

FOR USE IN UNIT 1 ONLY

1053
Revision 3
06/03/82

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

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

Officer of Nuclear Reactor Plant

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(PORC) *McAuliffe*
Signature

5/28/82
Date

R. Toole
Signature

5-28-82
Date

H. H. Hill
Signature

6-3-82
Date

8206280669 820622
PDR ADOCK 05000289
F PDR

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

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List of Enclosures

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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 RO-2.
- 1.3.5 Radiological Controls Procedure 1764, Operation and Calibration of the SAM-2 Analyzer.

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- 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 it's availability and reliability.
- 2.2 The Radiological Controls Field Operations Manager, or his designee, shall assign personnel to perform inventory and calibration checks on the emergency kits and lockers under his jurisdiction.
- 2.3 The Radiological Controls Field Operations Foreman shall ensure that the following items are performed during an inventory:
 - 2.3.1 Complete all inventory checklists for that kit/locker.
 - 2.3.2 Replace all missing items.
 - 2.3.3 Ensure all individual procedures contained in kits/lockers are controlled copies.
 - 2.3.4 Verify calibrations, perform operational checks, note discrepancies on inventory checklist, and notify the Radiological Controls Field Operations Manager/Foreman of these discrepancies and/or broken locks or seals.

- 2.3.5 Emergency instrumentation removed from lockers/kits shall be replaced prior to end of working shift except during actual emergencies.
- 2.4 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:
 - 2.4.1 Replace any equipment which is missing or requires maintenance.
 - 2.4.2 Inspect each item per the requirements of Radiological Controls Procedure 1616.1 and RPSP 1616.3.
 - 2.4.3 Place an Emergency Respiratory Equipment Inspection tag with each piece of equipment found acceptable.
 - 2.4.4 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.
- 2.5 The Radiological Controls Field Operations Foreman 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 X, and respiratory protection equipment which shall be checked after each use and once each calendar 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.

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 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 (AEOF)(Crawford Station, Middletown, Pa.)
 - h. Technical Support Center (TSC)
 - i. Ambulance
 - j. Fire Brigade Vehicle

:	<u>NOTE:</u>	The Ambulance and the Fire Brigade Vehicle are	:
:		inventoried by Unit II. 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 consists of battery check, response check and visual inspection for obvious damage.
- (See Enclosure X 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 with duplicates maintained in the Emergency Control Center (Control Room/Shift Supervisors Office).
- 3.2.5 All completed inventory checklists shall be returned to the Radiological Controls Field Operations Foreman/ Support Services Supervisor, 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 or Support Services Supervisor, 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.

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ENCLOSURE 1

Minimum Requirements for Kits/Lockers

<u>LOCATION - UNIT 1</u>	<u>KITS/LOCKERS REQUIRED</u>
1. Processing Center	8 Kits (4 instruments 4 emergency)
2. Service Building Auditorium	1 Locker (Protective Clothing Only)
3. Rad Con 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)

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: _____

FOR USE IN UNIT 1 ONLY

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: Four (4) 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-1 Type: Emerg. ☒ Kit Inst. ☐ Kit Emerg. ☐ Locker Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

FOR USE IN UNIT 1 ONLY

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-I Type: Emerg. ☐ Kit ☐ Inst. ☒ Kit ☐ Emerg. ☐ Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

FOR USE IN UNIT 1 ONLY

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	As Required		N/A		N/A

REMARKS: * May be kept in locker
Four (4) kits each containing the above material,
are stored in the Processing Center.

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE III
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

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

Inventory Performed By: _____ Reviewed: _____ Date: _____

[illegible]

REMARKS:

Emergency Kit Locked or Sealed:

Signature _____

FOR USE IN UNIT 1 ONLY

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

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

Inventory Performed By: _____ Reviewed: _____ Date: _____

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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

Inventory Performed By: _____ Reviewed: _____ Date: _____

[illegible]

Emergency Kit Locked or Sealed:

16.0

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ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT
AMBULANCE

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

Inventory Performed By: _____ Reviewed: _____ Date: _____

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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 (various 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 EQUIPMENT

Kit Location: Control Room/SSO Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

FOR USE IN UNIT 1 ONLY

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

REMARKS:

Emergency Kit Locked or Sealed:

Signature

ENCLOSURE V
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: Control Room/SSO Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

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ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Portable Air Sampler (H609V/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 EQUIPMENT

Kit Location: U-1 Warehouse Type: Emerg. ☐ Inst. ☐ Emerg. ☒
Kit Kit Locker

Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

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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 MONITORING

Kit 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 EQUIPMENT

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

Inventory Performed By: _____ Reviewed: _____ Date: _____

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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

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

Emergency Kit Locked or Sealed:

Signature _____

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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
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

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: _____

FOR USE IN UNIT 1 ONLY

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: _____

FOR USE IN UNIT 1 ONLY

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

Inventory Performed By: _____ Reviewed: _____ Date: _____

[illegible]

Emergency Kit Locked or Sealed:

27.0

FOR USE IN UNIT 1 ONLY

ENCLOSURE X

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
Kit No. 1 RO-2 or Equiv.				
SAM II		N/A		
Kit No. 2 RO-2 or Equiv.				
SAM II		N/A		
Kit No. 3 RO-2 or Equiv.				
SAM II		N/A		
Kit No. 4 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 X

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 I				
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.				
EOF RO-2 or Equiv.				
RO-2 or Equiv.				
RM-14 or Equiv.				

Date Completed _____ Reviewed By _____

Monthly

Radio Checks: Check operability by establishing communication with Control Room. Upon completion, reconnect the radios to battery chargers and place on "trickle" charge as applicable.

FOR USE IN UNIT I ONLY

ENCLOSURE X

Monthly Operational Check of Emergency Equipment

: 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. :

ENCLOSURE XI

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.)

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

Date Completed _____ Reviewed By _____

ENCLOSURE XI

Quarterly Radio and Inverter Surveillance

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

: NOTE: Electrical Department Personnel shall assist :
: Radiological Control 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 _____

32.0

FOR USE IN UNIT I ONLY

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

FOR USE IN UNIT 1 ONLY

Kit Number	Location	Cylinder :Hydro: :Date :Pressure:	Regulator :Equip-:Cali- :ment :bration:	Face- :piece :	Unit : 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)				

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

FOR USE IN UNIT 1 ONLY

Kit Number:	Location	Cylinder :Hydro: :Date	Regulator :Equip-:Cali- :ment :bration: :Number:Date	Face- :piece : :Number:	Comments	Unit Inspection :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 : (south wall)	: : : : : :	: : : : : :	: : : : : :		: : : : : :
27	: Unit No. 1 Warehouse : (south wall)	: : : : : :	: : : : : :	: : : : : :		: : : : : :
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)	: : : : : :	: : : : : :	: : : : : :		: : : : : :

ENCLOSURE XIV

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				

Comments:

Reviewed By _____