



ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 8 PC #

EMERGENCY SUPPLIES & EQUIPMENT

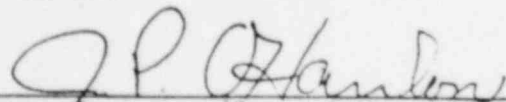
1903.60 REV. 2

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PAGE	REV	PC#	PAGE	REV	PC#	PAGE	REV	PC#	PAGE	REV	PC#	PAGE	REV	PC#
1	1		37	1		73	1							
2	2		38	1		74	2							
3	2		39	2										
4	2		40	2										
5	1		41	2										
6	1		42	1										
7	2		43	2										
8	2		44	2										
9	2		45	2										
10	2		46	1										
11	1		47	2										
12	1		48	2										
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16	2		52	2										
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32	2		68	2										
33	1		69	1										
34	1		70	1										
35	2		71	2										
36	1		72	1										

APPROVED BY:


(General Manager)

APPROVAL DATE

4 - 20 - 82
REQUIRED EFFECTIVE DATE:



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 2 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

5.2 Health Physics Superintendent

The Health Physics Superintendent is responsible for the periodic inventory of the emergency kits described in this procedure.

5.3 Surveillance Test Coordinator

The Surveillance Test Coordinator is responsible for scheduling the periodic inventory of the emergency kits described in this procedure.

6.0 DESCRIPTION

6.1 The following emergency kits are maintained by Arkansas Nuclear One for use in the event of an emergency:

- 6.1.1 Control Room Kit (Control Room Area; for shared use by both units)
- 6.1.2 Onsite Radiological Monitoring Kit (Onsite Operational Support Center)
- 6.1.3 Onsite Technical Support Center Kit (Onsite Technical Support Center)
- 6.1.4 Main Guard House Kit
- 6.1.5 Emergency Control Center Kit
- 6.1.6 Field Monitoring Kits A, B, C and D (Emergency Control Center)
- 6.1.7 Hospital Kit
- 6.1.8 Fire Lockers (Unit 1 Turbine Building El. 354, El. 386; Unit 2 Turbine Building El. 354)
- 6.1.9 First Aid Kits (Unit 1 and Unit 2 Controlled Access Entrance)

6.2 A first aid room is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.

6.3 Contents of the emergency kits and the first aid room are listed on the forms attached to this procedure.

7.0 NOTES

NOTE: If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.09. "Surveillance Test Program Control" for instructions.



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 3 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

7.1 Emergency kits should be checked at the intervals specified by the Surveillance Test Schedule. If found unsealed the contents of the kits shall be inventoried; otherwise, an inventory is not required (except as specified below).

7.2 Emergency kits shall be inventoried quarterly and after each use.

7.3 When performing an inventory, the applicable forms should be completed to document the inventory. Discrepancies should be noted.

7.4 Discrepancies should be resolved or corrective actions should be initiated. This should be indicated on the inventory form.

7.5 The inventory form should be forwarded to document control upon review.

8.0 INSTRUCTIONS**8.1 Inventory**

8.1.1 Perform a complete inventory of a kit using the appropriate inventory form if:

A. The kit has been used.

B. The kit is found unsealed.

C. The kit is due for its scheduled quarterly inventory.

NOTE: Batteries (not contained in the instruments) should be replaced annually.

8.1.2 If the seal is intact and the kit is not due for quarterly inventory, perform only the required checks.

8.2 Checks

8.2.1 Inspect the respirators per 1609.009, "Radiological Respiratory Protection Program".

8.2.2 Check and record on the appropriate form the calibration due dates for the instruments in the kit. Replace or recalibrate any instrument whose due date is prior to the next scheduled inspection.

8.2.3 Perform a battery check and check the response of the instruments listed in 1602.24, "Portable Survey and Monitoring Instruments". Indicate the results of these checks on the appropriate form. Replace instruments as necessary.



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 4 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

8.2.4 Plug in and allow to charge for approximately one hour the following items (unless they are continuously plugged in):

A. Frisker

B. Self Contained Air Sampler

Note on the appropriate form whether each item was "charged" or "plugged in".

8.2.5 Perform a battery check and run one test case as described in 1904.01, "Magnitude of Release - Computer Method," for each pocket computer.

8.2.6 Verify the operability of the remaining items indicated.

9.0 ACCEPTANCE CRITERIA

9.1 Emergency kit is re-sealed after opening.

9.2 Inventory checklist is complete.

9.3 Discrepancies have been resolved.

9.4 Inventory checklist has been reviewed and approved.

10.0 ATTACHMENTS AND FORMS

10.1 Form 1903.60A, "Control Room Kit"

10.2 Form 1903.60B, "Onsite Radiological Monitoring Kit"

10.3 Form 1903.60C, "Onsite Technical Support Center Kit"

10.4 Form 1903.60D, "Main Guard House Kit"

10.5 Form 1903.60E, "Emergency Control Center Kit"

10.6 Form 1903.60F, "Field Monitoring Kit A"

10.7 Form 1903.60G, "Field Monitoring Kit B"

10.8 Form 1903.60H, "Field Monitoring Kit C"



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 7 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE:

CONTROL ROOM KIT

FORM NO.

1903.60A

REV. #

PC #

CHECKLIST

Page 2 of 9

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Ion Chamber					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	110V				(1)		
Air Sampler	Batt				(1)	(5,6)	
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 8 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. 02 PC #

CHECKLIST

Page 3 of 9

Instrument	Type	S/N	Cal. Dur Date	(1) Operation/ Batt. (2) Response/ Check (3) Inspected		(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter					(1)	(4)	
Charger							
Dosimeter	0-200R						
Dosimeter	0-5R or						
Dosimeter	0-10R						
	0-200mR						
	or						
Dosimeter	0-500mR						

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 9 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. #2 PC #

CHECKLIST

Page 4 of 9

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Calculator					(1)		
Pocket							
Computer	TRS-80				(1)		
Cassette							
Recorder					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 10 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. # PC #

INVENTORY LIST

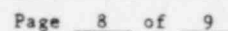
Page 5 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XX				
High Range Ion Chamber	2				
Frisker w/Probe	1 ea.				
Air Sampler (110 VAC)	1				
Air Sampler (Batt)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XX				
Watch	2				
Cloth Smear	10				
Paper Smear	50				
Particulate Filter	20				
Glassine Envelope	20				
Silver Zeolite Cartridge	20				
Air Sample Form	20				
PERSONNEL MONITORING EQUIPMENT	XX				
Dosimeter (0-200R)	3				
Dosimeter (0-5R or 0-10R)	3				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



Reviewed By _____ Date _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 16 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # PC #

CHECKLIST

Page 2 of 7

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation/ (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Survey Meter					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detection Chamber	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	Batt				(1)	(5,6)	
Air Sampler	110V				(1)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 17 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One**

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 2 PC #

CHECKLIST

Page 3 of 7

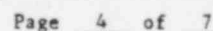
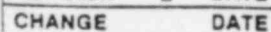
Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Inst. Off
Watch					(1)		
Dosimeter							
Charger					(1)	(4)	
Dosimeter	0-200R						
Dosimeter	0-5R or						
Dosimeter	0-10R						
Dosimeter	0-500mR						
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 19 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE:

ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. 2 PC #

INVENTORY LIST

Page 5 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or Dosimeter 0-500 mR)	20				
Dosimeter (0-5R or 0-10R)	3				
Dosimeter (0-200R)	6				
Charger	1				
TLD Badge (incl. 1 as BKG)	10				
RESPIRATORY PROTECTION EQUIPMENT	XX				
SCBA	4				
Spare Bottle	4				
Cannister Mask w/Iodine Cannister	4				
Iodine Cannister (Spare)	4				
PROTECTIVE CLOTHING	XX				
Anti-c Clothing	50 sets				
Plastic Suit	6 sets				
Masking Tape	3 rolls				
Duct Tape	3 rolls				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____





PLANT MANUAL SECTION:

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 23 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE TECHNICAL SUPPORT CENTER KIT

FORM NO.1903.60C

REV. # 2 PC #

CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal.Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Inst. Off
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Check Source							
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Pocket Computer	TRS-80				(1)		
Cassette Recorder					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 24 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE TECHNICAL SUPPORT CENTER KIT

FORM NO. 1903.60C

REV. 2, PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
Frisker w/Detection Chamber	1 ea.				
Check Source	1				
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
(0-200 mR or Dosimeter 0-500 mR)	20				
Charger	1				
BATTERIES	(Batteries not contained within an instrument should be replaced during the first quarter inventory).				Initials/Date
"D" Cell	6				
"AA" Cell	12				
Type 675	4				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
Pencil	12				
Note Pad	3				
Clipboard	2				
Overlays	1 set				
Pocket Computer	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 30 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO.1903.60E

REV. # PC #

CHECKLIST

Page 2 of 9

Instrument	Type	S/N	Cal.Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Beta-Gamma Survey Meter					(2)		
Ion Chamber					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	110V				(1)		
Air Sampler	12VDC				(1)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter	0-5R or 0-10R						
	0-200mR or 0-500mR						
Dosimeter							
Dosimeter							
Charger					(1)	(4)	

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANAGER SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 31 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E

REV. # 2 PC #

CHECKLIST

Page 3 of 9

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Calculator					(1)		
Pocket							
Computer	TRS-80				(1)		
Cassette							
Recorder					(1)	(6)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Radio	4 chan				(1)	(5)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

Reviewed By _____



PLANT MANUAL SECTION:

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 35 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E

REV. 2 PC 8

INVENTORY LIST

Page 7 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Radiation Warning Ribbon	5 rolls				
Radiation Warning Tape	3 rolls				
Contamination Warning Tape	3 rolls				
Internal Contamination Tape	1 roll				
Step-Off Pads	20				
(Batteries not contained within an instrument should be replaced during the first quarter inventory).					
BATTERIES					Initials/Date
"D" Cell	24				
"AA" Cell	14				
9-Volt	24				
MISCELLANEOUS	XX				
Pencil	12				
Magic Marker	3				
Clipboard	3				
Knife	2				
Calculator	1				
Pocket Computer	1				
Cassette Interface	1				
Cassette Recorder	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 39 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. # PC #

CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detection Chamber	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-270						
Air Sampler	12VDC				(1)		
Check Source							
Watch					(1)		
	0-200mR or 0-500mR						
Dosimeter							
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 40 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. # 2 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective ---Actions*	Init./ Date*
SURVEY INSTRUMENTS	XX				
High Range Ion Chamber	1				
Beta-Gamma					
Geiger Counter w/Probe	1				
Frisker w/Probe	1 ea.				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XX				
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Air Sample Form	25				
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or					
Dosimeter 0-500mR)	6				
Charger	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 41 of 74

REVISION 2 DATE 02/3/92

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. 2 PC 0

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Active ons*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Anti-c Clothing	3 sets				
Plastic Suit	3 sets				
Masking Tape	1 roll				
Duct Tape	1 roll				
(Batteries not contained within an instrument should be replaced during the first quarter inventory.					
BATTERIES					Initials/Date
"D" Cell	8				
9-Volt	3				
MISCELLANEOUS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ Date _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 43 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. # 2 PC #

Page 2 of 4

CHECKLIST

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detection Chamber	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	12VDC				(1)		
Check Source							
Watch					(1)		
	0-200mR or 0-500mR						
Dosimeter							
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 44 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. # PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective ---Actions*	Init./ Date*
SURVEY INSTRUMENTS	XX				
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1 ea.				
Frisker w/Probe	1 ea.				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XX				
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Air Sample Form	25				
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 45 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. 12 PC 8

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XX				
Anti-c Clothing	3 sets				
Plastic Suit	3 sets				
Masking Tape	1 roll				
Duct Tape	1 roll				
(Batteries not contained within an instrument should be replaced during the first quarter inventory).					
BATTERIES					Initials/Date
"D" Cell	8				
9-Volt	3				
MISCELLANEOUS	XX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ Date _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 47 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 2 PC #

CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation/ (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detection Chamber	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	12VDC				(1)		
Check Source							
Watch					(1)		
	0-200mR or 0-500mR						
Dosimeter							
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 48 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 2 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective ---Acticas*	Init./ Date*
SURVEY INSTRUMENTS	XX				
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1 ea.				
Frisker w/Probe	1 ea.				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XX				
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Silver Zeolite Cartridge	25				
Air Sample Form	25				
PERSONNEL MONITORING EQUIPMENT	XX				
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 49 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 2 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Anti-c Clothing	3 sets				
Plastic Suit	3 sets				
Masking Tape	1 roll				
Duct Tape	1 roll				
(Batteries not contained within an instrument should be replaced during the first quarter inventory).					
BATTERIES					Initials/Date
"D" Cell	8				
9-Volt	3				
MISCELLANEOUS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 51 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.60I

REV. # 2 PC #

CHECKLIST

Page 2 of 4

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation/ (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Ion Chamber					(2)		
Beta-Gamma Geiger Counter	E-530				(2)		
Detection Chamber	HP-270						
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	12VDC						
Check Source							
Watch							
	0-200mR or 0-500mR						
Dosimeter							
Dosimeter Charger					(1)	(4)	
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	

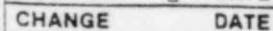
Corrective Actions*

Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____



Reviewed By _____



PLANT MANUAL SECTION:

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 53 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.60I

REV. # 2 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XX				
Anti-c Clothing	3 sets				
Plastic Suit	3 sets				
Masking Tape	1 roll				
Duct Tape	1 roll				
(Batteries not contained within an instrument should be replaced during the first quarter inventory).					
BATTERIES					Initials/Date
"D" Cell	8				
9-Volt	3				
MISCELLANEOUS	XX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ Date _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 55 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. # 2 PC #

CHECKLIST

Page 2 of 6

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt. Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Beta Gamma Survey Meter					(2)		
Frisker	RM-14				(2)	(5,6)	
Detection Chamber	HP-210						
Air Sampler	110V				(1)		
Respirator	Cann.				(3)		
Check Source							
Watch					(1)		
Dosimeter							
Dosimeter Charger					(1)	(4)	
Flashlight					(1)	(4)	

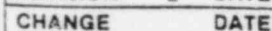
Corrective Actions*

Init./Date*

*Where applicable

Inventory By _____ Date _____

Reviewed By _____





PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 61 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. # 2 PC #

INVENTORY LIST

Page 2 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
FURNISHINGS	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Treatment Table	1				
Med Lite	1				
Dressing Can	1				
Orthopedic Stretcher	1				
MEDICAL SUPPLIES AND EQUIPMENT	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Blankets	4				
Stethoscope	1				
Sphygmometer	1				
Otoscope-Opthalmoscope w/Batteries	1				
Laryngoscope w/Batteries	1				
Aspirator w/Suction Probe	1				
Resuscitation Bag	1				
Inflatable Splints	1 set				
PhisoHex Dispenser Bottle	1				
Oral Thermometer	2				
Emesis Basin	2				
Tourniquet	3				
Sponge, Forcep (~6 inch, straight)	1				
Thumb Dressing Forceps (~4.5 inch)	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

NO:

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 62 of 74

REVISION	2	DATE	02/3/82
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CHANGE	DATE
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ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. 0 2 PC 0

INVENTORY LIST

Page 3 of 4

<u>Equipment</u>	<u>Required Quantity</u>	<u>Actual Quantity</u>	<u>Init.</u>	<u>Corrective Actions*</u>	<u>Init./ Date*</u>
Splinter Forceps	1				
Bandage Scissors (~4.5 in.)	1				
Bandage Scissors (~6 in.)	1				
Airways	Asst.				
Oral Screw	1				
Eado Trachael Tube	Asst.				
Syringe (Ascepto, 50cc)	1				
Syringe w/Needle	Asst.				
Blood Chemistry Tube	6				
Suture Pack	2				
Abbocath	1				
IV Tubing	8 ft.				
Suture Material	Asst.				
Bandage Material	Asst.				
Bandage (Stretch)	Asst.				
Surgical Tape	Asst.				
Exam Gloves	1 box				
Surgical Gloves	6 pr.				
DRUGS	XX				
Isuprel (Exp. Date)	2 amps				
Ephinephrin (Exp. Date)	2 amps				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 63 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. # 4 PC #

Page 4 of 4

INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Lanoxin (Exp. Date)	2 amps				
Aminophyllin (500 mg) (Exp. Date)	2 amps				
Aramine (Exp. Date)	2 amps				
Lasix (Exp. Date)	2 amps				
Valium (Exp. Date)	2 amps				
Sodium Bicarbonate (Exp. Date)	2 amps				
Decadron (Exp. Date)	2 amps				
Atropine (Exp. Date)	2 amps				
Nubain (10 mg/cc) (Exp. Date)	2 amps				
Ringers Lactate Solution (Exp. Date)	2 liters				
IV Glucose (50% Dextrose) (Exp. Date)	2 amps				
Dextran (Exp. Date)	500 ml				
Xylocaine (2%, Plain) (Exp. Date)	20 cc				
Xylocaine (2%, Cardiac) (Exp. Date)	2 amps				
Pontocaine Eye Drops (Exp. Date)	1 btl.				
Betadine Skin Antiseptic	1 pt.				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 65 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER A

FORM NO. 1903.60L

REV. # 2 PC #

CHECKLIST

Page 2 of 3

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Instr. Off
Respirator	SCEA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Smoke Ejector					(1)		
Smoke Ejector					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		

Corrective Actions*

Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

EMERGENCY PLAN

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

PAGE 68 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE:

FIRE LOCKER B

FORM NO.

1903.60M

REV. # 2 EC #

CHECKLIST

Page 2 of 3

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation/ (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Smoke Ejector					+		
Smoke Ejector					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		

Corrective Actions*

Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 71 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY**
Arkansas Nuclear One

TITLE: FIRE LOCKER C

FORM NO. 1903.60N

REV. # 2 PE #

CHECKLIST

Page 2 of 3

Instrument	Type	S/N	Cal. Due Date	Batt. Check	(1) Operation/ (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Respirator	SCBA				(3)		
Smoke Ejector					(1)		
Smoke Ejector					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		
Handlite					(1)		

Corrective Actions*

Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY SUPPLIES & EQUIPMENT

1903.60

ARKANSAS NUCLEAR ONE

PAGE 74 of 74

REVISION 2 DATE 02/3/82

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MISCELLANEOUS EQUIPMENT

FORM NO. 1903.600

REV. # 2 PC #

Page 2 of 2

Instrument	Location	S/N	Cal. Due Date	(1)Operational (2)Response (3)Inventory	Instr. Off
Single Channel Analyzer w/RD-22 Detector	U-1 CR			(2)	
Single Channel Analyzer w/RD-22 Detector	TSC			(2)	
NMC	TSC			(1)	
First Aid Kit	U-1 CA			(3)	
First Aid Kit	U-2 CA			(3)	
ND-60 MCA	ECC (156)			(2)	

Corrective Actions*

INITIAL/DATE*

*Where applicable

Checked By _____ Date _____

Reviewed By _____