POTASSIUM IODIDE (KI) INVENTORY	54
	18. AUTOMATIC EXTERNAL DEFIBRILLATOR (AED) INSPECTION ...	55
	19. EMS RESCUE EQUIPMENT INVENTORY	56
	20. EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE ...	57
	21. SITE RE-ENTRY KIT INVENTORY	59
	22. DOSE ASSESSMENT COMPUTER SURVEILLANCE	60
	23. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (EOF)	61
	23A. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)	62
	23B. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (OSC/TSC) ...	63
	24. ACCOUNTABILITY CARD READER SURVEILLANCE	64
	25. INCIDENT COMMAND POST SURVEILLANCE	65

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 Performance of Surveillances

NOTE:

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

- 4.4.1 IF a seal is broken go to step 4.4.2.B
- 4.4.2 **IF** a seal has **NOT** been broken, **THEN**:
 - A. **BREAK** the seal
 - B. **IF** it is the first quarter of the year **OR** the seal was found broken in step 4.4.1, **THEN** a complete inventory must be performed.
 - C. **ASSESS** contents for signs of poor material condition that would impair operability of the item **OR** any item with an expiration date.
 - D. **REPLACE** items as needed.
 - E. **REPLACE** the seal.
- 4.4.3 Perform surveillance in accordance with step 4.7 of this procedure.

- 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).
 - 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 seals on 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. 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).

E. 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.
 - C. Write the Issue Report number in the remarks area on the attachment for any unsatisfactory attribute not immediately corrected.
 - 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** an Issue Report (IR) or appropriate site approved tracking process for any unsatisfactory attributes not immediately corrected.
 - 4.10 Attachments 2 through 25 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. EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE
21. SITE RE-ENTRY KIT INVENTORY
22. DOSE ASSESSMENT COMPUTER SURVEILLANCE
23. EMERGENCY PLAN PROCEDURE FORMS INVENTORY (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' El, Near elevator	Rad Protection
Rescue Kit	3	Q	Admin. Bldg. 272' El, 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 Mgmt.
EOF Computer Terminals and Printers	6A	Q	EOF	EP to perform at each quarterly drill
EOF/JIC Procedures	6B	A	EOF	Document Control & Records Mgmt.
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. Support Admin Bldg. 272' Fire Brigade Locker Room 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

Page 2 of 4

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 Mgmnt.
TSC Procedures	11B	Q	TSC	Document Control & Records Mgmnt.
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 Mgmnt.
OSC Computer Terminals and Printers	16B	Q	OSC	EP to perform at each quarterly drill

ATTACHMENT 1

Page 3 of 4

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 10 - 13
	18	Q	Control Room Radwaste Control Room Refuel Floor OSC Fire Brigade Mechanical Maintenance Shop Warehouse Lobby Support Admin. Building B&G Supervisors Hallway Electrical field Maintenance	Operations 1 - 9
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

Page 4 of 4

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 2
Rev. No. <u>63</u>	INVENTORY	Page <u>18</u> of <u>65</u>

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 ⁽¹⁾	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: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 3

Page 19 of 65

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.

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 4

Rev. No. 63

Page 20 of 65

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			

Notify EP Staff immediately of any UNSAT items.

REMARKS:

Issue report number (if needed): _____

Security Seal No.: _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT

ATTACHMENT 4

Rev. No. 63

INVENTORY

Page 21 of 65

EOF EMERGENCY PLAN INVENTORY

Page 1 of 5

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	8			
Respirator Cartridges (Iodine) (replace prior to expiration)	16	Exp Date: _____		
Respirator Filters (Particulate)	16			

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 5
Rev. No. <u>63</u>	INVENTORY	Page <u>22</u> of <u>65</u>

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 ⁽¹⁾	24 each	Exp. Date _____		
"C" Batteries ⁽¹⁾	4 each	Exp. Date _____		
"D" Batteries ⁽¹⁾	24 each	Exp. Date _____		
"9 VDC" Batteries ⁽¹⁾	6 each	Exp. Date _____		
Remote Assembly Area Kit (located on storage shelf)				
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 -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 5
Rev. No. <u>63</u>	INVENTORY	Page <u>23</u> of <u>65</u>

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.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 5
Rev. No. <u>63</u>	INVENTORY	Page <u>24</u> of <u>65</u>

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.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 5
Rev. No. <u>63</u>	INVENTORY	Page <u>25</u> of <u>65</u>

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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 5
Rev. No. <u>63</u>	INVENTORY	Page <u>26</u> of <u>65</u>

LOCATION: EOF

OFFICE SUPPLIES FAX/COPY ROOM NOTE: Refer to EP JOB Aid for specific toners/ribbons	MINIMUM AMOUNT REQUIRED	SAT	UNSAT
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.

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT

ATTACHMENT 6

Rev. No. 63

INVENTORY

Page 27 of 65

LOCATION: EOF

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
FAX A (315-593-5951)				
FAX B (315-592-0673)				
STATE/LOCAL ROOM (315-593-5975)				
COMMUNICATIONS (315-593-5875)				
STATE/LOCAL COMMUNICATOR (315-593-5865)				

COPY MACHINES (Check for Operability)	SAT	UNSAT
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM		

PUBLIC ADDRESS	SAT	UNSAT
Dial "5899" from any phone		

LOCATION: ALTERNATE TSC/OSC

FAX MACHINES (Check for Operability)	SEND	RECEIVE	SAT	UNSAT
315-593-5707				

Notify EP Staff immediately of any UNSAT items.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 6
Rev. No. 63	INVENTORY	Page 28 of 65

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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 6
Rev. No. <u>63</u>	INVENTORY	Page <u>29</u> of <u>65</u>

LOCATION: EOF

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

- This is a Quality Record -

EPIC (Check for Operability)			
NOTE: 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			
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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

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	18		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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 6B

Page 32 of 65

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.

- This is a Quality Record -

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.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 7
Rev. No. <u>63</u>	INVENTORY	Page <u>34</u> of <u>65</u>

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 7
Rev. No. <u>63</u>	INVENTORY	Page <u>35</u> of <u>65</u>

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			
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: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 8

Page 36 of 65

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	8			
Scott Pak	4			
Spare Air Cylinders	4			

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT

ATTACHMENT 9

Rev. No. 63

INVENTORY

Page 37 of 65

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			
Shift Manager desk calculator	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 10

Page 38 of 65

DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Operability check – Technical Support Center				
Monitor/Computer - Computer 1	1			
Monitor/Computer - Computer 2	1			
Monitor/Computer - Computer 3	1			
Fax Machine (315-342-2255)	1			
Monitor/Computer - Computer 4	1			
Monitor/Computer - Computer 5	1			
Monitor/Computer - Computer 6	1			
Monitor/Computer- Computer 10	1			
Printer OPCON5 – Printer 1	1			
Printer LP2 – LOGS – Printer 2	1			
Printer LP6 – ALARMS – Printer 3	1			
Printer 4	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			
Operability check – TSC Conference Room 2				
Monitor/Computer - Computer 7	1			
Monitor/Computer - Computer 8	1			
Monitor / Computer - Computer 9	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 11

Page 39 of 65

DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size) ⁽¹⁾	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	1			
WEBEOC Projector operational check (manually or remote)	All			

(1): Replace batteries prior to expiration.

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2
Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 11A
Page 40 of 65

DOCUMENT TITLE	QUANTITY (MINIMUM)	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT	UNSAT
JAFNPP FSAR (Volumes 1-10) CD Version	1 CD					
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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2
Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 11B
Page 41 of 65

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

Performed by (print name/initial) / Date _____

EP Dept. (print name/initial) / Date _____

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 12

Page 42 of 65

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: _____

Issue report number (if needed): _____

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

- This is a Quality Record -

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 ⁽¹⁾	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	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.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 14
Rev. No. <u>63</u>	INVENTORY	Page <u>44</u> of <u>65</u>

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2
Rev. No. 63EMERGENCY EQUIPMENT
INVENTORYATTACHMENT 14
Page 45 of 65

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.

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 15

Page 46 of 65

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 15

Page 47 of 65

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	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.

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 16

Page 48 of 65

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.

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 16
Rev. No. <u>63</u>	INVENTORY	Page <u>49</u> of <u>65</u>

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>	 <div style="text-align: center;"> _____ _____ _____ _____ _____ _____ _____ </div>	 <div style="text-align: center;"> _____ _____ _____ _____ _____ _____ _____ </div>
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries for flashlights ⁽¹⁾	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>	 <div style="text-align: center;"> _____ _____ _____ _____ _____ </div>	 <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>	 <div style="text-align: center;"> _____ _____ _____ _____ _____ </div>	 <div style="text-align: center;"> _____ _____ _____ _____ _____ </div>

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

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 16

Page 50 of 65

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: _____

Issue report number (if needed): _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 16

Page 51 of 65

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				
WEBEOC wall displays (manual power switch on monitor)	N/A				

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Security Seal No.: _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 16A

Page 52 of 65

DESCRIPTION	QUANTITY (MINIMUM)	OPERATIONAL CHECK	SAT	UNSAT
Operability check				
Monitor/Computer (Room 1) – Computer 1	1			
Monitor/Computer (Room 1) – Computer 2	1			
Printer (Room 1) – Printer 1	1			
Monitor/Computer (Room 2) – Computer 3	1			
Monitors (2) /Computer (Room 3) – Computer 4	1			
Monitor/Computer (Main) – Computer 5	1			
Monitor/Computer (Main) – Computer 6	1			
Monitor/Computer (Main) – Computer 7	1			
Printer (Main) – Printer 2	1			

Notify EP Staff immediately of any UNSAT items.

REMARKS: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 16B

Page 53 of 65

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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 17

Page 54 of 65

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' Fire Brigade Locker Room
5. Mechanical Maintenance Shop
6. Warehouse Lobby 272' El. Near entry doors
7. Radwaste Control Room, 286' El.
8. B&G Supervisor's Hallway
9. Electrical Maintenance field AED
10. Main Security Bldg. Search Area
11. Training Bldg. Lobby outside Fitness for Duty Office
12. JAF Wellness Center
13. Security Dept. Firearms Range

INSPECTION (Reference Section 4.7.18)	Operations									Performance Improvement			
	1	2	3	4	5	6	7	8	9	10	11	12	13
Mark S for SATISFACTORY Mark U for UNSATISFACTORY													
Step 4.7.18.A, AED in place													
Step 4.7.18.B.1, Damage check													
Step 4.7.18.C, Check seals on electrode PADS													
Step 4.7.18.C.3, Record PAD exp. Date													
Step 4.7.18.D.1, AED self check													
Step 4.7.18.D.3, Battery Indication													
Step 4.7.18.E.1, 'wrench' indicator													
Step 4.7.18.E.2, 'OK' indicator													

Notify EP Staff immediately of any UNSAT items.

REMARKS/NOTES

Issue report number (if needed):

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 18
Rev. No. <u>63</u>	INVENTORY	Page <u>55</u> of <u>65</u>

EMS RESCUE 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 Bldg. 272' Fire Brigade Locker Room | 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. Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 19

Page 56 of 65

EMERGENCY RESPONSE FACILITIES (ERF) 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 #, IR # etc.)

- This is a Quality Record -

SAP-2
Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20
Page 57 of 65

EMERGENCY RESPONSE FACILITIES (ERF) SURVEILLANCE

Page 2 of 2

MONTHLY FACILITY INSPECTION CHECKLIST

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 _____

Issue report number (if needed): _____

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 20

Page 58 of 65

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: _____

Issue report number (if needed): _____

Security Seal No.: _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 21

Page 59 of 65

DOSE ASSESSMENT COMPUTER SURVEILLANCE

Page 1 of 1

- Record the date this surveillance was conducted: _____
- Record results in the table below as "SAT" (Satisfactory) or "UNSAT" (Unsatisfactory)

Surveillance Action		Control Rm URI 1	Control Rm URI 2	SIM	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 #: _____			N/A				
c.	Verify URI version on local hard disk is the same as that on the network			N/A			N/A	N/A
d.	Computer able to access meteorological data in accordance with EAP-42			(LAPTOP)				
e.	Verify computer print capability						N/A	N/A
f.	Verify computer display is satisfactory							

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

Computer	Issue	Disposition

REMARKS: _____

Issue report number (if needed): _____

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

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 22

Page 60 of 65

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	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-1.1 Attach 1, 3, 5, 6 & 15	EOF Forms Drawer (20 copies)	EOF	
		EAP-4B, Attach 1, 2, 3, 6, 7, 8, 9, 10	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	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	

REMARKS: _____

Issue report number (if needed): _____

Performed By (Print name/initial/date)

EP Dept Review (Print name/initial/date)

- This is a Quality Record -

EMERGENCY PLAN PROCEDURE FORMS INVENTORY (CR)

Page 1 of 1

Found Rev	Current Rev	Procedure/Form	Location		Verified
		EAP-1.1 Attachment 1, 4, 5, 6	Control Room (30 copies)	Forms Drawer	
		EAP-1.1 Attachment 1, 6	1 copy	SM-1 & SM-2 Binders	
		EAP-1.1 Attachment 9	Control Room (30 copies) pages 1-4 individual copies	Forms Drawer	
		EAP-1.1 Attachment 9	Control Room (30 copies) pages 1-4 stapled together	Forms Drawer	
		EAP-1.1 Attachment 11, 12, 13 Page 2 Only	1 copy	SM-1 & SM-2 Binders	
		EAP-2 Attachment 1	Control Room (30 copies)	Forms Drawer	
		EAP-2 Attachment 1	1 copy each binder	SM-1 & SM-2 Binders	
		EAP-4A Attachment 1, 2, 3, 5, 6	Control Room (30 copies)	Forms Drawer	
		EAP-4A Attachment 1	1 copy	SM-1 & SM-2 Binders	
		EAP-4C Attachment 1 (11x17)	Control Room SM Office Posted on Wall-1 copy	CR	
		EAP-4C Attachment 1 (11x17)	Control Room SM Desk (5 copies, non-laminated)	CR	
		EAP-4.1 Attachment 1, 3, 4, 5	Control Room (30 copies)	Forms Drawer	
		EAP-4.1 Attachment 3, 4, 5	1 copy	SM-1 & SM-2 Binders	
		EAP-17 Attachments 1, 2(11x17), 3	Control Room (30 copies)	Forms Drawer	
		EAP-17 Attachments 1, 2 (8.5x11)	1 copy each	SM-1 & SM-2 Binders	
		IAP-1 Attachment 1	Control Room (30 copies)	Forms Drawer	
		IAP-1 Attachment 1	1 copy	SM-1 & SM-2 Binders	
		IAP-2 Figure IAP-2.1 (in EDMS)	Control Room – EAL's Minimum Qty. 1	CR	
		IAP-2 Attachment 1	Binder cover	SM-1 & SM-2 Binders	
		SAP-8 Attachment 1	Control Room (30 copies)	Forms Drawer	

REMARKS: _____ Issue report number (if needed): _____

Performed By (Print name/initial/date) _____

EP Dept Review (Print name/initial/date) _____

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT INVENTORY

ATTACHMENT 23A

Page 62 of 65

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, 3, 5 & 6	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	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-10 Attach 1	TSC Forms Drawer (20 copies)	TSC	

REMARKS: _____

Issue report number (if needed): _____

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

- This is a Quality Record -

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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 24
Rev. No. <u>63</u>	INVENTORY	Page <u>64</u> of <u>65</u>

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: _____

Issue report number (if needed): _____

Performed by (print name/initial) / Date

EP Dept. (print name/initial) / Date

- This is a Quality Record -

SAP-2

Rev. No. 63

EMERGENCY EQUIPMENT
INVENTORY

ATTACHMENT 25

Page 65 of 65

Procedure/Document Number: SAP-2	Revision: 63		
Equipment/Facility/Other: JAF			
Title: EMERGENCY EQUIPMENT INVENTORY			
<p>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):</p> <ol style="list-style-type: none"> 1. Replaced the locations of medical equipment in Attachments 1, 18 and 19. It has changed from "Administration & Support Facility - 272', Emergency Response Storage Area (under the stairs)" to "Support Admin Bldg. 272' Fire Brigade Locker Room". 2. Remove strap length of 9" from Attachment 8. 3. Remove specific brand names from Respirators references on Attachments 5, 9, 14 and 16. 			
<p>Part II. Activity Previously Reviewed? Is this activity fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report?</p> <p>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:</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification below and complete Part VI. </td> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> NO Continue to next part </td> </tr> </table>	<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
<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		

Justification:

☐ Bounding document attached (optional)

Part III. Applicability of Other Regulatory Change Control Processes

Check if any other regulatory change processes control the proposed activity. (Refer to EN-LI-100)

NOTE: 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.

APPLICABILITY CONCLUSION

- ☒ If there are no controlling change processes, continue the 50.54(q)(3) Screening.
- ☐ 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.
- ☐ 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.

CONTROLLING CHANGE PROCESSES

10CFR50.54(q)

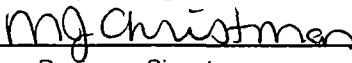
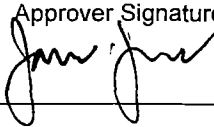
<p>Part IV. Editorial Change</p> <p>Is this activity an editorial or typographical change such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?</p> <p>Justification: N/A</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> YES 50.54(q)(3) Evaluation is NOT required. Enter justification and complete Part VI. </td> <td style="width: 50%; border: none; vertical-align: top;"> <input checked="" type="checkbox"/> NO Continue to next part </td> </tr> </table>	<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
<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: 63
Equipment/Facility/Other: JAF		
Title: EMERGENCY EQUIPMENT INVENTORY		
Part V. Emergency Planning Element/Function Screen (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. Adequate facilities are maintained to support emergency response. [8]		<input type="checkbox"/>
15. Adequate equipment is maintained to support emergency response. [8]		<input type="checkbox"/>
16. Methods, systems, and equipment for assessment of radioactive releases are in use. [9]		<input type="checkbox"/>
17. A range of public PARs is available for implementation during emergencies. [10]		<input type="checkbox"/>
18. 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"/>
19. A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events. [10]		<input type="checkbox"/>

Procedure/Document Number: SAP-2	Revision: 63
Equipment/Facility/Other: JAF	
Title: EMERGENCY EQUIPMENT INVENTORY	
20. The resources for controlling radiological exposures for emergency workers are established. [11]	<input type="checkbox"/>
21. Arrangements are made for medical services for contaminated, injured individuals. [12]	<input type="checkbox"/>
22. Plans for recovery and reentry are developed. [13]	<input type="checkbox"/>
23. A drill and exercise program (including radiological, medical, health physics and other program areas) is established. [14]	<input type="checkbox"/>
24. 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 weaknesses. [14]	<input type="checkbox"/>
25. Identified weaknesses are corrected. [14]	<input type="checkbox"/>
26. Training is provided to emergency responders. [15]	<input type="checkbox"/>
27. Responsibility for emergency plan development and review is established. [16]	<input type="checkbox"/>
28. Planners responsible for emergency plan development and maintenance are properly trained. [16]	<input type="checkbox"/>
APPLICABILITY CONCLUSION <input checked="" type="checkbox"/> If no Part V criteria are checked, a 50.54(q)(3) Evaluation is <u>NOT</u> required; document the basis for conclusion below and complete Part VI. <input type="checkbox"/> If any Part V criteria are checked, complete Part VI and perform a 50.54(q)(3) Evaluation.	
BASIS FOR CONCLUSION <p>1. Replaced the locations of medical equipment in Attachments 1, 18 and 19. It has changed from "Administration & Support Facility - 272', Emergency Response Storage Area (under the stairs)" to "Support Admin Bldg. 272' Fire Brigade Locker Room". The location of medical equipment has been changed due to combustible storage issues. This revision updates the location of the equipment but does not change the equipment available. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p> <p>2. Remove strap length of 9" from Attachment 8. The length is not important to the surveillance and it is not required to be a certain number. This revision updates the length of the strap to a generic length but does not change the equipment available. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p> <p>3. Remove specific brand names from Respirators references on Attachments 5, 9, 14 and 16. Brand name is not important to the surveillance and it is not required to be a certain brand name. This revision updates the brand of respirator to a generic reference to reflect current respirator requirements. The change does not add, delete or modify a process, meaning or intent of a description, or change facilities or equipment. These changes do not require a change to the Emergency Plan. No further evaluation is required.</p>	

Procedure/Document Number: SAP-2	Revision: 63
Equipment/Facility/Other: JAF	
Title: EMERGENCY EQUIPMENT INVENTORY	

Part VI. Signatures:

Preparer Name (Print) Mellonie Christman	Preparer Signature 	Date: 9-28-2017
(Optional) Reviewer Name (Print)	Reviewer Signature N/A	Date: N/A
Reviewer Name (Print) Nuclear EP Project Manager	Reviewer Signature N/A	Date: N/A
Approver Name (Print) James D. Jones EP manager or designee	Approver Signature 	Date: 10-2-2017