

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER

23

GINNA STATION
UNIT #1
COMPLETED

DATE :-

TIME :-

PROCEDURE NO. SC-410

REV. NO. 4

INSPECTION OF EMERGENCY EQUIPMENT

TECHNICAL REVIEW

PORC REVIEW DATE

10-6-82

J. Bodini
QC REVIEW

Bruce Adams
PLANT SUPERINTENDENT

10-9-82
EFFECTIVE DATE

QA ☒ NON-QA ☐ CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 12 PAGES

SC-410INSPECTION OF EMERGENCY EQUIPMENT1.0 PURPOSE:

- 1.1 The equipment required by the emergency plan and the means of assuring it is available is outlined in this procedure. Inspections will be made monthly as required by Technical Specifications and after each drill or use.

2.0 REFERENCES:

- 2.1 SC-1, Emergency Plan
2.2 Tech. Specs., Table 4.1-1

3.0 INSTRUCTIONS:

- 3.1 Inspect each location using attached appendixes. Indicate number of items present in blank space on appendix.
- 3.1.1 Emergency Survey Center - Appendix A
3.1.2 Control Room - Appendix B
3.1.3 Health Physics Office, Auxiliary Building, Operational Support Center - Appendix C
3.1.4 Technical Support Center - Appendix D
3.1.5 Monthly Inspection Log - Appendix E
- 3.2 If any discrepancies are found make note on the Monthly Inspection Log (Appendix E). If there are no discrepancies, enter NONE on Log Sheet.
- 3.2.1 Discrepancies are to be corrected (or a trouble card submitted) as soon as possible and so noted on the log sheet and filed per A-1701.
- 3.3 Perform monthly operational check with check source on Emergency Plant Vent monitor (Radector III). Record discrepancies on Monthly Inspection Log - Appendix E and advise Health Physicist.

APPENDIX "A"EMERGENCY EQUIPMENT IN SURVEY CENTER

1. Assignment tag board - all tags in place _____
2. Survey team maps - Red, Green, Orange, Blue, Yellow 15 _____
3. Survey team boxes - Red, Green, Orange, Blue, Yellow,
White - If seal is unbroken assume equipment is intact.
Inventory boxes and change batteries in January and July. 6 _____
4. Beta - Gamma survey instruments - battery check, source
check. Assure calibration and efficiency calibrations are
within a six month period. 5 _____
5. High level dose rate meters - battery check, source check,
calibration check. 6 _____
6. Extendable high level survey meter - battery check,
source check, calibration check. 1 _____
7. Nucleus scaler with probe and count shelf-frequency
check, source check, efficiency calibration semi-annually. 1 _____
8. Radiation monitor RM-3C or equivalent, with HP-260 probe
equivalent, battery check, source check, calibration
check. 1 _____
9. Area radiation monitor, stationary - change chart paper,
operational check. 1 _____
10. Dosimeter charger with battery 2 _____
11. Dosimeter (High Range) - check calibration 0-5R 8 _____
0-10R 8 _____
12. Dosimeter (0-500mr) - check calibration 12 _____
13. Thermal luminescent dosimeters 10 _____
14. Packages of (6) environmental TLD badges (off-site only) 3 _____
15. Battery operated, low volume air samplers - calibration
check. Run air sampler several minutes to check operation,
semi annually totally discharge and recharge samplers
(February and August) 6 _____
16. Battery charger - operation check, disconnect 1 _____

APPENDIX "A" (cont.)

17. RADECO H 809 B2 air sampler - run 120 minutes	2	_____
18. RADECO H 809 C air sampler - run 1 minute	4	_____
19. Filters for air samplers - particulate		_____
20. Filters for air samplers - silver zeolite		_____
21. Envelopes for air samples - particulate	100	_____
22. Envelopes for air samples - iodine	100	_____
23. Envelopes for smear papers	100	_____
24. Smear papers	1000	_____
25. Decontamination kit	1	_____
26. Radios, portable - radio check with security	6	_____
27. Magnetic car mount antenna	3	_____
28. Radio, stationary - radio check with security - log book entry.	1	_____
29. Full face respirator with charcoal filter - inspect mask, mark bag with inspection date and initials, check filter expiration date	22	_____
30. Voice emitters for respirators - operational check	13	_____
31. Contaminated clothing & waste containers, 55 gal drum	2	_____
32. Anti - contamination clothing, sets	25	_____
33. Step off pads	10	_____
34. Tape, rolls	1BOX	_____
35. Plastic bags, poultry	1BOX	_____
36. Plastic bags, clean, large	20	_____
36. Radioactive material bags, yellow, large	1 Roll	_____
37. Radiation rope	1 Roll	_____
38. Radiation hazard signs with inserts	10	_____

39. Thyroid block tablets, bottles 25 _____
40. Pens and pencils 10 _____
41. Batteries, D size 10 _____
42. Extension cord 3 _____
43. Intercom "A" - communication check with Control Room.
Call Control Room on GAI page, have them plug in
Intercom A and contact survey center 1 _____
44. NRC Red telephone - lift receiver, tell party "This is
a Ginna Station Survey Center Communications Check". 1 _____
45. New York State Red telephone - Push button, lift
receiver wait 10 seconds, ask if New York State,
Wayne County, Monroe County are listening? Tell
them "This is Ginna Station Survey Center
Communications Check". 1 _____
46. Telephone books - Rochester 1, Wayne County 1 1 _____
46. Telephone communications link check - call
47. Wayne County [REDACTED] 1 _____
48. Monroe County [REDACTED] 1 _____
49. New York State [REDACTED] 1 _____
50. National Weather Service, Rochester [REDACTED] 1 _____
51. National Weather Service Buffalo ([REDACTED]) 1 _____
52. From [REDACTED] call Control Room at [REDACTED] and TSC
at [REDACTED] 1 _____
53. From extension [REDACTED] call TSC at [REDACTED] 1 _____
54. From extension [REDACTED] call TSC at [REDACTED] 1 _____
55. From extension [REDACTED] call ESC at [REDACTED] 1 _____

Initials _____ Date _____

APPENDIX "A" (continued)EMERGENCY EQUIPMENT PER SURVEY BOX

If box is sealed inventory not required. Boxes shall be opened in January and July for battery change and inventory.

1. Coveralls	2	_____
2. Hoods, disposable	2	_____
3. Gloves, pair	2	_____
4. Booties, pair	2	_____
5. Hats, Surgeon	2	_____
6. Hoods, Rain	2	_____
7. Coats, Rain	2	_____
8. Boots, Rain, pair	2	_____
9. Suits, cold weather (carhart)	2	_____
10. Equipment Belts with Bags (On-Site team only)	2	_____
11. Flashlight with Batteries	1	_____
12. Plastic Bags	2	_____
13. Masking Tape, rolls	2	_____
14. Pencils	2	_____
15. Pencil Sharpener	1	_____
16. Tablet, writing	1	_____
17. Survey Route Maps	2	_____
18. Air Sampler Filters - Particulate	5	_____
19. Air Sampler Filters - Silver Zeolite GY-130	5	_____
20. Air Sample Envelopes (Iodine)	10	_____
21. Air Sample Envelopes (Environmental)	10	_____

APPENDIX "A" cont.

- | | |
|---|----------|
| 22. Dimes for Telephones (Off-site team only) | 10 _____ |
| 23. Clipboard | 1 _____ |
| 24. Appropriate procedure for team (Remove survey route instructions in Appendix III that do not apply to that survey team) | _____ |
| 25. Procedure SC-452, Sampling Snow, Grass, Soil, and Vegetation. | _____ |
| 26. Hammer and 10 nails (off-site only) | 1 _____ |
| 27. Thyroid Block tablets (bottle) | 3 _____ |
| 28. HP-190 window clamp (off-site teams only) | 1 _____ |
| 29. First Aid Room key (on-site team only) | _____ |
| 30. Backpacks - 2 (on-site teams only) | _____ |

Initials _____ Date _____

APPENDIX "B"EMERGENCY EQUIPMENT IN CONTROL ROOM

- | | |
|--|-----------|
| 1. Scott Air Pack (SCBA) - monthly inspection | 2 _____ |
| 2. High range dosimeters - calibration check | 10 _____ |
| 3. Dosimeter charger with battery - operability check | 1 _____ |
| 4. High range dose rate meter - battery check, source
check calibration check | 1 _____ |
| 5. Plant radiation survey maps (sets) | 3 _____ |
| 6. Smear papers | 100 _____ |
| 7. Envelopes for smear papers | 10 _____ |
| 8. Thyroid block tablets (bottle) | 1 _____ |
| 9. Air sampler, low volume - operability check, calibration
check | 1 _____ |
| 10. Air sampler filters - particulate | 3 _____ |
| 11. Air sampler filters - silver zeolite | 3 _____ |
| 12. Radiation monitor RM-14 or equivalent with HP-190 probe | 1 _____ |
| 13. Tape, roll | 1 _____ |
| 14. Anti-contamination clothing (sets) | 6 _____ |

Initial _____ Date _____

APPENDIX "C"EMERGENCY EQUIPMENT

OPERATIONAL SUPPORT CENTER

- | | |
|--|----------|
| 1. Fill face respirators - inspect mask and mask bag with inspection date and initials | 6 _____ |
| 2. Respirator charcoal filters - expiration date | 6 _____ |
| 3. Anti-contamination clothing (sets) | 6 _____ |
| 4. Flood lights, portable - operational check | 2 _____ |
| 5. Thyroid block tablets (bottles) | 15 _____ |
| 6. Dosimeters 0-500 mRem - check calibration | 10 _____ |
| 7. Dosimeters 0-10R - check calibration | 10 _____ |
| 8. Dosimeter charger with battery - operational check | 1 _____ |
| 9. Daily exposure record sheets | 5 _____ |
| 10. Pens | 5 _____ |

AUXILIARY BUILDING

- | | |
|--|---------|
| 1. Scott air pack (SCBA) - monthly inspection | 1 _____ |
| 2. High range dose rate meter - battery check, source check, calibration check | 1 _____ |

HEALTH PHYSICS OFFICE

- | | |
|--|----------|
| 1. Scott air pack (SCBA) - monthly inspection | 5 _____ |
| 2. High range dosimeter - calibration check | 20 _____ |
| 3. Anti-contamination clothing (sets) | 20 _____ |
| 4. High range dose rate meter - battery check, source check, check calibration | 5 _____ |

Initials _____ Date _____

APPENDIX DEMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

1. Radiation monitor RM-14 or equivalent with HP-190 probe battery check, source check, check calibration	1 _____
2. Area radiation monitor - battery check, source check, check calibration	1 _____
3. Full face respirator - inspect mask mark bag with inspection date and initials	10 _____
4. Respirator charcoal filter - check expiration date	10 _____
5. Thyroid block tablets (bottles) check expiration date	25 _____
6. Dosimeter, 500mr - check calibration	25 _____
7. Dosimeter, high range - check calibration	10 _____
8. Dosimeter charger with battery - operability check	1 _____
9. RADECO H-809 B2 air sampler - run 120 minutes	1 _____
10. Air sample filters - particulate	4 _____
11. Air sample filters- silver zeolite	4 _____
12. Anti-contamination clothing (sets)	25 _____
13. Step Off Pads	10 _____
14. Daily exposure records sheets	5 _____
15. Radioactive materials bags (yellow)	5 _____
16. Tape, rolls	5 _____
17. Smear papers	100 _____
18. Envelopes for smears	10 _____
19. Envelopes for particulate air sample	10 _____
20. Envelopes for iodine air samples	10 _____

APPENDIX D cont.

- | | |
|---|-----------|
| 21. Pens and pencils | 5ea _____ |
| 22. Radio, Portable - radio check with security | 4 _____ |
| 23. Radio, Stationary - radio check with security - log
book entry | 1 _____ |
| 24. NRC Red telephone - lift receiver, tell party "This is
a Ginna Station TSC Communication Check". | _____ |
| 25. New York State Red telephone - push button, lift receiver,
wait 10 seconds, ask if New York State, Wayne County,
Monroe County are listening? Tell them "This is Ginna
Station TSC Communication Check". | _____ |
| 26. HPN telephone- dial selected station to confirm
communication check | 1 _____ |
| 27. EOF Direct line XXXXXXXXXX Telephone | 1 _____ |
| 28. Plant process computer and silent 700 operational check. | 1 _____ |

Initials _____ Date _____

APPENDIX "E"EMERGENCY EQUIPMENT MONTHLY INSPECTION LOGDISCREPANCIES NOTEDSurvey Center Date _____ Initials _____Control Room Date _____ Initials _____HP Office Date _____ Initials _____Auxiliary Building Date _____ Initials _____Technical Support
Center Date _____ Initials _____Operational
Support Center Date _____ Initials _____Emergency Plant
Vent Monitor Date _____ Initials _____DISCREPANCIES CORRECTED

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

REVIEWED BY: _____

LIST DISCREPANCIES AND/OR CORRECTIONS: