



ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One

TITLE:

TRANSMITTAL

FORM NO.

1013.02H

Arkansas Nuclear One
Russellville, Arkansas
Date June 29, 1982

MEMORANDUM

TO: HOLDERS OF SERIES 1903 - EMERGENCY PLAN
PROCEDURES 1903.01 - 1903.xx

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL

The procedures, revisions, permanent changes, and/or temporary changes listed below have been ☐/should be ☐ placed in your set of the plant manual.

| PROCEDURE # | REV. # | PERM. CHG. # | TEMP. CHG. # | PROCEDURE TITLE |
|-------------|--------|--------------|--------------|--------------------------------|
| 1903.23 | 4 | PC-1 | | Personnel Emergency |
| 1903.60 | 2 | PC-2 | | Emergency Supplies & Equipment |

The following pages of the indicated procedure (s) contains items which involve personal privacy or proprietary material. PLEASE REMOVE THE INDICATED MATERIAL PRIOR TO DISTRIBUTION TO PUBLIC DOCUMENT ROOMS, ETC.

PROCEDURE (S)PAGE (S)

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*7-Maintenance Library

10-Special Projects Mgr.

*19-ERF Library

25-Security Coordinator

32-Health Physics Supv.

*48-Planning & Scheduling

*59-Admin. Copy - 2nd Floor

62-Assoc. v. Pres of Nuclear Ops.

72-Sec. Trng. Supv. Clk.

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81-Burns Supv.

90-AP Super ALARA

82-Guardhouse

*85-NRC (Simmons)

*86-NRC (Simmons)

*87-NRC (Simmons)

*88-Aux. Ops. Unit 1

93-Operations Tech.

*96-Remote S/D Panel-Unit 1

*97-Remote S/D Panel-Unit 2

100-NRC Region

101-NRC Region

102-NRC Region

103-NRC Washington

104-NRC Washington

105-NRC Washington

106-NRC Washington

107-NRC Washington

108-NRC Washington

109-NRC Washington

110-NRC Washington

111-NRC Washington

112-NRC Washington

*115-Aux. Ops. Unit 2

117-Mgr. Tech. Analysis

#65, #66 NRC (Constantin)

(01, 02, 10, 20, 21,
22, 23, 30, 31, 32,
41, 43, 44)

Updated

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ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 8 PC #

PERSONNEL EMERGENCY

1903.23 REV. 4

UN - Controlled Copy # 109

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| 5 | 4 | 1 | | | | | | | | | | | | |
| 6 | 4 | | | | | | | | | | | | | |

APPROVED BY:

APPROVAL DATE

James M. Lewis
(General Manager)

6/20/82
REQUIRED EFFECTIVE DATE:



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

PERSONNEL EMERGENCY

1903.23

ARKANSAS NUCLEAR ONE

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4

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- 7.4 If an individual is potentially contaminated, the following pre-cautionary measures should be taken (as allowed by the nature of the injury), as necessary:

NOTE: The Shift Operations Supervisor shall ensure that a Health Physics representative is assigned to accompany the individual(s) both onsite and to offsite medical facilities, as necessary.

- 7.4.1 Take precautions (coverings, use of stretcher, etc.) to prevent the spread of contamination during movement and transport of the individual.
- 7.4.2 Move the individual to a "clean" area, as allowed by step 5.3.
- 7.4.3 Remove contaminated clothing.
- 7.4.4 Survey the individual for surface contamination.

NOTE: Contaminated wounds, eyes, etc., should be decontaminated by use of water only; wounds should be covered before and after decontamination efforts.

- 7.4.5 Decontaminate the affected areas removing as much transferable contamination as possible per 1622.010, "Personnel Decontamination".
- 7.4.6 Cover remaining contaminated areas.

NOTE: If an individual is potentially contaminated and requires transportation to an offsite medical facility, he should be initially transported to St. Mary's Hospital.

- 7.5 The Shift Operations Supervisor may make arrangements for treatment based upon the assessment of a qualified medical individual. If a qualified medical individual is not available, the following guidance is provided:

- 7.5.1 If the injured individual(s) requires attention from a doctor and are judged incapable of travel, the appropriate physicians should be called from Millard-Henry Clinic (968-2345) or St. Mary's Hospital (968-6211), advised of the physical and radiological condition of the injured, and requested to come immediately to ANO. The Pope County Ambulance Service should also be contacted (refer to step 7.5.2).
- 7.5.2 If the injured individual(s) requires immediate attention from a doctor and are judged capable of travel, the Pope County Ambulance Service should be called at 968-4567, advised of the physical and radiological condition of the injured and requested to come immediately to ANO. At this time, a Health Physics representative should immediately be dispatched to the emergency entrance at St. Mary's Hospital to assist the hospital staff as the situation warrants (use call out list in procedure 1903.10, Attachment 5, if necessary).

NOTE: An Unusual Event Emergency Action Level shall be declared by the Shift Operations Supervisor when a medical emergency requires transporting a radiologically contaminated individual from the site to an off site hospital. (Reference procedure 1903.10, "Emergency Action Level Response".)



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PROCEDURE/WORK PLAN TITLE:

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EMERGENCY PLAN

PERSONNEL EMERGENCY

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- 7.5.3 If the injured individual(s) do not require immediate attention from a doctor and are judged capable of travel, arrangements should be made to transport the individuals for further examination to Millard-Henry Clinic or St. Mary's Hospital.
- 7.5.4 If the injured individual or individual(s) attending to the injured individual are suspected of having received a radiation dose in excess of 50 R, arrangements should be made to transport those individuals to the University of Arkansas Medical Sciences Hospital in Little Rock for treatment, as necessary, after examination at St. Mary's Hospital.
- 7.6 The Shift Operations Supervisor should notify the Duty Guard Sergeant if off-site medical assistance has been requested to report onsite so that Security personnel may be ready to receive and escort the medical personnel. (Routine access point - North Gate; routine receiving area - Maintenance Facility Breezway, unless otherwise directed.) If the situation requires the ambulance personnel to enter a potentially contaminated area, refer to 1903.74, "Pope County Ambulance Service" for further guidance.
- 7.7 If the injured individual is transported to a medical facility, the Shift Operations Supervisor should call the appropriate medical facility and advise them, as known, of the number of individuals involved, a description of the medical emergency and whether or not contamination is involved.
- 7.7.1 Millard Henry Clinic (968-2345)
- 7.7.2 St. Mary's Hospital (968-6211 or 968-2481)
- 7.7.3 University of Arkansas Medical Sciences Hospital (661-5000)
- 7.8 An escort, as indicated below, should accompany the injured individual(s) to provide any necessary information or assistance to the medical personnel and provide periodic updates to the Shift Supervisor (or other individual, as directed).
- 7.8.1 If the individual is contaminated, a Health Physics representative shall accompany.
- 7.8.2 If the individual is not contaminated, one of the following individuals should accompany:
- A. Emergency Medical Team Member
 - B. Bechtel Nurse (If Bechtel personnel are involved)
 - C. Safety and Fire Prevention Coordinator



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

UN - Controlled Copy # 109

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| 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 | | | | | | | | | | |
| 13 | 2 | | 49 | 2 | | | | | | | | | | |
| 14 | 1 | | 50 | 1 | | | | | | | | | | |
| 15 | 1 | | 51 | 2 | | | | | | | | | | |
| 16 | 2 | | 52 | 2 | | | | | | | | | | |
| 17 | 2 | | 53 | 2 | | | | | | | | | | |
| 18 | 2 | | 54 | 1 | | | | | | | | | | |
| 19 | 2 | | 55 | 2 | | | | | | | | | | |
| 20 | 1 | | 56 | 1 | | | | | | | | | | |
| 21 | 2 | | 57 | 1 | | | | | | | | | | |
| 22 | 1 | | 58 | 2 | | | | | | | | | | |
| 23 | 2 | | 59 | 1 | | | | | | | | | | |
| 24 | 2 | | 60 | 1 | | | | | | | | | | |
| 25 | 1 | | 61 | 2 | | | | | | | | | | |
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| 27 | 1 | | 63 | 2 | | | | | | | | | | |
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| 30 | 2 | | 66 | 2 | 1 | | | | | | | | | |
| 31 | 2 | | 67 | 1 | | | | | | | | | | |
| 32 | 2 | | 68 | 2 | 2 | | | | | | | | | |
| 33 | 1 | | 69 | 2 | 1 | | | | | | | | | |
| 34 | 1 | | 70 | 1 | | | | | | | | | | |
| 35 | 2 | | 71 | 2 | 2 | | | | | | | | | |
| 36 | 1 | | 72 | 2 | 1 | | | | | | | | | |

APPROVED BY:

James M. Levine
(General Manager)

APPROVAL DATE

6/29/82

REQUIRED EFFECTIVE DATE:



PLANT MANUAL SECTION:
EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

1903.60

ARKANSAS NUCLEAR ONE

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REVISION 2 DATE 2/3/82

CHANGE PC-2 DATE 6/18/82



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: FIRE LOCKER 1

FORM NO. 1903.601

REV. # 2 PC # 2

CHECKLIST

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NOTE: SEWELL SHOULD BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

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

| Corrective Actions* | Init./Date* |
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*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____



PLANT MANUAL SECTION:
EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

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REVISION 2 DATE 2/3/82

CHANGE PC-2 DATE 6/15/82



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

FIRE LOCKER B

FORM NO.

1903.60M

REV. # 2 PC # 2

CHECKLIST

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NOTE: SEWELL SHOULD BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

| 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 | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Smoke Ejector | XXX | XX | XXX | XXX | (1) | XXX | XX |
| Smoke Ejector | XXX | XXX | XXX | XXX | (1) | XXX | XX |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |

| Corrective Actions* | Init./Date* |
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*Where applicable; + quarterly only

Checked By _____ Date _____

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PLANT MANUAL SECTION:
EMERGENCY PLAN
PROCEDURE

PROCEDURE/WORK PLAN TITLE:

EMERGENCY SUPPLIES & EQUIPMENT

NO:

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CHANGE PC-2 DATE 6/18/82



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

FIRE LOCKER C

FORM NO.

REV. # 2 1903.60N
PC # 2

CHECKLIST

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NOTE: SEWELL SHOU'D BE CONTACTED IN CONJUNCTION WITH THE MONTHLY INVENTORY TO ENSURE THAT THE FIRE LOCKERS ARE ROUTINELY CLEANED BEFORE BEING RE-SEALED.

| 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 | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Respirator | SCBA | | | XXX | (3) | XXX | XXX |
| Smoke Ejector | XXX | XXX | XXX | XXX | (1) | XXX | XX |
| Smoke Ejector | XXX | XXX | XXX | XXX | (1) | XXX | XX |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |
| Handlite | XXX | XXX | XXX | XXX | (1) | XXX | |

| Corrective Actions* | Init./Date* |
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*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____