

ENTERGY OPERATIONS INCORPORATED

ARKANSAS NUCLEAR ONE

Arkansas Nuclear One
Russellville, Arkansas
Date: 950131

MEMORANDUM

TO: 103
CC - NRC - WASHINGTON

*Please return transmittal
to Document Control,
3RD floor Admin Bldg*

FROM: DOCUMENT CONTROL
Ref Key: 18107

SUBJECT: PLANT MANUAL UPDATE: NEW REVISION TO PROCEDURE

PROCEDURE/FORM NUMBER: OP-1903.060

REV. # 30 TC # 0 PC # 0

PROCEDURE/FORM TITLE: EMERGENCY SUPPLY EQUIP

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PROCEDURE(S)

PAGE(S)

SIGNATURE: _____ DATE: _____

UPDATED

PRINT NAME _____

form title: TRANSMITTAL (PROCEDURE/WORK PLANS/CHANGES/FORMS) | form no. 1013.002H | rev. _____

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ENTERGY OPERATIONS INCORPORATED ARKANSAS NUCLEAR ONE

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TITLE: EMERGENCY SUPPLIES & EQUIPMENT

PROC/WORK PLAN NO.
1903.060

REV.
30

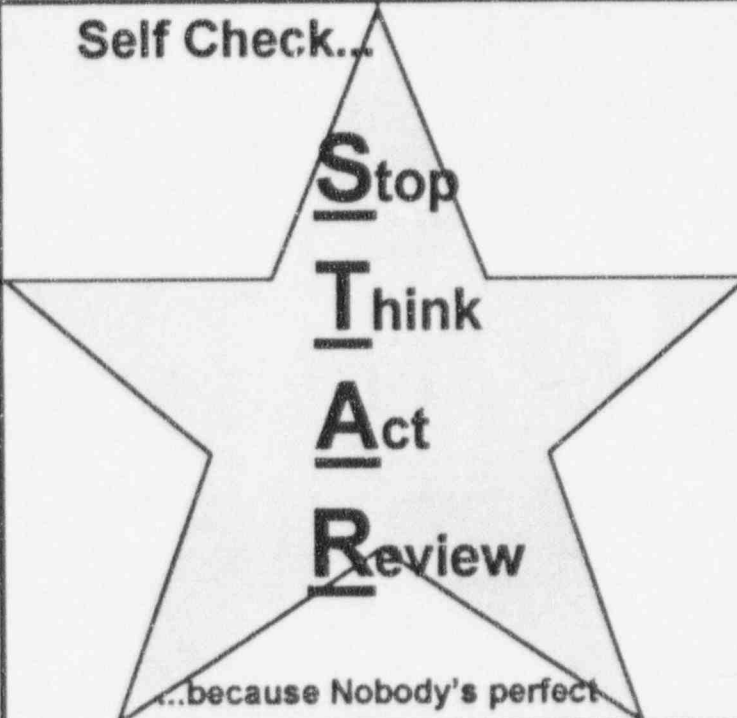
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SAFETY-RELATED
☒ YES ☐ NO

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IPTE ☐ YES
☒ NO

PAGE	CHG	PAGE	CHG		PAGE	CHG	PAGE	CHG	
1		32		<p>Self Check...</p>  <p><u>S</u>top <u>T</u>hink <u>A</u>ct <u>R</u>eview</p> <p>...because Nobody's perfect</p>	63				
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APPROVAL AUTHORITY:

APPROVAL DATE:

R. B. Barent

1-26-95

REQUIRED EFFECTIVE DATE: 1-24-95 *hjs*

FORM TITLE:

LIST OF AFFECTED PAGES

FORM NO.
1000.006A

REV.
42 PC-1

PROC/WORK PLAN NO. 1903.060	PROCEDURE/WORK PLAN TITLE: EMERGENCY SUPPLIES & EQUIPMENT	PAGE: 1 of 80 REV: 30 CHANGE:
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1.0 PURPOSE

The purpose of this procedure is to describe the contents of the emergency kits and the periodic inventory requirements for the indicated emergency supplies and equipment.

2.0 SCOPE

This procedure applies to the emergency supplies and equipment contained in a designated emergency kit or room unless otherwise indicated. This procedure contains monitoring requirements for assessing conformance with limiting conditions for operation of Unit 1 Technical Specifications.

3.0 REFERENCES

3.1 REFERENCES USED IN PROCEDURE PREPARATION:

- 3.1.1 Emergency Plan
- 3.1.2 ANO-1 Technical Specifications

3.2 REFERENCES USED IN CONJUNCTION WITH THIS PROCEDURE:

- 3.2.1 1000.009, "Surveillance Test Program Control".
- 3.2.2 1601.601, "Maintenance & Calibration of Respiratory Protection Equipment".
- 3.2.3 1012.022, "Control/Use of Portable H.P. Instrumentation".
- 3.2.4 1904.002, "Offsite Dose Projections RDACS Method"

3.3 RELATED ANO PROCEDURES:

- 3.3.1 1012.022, "Control/Use of Portable H.P. Instrumentation".

3.4 REGULATORY CORRESPONDENCE CONTAINING NRC COMMITMENTS WHICH ARE IMPLEMENTED IN THIS PROCEDURE:

- 3.4.1 OCAN128305, Section 6.1.3 and 1903.060C
- 3.4.2 OCAN118202, Steps 7.0 and 8.0
- 3.4.3 OCAN038313, Form 1903.060C
- 3.4.4 OCNA108215, 313/8122-7, 368/8121-77; Form 1903.060K
- 3.4.5 LIC-94-293, 1903.060A, ~Spare bottle note

4.0 DEFINITIONS

None

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5.0 RESPONSIBILITIES

5.1 EMERGENCY PLANNING SUPERVISOR

The Emergency Planning Supervisor is responsible for ensuring the periodic inventory of emergency kits described in this procedure and for coordinating the maintenance and replacement of equipment and supplies contained in these kits.

5.2 RADIATION PROTECTION AND RADWASTE MANAGER

The Radiation Protection and Radwaste Manager 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 Radiation Instruments Monthly Battery Checks in accordance with Tech. Spec's.

6.0 DESCRIPTION

6.1 THE FOLLOWING EMERGENCY KITS ARE MAINTAINED AT 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 (Operational Support Center)
- 6.1.3 Technical Support Center Kit (Technical Support Center)
- 6.1.4 Main Guard House Kit
- 6.1.5 Emergency Operations Facility Kit
- 6.1.6 Field Monitoring Kits A, B, C and D (Emergency Operations Facility)
- 6.1.7 Dose Assessment Kit (Emergency Operations Facility)
- 6.1.8 Emergency News Center Kit (Emergency Operations Facility)
- 6.1.9 Hospital Kit
- 6.1.10 Fire Lockers (Unit 1 Turbine Building El. 354, El. 386; Unit 2 Turbine Building El. 354)
- 6.1.11 First Aid Kits (Medical Lockers and Nurse's Station)
- 6.1.12 Initial Environmental Sampling Kit

6.2 A Nurse's Station is maintained at Arkansas Nuclear One for use by a physician in the event of an emergency.

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6.3 Contents of the emergency kits are listed on the forms attached to this procedure.

7.0 LIMITS AND PRECAUTIONS

NOTE

If circumstances prevent surveillance in accordance with the current surveillance schedule refer to 1000.009. "Surveillance Test Program Control" for instructions.

- 7.1 Emergency kits shall be checked at the intervals specified by the Supervisor of Emergency Planning and the Surveillance Test Schedule. The checklists shall be completed monthly and the inventory lists shall be completed quarterly. If found unlocked or 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 shall be completed to document the inventory. Discrepancies should be noted.
- 7.4 Discrepancies shall be resolved or corrective actions shall be initiated. This should be indicated on the inventory form.
- 7.5 When completed, the forms should be forwarded to Emergency Planning for review. Upon their review, the forms should be forwarded to Records.
- 7.6 Monthly battery checks of portable survey instruments are required per Unit 1 Technical Specification 4.1.a; Table 4.1-1; Item 40.

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 unlocked/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/kit locked and the kit is not due for quarterly inventory, perform only the required checks.

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8.1.3 Ensure that the emergency kits are cleaned in conjunction with the quarterly inventory.

8.2 CHECKS

8.2.1 Respirators are maintained in accordance with current HP procedures.

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 per 1012.022, "Control/Use of Portable H.P. Instrumentation". Indicate the results of these checks on the appropriate form. Replace instruments as necessary.

8.2.4 Plug in and allow to charge for approximately two hours 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 for each pocket computer.

8.2.6 Inspect O-rings on air sample heads. Replace as necessary.

8.2.7 Verify the operability of the remaining items indicated.

8.2.8 Perform a monthly review of the Summary Report of "Entergy Operations Inc., ANO Meteorological Tower Data Monthly Report." Document this review on 1903.060R, Met Tower Data Monthly Review Form".

8.2.9 Perform a bi-monthly exchange of Emergency Medical Team Radio Batteries. Document this on Form 1903.060T, "Medical Team Radio Battery Surveillance".

9.0 ACCEPTANCE CRITERIA

9.1 Emergency kit is resealed/relocked after opening.

9.2 Inventory checklist is complete.

9.3 Discrepancies have been resolved.

9.4 Inventory checklist has been reviewed and approved.

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10.0 ATTACHMENTS AND FORMS

- 10.1 Form 1903.060A, "Control Room Kit"
- 10.2 Form 1903.060B, "Onsite Radiological Monitoring Kit"
- 10.3 Form 1903.060C, "Technical Support Center Kit"
- 10.4 Form 1903.060D, "Main Guard House Kit"
- 10.5 Form 1903.060E, "Emergency Operations Facility Kit"
- 10.6 Form 1903.060F, "Field Monitoring Kit A"
- 10.7 Form 1903.060G, "Field Monitoring Kit B"
- 10.8 Form 1903.060H, "Field Monitoring Kit C"
- 10.9 Form 1903.060I, "Field Monitoring Kit D"
- 10.10 Form 1903.060J, "Hospital Kit"
- 10.11 Form 1903.060K, "First Aid Supplies"
- 10.12 Form 1903.060L, "Fire Lockers"
- 10.13 Form 1903.060M, "Fire Locker B" - Deleted
- 10.14 Form 1903.060N, "Fire Locker C" - Deleted
- 10.15 Form 1903.060O, "Miscellaneous Equipment"
- 10.16 Form 1902.060P, "Dose Assessment Kit"
- 10.17 Form 1903.060Q, "Emergency Kit Radiation Instrument Battery Check"
- 10.18 Form 1903.060R, "Met Tower Data Monthly Review Form"
- 10.19 Form 1903.060S, "Emergency News Center Kit"
- 10.20 Form 1903.060T, "Medical Team Radio Battery Surveillance"

LOCATION: Unit 1 Control Room

INSTRUCTIONS:

Page 1 of 8

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-Rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☒ Checklist (3 pages)
 ☒ Inventory List (5 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward to: Emergency Planning

FORM TITLE: CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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CHECKLIST

Page 2 of 8

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)	XXXXX	
Ion Chamber					(2)	XXXXX	
Frisker	RM-14 or RM-14S				(2)	(6)	
Detection Chamber	HP-210 or equiv			XXX	XXXXX	XXXXX	XXX
Air Sampler	110V			XXX	(1)	XXXXX	XXX
Air Sampler	Batt			XXX	(1)	(5,6)	
Check Source			XXXX	XXX	XXXXX	XXXXX	XX
Check Source			XXXX	XXX	XXXXX	XXXXX	XX
Watch	XXXX	XXX	XXXX	XXX	(1)	XXXXX	XX
Dosimeter Charger	XXXX	XXX	XXX	XXX	(1)	(4)	XX
Dosimeter	0-200R	XXX		XXX	XXXXX	XXXXX	XX
Dosimeter	0-5R or 0-10R	XXX		XXX	XXXXX	XXXXX	XX
Dosimeter	0-200mR or 0-500mR	XXX		XXX	XXXXX	XXXXX	XX

FORM TITLE:

CONTROL ROOM KIT

FORM NO.

1903.060A

REV.

30

CHECKLIST

Page 3 of 8

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	XXX	XXX	XXX		(1)	XXXXXXXXXX	
Pocket Computer	XXX	XXX	XXX		(1)	XXXXXXXXXX	
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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SURVEY INSTRUMENTS

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

Watch	2			
Cloth Smear	50			
Particulate Filter	20			
Sealable Poly Bag	20			
Silver Zeolite Cartridge	20			
Air Sample Form	20			

PERSONNEL MONITORING EQUIPMENT

Dosimeter (0-200R)	3			
Dosimeter (0-5R or 0-10R)	3			

*Where applicable

FORM TITLE: CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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INVENTORY LIST

Page 5 of 8

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
(0-200mR or Dosimeter 0-500mR)	30			
Charger	1			
TLD Badge (incl. 1 as BKG)	6			

RESPIRATORY PROTECTION EQUIP.

SCBA*	12			
Spare Bottle~	12			
Cannister Mask w/Iodine Canister	12			
Iodine Cannister(Spare)	12			

PROTECTIVE CLOTHING

Anti-c Clothing	12 sets			
Plastic Suit	6 sets			
Masking Tape	2 rolls			
Duct Tape	2 rolls			

POSTING MATERIALS

Four-Pocket Signs	6			
Three-Pocket Signs	6			
"Radiation Area" Insert	6			

*Where applicable

+6 - Unit 1 CR, 6 - Unit 2 CR

~ Indicates that spare SCBA bottles have been verified to contain ≥ 2000 psi pressure.

FORM TITLE: CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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INVENTORY LIST

Page 6 of 8

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
"High Radiation Area" Insert	6			
"RWP Required for Entry" Insert	6			
"Health Physics Escort Required" Insert	6			
Airborne Radioactivity Area" Insert	6			
"Respiratory Protection Required" Insert	6			
"Notify Health Physics Before Entering" Insert	6			
"Contamination Area" Insert	6			
"High Contamination Area" Insert	6			
"Radioactive Material" Insert	12			
Blank Insert	6			
Radiation Warning Rope	1 roll			
Yellow and Magenta Border Tape	4 rolls			

*Where applicable

FORM TITLE: CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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INVENTORY LISTPage 7 of 8

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Internal Contamination Tape	1 roll			
Step-Off Pads	10			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory) /
Initials/ Date

"D" Cell	18			
"AA" Cell	10			
9-Volt	5			
Watch/Calculator Battery	4			

MISCELLANEOUS

Pencil	12			
Magic Marker	2			
Clipboard	2			
Knife	1			
Calculator	2			
TRS-80 Pocket Computer	2			
Plug Adapter	2			

*Where applicable

FORM TITLE: CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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FORM TITLE:	CONTROL ROOM KIT	FORM NO. 1903.060A	REV. 30
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LOCATION: Maintenance Facility

INSTRUCTIONS:

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1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☒ Checklist (2 pages)
 ☒ Inventory List (4 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT	1903.060B	30

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)	XXXXXX	
Beta-Gamma Survey Meter					(2)	XXXXXX	
Gamma Survey Meter					(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5, 6)	
Detection Chamber	HP-210 or equiv			XXX	XXXX	XXXXXX	XXX
Air Sampler	Batt			XXX	(1)	(5, 6)	
Air Sampler	110V			XXX	(1)	XXXXXX	XXX
Check Source			XXXXX	XXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX
Watch	XXXXX	XXX	XXXXX	XXX	(1)	XXXXXX	XXX

FORM TITLE:

ONSITE RADIOLOGICAL MONITORING KIT

FORM NO.

1903.060B

REV.

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CHECKLISTPage 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	Instr. Off
Watch	XX	XX	XX	XX	(1)	XXXXXX	XXX
Dosimeter Charger	XX	XX	XX	XX	(1)	(4)	XXX
Dosimeter	0-200R	XX		XX	XXXXXX	XXXXXX	XXX
Dosimeter	0-5R or 0-10R	XX		XX	XXXXXX	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XX		XX	XXXXXX	XXXXXX	XXX
Calculator	XX	XX	XX	XX	(1)	XXXXXX	
Flashlight	XX	XX	XX	XX	(1)	(4)	XXX
Flashlight	XX	XX	XX	XX	(1)	(4)	XXX
Flashlight	XX	XX	XX	XX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT	1903.060B	30

INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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SURVEY INSTRUMENTS

High Range Ion Chamber	1			
Beta-Gamma Survey Meter	1			
Gamma Survey Meter w/Probe	1			
Frisker w/Probe	1			
Air Sampler (110V)	1			
Air Sampler (Batt)	1			
Sample Head	4			
Check Source	1			

SAMPLING SUPPLIES

Watch	2			
Cloth Smear	100			
Particulate Filter	50			
Sealable Poly Bag	50			
Silver Zeolite Cartridge	25			
Air Sample Form	50			

*Where applicable

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT	1903.060B	30

INVENTORY LIST

Page 5 of 7

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PERSONNEL MONITORING EQUIP.

(0-200mR or Dosimeter 0-500 mR)	80			
Dosimeter (0-5R or 0-10R)	10			
Dosimeter (0-200R)	6			
Charger	1			
TLD Badge (incl. 1 as BKG)	10			

RESPIRATORY PROTECTION EQUIP

SCBA	4			
Spare Bottle~	4			
Cannister Mask w/Iodine Cannister	4			
Iodine Cannister (Spare)	4			

PROTECTIVE CLOTHING

Anti-c Clothing	50 sets			
Plastic Suit	6 sets			
Masking Tape	3 rolls			
Duct Tape	3 rolls			

~ Indicates that spare SCBA bottles have been verified to contain \geq 2000 psi pressure.

*Where applicable

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT	1903.060B	30

INVENTORY LIST

Page 6 of 7

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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POSTING MATERIALS

Four-Pocket Signs	5			
Three-Pocket Signs	5			
"Radiation Area" Insert	5			
"High Radiation Area" Insert	5			
"RWP Required for Entry" Insert	5			
"Health Physics Escort Required" Insert	5			
"Airborne Radioactivity Area" Insert	5			
"Respiratory Protection Required"	5			
"Notify Health Physics Before Entering" Insert	5			
"Contamination Area Insert	5			
"High Contamination Area" Insert	5			
"Radioactive Material" Insert	10			
Blank Insert	5			

*Where applicable

FORM TITLE:	FORM NO.	REV.
ONSITE RADIOLOGICAL MONITORING KIT	1903.060B	30

INVENTORY LIST

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Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Radiation Warning Rope	1 rolls			
Yellow and Magenta Border Tape	6 rolls			
Internal Contamination Tape	2 rolls			
Step-Off Pads	10 ea			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory) /
Initials/Date

"D" Cell	24			
9-Volt	24			

MISCELLANEOUS

Pencil	12			
Magic Marker	2			
Clipboard	3			
Knife	1			
Calculator	1			
Plug Adapter	1			
Flashlight	3			
Bulbs (Spare)	3			
10 Mile EPZ Map	2			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			
Plastic Bag (lg.)	5			
Zip-Lock Baggies	15			
Security Badge Clips	15			
Outside Gas Pump Key	1			
Survey Maps (In OSC)	10 ea			

*Where applicable

FORM TITLE: ON-SITE RADIOLOGICAL MONITORING KIT	FORM NO. 1903.060B	REV. 30
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LOCATION: Technical Support Center (3rd Floor Administration Building)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect o-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: (x) Cover Sheet
 (x) Checklist (2 pages)
 (x) Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE: TECHNICAL SUPPORT CENTER KIT	FORM NO. 1903.060C	REV. 30
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CHECKLISTPage 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
Frisker	RM-14 or RM-14S				(2)	(6)	
Gamma Survey Meter					(2)	XXXXXX	
Air Sampler	110V			XXX	(1)	XXXXXX	XXX
Detection Chamber	HP-210 or equal			XXX	XXXXXX	XXXXXX	XXX
Check Source			XXXX	XXXX	XXXXXX	XXXXXX	XXX
Check Source			XXXX	XXXX	XXXXXX	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XXXX		XXXX	XXXXXX	XXXXXX	XXX
Dosimeter Charger	XXXX	XXXX	XXXX	XXXX	(1)	(4)	XXX
Flashlight	XXXX	XXXX	XXXX	XXXX	(1)	(4)	XXX
Flashlight	XXXX	XXXX	XXXX	XXXX	(1)	(4)	XXX
Flashlight	XXXX	XXXX	XXXX	XXXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FORM NO.	REV.
TECHNICAL SUPPORT CENTER KIT	1903.060C	30

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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SURVEY INSTRUMENTS

Gamma Survey Meter w/Probe	1			
Frisker w/Detection Chamber	1			
Check Source	1			
Air Sampler	1			
Sample Head	2			

PERSONNEL MONITORING EQUIPMENT

(0-200 mR or Dosimeter 0-500 mR)	30			
Charger	1			
TLD Badge (include 1 as background)	15			

RESPIRATORY
PROTECTION EQUIPMENT

Cannister Mask w/Iodine Cannister	25			
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PROTECTIVE CLOTHING

Disposable Suits	25			
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BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

"D" Cell	6			
"AA" Cell	12			
Watch/Calculator Battery	4			

*Where applicable

FORM TITLE: TECHNICAL SUPPORT CENTER KIT	FORM NO. 1903.060C	REV. 30
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INVENTORY LISTPage 4 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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MISCELLANEOUS

Pencil	12			
Note Pad	3			
Clipboard	2			
Metal Clipboards	7			
Flashlight	3			
Bulbs (Spare)	3			
Status Board Headsets	3			
Microphone	2			
10 Mile EPZ Map	1			

*Where applicable

FORM TITLE: TECHNICAL SUPPORT CENTER KIT	FORM NO. 1903.060C	REV. 30
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LOCATION: Main Guard House

INSTRUCTIONS:

Page 1 of 3

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

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This kit:      ( ) is due for quarterly inventory
                ( ) is not due for quarterly inventory
                ( ) was found sealed/locked (complete only the required
                  checks unless the kit is scheduled for complete
                  inventory)
                ( ) was found unsealed/unlocked (perform a complete inventory)
                ( ) post drill inventory

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This packet consists of:

- (x) Cover Sheet
- (x) Checklist (1 pages)
- (x) Inventory List (1 pages)

Forward To: Emergency Planning

Performed By	Date
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Reviewed By _____ Date _____

FORM TITLE:	FORM NO.	REV.
MAIN GUARD HOUSE KIT	1903.060D	30

CHECKLISTPage 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
Bull Horn	XXX	XXX	XXX	XXX	(1)	(4)	XX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FORM NO.	REV.
MAIN GUARD HOUSE KIT	1903.060D	30

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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EVACUATION EQUIPMENT

Vests	12			
Bull Horn	1			

RESPIRATORY
PROTECTION EQUIPMENT

Cannister Mask w/Iodine Cannister	2			
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MISCELLANEOUS

Flashlight	3			
Bulbs (Spare)	3			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

Batteries ("D" Cell)	6			
Batteries ("AA" Cell)	20			

*Where applicable

FORM TITLE: MAIN GUARD HOUSE KIT	FORM NO. 1903.060D	REV. 30
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LOCATION: Emergency Operations Facility First Floor (Room 123)

INSTRUCTIONS:

Page 1 of 9

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.
6. Charge the 12-volt battery for approximately 1 hour.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: (x) Cover Sheet
 (x) Checklist (2 pages)
 (x) Inventory List (6 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FORM NO.	REV.
EMERGENCY OPERATIONS FACILITY KIT	1903.060E	30

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
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Ion Chamber					(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5,6)	
Frisker	RM-14 or RM-14S				(2)	(5,6)	
Detection Chamber	HP-210 or equiv			XX			
Detection Chamber	HP-210 or equiv			XX			
Air Sampler	110V			XXX	(1)	XXXXXX	XXX
Air Sampler	110V			XXX	(1)	XXXXXX	XXX
Air Sampler	12VDC			XXX	(1)	XXXXXX	XXX
Check Source				XX			
Watch	XXXX	XXX	XXX	XXX		XXXXXX	XXX
Dosimeter	0-5R or 0-10R	XXX		XXX	XXXX	XXXXXX	XXX
Dosimeter	0-200mR or 0-50CmR	XXX		XXX	XXXX	XXXXXX	XXX
Dosimeter Charger	XXXX	XXX	XXX	XXX	(1)	(4)	XXX

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT

FORM NO.

1903.060E

REV.

30

CHECKLISTPage 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	XXX	XXX	XXX	XXX	(1)	XXXXXX	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FORM NO.	REV.
EMERGENCY OPERATIONS FACILITY KIT	1903.060E	30

INVENTORY LIST

Page 4 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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SURVLY INSTRUMENTS

Gamma Survey Meter	3			
High Range Ion Chamber	1			
Frisker w/Probe	2 ea.			
Air Sampler (110V)	2			
Air Sampler (12V)	1			
Sample Head	4			
Check Source	1			
Extension Cords	2			

SAMPLING SUPPLIES

Watch	1			
Cloth Smear	250			
Particulate Filter	100			
Sealable Poly Bag	100			
Silver Zeolite Cartridge	75			
Sample Bottles (1 gal.)+	100			

*Where applicable;

+located outside the sealed kit

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT	FORM NO. 1903.060E	REV. 30
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INVENTORY LIST

Page 5 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Survey Map	5 ea.			

PERSONNEL
MONITORING EQUIPMENT

Dosimeter (0-5R or 0-10R)	10			
-200mR or Dosimeter 0-500mR)	70			
Charger	1			
TLD Badge (incl. 1 as BKG)	20			

RESPIRATORY
PROTECTION EQUIPMENT

Cannister Mask w/Iodine Cannister	5			
Iodine Cannister (Spare)	5			
SCBAs	5			
SCBA Bottles~	35			

PROTECTIVE CLOTHING

Anti-c Clothing	30 sets			
Plastic Suit	15 sets			
Masking Tape	3 rolls			
Duct Tape	3 rolls			

*Where applicable

~ Indicates that spare SCBA bottles have been verified to contain ≥ 2000 psi pressure

FORM TITLE:	EMERGENCY OPERATIONS FACILITY KIT	FORM NO.	1903.060E	REV.	30
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INVENTORY LIST

Page 6 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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POSTING MATERIALS

Four-Pocket Signs	20			
Three-Pocket Signs	20			
"Radiation Area" Insert	20			
"High Radiation Area" Insert	20			
"RWP Required for Entry" Insert	20			
"Health Physics Escort Required" Insert	20			
"Airborne Radioactivity Area" Insert	20			
"Respiratory Protection Required" Insert	20			
"Notify Health Physics Before Entering" Insert	20			
"Contamination Area" Insert	20			
"High Contamination Area" Insert	20			
"Radioactive Material" Insert	40			
Blank Insert	20			

*Where applicable

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT	FORM NO. 1903.060E	REV. 30
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INVENTORY LIST

Page 7 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Radiation Warning Rope	2 rolls			
Yellow and Magenta Border Tape	6 rolls			
Internal Contamination Tape	1 roll			
Step-Off Pads	20			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

"D" Ce'	24			
"AA" Cell	14			
9-Volt	24			
Watch/Calculator Battery	4			

INITIAL ENVIRONMENTAL SAMPLING KIT

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Shovel	1			
Sample Bottles, 1 Gal.	3			
Shears	1			
Plastic Bags	10			
Duct Tape	1 roll			
Paper Towels	1 bundle			
Gloves	25 pair			
Carrying Bag	1			

*Where applicable

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT	FORM NO. 1903.060E	REV. 30
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INVENTORY LIST

Page 8 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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MISCELLANEOUS

Pencil	12			
Magic Marker	3			
Clipboard	3			
Knife	2			
Calculator	1			
Plug Adapter	2			
Flashlight	3			
Bulbs (Spare)	3			
Plastic Bag (sm.)	10			
Plastic Bag (med.)	10			
Plastic Bag (lg.)	10			

PERSONNEL DECONTAMINATION
SUPPLIES

Scissors	2			
Razor	4			
Manicure Set	1			
Wash Cloths	100			
Towels	100			
Bristle Brush	30			
Cotton Balls	1 pkg.			
Cotton Swabs	1 pkg.			
Hand Soap (Regular)	3			

*Where applicable

FORM TITLE: EMERGENCY OPERATIONS FACILITY KIT	FORM NO. 1903.060E	REV. 30
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INVENTORY LISTPage 9 of 9

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
"Lava" Soap	3			
"Rad-Con"	4 cans			
Shaving Cream	2 cans			
"Tide"	1 box			
Corn Meal	1 pkg.			
Chlorox	1 btl.			
Eyewash Solution w/Applicator	2			
Paper Clothing	30			
Bioassay Sample Containers	50			

*Where applicable

FORM TITLE:

EMERGENCY OPERATIONS FACILITY KIT

FORM NO.

1903.06'E

REV.

30

LOCATION: Emergency Operations Facility First Floor (Room 123)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: (x) Cover Sheet
 (x) Checklist (1 pages)
 (x) Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE: FIELD MONITORING KIT A	FORM NO. 1903.060F	REV. 30
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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)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5,6)	
Detector	HP-210 or equiv			XXX	XXXXXX	XXXXXX	XXX
Air Sampler	12VDC			XXX	(1)	XXXXXX	XXX
Check Source			XXX	XXX	XXXXXX	XXXXXX	XXX
Watch	XXX	XXX	XXX	XXX	(1)	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XXX		XXX	XXXXXX	XXXXXX	XXX
Dosimeter Charger	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Calculator	XXX	XXX	XXX	XXX	(1)	XXXXXX	
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FIELD MONITORING KIT A	FORM NO. 1903.060F	REV. 30
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INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
SURVEY INSTRUMENTS				
High Range Ion Chamber	1			
Gamma Survey Meter w/Probe	1			
Frisker w/Probe	1			
Air Sampler (12VDC)	1			
Sample Head	2			
Check Source	1			
SAMPLING SUPPLIES				
Watch	1			
Cloth Smear	25			
Particulate Filter	25			
Sealable Poly Bag	25			
Forceps	1			
Plastic Gloves	50 pr			
Charcoal Cartridge	25			
Silver Zeolite Cartridge	25			
Completed Checklist in Front of Procedure Notebook	NA	N/A		
PERSONNEL				
MONITORING EQUIPMENT				
(0-200mR or Dosimeter 0-500mR)	6			
Charger	1			
RESPIRATORY PROTECTION EQUIPMENT				
Cannister Mask w/Iodine Cannister	2			

*Where applicable

FORM TITLE:	FIELD MONITORING KIT A	FORM NO.	1903.060F	REV.	30
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INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PROTECTIVE CLOTHING

Masking Tape	1 roll			
Duct Tape	1 roll			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

"D" Cell	8			
9-Volt	3			

MISCELLANEOUS

Pencil	3			
Magic Marker	2			
Grease Pencil	2			
Clipboard	1			
Knife	1			
Flashlight	3			
Bulbs (Spare)	3			
10 Mile EPZ Map	1			
Russellville City Map	1			
Dardanelle City Map	1			
Calculator	1			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			

*Where applicable

FORM TITLE FIELD MONITORING KIT A	FORM NO. 1903.060F	REV. 30
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LOCATION: Emergency Operations Facility First Floor (Room 123)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☒ Checklist (1 pages)
 ☒ Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE: FIELD MONITORING KIT B	FORM NO. 1903.060G	REV. 30
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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) Charo	Instr. Off
Ion Chamber					(2)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5,6)	
Detector	HP-210 or equiv			XXX	XXXXXX	XXXXXX	XXX
Air Sampler	12VDC			XXX	(1)	XXXXXX	XXX
Check Source			XXX	XXX	XXXXXX	XXXXXX	XXX
Watch	XXX	XXX	XXX	XXX	(1)	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XXX		XXX	XXXXXX	XXXXXX	XXX
Dosimeter Charger	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Calculator	XXX	XXX	XXX	XXX	(1)	XXXXXX	
flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FIELD MONITORING KIT B	FORM NO. 1903.060G	REV. 30
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INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
SURVEY INSTRUMENTS				
High Range Ion Chamber	1			
Gamma Survey Meter w/Probe	1			
Frisker w/Probe	1			
Air Sampler (12VDC)	1			
Sample Head	2			
Check Source	1			
SAMPLING SUPPLIES				
Watch	1			
Cloth Smear	25			
Particulate Filter	25			
Sealable Poly Bag	25			
Forceps	1			
Plastic Gloves	50 pr			
Charcoal Cartridge	25			
Silver Zeolite Cartridge	25			
Completed Checklist in Front of Procedure Notebook	NA	N/A		
PERSONNEL MONITORING EQUIPMENT				
(0-200mR or Dosimeter 0-500mR)	6			
Charger	1			
RESPIRATORY PROTECTION EQUIPMENT				
Cannister Mask w/Iodine Cannister	2			

*Where applicable

FORM TITLE: FIELD MONITORING KIT B	FORM NO. 1903.060G	REV. 30
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INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PROTECTIVE CLOTHING

Masking Tape	1 roll			
Duct Tape	1 roll			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

"D" Cell	8			
9-Volt	3			

MISCELLANEOUS

Pencil	3			
Magic Marker	2			
Grease Pencil	2			
Clipboard	1			
Knife	1			
Flashlight	3			
Bulbs (Spare)	3			
10 Mile EPZ Map	1			
Russellville City Map	1			
Dardanelle City Map	1			
Calculator	1			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			

*Where applicable

FORM TITLE:	FIELD MONITORING KIT B	FORM NO.	1903.060G	REV.	30
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LOCATION: Emergency Operations Facility First Floor (Room 123)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☒ Checklist (1 pages)
 ☒ Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FIELD MONITORING KIT C	FORM NO.	1903.060H	REV.	30
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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)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5, 6)	
Detector	HP-210 or equiv			XXX	XXXXXX	XXXXXX	XXX
Air Sampler	12VDC			XXX	(1)	XXXXXX	XXX
Check Source			XXX	XXX	XXXXXX	XXXXXX	XXX
Watch	XXX	XXX	XXX	XXX	(1)	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XXX		XXX	XXXXXX	XXXXXX	XXX
Dosimeter Charger	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Calculator	XXX	XXX	XXX	XXX	(1)	XXXXXX	
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FIELD MONITORING KIT C	FORM NO. 1903.060H	REV. 30
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INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
SURVEY INSTRUMENTS				
High Range Ion Chamber	1			
Gamma Survey Meter w/Probe	1			
Frisker w/Probe	1			
Air Sampler (12VDC)	1			
Sample Head	2			
Check Source	1			
SAMPLING SUPPLIES				
Watch	1			
Cloth Smear	25			
Particulate Filter	25			
Sealable Poly Bag	25			
Forceps	1			
Plastic Gloves	50 pr			
Charcoal Cartridge	25			
Silver Zeolite Cartridge	25			
Completed Checklist in Front of Procedure Notebook	NA	N/A		
PERSONNEL				
MONITORING EQUIPMENT				
(0-200mR or Dosimeter 0-500mR)	6			
Charger	1			
RESPIRATORY PROTECTION EQUIPMENT				
Cannister Mask w/Iodine Cannister	2			

*Where applicable

FORM TITLE:	FIELD MONITORING KIT C	FORM NO.	1903.060H	REV.	30
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INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PROTECTIVE CLOTHING

Masking Tape	1 roll			
Duct Tape	1 roll			

BATTERIES

(Batteries not contained within an instrument should be replaced during the first quarter inventory).

/
 Initials/Date

"D" Cell	8			
9-Volt	3			

MISCELLANEOUS

Pencil	3			
Magic Marker	2			
Grease Pencil	2			
Clipboard	2			
Knife	1			
Flashlight	3			
Bulbs (Spare)	3			
10 Mile EPZ Map	1			
Russellville City Map	1			
Dardanelle City Map	1			
Calculator	1			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			

*Where applicable

FORM TITLE: FIELD MONITORING KIT C	FORM NO. 1903.060H	REV. 30
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INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit:

- () is due for quarterly inventory
- () is not due for quarterly inventory
- () was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
- () was found unsealed/unlocked (perform a complete inventory)
- () post drill inventory

This packet consists of:

- (x) Cover Sheet
- (x) Checklist (1 pages)
- (x) Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FORM NO.	REV.
FIELD MONITORING KIT D	1903.0601	30

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	Instl. Off
Ion Chamber					(2)	XXXXXX	
Gamma Survey Meter	E-530 or equiv				(2)	XXXXXX	
Frisker	RM-14 or RM-14S				(2)	(5, 6)	
Detector	HP-210 or equiv			XXX	XXXXXX	XXXXXX	XXX
Air Sampler	12VDC			XXX	(1)	XXXXXX	XXX
Check Source			XXX	XXX	XXXXXX	XXXXXX	XXX
Watch	XXX	XXX	XXX	XXX	(1)	XXXXXX	XXX
Dosimeter	0-200mR or 0-500mR	XXX		XXX	XXXXXX	XXXXXX	XXX
Dosimeter Charger	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Calculator	XXX	XXX	XXX	XXX	(1)	XXXXXX	
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXX	XXX	XXX	XXX	(1)	(4)	XXX

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE:	FIELD MONITORING KIT D	FORM NO. 1903.0601	REV. 30
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INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
SURVEY INSTRUMENTS				
High Range Ion Chamber	1			
Gamma Survey Meter w/Probe	1			
Frisker w/Probe	1			
Air Sampler (12VDC)	1			
Sample Head	2			
Check Source	1			
SAMPLING SUPPLIES				
Watch	1			
Cloth Smear	25			
Particulate Filter	25			
Sealable Poly Bag	25			
Forceps	1			
Plastic Gloves	50 pr			
Charcoal Cartridge	25			
Silver Zeolite Cartridge	25			
Completed Checklist in Front of Procedure Notebook	NA	N/A		
PERSONNEL MONITORING EQUIPMENT				
(0-200mR or Dosimeter 0-500mR)	6			
Charger	1			
RESPIRATORY PROTECTION EQUIPMENT				
Cannister Mask w/Iodine Cannister	2			

*Where applicable

FORM TITLE:	FORM NO.	REV.
FIELD MONITORING KIT D	1903.0601	30

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PROTECTIVE CLOTHING

Masking Tape	1 roll			
Duct Tape	1 roll			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). / Initials/Date

"D" Cell	8			
9-Volt	3			

MISCELLANEOUS

Pencil	3			
Magic Marker	2			
Grease Pencil	2			
Clipboard	2			
Knife	1			
Flashlight	3			
Bulb (Spare)	3			
10 Mile EPZ Map	1			
Russellville City Map	1			
Dardanelle City Map	1			
Calculator	1			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			

*Where applicable

FORM TITLE: FIELD MONITORING KIT D	FORM NO. 1903.0601	REV. 30
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LOCATION: St. Mary's Hospital

INSTRUCTIONS:

Page 1 of 6

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Record the calibration due date of the instruments in the kit. Replace as necessary.
2. Perform a battery check on the indicated instruments. Replace as necessary.
3. Verify the operability of the indicated instruments. Replace as necessary.
4. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).
5. Inspect O-rings on air sample heads. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: (x) Cover Sheet
 (x) Checklist (1 pages)
 (x) Inventory List (4 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	HOSPITAL KIT	FORM NO.	1903.060J	REV.	30
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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
Beta Gamma					(2)		
Frisker	RM-14 or RM-14S				(2)	(5) (6)	
Detection Chamber	HP-210 or equiv			XXX	XXX	XXXXX	XXX
Air Sampler	110V			XXX	(1)	XXXXX	XXX
Check Source			XX				
Watch	XXXX	XXX	XXX	XXX	(1)	XXXXX	XXX
Dosimeter	XXXX		XXX	XXX	XXXX	XXXXX	XXX
Dosimeter Charger	XXXX	XXX	XXX	XXX	(1)	(4)	XXX
Flashlight	XXXX	XXX	XXX	XXX	(1)	(4)	XXX
Calculator	XXXX	XXX	XXX	XXX	(1)	XXXX	

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE: HOSPITAL KIT	FORM NO. 1903.060J	REV. 30
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INVENTORY LIST

Page 3 of 6

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Beta-Gamma Survey Meter	1			
Frisker w/Probe	1			
Air Sampler (110V)	1			
Sample Head	1			
Check Source	1			

SAMPLING SUPPLIES

Watch	1			
Cloth Smear	200			
Particulate Filter	25			
Sealable Poly Bag	25			
Charcoal Cartridge	15			
Air Sample Form	25			

PERSONNEL MONITORING EQUIPMENT

(0-200mR or Dosimeter 0-500mR)	20			
Charger	1			
TLD Badge (incl. 1 as BKG)	15			

*Where applicable

FORM TITLE:	HOSPITAL KIT	FORM NO. 1903.060J	REV. 30
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INVENTORY LIST

Page 4 of 6

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PROTECTIVE CLOTHING

Anti-C's	2 sets			
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POSTING MATERIALS

Four-Pocket Signs	10			
Three-Pocket Signs	10			
"Radiation Area" Insert	10			
"High Radiation Area" Insert	10			
"RWP Required for Entry" Insert	10			
"Health Physics Escort Required" Insert	10			
"Airborne Radioactivity Area" Insert	10			
"Respiratory Protection Required" Insert	10			
"Notify Health Physics Before Entering" Insert	10			
"Contamination Area" Insert	10			
"High Contamination Area" Insert	10			

*Where applicable

FORM TITLE:	HOSPITAL KIT	FORM NO. 1903.060J	REV. 30
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INVENTORY LIST

Page 5 of 6

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
"Radioactive Material" Insert	20			
Blank Insert	10			
Radiation Warning Rope	1 roll			
Yellow and Magenta Border Tape	6 rolls			
Step-Off Pads	10			

BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory). /
Initials/Date

"D" Cell	10			
9-Volt	4			

MISCELLANEOUS

Pencil	6			
Magic Marker	2			
Clipboard	1			
Flashlight	1			
Bulbs (Spare)	1			
Plastic Bag (sm.)	5			
Plastic Bag (med.)	5			
Plastic Bag (lg.)	5			

*Where applicable

FORM TITLE:	HOSPITAL KIT	FORM NO.	1903.060J	REV.	30
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INVENTORY LISTPage 6 of 6

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
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PERSONNEL DECONTAMINATION
SUPPLIES

"Rad-Con"	4 cans			
"Tide"	1 box			
Corn Meal	1 pkg.			
Chlorox	1 btl.			

*Where applicable

FORM TITLE:	HOSPITAL KIT	FORM NO. 1903.060J	REV. 30
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LOCATION: Nurse's Station, Medical Lockers

INSTRUCTIONS:

Page 1 of 2

1. Perform a complete inventory of the First Aid Supplies if the:
 - A. First Aid Supplies are due for inventory.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☐ Checklist (pages)
 ☒ Inventory List (1 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FIRST AID SUPPLIES	FORM NO.	1903.060K	REV.	30
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INVENTORY LISTPage 2 of 2

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions	Initial/Date*
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FIRST AID
KITS/SUPPLIES

Nurse's Station (Ensure Minimum Inventory)	1				
Medical Locker U1 354' (Ensure Minimum Inventory)	1				
Medical Locker U2 354' (Ensure Minimum Inventory)	1				
Medical Locker U1/U2 386' (Ensure Minimum Inventory)	1				

*Where applicable

FORM TITLE: FIRST AID SUPPLIES	FORM NO. 1903.050K	REV. 30
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LOCATION: Unit 1 Turbine Building, El. 354' - Fire Locker A
 Unit 2 Turbine Building, El. 354' - Fire Locker B
 Turbine Building, El. 386' - Fire Locker C & D

INSTRUCTIONS:

Page 1 of 5

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used
 - B. Is found unsealed/unlocked
 - C. Is due for inventory
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory
 ☐ is not due for quarterly inventory
 ☐ was found sealed/locked (complete only the required
 checks unless the kit is scheduled for complete
 inventory)
 ☐ was found unsealed/unlocked (perform a complete inventory)
 ☐ post drill inventory

This packet consists of: ☒ Cover Sheet
 ☒ Checklist (1 pages)
 ☒ Inventory List (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE: FIRE LOCKERS	FORM NO. 1903.060L	REV. 30
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CHECKLISTPage 2 of 5

Equipment	Required Quantity	Actual Quantity	Operation
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HANDLITES

Fire Locker A	5		
Fire Locker B	5		
Fire Locker C	5		
Fire Locker D	N/A	N/A	N/P

Corrective Actions*	Init./Date*

*Where applicable

FORM TITLE: FIRE LOCKERS	FORM NO. 1903.060L	REV. 30
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INVENTORY LIST

Page 3 of 5

FIRE LOCKER EQUIPMENT	Required Quantity	Actual Quantity	Corrective Actions*	Initial/Date*
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FIRE LOCKER A

Turn-Out Gear	9 sets			
Yellow Fire Brigade Leader Helmet	1			
Yellow Fire Fighter's Helmet	5			
Smoke Ejector +	2			
Fire Ax	2			
Fire Extinguisher	5			
Handlite w/Batteries	5			
1.5" Hose (Shoulder Loaded)	2			
Hose Clamp	1			
Pike Pole	1			
Hooligan Tool	1			
Closet Hook	1			
Pry Bar	1			
SCBA	5			
Extension Cord Reel	1			

FIRE LOCKER B

Turn-Out Gear	9 sets			
Yellow Fire Brigade Leader Helmet	1			
Yellow Fire Fighter's Helmet	5			
Smoke Ejector +	2			
Fire Ax	2			

FORM TITLE:	FIRE LOCKERS	FORM NO. 1903.060L	REV. 30
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INVENTORY LIST

Page 4 of 5

FIRE LOCKER EQUIPMENT	Required Quantity	Actual Quantity	Corrective Actions*	Initial/Date*
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FIRE LOCKER B (CONTINUED)

Fire Extinguisher	5			
Handlite w/Batteries	5			
1.5" Hose (Shoulder Loaded)	2			
Hose Clamp	1			
Pike Pole	1			
Hooligan Tool	1			
Closed Hook	1			
Pry Bar	1			
SCBA	5			

FIRE LOCKER C

Turn-Out Gear	9 sets			
Yellow Fire Brigade Leader Helmet	1			
Yellow Fire Fighter's Helmet	5			
Smoke Ejector +	2			
Fire Ax	2			
Fire Extinguisher	5			
Handlite w/Batteries	5			
1.5" Hose (Shoulder Loaded)	2			
Hose Clamp	1			
Pike Pole	1			
Hooligan Tool	1			

FORM TITLE: FIRE LOCKERS	FORM NO. 1903.060L	REV. 30
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INVENTORY LISTPage 5 of 5

FIRE LOCKER C (CONTINUED)

Closet Hook	1			
Pry Bar	1			
SCBA	5			

FIRE LOCKER D (SECURITY)

Fire Protection Coats	9			
Yellow Fire Fighter's Helmet	5			
SCBA	2			

*Where applicable; + determine operability

FORM TITLE:	FIRE LOCKERS	FORM NO.	1903.060L	REV.	30
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CHECKS:

1. Record the calibration due date of the instruments in the kit.
Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column then describe and date the corrective actions taken.

These items: () are due for routine monthly check

This packet consists of: (x) Cover Sheet
(x) Checklist (2 pages)

Performed By _____ Date _____

Reviewed By _____ Date _____

Forward To: Emergency Planning

FORM TITLE:	FORM NO.	REV.
MISCELLANEOUS EQUIPMENT	1903.0600	30

CHECKLIST

Instrument	Location	S/N	Cal. Due Date	(1) Operation (2) Response/ (3) Inspected	Instr. Off
NMC	TSC			(1)	
VAX-VMS	EOF			(2)	

Corrective Actions*	Initial/Date*

*Where applicable

FORM TITLE:	MISCELLANEOUS EQUIPMENT	FORM NO. 1903.0600	REV. 30
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LOCATION: Emergency Operations Facility Second Floor (Outside Room 260)

INSTRUCTIONS:

Page 1 of 4

1. Perform a complete inventory of the kit if the kit:
 - A. Has been used.
 - B. Is found unsealed/unlocked.
 - C. Is due for inventory.
2. If the seal is intact/kit locked and the kit is not due for inventory, perform only the required checks.

CHECKS:

1. Perform a battery check on the indicated instruments. Replace as necessary.
2. Verify the operability of the indicated instruments. Replace as necessary.
3. Charge the batteries in the indicated instruments for ~ 1 hour (unless continuously plugged in).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, and year.
3. Indicate whether routine checks are satisfactory or unsatisfactory.
4. If routine checks are unsatisfactory, indicate that in the applicable column, then describe and date the corrective actions taken.

This kit: () is due for quarterly inventory.
 () is not due for quarterly inventory.
 () was found sealed/locked (complete only the required checks unless the kit is scheduled for complete inventory).
 () was found unsealed/unlocked (perform a complete inventory).
 () post drill inventory

This packet consists of: (X) Cover sheet
 (X) Checklist (1 page)
 (X) Inventory list (2 page)

Performed by: _____ Date _____

Reviewed by: _____ Date _____

Forward to: Emergency Planning

FORM TITLE:	DOSE ASSESSMENT KIT	FORM NO.	1903.060P	REV.	30
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Checklist

Instrument	Type	Batt. Check	(1) Operation (2) Response/ (3) Inspected	(4) Batt Remove/ (5) Plugged in/ (6) Charged	Instr. Off (Yes/No)
Calculator	NA	XXX	(1)	XXXXX	
Calculator	NA	XXX	(1)	XXXXX	
Calculator	NA	XXX	(1)	XXXXX	
Calculator	NA	XXX	(1)	XXXXX	
Pocket Computer	TRS-80		(1)	XXXXX	
Pocket Computer	TRS-80		(1)	XXXXX	

Corrective Actions*	Initial/Date*

* As required

FORM TITLE	DOSE ASSESSMENT KIT	FORM NO. 1903.060P	REV. 30
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Inventory List

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Pocket Calculators	4			
Pocket Computers	2			
Printer Paper	1 box			
Cork Board	1			
EPZ Map (1 mi)	10			
EPZ Map (10 mi)	10			
Dry-Erase Markers	10			
Scotch Tape	2 rolls			
Felt-tip pens	10			
Ball-point pens	10			
Pencils	10			
Binder clips	25			
Punch-pins and labels	2 boxes			
Rulers	4			

* As Required

FORM TITLE:	DC/SE ASSESSMENT KIT	FORM NO.	1903.060P	REV.	30
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Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Protractor	3			
Rulers	1			
Clipboard	1			
Dardanelle city map	1			
Russellville city map	1			
Watch/Calculator Batteries	10			
Stapler	1			
Staples	1 box			
Paper Towels	1 pack			
Liquid Board Cleaner	1 bottle			
Timer	1			

* As Required

Note: Batteries not contained within instruments shall be replaced during the first quarter inventory. _____/_____

Init.	Date
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FORM TITLE:	DOSE ASSESSMENT KIT	FORM NO.	1903.060P	REV.	30
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INSTRUCTIONS:

1. Perform a battery check of the radiation instruments in each emergency kit.
2. Replace or recharge batteries that fail the battery check.

Performed by: _____ Date _____

Reviewed by: _____ Date _____

FORM TITLE:

EMERGENCY KIT RADIATION INSTRUMENT BATTERY CHECK

FORM NO.

1903.060Q

REV.

30

Control Room

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	PIC-6A or equiv.			
Ion Chamber	RO-2 or equiv.			
Frisker	RM-14 or equiv.			

Technical Support Center

Frisker	RM-14 or equiv.			
G-M Survey Meter	E-530 or equiv.			

Operational Support Center

Ion Chamber	PIC-6A or equiv.			
Ion Chamber	RO-2 or equiv.			
G-M Survey Meter	E-530 or equiv.			
Frisker	RM-14 or equiv.			

FORM TITLE:

EMERGENCY KIT RADIATION INSTRUMENT BATTERY CHECK

FORM NO.

1903.060Q

REV.

30

Emergency Operations Facility

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
G-M Survey Meter	E-530 or equiv.			
G-M Survey Meter	E-530 or equiv.			
G-M Survey Meter	E-530 or equiv.			
Ion Chamber	PIC-6A or equiv.			
Frisker	RM-14 or equiv.			
Frisker	RM-14 or equiv.			

Field Kit A

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	PIC-6A or equiv.			
G-M Survey Meter	E-530 or equiv.			
Frisker	RM-14 or equiv.			

Field Kit B

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	PIC-6A or equiv.			
G-M Survey Meter	E-530 or equiv.			
Frisker	RM-14 or equiv.			

FORM TITLE:

EMERGENCY KIT RADIATION INSTRUMENT BATTERY CHECK

FORM NO.

1903.060Q

REV.

30

Page 4 of 4

Field Kit C

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	PIC-6A or equiv.			
G-M Survey Meter	E-530 or equiv.			
Frisker	RM-14 or equiv.			

Field Kit D

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	PIC-6A or equiv.			
G-M Survey Meter	E-530 or equiv.			
Frisker	RM-14 or equiv.			

Hospital

Instrument	Type	M&TE No.	Cal Due.	Batt. Check (Sat/Unsat)
Ion Chamber	RO-2 or equiv.			
Frisker	RM-14 or equiv.			

Corrective Actions*	Initial/Date*

FORM TITLE: EMERGENCY KIT RADIATION INSTRUMENT BATTERY CHECK	FORM NO. 1903.060Q	REV. 30
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LOCATION: Emergency Planning Department

INSTRUCTIONS:

Page 1 of 1

1. Perform a monthly review of the Summary Report of "Enterger Operations Inc., ANO Meteorological Tower Data Monthly Report".

A. The purpose of the review will be to assure that the 90% data recovery goal, specified in Reg. Guide 1.23, is satisfied and provide instructions for initiation of corrective action if necessary.

B. This review will be performed on a monthly basis.

C. Acceptance criteria \geq 90% Data Recovery.

2. Monthly percentage readings:

A. Horizontal Wind Direction @10 M
or
Horizontal Wind Direction @57 M

_____ %

B. Horizontal Wind Speed @10 M
or
Horizontal Wind Speed @57 M

_____ %

C. Delta Temp/Stab Class 10 - 57 M
or
Sig Theta/Stab Class 57 M

_____ %

RESULTS:

() Satisfactory - All group readings \geq 90%

() Unsatisfactory - Any group reading $<$ 90%

Verify that meteorological data was unavailable (using RDACS or other means). If data was, in fact, unavailable, initiate a Condition Report in accordance with Procedure 1000.104, "Condition Reporting and Corrective Action".

Condition Report Number: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

FORM TITLE:	MET TOWER DATA MONTHLY REVIEW FORM	FORM NO.	1903.060R	REV.	30
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LOCATION: Emergency Operations Facility, Second Floor (Room 240)

INSTRUCTIONS:

Perform a complete inventory of the kit if the kit:

- A. Has been used (including following a drill/exercise).
- B. Is found unsealed/unlocked.
- C. Is due for inventory.

NOTES:

- 1. Quantity should include units, where applicable.
- 2. Date should include month, day and year.
- 3. Indicate whether routine checks are satisfactory or unsatisfactory.
- 4. If routine checks are unsatisfactory, indicate that in the applicable column, then describe and date the corrective actions taken.

This kit: ☐ is due for quarterly inventory.
☐ is not due for quarterly inventory.
☐ was found unsealed/unlocked (perform a complete inventory).
☐ post drill inventory

This packet consists of: ☒ Cover Sheet
☒ Inventory list (2 pages)

Performed by: _____ Date: _____

Reviewed by: _____ Date: _____

Forward to: Emergency Planning

FORM TITLE: 35	EMERGENCY NEWS CENTER KIT	FORM NO. 1903.060S	REV. 30
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Inventory List

Page 2 of 3

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Media Packets	200			
Emergency Instruction Booklets	20			
Light Pointer	1			
Stick Pointer	1			
Clipboard	6			
Overhead (book)	1			
Desk Signs and Holders	10			
Pens	10			
Pencils	10			
Systems Training Manual U-1	4			
Systems Training Manual U-2	4			
Scotch Tape	1 roll			
Binder Clip	25			
Dry-Erase Markers	5			

* As Required

FORM TITLE:	EMERGENCY NEWS CENTER KIT	FORM NO.	1903.060S	REV.	30
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Inventory List (Cont.)

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Corrective Actions	Initial/Date*
Stapler	1			
Staples	1 box			
Paper Towels	1 pack			
Liquid Board Cleaner	1 bottle			
Media I. D. Badges	200			
Note Pads	10			

* As Required

FORM TITLE:	FORM NO.	REV.
EMERGENCY NEWS CENTER KIT	1903.060S	30

LOCATION: Emergency Medical Team Equipment Lockers
A. Unit 1, T/B 354' South
B. Unit 2, T/B 354' North
C. T/B 386' Outside Control Room Extension

INSTRUCTIONS: 1. Obtain three fully charged batteries from the OSC Emergency Kit.
2. Remove battery from each Emergency Radio and replace with a fully charged battery.
3. Return used batteries to OSC Emergency Kit and place in charger.

Performed by: _____

Date: _____

Reviewed by: _____

Date: _____

FORM TITLE:

MEDICAL TEAM RADIO BATTERY SURVEILLANCE

FORM NO.

1903.060T

REV.

30