

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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ONLY

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

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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 implementing the Emergency Plan is listed in Fire Protection Procedures, 1104-45, 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 WH 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.



- 1.3.6 Radiological Controls Procedure 1772, Dosimeter Calibration and Leak Test.
- 1.3.7 Radiological Controls Procedure 1616.2, Respiratory Protection Program Effectiveness.
- 1.3.8 Procedures 1104-45A through L, Fire Protection.
- 1.3.9 Administrative Procedure 1001, Document Control.

## 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 1616.2.
- 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 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/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. Off-Site Emergency Operations Facility (EOF) (TMI Observation Center)
- g. Alternate Emergency Operation Facility (AEOF) (Crawford Station, Middletown, Pa.)
- h. 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 locks, 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.

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ENCLOSURE I

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 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
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	N/A
Attachments - 1004.10 Att I	10 ea.		N/A	N/A	N/A
Flashlight with spare bulb and batteries	1		N/A	N/A	N/A
Tablets, Pens, Pencils, Wax Pencils	1 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
Tweezers	1 pair		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	5/5		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	100 Low range 5 High 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. ☐ Inst. ☐ 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)					
Stabilized Assay Meter (SAM-II)					
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

Inventory Performed By: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS:

Emergency Kit Locked or Sealed:

Signature



ENCLOSURE IV  
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit Location: HP Lab/Control Point 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	2		N/A	N/A	N/A
Air Sample Filters	2		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	1				
Pocket Dosimeters (Low Range)	25				N/A
Pocket Dosimeters (High Range)	2				N/A
Tweezers	1 pair		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked or Sealed:

\_\_\_\_\_  
Signature



Inventory Performed By: \_\_\_\_\_ Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS:

Emergency Kit Locked or Sealed:

16.0

ENCLOSURE IV  
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT  
AMBULANCEKit Location: HP Lab/Control Point 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
Polyethylene Sheeting (4' x 8')			N/A	N/A	N/A
Polyethylene Bags (asst sizes)			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 pairs		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. ☐ Inst. ☐ Emerg. ☒  
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	2		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)			N/A	N/A	N/A
Tweezers	1 pair		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/SS0 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
Portable Air Sampler (H809V/equiv)					
DOSE RATE METER (RO-2/equiv)					
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: \_\_\_\_\_

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
REMP Map			N/A	N/A	N/A
Site Map			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	
Tweezers	1 pair		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked or Sealed:

Signature \_\_\_\_\_

ENCLOSURE VI  
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT  
PERSONNEL MONITORINGKit Location: U-1 Warehouse 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
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
Substation Key	1		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. ☐ 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	2		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	1 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				
Tweezers	1 pair		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked or Sealed:

\_\_\_\_\_  
Signature

ENCLOSURE VII  
INVENTORY CHECKLIST - EMERGENCY EQUIPMENTKit 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
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	278		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 EQUIPMENTKit 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

Inventory Performed By:                      Reviewed:                      Date:                     

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	2		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				
Tweezers	1 pair		N/A	N/A	N/A

Emergency ~~Not~~ Locked or Sealed:

25.0

ENCLOSURE VIII  
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit 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
Beta-Gamma Contamination Meter - (RM-14/equiv)					
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



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

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			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. 1, 1054.10 Att. 1	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)			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 EQUIPMENT

Kit 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
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Rad. Warning Signs/Ribbon	8/5		N/A	N/A	N/A
Tweezers	1 pair		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 set		N/A		N/A
Emergency TLD's w/issue forms	50 +		N/A		N/A
Pocket Dosimeters	low 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

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				
Count Rate Meter (RM-14) with HP-210 Probe	1				
Portable Gasoline Powered Generator *	1 Total			N/A	
Stopwatch			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

Emergency Kit Locked or Sealed:

30.0

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				
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				
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. :  
-----

ENCLOSURE XII

Quarterly Radio and Power Supply 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 (Unit.)	: Checked
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:
:	:	:

Date Completed \_\_\_\_\_ Reviewed By \_\_\_\_\_

ENCLOSURE XII (cont'd)

Quarterly Radio and Power Supply 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 XII (cont'd)

Quarterly Radio and Power Supply Surveillance

Quarterly Portable Gasoline Powered Generator Surveillance

-----  
: NOTE: Electrical personnel shall accompany Environmental :  
: Controls Personnel for operational check of the :  
: Portable Gasoline Powered Generator. :  
-----

1. Start generator and warm up per instructions listed on the machines.
2. Load generator by plugging in air sampler unit and turn air sampler unit on.
3. With volt-ohm meter check output of second female plug. Voltage should be 120 V. AC  $\pm$  10 V.
4. Turn off Air Sampler and measure output voltage of female plug. Voltage should be 120 V. AC  $\pm$  10 V.
5. Remove Air Sampler Unit plug from generator. Remove volt-ohm unit from generator.
6. Shut down the generator as per instructions listed on the machine.
7. Return Portable Gasoline Powered Generator to its storage location.

Generator Serial Number	Voltage While Loaded	Voltage While Unloaded	Initials

Date Completed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

ENCLOSURE XIII  
INSPECTION OF EMERGENCY RESPIRATORY EQUIPMENT  
SELF CONTAINED BREATHING APPARATUS

Month \_\_\_\_\_  
Year \_\_\_\_\_  
Reviewed By: \_\_\_\_\_

Kit Number	Location	Cylinder		Regulator		Face-		Comments	Unit	
		Hydro:	Pressure:	Equip-ment	Cali- bration	piece	Number		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 XIII  
INSPECTION OF EMERGENCY RESPIRATORY EQUIPMENT  
SELF CONTAINED BREATHING APPARATUSMonth \_\_\_\_\_  
Year \_\_\_\_\_  
Reviewed By: \_\_\_\_\_

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

ENCLOSURE XIV

## Inspection of Emergency Respiratory Equipment Self-Contained Breathing Apparatus Cylinders

Month \_\_\_\_\_  
Year \_\_\_\_\_  
Reviewed By: \_\_\_\_\_

[illegible]

ENCLOSURE XV

Inventory Checklist  
Full Face Respirators W/ Canisters

Month \_\_\_\_\_  
Year \_\_\_\_\_

Location	Number Required	Number Present			Date/Signature
		Model Facepiece	Type Canister	Quantity	
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					
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 \_\_\_\_\_