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1004.10
Revision 4
08/12/82

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 EMERGENCY PLAN IMPLEMENTING PROCEDURE 1004.10
ONSITE/OFFSITE RADIOLOGICAL MONITORING

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8/11/82

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8-12-82

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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 EMERGENCY PLAN IMPLEMENTING PROCEDURE 1004.10
ONSITE/OFFSITE RADIOLOGICAL MONITORING1.0 PURPOSE

The purpose of this procedure is to provide guidance to radiation monitoring teams for adequate monitoring of radiation levels, following the accidental release of radioactive materials to the environment. The procedure establishes monitoring team actions to be performed to supplement normal Radiological Controls procedures. The Radiation Monitoring Team is responsible for implementing this procedure.

2.0 ATTACHMENTS

- 2.1 Attachment I, Radiation Survey Log
- 2.2 Attachment II, Dosimeter Log

3.0 EMERGENCY ACTION LEVELS

- 3.1 This procedure is to be initiated upon any of the following conditions:
 - a. Alert (as determined by Alert procedure 1004.2)
 - b. Site Emergency (as determined by Site Emergency Procedure 1004.3)
 - c. General Emergency (as determined by General Emergency Procedure 1004.4)
 - d. As directed by the Emergency Director.

4.0 EMERGENCY ACTIONSINITIALS

- ____ 4.1 Proceed to the Processing Center/EACC and obtain an emergency kit, instrument kit, air sampler, portable radio, magnetic antenna, pager, emergency respirators, and power inverter.

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Revision 4

- ____ 4.2 Verify seals on the emergency kit and then operationally check radiation meters and portable air sampler. (Battery Check, Air Flow Check, Visual Inspection)
- ____ 4.3 If emergency kit seals were broken, conduct a brief inventory of equipment.
- ____ 4.4 Prior to leaving the Processing Center, with the "SLM" and the "Hailer" switches off, if so equipped, conduct a radio check with the Radiological Assessment Coordinator (RAC) in the Control Room using channel 3. Inform the RAC of your telephone pager number.
- ____ 4.5 Obtain a designated emergency vehicle at the Processing Center/EACC.
- ____ 4.6 Ensure your dose rate meter is turned on from the time you leave the Processing Center/EACC.
- ____ 4.7 Proceed to the designated monitoring location as directed by the RAC. (See map or directions in emergency kit for specifically designated monitoring point locations.)
- ____ 4.8 Perform radiological surveys (as directed by the RAC).
 - 4.8.1 To perform dose rate surveys with the RO-2(A):
First take an open window reading at waist level, then take a closed window reading at waist level. Enter these readings and duration of meter readings on the Attachment I. Calculate true Beta dose rate and enter this on Attachment I. Report closed window reading and true Beta dose rate to the RAC.
 - 4.8.2 Perform contamination surveys if directed by the RAC as follows:

Obtain smears and coin envelopes from emergency kit, label envelope with date, time and location. Wipe the smear over a 100 cm^2 (4 in. x 4 in.) area. Count the smear with RM-14/HP210 if available and background is less than 300 CPM. If background is too high, move to an area of acceptable background in order to count smears. Enter gross CPM and BKG CPM on Attachment I. Subtract background from gross CPM to obtain net CPM. Report net CPM for each smear to the RAC. Save smears in coin envelopes for later analysis as directed by the RAC.

4.8.3 Perform air samples in accordance with Airborne Radioactivity Sampling and Analysis, Procedure 1004.31.

- ____ 4.9 Call in sampling results to the RAC and await further instructions.
- ____ 4.10 If radio communications are lost and the pager is activated, attempt to re-establish radio communications with the RAC. If radio communications cannot be re-established, attempt to contact another monitoring team to relay information. If contact cannot be established, drive to the nearest telephone and call the RAC (____) or the EACC (if transfer has been made) at ____.
- ____ 4.11 Minimize personnel exposures by moving out of areas of high radiation when recording data or awaiting further instructions by the RAC.
- ____ 4.12 Ensure all team members keep track of their exposure on Attachment II.

- ____ 4.13 Maintain all completed Attachment I's for permanent records.
Request direction from the RAC as to the disposition of these completed forms.
- ____ 4.14 Notify the RAC when approaching 300 mREM. Recommend to the RAC that your team be relieved if possible. Relief should be conducted in a low radiation area.
- ____ 4.15 Retain all samples for later counting and analysis. Samples may be returned to the H.P. Lab or designated collection point at a convenient time as directed by the RAC.
- ____ 4.16 When the Environmental Assessment Command Center (EACC) is activated and takes control of offsite monitoring, begin reporting offsite surveys to the EACC.
- ____ 4.17 Notify the RAC when approaching $3E-10$ mCi/cc airborne radioactivity. Recommend to the RAC that your team don respiratory equipment.

FORSEMENTION

[illegible]

Radiac Inst. S/N and Type _____ Cal. Due _____ Beta Correction Factor C_F _____
 Air Sampler S/N _____ Flow Rate (CFM) _____
 Counting Inst. Used _____ S/N _____ Cal. Due _____
 Date _____ Tech _____

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W H I S P C O D E	
W H I S P C O D E	
NIPC HOURS USED	
T E N T H S	
TOTAL TIME	
H R M I N S	
TIME IN/ TIME OUT	
TOTAL EXPOSURE RECEIVED MREM	
SR READING IN/ SR READING OUT	
EXPOSURE LIMIT MREM	
SOCIAL SECURITY NUMBER	
INIT	
NAME	
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6.0

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1014
Revision 7
08/16/82

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1014
ADMINISTRATION OF THE TMI-1 ONSITE AND OFFSITE
EMERGENCY DUTY ROSTER

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Signature	Date
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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1014
ADMINISTRATION OF THE TMI-1 ON-SITE AND OFF-SITE
EMERGENCY DUTY ROSTER

1.0 GENERAL

1.1 Purpose

The purpose of this procedure is to establish the administration and maintenance of the TMI-1 On-Site and Off-Site Emergency Duty Roster.

1.2 Scope

This procedure establishes responsibilities of the O and M Director Unit 1 - Emergency Preparedness Manager, Duty Section Superintendent, Unit 1 Shift Supervisor and selected managers and department heads for issuing and implementing the Unit 1 Emergency Duty Roster for both on-site and off-site.

1.3 References

TMI-1 Emergency Plan and Implementing Procedures.

2.0 ATTACHMENTS

2.1 Attachment 1 - MINIMUM QUALIFICATIONS FOR EMERGENCY ORGANIZATION
MEMBERS

3.0 RESPONSIBILITIES

3.1 O and M Director TMI-1

The O and M Director TMI-1 is responsible for insuring that a TMI-1 On-Site Emergency Duty Roster is available at all times to the TMI-1 Shift Supervisor. He is responsible for ensuring that it is:

1. formulated
2. approved by the Duty Superintendent
3. distributed to the necessary persons
4. maintained current in the Shift Supervisor's Office

5. that the current Duty Roster is reflected appropriately on the Shift Supervisor's Duty Roster Status Board. (EPIP 1004.8)

NOTE: Members of, and alternates to the On-Site Emergency Duty Roster must meet the qualifications outlined in Attachment 1, and must have received formal training in accordance with Administrative Procedure 1052. Records of current training shall be on file in the TMI Training Department.

3.2 Emergency Preparedness Manager

The Emergency Preparedness Manager, or his designee is responsible for ensuring that an Off-Site Emergency Duty Roster is available at all times to the TMI-1 Shift Supervisor. He is responsible for ensuring that the TMI-1 Off-Site Emergency Duty Roster is:

1. formulated
2. approved
3. distributed to the necessary persons
4. maintained current in the Shift Supervisor's office

The Emergency Preparedness Manager will, by December 31st of each year, issue a Duty Section Program for the coming year, to all on-site and off-site duty section members.

NOTE: Members of, and alternates to, the Off-Site Emergency Duty Roster must meet the qualifications outlined in Attachment 1 and have received formal training in accordance with Administrative Procedure 1052. Records of current training shall be on file in the TMI Training Department.

3.3 Duty Section Superintendent

The Duty Section Superintendent is responsible for ensuring that his

Duty Section contains an adequate complement of personnel to support Emergency recall to the Unit, and to enable any required PORC support.

3.4 TMI-1 Shift Supervisor

The TMI-1 Shift Supervisor's designee is responsible for the initiation of callout for Emergency situations. (EPIP 1004.8) The Shift Supervisor will retain responsibility for plant safety unless relieved by a senior reactor operator (SRO) licensed management representative.

3.5 Duty Section Personnel

Personnel assigned positions on the On-Site Duty Emergency Roster are responsible for ensuring they are available for recall. Each person will be provided a beeper during their duty week. It is the individual's responsibility to ensure he can be reached at the number listed on the roster or via his beeper. The individual on duty is responsible for insuring his beeper is maintained in working order, and that he is in a position of being able to report within 1 hour for on-site assignments. If assigned a duty section beeper, which is to be utilized by more than one individual, personnel are responsible for ensuring the beeper transfer occurs on, or shortly after 0800 on the day the new duty section assumes the duty. Upon being beeped, personnel located in the TMI area shall respond by calling the code-a-phone () in the shift supervisors office.

3.6 Manager/Department Heads

It is the responsibility of each Department Head who has employees under his cognizance that are listed on the on-site and off-site duty rosters to notify the responsible persons of changes to the published roster schedule.

4.0 SPECIFICS

4.1 TMI-1 Duty Rosters

4.1.1 On-Site Emergency Duty Roster

The TMI-1 On-Site Emergency Duty Section Roster has been created to ensure that a sufficient complement of personnel are available 24 hours a day to support emergency situations. Emergency situations are ones where the TMI-1 Shift Supervisor initiates callout of personnel due to implementation of the Emergency Plan. The TMI-1 On-Site Emergency Duty Roster is completed (names, phone numbers, beeper numbers, etc.) by the O and M Director-Unit 1 or his designee. The completed Roster is then submitted to and approved by the Duty Section Superintendent. The approved Roster is then distributed weekly to the Duty Section Superintendent and the managers/department heads of persons listed on the roster. The master copy is maintained in the Unit 1 Shift Supervisor's office, and assignments reflected appropriately on the Shift Supervisor's Duty Roster Status Board.

NOTE:	Duty Sections normally run from 0800 hours each Monday until 0800 hours the following Monday. However, if a holiday falls on a Monday then the previous week's duty section retains the duty until Tuesday 0800 hours. The On-Site Emergency Duty Roster will be distributed by 1600 hours on the Thursday prior to the Monday the Duty roster takes effect, and posted in the Shift Supervisors office by 0800 Monday.
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4.1.2 Off-Site Emergency Duty Roster

The TMI-1 Off-Site Emergency Duty Roster is completed

(names, phone numbers, beeper numbers, etc.) by the Emergency Preparedness Manager or his designee. The completed roster is then approved by the Manager - Emergency Preparedness and is distributed annually* to:

- a. TMI-1 Shift Supervisor (Master)
- b. Emergency Support Directors
- c. Emergency Support Primary Communicator
- d. Emergency Support Secondary Communicator
- e. O and M Director TMI-1
- f. Designated Duty Personnel
- g. Manager - Emergency Preparedness
- h. Supervisor - Emergency Preparedness

Revision and distribution may be accomplished more frequently, as required, by additions, deletions, or other changes to the Emergency Duty Roster.

4.2 Maintenance of Approved Duty Rosters

4.2.1 TMI-1 On-Site Emergency Duty Roster

Individuals assigned to the On-Site Emergency Duty Roster, or, in their absence their department head, shall be responsible for submitting the name(s) of qualified replacements for approval in the event they will be unable to fulfill On-Site Emergency Duty Roster assignments. Changes will be submitted to the O and M Director - Unit 1 or his designee no later than noon Wednesday of the week prior to the affected Section's duty. The Duty Roster

master copy (maintained in the Shift Supervisor's office) and the Shift Supervisor's Duty Roster Status Board will be updated by the O and M Director - Unit 1 or his designee to reflect approved changes. Changes requested after noon Wednesday will be approved by the Duty Section Superintendent who will notify the Shift Foreman. In this case, the Shift Foreman or his designee will be responsible for updating the Shift Supervisor's Duty Roster Status Board.

4.2.2 Off-Site Emergency Duty Roster

Individuals assigned to the Off-Site Emergency Duty Roster shall be responsible for being available to report to their assigned station within four hours of notification. The Emergency Support Director and one member of: The Emergency Support Staff, Emergency Support Communicator, Public Information Representative, Technical Support Representative, Assistant Environmental Assessment Coordinator and the Emergency Preparedness Representative must report to the EOF within one hour of notification. The Off-Site Duty Roster is established on a priority call-up basis. Duty member call-up will be conducted in priority order and in accordance with EPIP 1004.8. The Off-Site Emergency Duty Roster master copy will be maintained in the Shift Supervisor's Office by the Emergency Preparedness Manager or his designee.

ATTACHMENT I

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MINIMUM QUALIFICATIONS FOR EMERGENCY ORGANIZATION MEMBERS

ON-SITE DUTY PERSONNEL

POSITION

POSITION TITLE OR EXPERTISE

Emergency Director
(Duty Section Superintendent)

Shift Supervisor or Shift Foreman or Plant Manager or
Senior Site Operations Management Person

Communicator

Technical Analyst

Communications Assistant

Technical Analyst

Technical Support Center Coordinator

Senior Lead Engineer

Technical Support Center Engineers

Assorted Discipline Engineers - ie: Nuclear Engineers
Electrical Engineers
Mechanical Engineers
I and C Engineers

Radiological Assessment Coordinator

Senior Radiological Controls Technician/Foreman

Radiological Analysis Support Engineers

Radiological Controls Engineering Personnel

Operations Support Center Coordinator

Senior Operations, Maintenance, or Radiological Controls
Technician/Foreman

Radiological Monitoring Teams*
On-site and Off-site (2-man teams)

Radiological Controls Technicians (or juniors) auxiliary
operators, Maintenance Personnel as Monitors and Site
Personnel as Drivers.

Radiological Controls Technicians

Radiological Controls Technicians

Operations Coordinator

Shift Supervisor or Senior Operations Person (SRO)

Radiological Controls Coordinator

Radiological Controls Foreman

Chemistry Coordinator

Chemistry Technician/Foreman

Emergency Maintenance Coordinator

Maintenance Technician/Foreman

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ATTACHMENT I

Page 2 of 4

MINIMUM QUALIFICATIONS FOR EMERGENCY ORGANIZATION MEMBERS

ON-SITE DUTY PERSONNEL

POSITION

POSITION TITLE OR EXPERTISE

Security Coordinator

Senior Security Person

Site Security Force *

Security Personnel

Chemistry Technicians *

Chemistry Technicians

Maintenance Personnel *

Maintenance Personnel

Shift Supervisor *

Shift Supervisor (SRO)

Shift Foreman *

Shift Foreman (RO)

Operations Shift Personnel *

Control Room Operators (CRO)
Auxiliary Operators (AO)

Shift Technical Advisor *

Assorted Discipline Engineer

First Aid and Rescue Team *

Multi-Media First Aid Qualified Personnel

Fire Brigade Team *

Fire Brigade Qualified Personnel

* These positions are filled from the normal shift complement.

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MINIMUM QUALIFICATIONS FOR EMERGENCY ORGANIZATION MEMBERS

OFF-SITE DUTY PERSONNEL

SHIFT POSITIONPOSITION TITLE or EXPERTISE

Emergency Support Director

Senior Management Representative

Emergency Support Staff

Site Management Personnel

Emergency Support Communicators

Technical Analyst

Public Affairs Representative

Public Information Department Duty Person

Group Leader Technical Support

Technical Functions Management Person

Technical Support Staff

Technical Functions Department Engineers

Technical Support Representative

Technical Functions Department Engineer

Group Leader Radiological Controls Support

Radiological Controls Engineer

Group Leader Chemistry Support

Chemistry Supervisor or Engineer

Group Leader Maintenance Support

Maintenance Foreman

Group Leader Administrative Support

Senior Administration Department Person

Maintenance and Construction Manager

Maintenance and Construction Manager or Engineer

Group Leader Security Support

Security Supervisor

Personnel Monitoring Coordinator

Radiological Controls Supervisor or Engineer

Radiological Controls Manpower Support
Coordinator

Radiological Controls Engineering

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ATTACHMENT I (cont'd)

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MINIMUM QUALIFICATIONS FOR EMERGENCY ORGANIZATION MEMBERS

OFF-SITE DUTY PERSONNEL

SHIFT POSITION

POSITION TITLE or EXPERTISE

Environmental Assessment Coordinator

Environmental Assessment Supervisor or Engineer

Assistant Environmental Assessment Coordinator

Environmental Assessment Engineer

Emergency Planning Representative

Emergency Preparedness Department Engineer

Environmental Assessment Group

Environmental Assessment Scientists

Security Support Staff

Site Security Personnel

Administrative Support Staff

Administration Department

Personnel Monitoring Staff

Site Dosimetry Personnel

Chemistry Support Staff

Site Chemistry Personnel

Maintenance Support Staff

Site Maintenance Personnel

10.0

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1053
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08/16/82

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1053
EMERGENCY EQUIPMENT READINESS

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8-16-82
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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1053
EMERGENCY EQUIPMENT READINESSTable of Contents

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1.0 GENERAL

1.1 Purpose

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

1.2 Scope

This procedure applies to the emergency equipment designated for use in implementing the Emergency Plan.

: NOTE: Fire fighting emergency equipment used in implement- :
: ing the Emergency Plan is listed in Fire Protection :
: Procedures, 1104-45A through L. Inventories and :
: operational testing of this equipment is performed :
: under the Operations Surveillance, Technical :
: Specification, and Preventive Maintenance Programs :
: and is beyond the scope of this procedure. :

: NOTE: Emergency Plan and Implementing Procedure binders :
: issued by Document Controls are not listed in this :
: procedure as they are maintained by the Document :
: Controls Group. :

1.3 References

- 1.3.1 TMI Unit 1 Emergency Plan.
- 1.3.2 Radiological Controls Procedure 1742, Operation and Calibration of Eberline RM-14 Beta-Gamma Survey Meter.
- 1.3.3 Radiological Controls Procedure 1758, Operation and Calibration of Portable Air Samplers.
- 1.3.4 Radiological Controls Procedure 1762, Operation and Calibration of the R0-2.
- 1.3.5 Radiological Controls Procedure 1764, Operation and Calibration of the SAM-2 Analyzer.

- 1.3.6 Radiological Controls Procedure 1772, Dosimeter Calibration and Leak Test.
- 1.3.7 Radiological Controls Procedure 1616.1, Selection and Use of Respiratory Protective Devices.
- 1.3.8 Procedures 1104-45A through L, Fire Protection.
- 1.3.9 Administrative Procedure 1001, Document Control.
- 1.3.10 RPSP 1616.3, Respirator Cleaning and Testing Facility.

2.0 RESPONSIBILITIES

- 2.1 The Manager, Radiological Controls has the ultimate responsibility for all radiological control emergency equipment and its availability and reliability with the exception of equipment stored at the environmental controls office.
- 2.2 The Manager, Environmental Controls, TMI has the ultimate responsibility for all radiological monitoring equipment located at the environmental controls office. He is responsible for its availability and reliability.
- 2.3 The Radiological Controls Field Operations Manager/Manager, Environmental Controls, TMI, or their designees, shall assign appropriate personnel to perform inventory and calibration checks on the emergency kits and lockers under their jurisdiction.
- 2.4 The Radiological Controls Field Operations Foreman/Manager, Environmental Controls, TMI, or his designee, as appropriate shall ensure that the following items are performed during an inventory:
 - 2.4.1 Complete all inventory checklists for that kit/locker.
 - 2.4.2 Replace all missing items.

- 2.4.3 Ensure all individual procedures contained in kits/lockers are controlled copies.
 - 2.4.4 Verify calibrations, perform operational checks, note discrepancies on inventory checklist, and notify the Radiological Controls Field Operations Manager/Foreman or Manager, Environmental Controls, TMI, as appropriate, of these discrepancies and/or broken locks or seals.
 - 2.4.5 Emergency instrumentation removed from lockers/kits shall be replaced prior to end of working shift except during actual emergencies.
- 2.5 The Support Services Supervisor, or his designee, shall conduct the required inspections for all respiratory protective equipment. This will be accomplished by ensuring completion of the following:
- 2.5.1 Replace any equipment which is missing or requires maintenance.
 - 2.5.2 Inspect each item per the requirements of Radiological Controls Procedure 1616.1 and RPSP 1616.3.
 - 2.5.3 Place an Emergency Respiratory Equipment Inspection tag with each piece of equipment found acceptable.
 - 2.5.4 Complete the Inventory Checklist for Full Face Respirators w/ Canisters (Enclosure XIV), the Inspection of Emergency Respiratory Equipment for SCBA's (Enclosure XII), and the Inspection of Emergency Respiratory Equipment for SCBA Cylinders (Enclosure XIII). Retain the originals for review and filing by the Support Services Supervisor, with copies to the Site Emergency Preparedness Manager and the Supervisor Respiratory Protection.

- 2.6 The Radiological Controls Field Operations Foreman/Manager, Environmental Controls, TMI, as appropriate, shall be notified of all emergency equipment usage at the end of its usage.

3.0 REQUIREMENTS

3.1 Inspections and Calibrations

- 3.1.1 Emergency kits/lockers shall have inventory and calibration checks performed quarterly, with the exception of items listed on Enclosure XI, and respiratory protection equipment which shall be checked after each use and once each calender month.
- 3.1.2 Prior to removing an instrument for repair/calibration from any emergency equipment storage location, an alternate equivalent instrument shall be provided.
- 3.1.3 Calibrations of emergency instrumentation shall be performed in accordance with references 1.3.2 through 1.3.6.
- 3.1.4 Emergency lockers/kits shall be visually inspected for lock/seal integrity monthly. Lockers or kits with suspect integrity shall be inventoried. Emergency lockers/kits shall be inventoried after each use including use for training.

:	<u>NOTE:</u>	Lock/seal integrity shall be checked prior to	:
:		opening lockers/kits for operational check of	:
:		portable radiation monitoring and air sampling	:
:		equipment. Locker/kits may be resealed immediately	:
:		after operational checks are complete and equipment	:
:		returned.	:

- 3.1.5 Perform an inventory/inspection or calibration at any time as directed by the Radiological Controls Field Operations Manager/Manager Environmental Controls, TMI.

3.2 Details

- 3.2.1 Emergency equipment and/or radiac instruments shall be located in the following areas in accordance with the TMI Unit 1 Emergency Plan to allow protection of Emergency Personnel, Environmental Monitoring and availability of equipment:

- a. Unit 1 Processing Center
- b. Unit 1 Service Building Auditorium
- c. Unit 1 Reactor Building Access Control Point/Unit 1 Radiological Controls Laboratory
- d. Unit 1 Control Room/Shift Supervisors Office (SSO)
- e. Unit 1 Warehouse
- f. Near site Emergency Operations Facility (EOF) (TMI Observation Center)
- g. Alternate Emergency Operation Facility (AEUF) (Crawford Station, Middletown, Pa.)
- n. Technical Support Center (TSC)
- i. Environmental Controls Office (44 Luke Drive, Middletown, Pa.)
- j. Ambulance
- k. Fire Brigade Vehicle

: NOTE: The Ambulance and the Fire Brigade Vehicle are :
: inventoried by Unit 2. Checklists for these :
: inventories are located in Administrative Procedure :
: 1057. :

- 3.2.2 Inventories shall only be considered complete when all required items are returned to the kit/locker, all instruments in the kit/locker are within calibration and all operational checks on equipment/instruments are complete.
- a. Operational checks shall consist of battery check, response check and visual inspection for obvious damage.
- (See Enclosure XI for operational check of emergency equipment).
- 3.2.3 All emergency kits and lockers shall have seals or padlocks, as appropriate.
- 3.2.4 Key control for all emergency kits/lockers shall be maintained by the Radiological Controls Department or Environmental Controls Department, as appropriate, with duplicates maintained in the Emergency Control Center (Control Room/Shift Supervisor's Office).
- 3.2.5 All completed inventory checklists shall be returned to the Radiological Controls Field Operations Foreman/Support Services Supervisor/Manager Environmental Controls, TMI, as appropriate, for review and filing. A copy of the inventories shall be sent to the Site Emergency Preparedness Manager and Supervisor - Respiratory Protection (Respiratory Checklists Only).

3.3 FINAL CONDITIONS

- 3.3.1 All equipment/instruments have been inventoried, and inventory checklists have been reviewed by the Radiological Controls Field Operations Foreman/Support Services Supervisor/Manager, Environmental Controls, TMI, as appropriate, and copies forwarded to the Site Emergency Preparedness Manager and the Supervisor - Respiratory Protection (Respiratory Checklists Only).
- 3.3.2 Used kits/lockers are reinventoried, resupplied and locked/sealed.

ENCLOSURE 1

Minimum Requirements for Kits/Lockers

<u>LOCATION - UNIT 1</u>	<u>KITS/LOCKERS REQUIRED</u>
1. Processing Center	4 Kits (2 instruments 2 emergency)
2. Service Building Auditorium	1 Locker (Protective Clothing Only)
3. Radiological Controls Lab/Control Point	1 Locker (Protective Clothing, Respirators, Instruments) 1 Ambulance Kit
4. Control Room/Shift Supervisor's Office	1 locker (Respirators, instrs)
5. Warehouse (Unit I)	1 Emergency Locker 1 Personnel Monitoring Kit
6. Alternate Near Site Emergency Operations Facility	1 Locker (Protective Clothing, Respirators, Instruments Kit, Decontamination Materials)
7. Near Site Emergency Operations Facility	1 Locker (Protective Clothing, Respirators, Instrument Kits)
8. Technical Support Center	1 Locker (Protective Clothing, Respirators)
9. Environmental Controls Office	4 Kits (2 instruments, 2 emergency)

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Processing Center U-1 Type: Emerg. ☒ Kit Inst. ☐ Kit Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Directions to Monitoring Stations	1		N/A	N/A	N/A
Procedures EPIP 1004.10, 1004.12, 1004.31	1 ea.		N/A		N/A
Attachments - 1004.10 Att I	10 ea.		N/A		N/A
Flashlight with spare bulb and batteries	1		N/A	N/A	
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (8' x 16'min)	2		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Air Sample Filters	2 boxes		N/A	N/A	N/A
Disc Smears	2 boxes		N/A	N/A	N/A

REMARKS: Two (2) kits, each containing the material
listed, are stored in the Processing Center.

Emergency Kit Locked or Sealed: _____

Signature

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: Processing Center U-I Type: Emerg. ☒ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Rad. Warning Signs/Ribbon	5/50'		N/A	N/A	N/A
Water Sample Bottles	5		N/A	N/A	N/A
First Aid Kit	1		N/A	N/A	N/A
Masking Tape	2 Rolls		N/A	N/A	N/A
RCP 1605, and 1607	1 each		N/A		N/A
Emergency TLD's w/issue forms	50 *		N/A		N/A
Pocket Dosimeters	low high :5 range/5 range:		N/A		N/A
Dosimeter Charger	1			N/A	
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS: * 50 TLD's total stored in grey TLD boxes
behind security desk.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: Processing Center U-1 Type: Emerg. ☐ Kit ☐ Inst. ☒ Kit ☐ Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Air Sampler (H809V/equiv)	1*				
Dose Rate Meter (RO-2/equiv)	1				
Stabilized Assay Meter (SAM-II)	1				
Stopwatch	1		N/A	N/A	
12 Volt AC/DC Inverter	1*		N/A	N/A	
Two Way Radio (w/beeper and magnetic antenna)	1*		N/A	N/A	
Inventory Checklists (Blank)	As Required		N/A		N/A

REMARKS: * May be kept in locker
Two (2) kits each containing the above material,
are stored in the Processing Center.

Emergency Kit Locked or Sealed:

Signature

Kit Location: Service Bldg. Auditorium Type: Emerg. ☐ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☒ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

[illegible]

Emergency Kit Locked or Sealed:

14.0

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: HP Lab/Control Point Type: Emerg. ☐ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☒ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max.		N/A	N/A	N/A
Dose Rate Meter (RO-2/equiv)	2				
Beta-Gamma Contamination Meter					
(RM-14/equiv)	1				
Teletector	6				
Pocket Dosimeters (Low Range)	25		N/A		N/A
Pocket Dosimeters (High Range)	25		N/A		N/A

REMARKS:

Emergency Kit Locked or Sealed: _____

Signature

Kit Location: HP Lab/Control Point Type: Emerg. ☐ Inst. ☐ Emerg. ☒
Kit ☐ Kit ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

[illegible]

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT
AMBULANCEKit Location: HP Lab/Control Point Type: Emerg. Kit ☒ Inst. Kit ☐ Emerg. Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Polyethylene Sheeting (4' x 8')	2		N/A	N/A	N/A
Polyethylene Bags (asst sizes)	10		N/A	N/A	N/A
Rad Warning Signs/Ribbon	5/50'		N/A	N/A	N/A
Pencils/Pens	2 ea.		N/A	N/A	N/A
Tablets	2		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Paper Coveralls	5 sets		N/A	N/A	N/A
Surgeon's Gloves w/cotton liners	20 pair		N/A	N/A	N/A
Disposable Booties	10 pair		N/A	N/A	N/A
Blanket	1		N/A	N/A	N/A
Masking Tape	2 Rolls		N/A	N/A	N/A
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE V
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Control Room/SSO Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - Full Set	25		N/A	N/A	N/A
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Directions to Monitoring Stations	1 Book		N/A	N/A	N/A
Procedures - EPIP 1004.7, 1004.10, 1004.12, 1054.7	1 ea.		N/A		N/A
Tablets, pens, pencils, Wax pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min - 25 max		N/A	N/A	N/A
Stabilized Assay Meter (Sam II)	1				

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE V
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Control Room/SSO Type: Emerg. ☐ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☒ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Portable Air Sampler (H809V/equiv)	1				
DOSE RATE METER (RO-2/equiv)	2				
Beta-Gamma Contamination Meter					
(RM-14/equiv)	1				
TRS-80 Line Printer Paper	2 Rolls		N/A	N/A	N/A
TRS-80 Video Display	1			N/A	*
TRS-80 Key Board w/Power Supply	1			N/A	*
TRS-80 Tape Recorder with Cable	1			N/A	*
TRS-80 Line Printer with Cable	1			N/A	*
TRS-80 Expansion Interface	1			N/A	*
TRS-80 Power Line Filter	1		N/A	N/A	*
Dose Projection Cassette	1		N/A	N/A	*
Masking Tape	5 rolls		N/A	N/A	N/A
Inventory Checklist (Blank)	as required		N/A		N/A

REMARKS: * Quarterly operational check consists
of running a set of dose projections.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE VI
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: U-1 Warehouse Type: Emerg. ☐ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☒ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures EPIP 1004.20, 1004.36, RCP 1612	1 ea.		N/A		N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Portable Air Sampler (H809V/equiv)	2				
Dose Rate Meter (RO-2 or equiv.)	2				
Pocket Dosimeters (High or Low Range)	5		N/A		N/A
Dosimeter Charger	1			N/A	

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE VI
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT
PERSONNEL MONITORINGKit Location: U-1 Warehouse Type: Emerg. ☒ Kit Inst. ☐ Kit Emerg. ☐ Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25*		N/A	N/A	N/A
1004.5 Att II,					
1004.20 Att II and III	50 ea.		N/A		N/A
Tablets, Pens, Pencils,					
Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Masking Tape	5 Rolls		N/A	N/A	N/A
Dose Rate Meter (E520 or equiv)	1				
Beta-Gamma Contamination Meter					
RM-14 or equiv	1				
Megaphones	2			N/A	
1004.36 Attachment I	150		N/A		N/A
1054.36 Attachment III	500		N/A		N/A
Emergency Notification Maps	3		N/A	N/A	N/A
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS: * Stored in Locker

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Alternate EOF Type: Emerg. ☐ Inst. ☐ Emerg. ☒
Kit Kit Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - Full Set	25		N/A	N/A	N/A
REMP Map (Framed)	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures-EPIP-1004.10, 1054.10, 1004.12, 1054.12, 1004.31, RCP 1612: 4101, 4104, 4170, 4200	1 ea.		N/A		N/A
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min/25 max		N/A	N/A	N/A
Air Sampler (H809V/equiv)	1				

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Alternate EOF Type: Emerg. ☐ Inst. ☐ Emerg. ☒
Kit Kit Locker

Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Dose Rate Meter (RO-2/equiv)	2				
Beta-Gamma Contamination Meter (RM-14/equiv)	2				
Dosimeter Charger	1			N/A	
Pocket Dosimeters (High Range)	10		N/A		N/A
Pocket Dosimeters (Low Range)	10		N/A		N/A
Emergency TLD's w/Issue Forms	275		N/A	N/A	N/A
Masking Tape	5 Rolls		N/A	N/A	N/A
Absorbant Towels	2 Bundles		N/A	N/A	N/A
Mild Soap/Shampoo	5 Bars/ 1 Bottle		N/A	N/A	N/A
Nasal Swabs	2 Packs		N/A	N/A	N/A
Scrub Brushes	5		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: Alternate EOF Type: Emerg. ☐ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☒ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Gloves, Surgeon's	10 pr.		N/A	N/A	N/A
Paper Lab Coats/Coveralls	25		N/A	N/A	N/A
Hand Lotion, Lanolin	1 Bottle		N/A	N/A	N/A
Hand Cleaner, Waterless	2 Cans		N/A	N/A	N/A
Finger Nail Clippers	1 pr.		N/A	N/A	N/A
Barber Scissors	1 pr.		N/A	N/A	N/A
Corn Meal	1 box/bag		N/A	N/A	N/A
Powdered Detergent	1 Box		N/A	N/A	N/A
Plastic Bags (asst sizes)	24		N/A	N/A	N/A
Radiological Warning Signs/Ribbon	5/100'		N/A	N/A	N/A
Radiological Tape	2 Rolls		N/A	N/A	N/A
Lay-Flat Tubing (6" Wide)	400 Ft.		N/A	N/A	N/A
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature

FOR USE IN UNIT 1 ONLY

ENCLOSURE VIII
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: EMER. OPS. FACILITY (EOF) Type: Emerg. ☐ Inst. ☐ Emerg. ☒
Kit Kit Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25		N/A	N/A	N/A
REMP Map (framed and behind plexiglass)	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures-RCP 4101, 4104	1 ea.		N/A		N/A
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min/25 max		N/A	N/A	N/A
Air Sampler (H809V/equiv)	1				
Dose Rate Meter (RO-2/equiv)	2				

REMARKS:

Emergency Kit Locked or Sealed: _____

Signature

ENCLOSURE VIII
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: EMER. OPS. FACILITY (EOF) Type: Emerg. ☐ Kit Inst. ☐ Kit Emerg. ☒ Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Beta-Gamma Contamination Meter -					
(RM-14/equiv)	1				
Dosimeter - High Range	10		N/A		N/A
Dosimeter - Low Range	10		N/A		N/A
Dosimeter Charger	1			N/A	
Masking Tape	3 Rolls		N/A	N/A	N/A
Emergency TLD's w/issue forms	50		N/A	N/A	N/A
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature _____

ENCLOSURE IX
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Tech. Support Center (TSC) Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25*		N/A	N/A	N/A
Stabilized Assay Meter (Sam II)	1*				
Masking Tape	5 Rolls		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Air Sample Filters	2 boxes		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min/25 max:		N/A	N/A	N/A
Air Sampler (H 809V or equiv.)	1				
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS: * May be stored in Access Control Point
305' elev. Control Tower.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE X
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Environmental Controls Office Type: Emerg. ☒ Inst. ☐ Emerg. ☐
Kit Kit Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
REMP Map	1		N/A	N/A	N/A
Directions to Monitoring Stations	1		N/A	N/A	N/A
Procedures EPIP 1004.10, 1004.12, 1004.31, 1054.10, 1054.12, Radiolo- gical Controls Procedure 4101, 4104, 1605, 1607	1 ea.		N/A		N/A
Attachments - 1004.10 Att. I, 1054.10 Att. I	10 ea.		N/A		N/A
Flashlight with spare bulb and batteries	1		N/A	N/A	
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Absorbant Towels	2 bundles		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Air Sample Filters	2 boxes		N/A	N/A	N/A
Disc Smears	2 boxes		N/A	N/A	N/A

REMARKS: * Two (2) kits, each containing the material
listed, are stored in the Environmental
Controls Office at 44 Luke Drive, Middletown, Pa.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE X
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Environmental Controls Office Type: Emerg. ☒ Kit ☐ Inst. ☐ Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Rad. Warning Signs/Ribbon	5/50'		N/A	N/A	N/A
Water Sample Bottles	5		N/A	N/A	N/A
First Aid Kit	1		N/A	N/A	N/A
Masking Tape	2 Rolls		N/A	N/A	N/A
Radiological Controls Procedures 1605 and 1607	1 ea.		N/A		N/A
Emergency TLD's w/issue forms	50 * low		N/A		N/A
Pocket Dosimeters	5 range		N/A		N/A
Dosimeter Charger	1			N/A	
Scissors	1 pair		N/A	N/A	N/A
Surgeons Gloves	12 pair		N/A	N/A	N/A
Inventory Checklists (Blank)	as required		N/A		N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE X
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: Environmental Controls Office Type: Emerg. ☒ Kit ☐ Inst. ☐ Kit ☐ Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Air Sampler (H809V/equiv)	1*				
Dose Rate Meter (R0-2/equiv)	1				
Stabilized Assay Meter (SAM-II)	1				
Count Rate Meter (RM-14) with HP-210 Probe	1				
Stopwatch	1		N/A	N/A	
12 Volt AC/DC Inverter	1*		N/A	N/A	
Two Way Radio (w/beeper and magnetic antenna)	1*		N/A	N/A	
Inventory Checklists (Blank)	As Required		N/A		N/A

REMARKS: * May be kept in the vicinity of the kit.
Two (2) kits each containing the above material,
are stored in the Environmental Controls Office at
44 Luke Drive, Middletown, Pa.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE XI

Monthly Operational Check of Emergency Equipment

 : NOTE: Initial each step as operational check of emergency :
 : equipment is performed. :

Monthly (Initial as each instrument is checked Sat.)

Battery Check and Source Check
of Portable Instrumentation

Location and Instrument Type	Serial No.	Battery	Source Check	Initial
PC Kit No. 1 RO-2 or Equiv.				
SAM II		N/A		
PC Kit No. 2 RO-2 or Equiv.				
SAM II		N/A		
H. P. LAB/ Control Point RO-2 or Equiv.				
RO-2 or Equiv.				
Teletector				
Teletector				
Teletector				
Teletector				
Teletector				
Teletector				
RM-14 or Equiv.				

ENCLOSURE XI

Monthly Operational Check of Emergency Equipment

Location and Instrument Type	Serial No.	Battery	Source Check	Initial
Alternate				
NEOF RO-2 or Equiv.				
RO-2 or Equiv.				
RM-14 or Equiv.				
RM-14 or Equiv.				
Unit 1				
Warehouse RO-2 or Equiv.				
RO-2 or Equiv.				
E520 or Equiv.				
RM-14 or Equiv.				
Control Room				
Area RO-2 or Equiv.				
RO-2 or Equiv.				
RM-14 or Equiv.				
SAM II		N/A		
EOF				
RO-2 or Equiv.				
RO-2 or Equiv.				
RM-14 or Equiv.				
TSC				
SAM II		N/A		
Env. Cont.				
Kit No. 1 RO-2 or Equiv.				
SAM II		N/A		
RM-14 or Equiv.				
Env. Cont.				
Kit No. 2 RO-2 or Equiv.				
SAM II		N/A		
RM-14 or Equiv.				

Date Completed _____ Reviewed By _____

ENCLOSURE XI

Monthly Operational Check of Emergency Equipment

Monthly

Radio Checks: Check operability by establishing communication with Control Room. Ensure that each radio is checked with a different magnetic antenna so that each antenna is operationally checked. Upon completion, reconnect the radios to battery chargers and place on "trickle" charge as applicable.

: Serial	: Communication	:
: Number	: Established	: Initials
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:

Date Completed _____ Reviewed By _____

Other Equipment

Monthly

For other battery powered equipment such as flashlights, megaphones, and dosimeter chargers, insert batteries, energize and check for normal operation.

 : NOTE: When an Operational Check is satisfactorily :
 : performed, enter "sat" in the appropriate block of :
 : the inventory checklist. If check is not satis- :
 : factory, enter "unsat" in the appropriate block and :
 : enter any explanatory notes in the remarks section. :

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ENCLOSURE XII

Quarterly Radio and Inverter Surveillance

Every quarter, remove batteries from radios and exchange with security. (Insure radios are plugged in to chargers and on "trickle" charge upon returning to locker.) To check beepers, slide the switch to the "on" position. If an intermittent tone is heard, the battery is good. If no tone is heard, replace the battery with a fresh "AA" size alkaline battery and check again.

: Radio	: Battery	: Beeper	:
: Serial Number	: Exchanged (Init.)	: Checked	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:

Date Completed _____ Reviewed by _____

ENCLOSURE XII

Quarterly Radio and Inverter Surveillance

Quarterly 12 V. DC/115 V. AC Inverter Check

: NOTE: Electrical Department Personnel shall assist :
: Radiological/Environmental Controls Personnel to :
: perform Steps 1 through 8 for each inverter. :

1. Hook-up inverter to 12V power supply.
2. Turn inverter on and allow to operate for one (1) minute.
3. Load inverter by plugging in air sampler unit and turn Air Sample unit on.
4. With volt-ohm meter check output of second female plug. Voltage should be 115 V. AC \pm 10 Volts.
Remarks _____
5. Turn off Air Sampler and measure output voltage of female plug. Voltage should be 140 V. AC \pm 10 V.
Remarks _____
6. Remove Air Sampler Unit plug from inverter. Remove volt-ohm unit from inverter.
7. Turn off inverter and disconnect from 12V. power supply.
8. Return 12 V. AC/DC 115V. Power inverter to cabinet.

Inverter	Checked Sat.
Serial Number	Initials

Date Completed _____ Reviewed By _____

ENCLOSURE XIII
INSPECTION OF EMERGENCY RESPIRATORY EQUIPMENT
SELF CONTAINED BREATHING APPARATUSMonth _____
Year _____
Reviewed By: _____

Kit Number:	Location	Cylinder		Regulator		Face- piece	Comments	Unit	
		Hydro: Date	Pressure	Equip- ment Number	Cali- bration Date			Inspection Date	Signature
1	Unit No. 1 Control Room	:	:	:	:	:	:	:	:
2	Unit No. 1 Control Room	:	:	:	:	:	:	:	:
3	Unit No. 1 Control Room	:	:	:	:	:	:	:	:
4	Unit No. 1 Control Room	:	:	:	:	:	:	:	:
5	Unit No. 1 Control Room	:	:	:	:	:	:	:	:
6	Unit No. 1 Control Bldg. 338' elev: (stairway outside E.S. Swgr. Room):	:	:	:	:	:	:	:	:
7	Unit No. 1 Control Bldg. 338' elev: (stairway outside E.S. Swgr. Room):	:	:	:	:	:	:	:	:
8	Unit No. 1 Turbine Bldg. 322' elev: (adjacent elevator door)	:	:	:	:	:	:	:	:
9	Unit No. 1 Turbine Bldg. 322' elev: (adjacent elevator door)	:	:	:	:	:	:	:	:
10	Unit No. 1 Turbine Bldg. 305' elev: (adjacent elevator door)	:	:	:	:	:	:	:	:
11	Unit No. 1 Turbine Bldg. 305' elev: (adjacent elevator door)	:	:	:	:	:	:	:	:
12	Unit No. 1 Rad Con (locker room area)	:	:	:	:	:	:	:	:
13	Unit No. 1 Rad Con (locker room area)	:	:	:	:	:	:	:	:
14	Unit No. 1 Reactor Bldg. (outside personnel hatch)	:	:	:	:	:	:	:	:
15	Unit No. 1 Reactor Bldg. (outside personnel hatch)	:	:	:	:	:	:	:	:

FOR USE IN UNIT 1 ONLY

ENCLOSURE XIII
INSPECTION OF EMERGENCY RESPIRATORY EQUIPMENT
SELF CONTAINED BREATHING APPARATUSMonth _____
Year _____
Reviewed By: _____

Kit	Location	Cylinder	Regulator	Equip-	Cali-	Face-	Unit
Number:		Hydro:	ment	ment	bration	piece	Inspection
		Date	Pressure	Number	Date	Number	Date: Signature
16	: Unit No. 1 Aux. Bldg. 305' elev.	:	:	:	:	:	:
	: (operator's station)	:	:	:	:	:	:
17	: Unit No. 1 Aux. Bldg. 305' elev.	:	:	:	:	:	:
	: (operator's station)	:	:	:	:	:	:
18	: Unit No. 1 Aux. Bldg. 305' elev.	:	:	:	:	:	:
	: (operator's station)	:	:	:	:	:	:
19	: Unit No. 1 Aux. Bldg. 281' elev.	:	:	:	:	:	:
	: (outside MU-P "B" cubicle)	:	:	:	:	:	:
20	: Unit No. 1 Aux. Bldg. 281' elev.	:	:	:	:	:	:
	: (outside MU-P "B" cubicle)	:	:	:	:	:	:
21	: Unit No. 1 Aux. Bldg. 281' elev.	:	:	:	:	:	:
	: (outside MU-P "B" cubicle)	:	:	:	:	:	:
22	: Unit No. 1 Reactor Bldg.	:	:	:	:	:	:
	: (outside equipment hatch)	:	:	:	:	:	:
23	: Unit No. 1 Reactor Bldg.	:	:	:	:	:	:
	: (outside equipment hatch)	:	:	:	:	:	:
24	: Unit No. 1 Turbine Bldg. 305' elev.	:	:	:	:	:	:
	: (north wall)	:	:	:	:	:	:
25	: Unit No. 1 Turbine Bldg. 305' elev.	:	:	:	:	:	:
	: (north wall)	:	:	:	:	:	:
26	: Unit No. 1 Warehouse	:	:	:	:	:	:
	: (north end)	:	:	:	:	:	:
27	: Unit No. 1 Warehouse	:	:	:	:	:	:
	: (north end)	:	:	:	:	:	:
28	: Unit No. 1 Circulating Water House:	:	:	:	:	:	:
	: (west wall)	:	:	:	:	:	:
29	: Unit No. 1 Circulating Water House:	:	:	:	:	:	:
	: (west wall)	:	:	:	:	:	:
30	: Unit No. 1 Screen House	:	:	:	:	:	:
	: (entrance way)	:	:	:	:	:	:
31	: Unit No. 1 Screen House	:	:	:	:	:	:
	: (entrance way)	:	:	:	:	:	:

FOR USE IN UNIT 1 ONLY

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ENCLOSURE XIV

Inspection of Emergency Respiratory Equipment Self-Contained Breathing Apparatus Cylinders

Month _____
Year _____
Reviewed By: _____

[illegible]

FOR USE IN UNIT 1 ONLY

1053
Revision 4

ENCLOSURE XV

Inventory Checklist Full Face Respirators W/ Canisters

Month _____
Year _____

Location	Number Required	Number Present		Quantity	Date/Signature
		Model Facepiece	Type Canister		
HP Lab/ Control Pt	25				
Control Rm SSO	25				
U-1 Warehouse	25				
Alternate EOF	25				
EOF	25				
TSC (may be stored at HP Lab/ Control Pt	25				
U-1 PC Kits	4				
Env. Cont. Kits*	4				

* Note: These kits are located at the Environmental Controls Office at 44 Luke Drive, Middletown, Pa.

Comments:

Reviewed By _____