Safety Related

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

OFFSITE DOSE PROJECTIONS

REV. # 12 PC #

Safety Related YES ☒ NO ☐

ESTIMATING AIRBORNE RELEASE RATES
1904.04 REV. 2

UN-Controlled Copy # 107

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APPROVED BY:

James M Levine
(General Manager)

APPROVAL DATE
3/5/84

REQUIRED EFFECTIVE DATE:

8404050478 840306
PDR ADOCK 05000313
F PDR

1.0 PURPOSE

The purpose of this procedure is to provide radioactive release rate estimates for release points which do not have functioning GERMS SPING detector systems.

2.0 SCOPE

This procedure is applicable to airborne radioactive releases monitored by the original normal-range detectors and emergency-range hydrogen purge detectors, as well as containment leakage, and other "unmonitored" releases. Refer to 1904.03, "Auxiliary Building Ventilation Emergency Radiation Monitor" if the normal-range detectors are off-scale high.

3.0 REFERENCES

3.1 References used in procedure preparation:

3.1.1 "Meteorology and Atomic Energy," Slade

3.1.2 "Manual for Protective Actions," Environmental Protection Agency

3.1.3 Memorandum Number CL-2126 (A. Smith to File)

3.1.4 Detector Calibration Curves (Supplied by ANO Radiochemistry and I&C)

3.1.5 ANO-1 and ANO-2 Integrated Leak Rate Test Reports, Bechtel Power Corp.

3.1.6 AIMS System Manual, Document No. AIMS-M-20, Applied Physical Technology

3.2 References used in conjunction with this procedure:

3.2.1 1904.01, "Offsite Dose Projections - GERMS Computer Graphics Method"

3.2.2 1904.02, "Offsite Dose Projections-Pocket Computer Method"

3.2.3 1904.03, "Auxiliary Building Ventilation Exhaust Emergency Radiation Monitor"

3.3 Related ANO procedures:

None

3.4 NRC commitments implemented in this procedure:

None

4.0 LIMITS AND PRECAUTIONS

4.1 The radiological release rate data source selected should be the best available. Data sources are listed below in order of preference:

4.1.1 GERMS SPING detectors (Procedure 1904.02, "Offsite Dose Projections - Pocket Computer Method")

4.1.2 LFE/Trapelo or Westinghouse normal-range monitors

4.1.3 Auxiliary Building Ventilation Exhaust Emergency Radiation Monitor (Procedure 1904.03)

4.1.4 Portable instrumentation and grab sample analyses

4.2 If release rates are calculated using different detector types at different release points, care must be taken to account for each release path once and only once. See Figure 1.

5.0 ANO-1 NORMAL RANGE (LFE/TRAPELO) MONITORS

5.1 Record the date and time of the monitor readings on Form 1904.04A.

5.2 Record on Form 1904.04A the net counts per minute and the corresponding flow rate for each release path to be accounted for via normal range monitors.

5.3 Complete Form 1904.04A to estimate the total gaseous and iodine release rates for the selected release paths.

5.4 Copy the results to a line on Form 1904.01B or 1904.02B marked "other releases".

6.0 ANO-2 NORMAL RANGE (WESTINGHOUSE) MONITORS

6.1 Record the date and time of the monitor readings on Form 1904.04B.

6.2 Record on Form 1904.04B, the net counts per minute and the corresponding flow rate for each release path to be accounted for via normal range monitors.

6.3 Complete Form 1904.04B to estimate the total gaseous and iodine release rates for the selected channels.

6.4 Copy the results to a line marked "other releases" on Form 1904.01B or 1904.02B.

7.0 ANO-1/ANO-2 CONTAINMENT LEAKAGE

7.1 Request Radiochemistry to analyze the atmosphere of the affected containment building for total iodine concentration (μCi/cc I-131 dose-equivalent) and total noble gas concentration (μCi/cc as Xe-133). Record the results on Form 1904.04C.

NOTE: PASS/AIMS minimum detectable concentrations are approximately 1E-4 μCi/cc for all radionuclides.

7.2 Complete Form 1904.04C to estimate the iodine and noble gas release rate from this source. Copy the results to a line marked "other releases" on Form 1904.01B or 1904.02B.

8.0 ANO-1 HIGH-RANGE HYDROGEN PURGE MONITOR

8.1 To account for the release of radionuclides in the ANO-1 hydrogen purge using the high-range monitors, complete Form 1904.04D.

8.2 Copy the results from Section 3.0 to a line marked "other releases" on Form 1904.01B or 1904.02B.

9.0 "UNMONITORED" RELEASES MEASURED INDOORS

9.1 Instruct the Health Physics or Radiochemistry staff to obtain air samples in the affected area and analyze for radioiodines and noble gases. Record the results on Form 1904.04E in units of μCi/cc.

9.2 Determine the area ventilation discharge flow from Heating & Ventilation drawings, direct measurement, or other means. Record the discharge flow on Form 1904.04E.

9.3 Complete Form 1904.04E to estimate the iodine and noble gas release from this source.

9.4 Copy the results to a line marked "other releases" on Form 1904.01B or 1904.02B.

10.0 "UNMONITORED" RELEASES MEASURED OUTDOORS

10.1 Direct Health Physics to determine the approximate plume width in feet and the maximum radiation readings in mR/hr at a convenient downwind distance using a survey meter which is primarily sensitive to gamma radiation. An air iodine sample should also be taken along the plume centerline.

10.2 The effect of direct radiation ("shine") from the source can be subtracted by measuring the "background" radiation an equivalent distance upwind from the source.

10.3 Determine the current windspeed from the control room recorders, the GERMS chromatics terminals, or other source as described in Section 7.2 of 1904.02, "Offsite Dose Projection - Pocket Computer Method."

10.4 Complete Form 1904.04F to estimate the iodine and noble gas release rates from this source.

10.5 Copy the results to a line marked "other releases" on Form 1904.01B or 1904.02B.

11.0 CONTAMINATED STEAM RELEASES

If contaminated steam releases are occurring, select and complete the appropriate section of 1904.04G.

11.1 Section 1.0 of 1904.04G addresses Unit 1 and assumes that 4 safeties are open for 5 minutes.

11.2 Section 2.0 of 1904.04G addresses Unit 1 and assumes that one safety has failed to reseat and continues to release contaminated steam for an additional 55 minutes. Add the release rates calculated in Section 1.0 to those calculated in Section 2.0 to obtain the total noble gas and iodine release rates due to a failed open safety.

11.3 Section 3.0 of 1904.04G addresses Unit 2 and assumes that 1 safety per header is open unless verified otherwise.

11.4 Upon completion of appropriate sections of 1904.04G, transfer the release rates in Ci/Sec to the "Steam Releases" line of 1904.01B or 1904.02B.

12.0 ATTACHMENTS AND FORMS

12.1 Form 1904.04A - "ANO-1 Normal-Range Monitors"

12.2 Form 1904.04B - "ANO-2 Normal-Range Monitors"

12.3 Form 1904.04C - "Containment Atmosphere Leakage"

12.4 Form 1904.04D - "ANO-1 High Range Hydrogen Purge Monitor"

12.5 Form 1904.04E - ""Unmonitored" Releases Measured Indoors"

12.6 Form 1904.04F - ""Unmonitored" Releases Measured Outdoors"

12.7 Form 1904.04G - "Contaminated Steam Release Rates"

12.8 Figure 1 - "Airborne Release Monitors at ANO"

12.9 Figure 2 - "Hydrogen Purge Monitor Conversion Factors"

12.10 Figure 3 - "Finite Plume Multiplication Factor"

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ANO-1 NORMAL-RANGE MONITORS

FORM NO. 1904.04A

REV. # 2 PC #

PART 1 - TOTAL GASEOUS RELEASE RATE Date _____ Time _____

LINE	RELEASE PATH & MONITOR/FLOW INDICATION NUMBER	COLUMN 1 MONITOR READING (CPM)	COLUMN 2 VENTILATION SYSTEM FLOW RATE (CFM)	COLUMN 3 MONITOR CALIBRATION CONVERSION FACTOR	COLUMN 4 (1) Q_{gas} (Ci/Sec)
1	Stack (RE-7400; FR-8001)			2.05E-11	
2	Penetration Room (RI-2120; FI-2120)			1.23E-12	
3	Penetration Room (RI-2130; FI-2130)			1.23E-12	
4	Hydrogen Purge (RI-7441; FI-7441)			9.28E-12	
5	Hydrogen Purge (RI-7442; FI-7442)			9.28E-12	
6	Total Normal Range Noble Gas Release Rate	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	(2)

PART 2 - TOTAL IODINE RELEASE RATE

Plant Condition	Iodine/Noble Gas Ratio
Waste Gas Tank Rupture	4.1E-5
Steam Generator Tube Rupture (to Condenser)	4.5E-5
Fuel Handling Accident	1.4E-3
Large-Break LOCA	5.3E-2
Rod Ejection Accident	6.8E-1
None of the Above	7.8E-3

Circle the applicable iodine/noble gas ratio tabulated above. Multiply this value times line 6 to obtain the estimated iodine release rate for the selected flow paths:

Total Iodine Release Rate (Ci/Sec) _____ (3)

PART 3 - NOTES

1. Determination of Gaseous Release Rate (Q_{gas}) = Column 1 x Column 2 x Column 3.
2. Total normal range gaseous release rate, Q_{gas} = sum of values in Column 4.
3. Iodine release rates may also be determined via grab samples & laboratory analyses by multiplying the iodine concentration in μCi/cc by the vent flow rate (CFM) and by 4.71E-4 m^3/sec-CFM.

Performed By _____ / _____
Initial Time

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ANO-2 NORMAL-RANGE MONITORS

FORM NO. 1904.04B

REV. # 2 PC #

PART 1 - TOTAL GASEOUS RELEASE RATE Date _____ Time _____

LINE	RELEASE PATH & MONITOR/FLOW INDICATION NUMBER	COLUMN 1 MONITOR READING (CPM)	COLUMN 2 VENTILATION SYSTEM FLOW RATE (CFM)	COLUMN 3 MONITOR CALIBRATION CONVERSION FACTOR	COLUMN 4 (1) Q_{gas} (Ci/Sec)
1	Aux. Bldg. Ext. (2RITS-7828; 2FR-7828)			1.9E-9	
2	Containment Purge (2RITS-8233; 2FR-8315)			5.2E-10	
3	Fuel Handling Area (2RITS-8540; 2FR-8315)			5.0E-10	
4	Rad Waste Area (2RITS-8542; 2FR-8315)			3.9E-10	
5	Hydrogen Purge (2RITS-8231; 2FI-8277-1)			3.6E-10	
6	Penetration Rm (2RITS-8845-1; 2FIS-8827-1)			5.7E-10	
7	Penetration Rm (2RITS-8846-2; 2FIS-8828-2)			3.9E-10	
8	Total Normal Range Noble Gas Release Rate	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXX	(2)

PART 2 - TOTAL IODINE RELEASE RATE

Plant Condition	Iodine/Noble Gas Ratio
Waste Gas Tank Rupture	2.[illegible]1
Steam Generator Tube Rupture (To Condenser)	1.1E-4
Fuel Handling Accident	6.9E-3
Large-Break LOCA	1.9E-2
Small LOCA (Outside Containment)	5.8E-2
None of the Above	2.9E-3

Circle the applicable iodine/noble gas ratio tabulated above. Multiply this value times line 8 to obtain the estimated iodine release rate for the selected flow paths: (3)

Total Iodine Release Rate (Ci/Sec) _____

PART 3 - NOTES

1. Determination of Gaseous Release Rate (Q_{gas}) = Column 1 x Column 2 x Column 3.
2. Total normal range gaseous release rate, Q_{gas} = sum of values in Column 4.
3. Iodine release rates may also be determined from grab samples (laboratory analyses) by multiplying the iodine concentration in μCi/cc by the vent flow rate (CFM) and by 4.71E-4 m^3/sec-CFM.

Performed By _____ / _____
Initial Time

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTAINMENT ATMOSPHERE LEAKAGE
FORM NO. 1904.04C
REV. # 1 PC #

1.0 Circle the affected unit: ANO-1 / ANO-2

2.0 Record containment sample time: _____ date: _____

3.0 Record the containment leak rate: _____ (m^3/sec)*

4.0 Record the containment iodine concentration: _____ (μCi/cc I-131 D.E.)

5.0 Record the containment noble gas concentration: _____ (μCi/cc as Xe-133)

6.0 Estimate the iodine leakage rate:
Q-iodine = line 3.0 x line 4.0 = _____ (Ci/Sec)

7.0 Estimate the noble gas leakage rate:
Q-gas = line 3.0 x line 5.0 = _____ (Ci/Sec)

* NOTE: Integrated containment leak rate for ANO-1 was 2.38E-4 m^3/sec as of 2/21/81. Integrated containment leak rate for ANO-2 was 1.63E-4 m^3/sec as of 5/31/81.

Performed By: _____ / _____
Initial Time

Reviewed By: _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ANO-1 HIGH RANGE HYDROGEN PURGE MONITOR | FORM NO. 1904.04D

P.. # 0 PC #

1.0 Record the date and time of monitor reading: _____ / _____
Date Time

2.0 Complete the following table for each purge system which is currently operating:

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
	Radiation Monitor	Flow Monitor	Radiation Reading (mR/hr)	Vent Flow (CFM)	Conversion Factor	($\frac{Ci/ft^3}{\mu Ci/cc}$)	Q-gas (Ci/Sec)
a)	RI-7441A	FI-7441			(1)	4.72E-4	(2)
b)	RI-7442A	FI-7442			(1)	4.72E-4	(2)
c)	TOTAL	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	

3.0 Circle the Iodine/Noble gas ratio below corresponding with the time in hours since reactor shutdown. Multiply line 2.0-c by this value to obtain the estimated Q-Iodine (Ci/Sec)(3):

Hours Since Shutdown	0 hr	2 hr	4 hr	6 hr	12 hr
I/N.G. Ratio	0.49	0.37	0.33	0.29	0.24

_____ x _____ = _____
I/N.G. Ratio Line 2.0-c Q-Iodine (Ci/Sec)

NOTES:

(1) $\frac{\mu Ci/cc}{mR/hr}$ (See Figure 2)

(2) Q-gas = Column 3 x Column 4 x Column 5 x Column 6.

(3) The I/NG ratio may also be obtained from PASS/AIMS or laboratory analyses.

Performed By: _____ / _____
Initial Time

Reviewed By: _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: "UNMONITORED" RELEASES MEASURED INDOORS

FORM NO. 1904.04E

REV. # 0 PC #

1.0 Source location: _____

2.0 Measurement time & date: _____ / _____
Time Date

3.0 Area noble gas concentration _____ (μCi/cc as Xe-133)

4.0 Area airborne radioiodine concentration _____ (μCi/cc as I-131)

5.0 Area total ventilation discharge flow _____ (CFM)

6.0 Estimate Q-gas for this source:

_____ (μCi/cc) x _____ (CFM) x 4.71E-4 $\frac{m^3/sec}{CFM}$
Line 3.0 Line 5.0

= _____ (Ci/Sec)
Q-gas

7.0 Estimate Q-iodine for this source:

_____ (μCi/cc) x _____ (CFM) x 4.71E-4 $\frac{m^3/sec}{CFM}$
Line 4.0 Line 5.0

= _____ (Ci/Sec)
Q-Iodine

Performed By: _____ / _____
Initial Time

Reviewed By: _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: "UNMONITORED" RELEASES MEASURED OUTDOORS — FORM NO. 1904.04F
REV. # 2 PC #

1.0 Source location: _____

2.0 Measurement time & date: _____ / _____
Time Date

3.0 Distance from source: _____ (ft)

4.0 Plume width at this distance: _____ (ft)

NOTE: One mile = 5280 feet.

5.0 Maximum gamma dose rate at this distance: _____ (mR/hr)

6.0 Maximum iodine concentration at this distance: _____ (μCi/cc as I-131)

7.0 Gamma dose rate at the equivalent upwind distance: _____ (mR/hr)

8.0 Current windspeed: _____ mph

9.0 Based on the plume width on line 4.0, read and record the finite plume correction factor from Figure 3 for a plume of this width: _____

10.0 Estimate Q-gas for this source:

$$\left(\frac{\text{\_\_\_\_\_ (ft)}}{\text{Line 4.0}}\right)^2 \times 3.0E\text{-}7 \times \left(\frac{\text{\_\_\_\_\_ (mR/hr)}}{\text{Line 5.0}} - \frac{\text{\_\_\_\_\_ (mR/hr)}}{\text{Line 7.0}}\right) \times \frac{\text{\_\_\_\_\_ (mph)}}{\text{Line 8.0}} \times \frac{\text{\_\_\_\_\_}}{\text{Line 9.0}} = \frac{\text{\_\_\_\_\_ (Ci/Sec)}}{\text{Q-gas}}$$

11.0 Estimate Q-Iodine for this source:

$$\left(\frac{\text{\_\_\_\_\_ (ft)}}{\text{Line 4.0}}\right)^2 \times 8.16E\text{-}3 \times \frac{\text{\_\_\_\_\_ (μCi/cc)}}{\text{Line 6.0}} \times \frac{\text{\_\_\_\_\_ (mph)}}{\text{Line 8.0}} = \frac{\text{\_\_\_\_\_ (Ci/Sec)}}{\text{Q-Iodine}}$$

Performed By: _____ / _____
Initial Date

Reviewed By: _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTAMINATED STEAM RELEASE RATES FORM NO. 1904.04G

REV. # 2 PC #

1.0 If Unit 1 is the affected unit, obtain secondary Xe^{133} activity from Radiochemistry (request Xe^{133} activity from the Condensate Pump Discharge sample NOT condenser off gas) and complete the table below. (Radiochemistry routinely monitors Xe^{133} activity during primary to secondary leak.)

Unit 1

COLUMN 1 MON. READING	COLUMN 2 MON. CALIB. FACTOR 1E-5	COLUMN 3 I_G Ci/Sec	COLUMN 4 E_G Ci/Sec	COLUMN 5 Q-GAS Ci-Sec	COLUMN 6 Q-IODINE Ci-Sec

Col. 1 = RI-2681 (mR/hr) + RI-2682 (mR/hr)
Col. 3 (In Leakage of Gases) = Col. 1 x Col. 2

Col. 4 (Entrained Gases) = $\frac{\text{Secondary } Xe^{133} \text{ Activity x } 121}{300 \text{ sec.}}$

Col. 5 = Col. 3 + Col. 4
Col. 6 = (Col. 3 x $2.5E^{-2}$) + (Col. 4 x 0.1)

2.0 If Unit 1 is the affected unit and if steam continues to be released to atmosphere due to failed open safety, complete the table below:

COLUMN 1 MON. READING	COLUMN 2 MON. CALIB. FACTOR 1E-5	COLUMN 3 I_G Ci/Sec	COLUMN 4 E_G Ci/Sec	COLUMN 5 Q-GAS Ci/Sec	COLUMN 6 Q-IODINE Ci/Sec
Section 1.0 Totals + Section 2.0 Totals					

Col. 1 = RI-2681 (mR/hr) + RI-2682 (mR/hr)
Col. 3 (In Leakage of Gases) = Col. 1 x Col. 2

Col. 4 (Entrained Gases) = $\frac{\text{Secondary } Xe^{133} \text{ Activity x } 333}{3300 \text{ sec.}}$

Col. 5 = Col. 3 + Col. 4
Col. 6 = (Col. 3 x $2.5E^{-2}$) + (Col. 4 x 0.1)
Site Total Q-Gas = Q-Gas (Sect. 1.0) + Q-Gas (Sect. 2.0)
Site Total Q-Iodine = Q-Iodine (Sect. 1.0) + Q-Iodine (Sect. 2.0)

3.0 If Unit 2 is the affected unit, complete the table below:

COLUMN 1 RAD. MONITOR NUMBER	COLUMN 2 mR/HR MON. READING	COLUMN 3 NO. OF OPEN SAFETIES	COLUMN 4 LB/HR PER SAFETY	COLUMN 5 STEAM FLOW LB/HR	COLUMN 6 MONITOR CALIB. FACTOR	COLUMN 7 Q-GAS Ci/Sec	COLUMN 8 Q-I/Q-G RATIO	COLUMN 9 Q-IODINE Ci/Sec
2RI-1007			$1.5E^{6}$		$2.07E^{-6}$			
2RI-1057			$1.5E^{6}$		$2.07E^{-6}$			

Col. 3 = 1 safety per header unless verified otherwise.
Col. 5 = Col. 3 x Col. 4
Col. 7 = Col. 2 x Col. 5 x Col. 6
Col. 8 = Obtain from Radiochemistry if possible; otherwise, use $1.1E^{-5}$.
Col. 9 = Col. 7 x Col. 8

PERFORMED BY _____ / _____
Initials Time

REVIEWED BY _____

FIGURE 1

AIRBORNE RELEASE MONITORS AT ANO

AIRBORNE RELEASE PATH	SPING DESIGNATION MONITOR NUMBER	EMERGENCY RANGE MONITOR DESIGNATION	NORMAL RANGE MONITOR DESIGNATION	FLOW INSTRUMENT
ANO-1 Cont. Purge	Rx-9820/Monitor 1	*		
ANO-1 Radwaste	Rx-9825/Monitor 2	Model RMS II (See 1904.03)	RE-7400	FR-8001
ANO-1 Fuel Hd.	Rx-9830/Monitor 3	None		
ANO-1 H_2 Purge "A"	Rx-9835/Monitor 4	RI-7441A	RI-7441	FI-7441
ANO-1 H_2 Purge "B"		RI-7442A	RI-7442	FI-7442
ANO-1 Pen. Vent "A"		None	RI-2120	FI-2120
ANO-1 Pen. Vent "B"		None	RI-2130	FI-2130
PASS Bldg.	2Rx-9840/Monitor 9	None	None	None
ANO-2 Cont. Purge	2Rx-9820/Monitor 5	*	2RITS-8233	2FR-8315
ANO-2 Radwaste	2Rx-9825/Monitor 6	Model RMS II (See 1904.03)	2RITS-8542	2FR-8315
ANO-2 Fuel Hd.	2Rx-9830/Monitor 7	None	2RITS-8540	2FR-8315
ANO-2 H_2 Purge	2Rx-9835/Monitor 8	None	2RITS-8231-1	2FI-8277-1
ANO-2 Pen. Vent "A"		None	2RITS-8845-1	2FIS-8827-1
ANO-2 Pen. Vent "B"		None	2RITS-8846-2	2FIS-8828-2
ANO-2 Aux Bldg Ext	2Rx-9845/Monitor 10	None	2RITS-7828	2FR-7828

* Indirect, based upon containment leak rate & PASS/AIMS remote sample and analysis. (See Section 7.0 of this procedure.)

FIGURE 2

HYDROGEN PURGE MONITOR
CONVERSION FACTORS

$\frac{\mu Ci/cc}{MR/HR}$ (CONV. FACTOR)

0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1.0

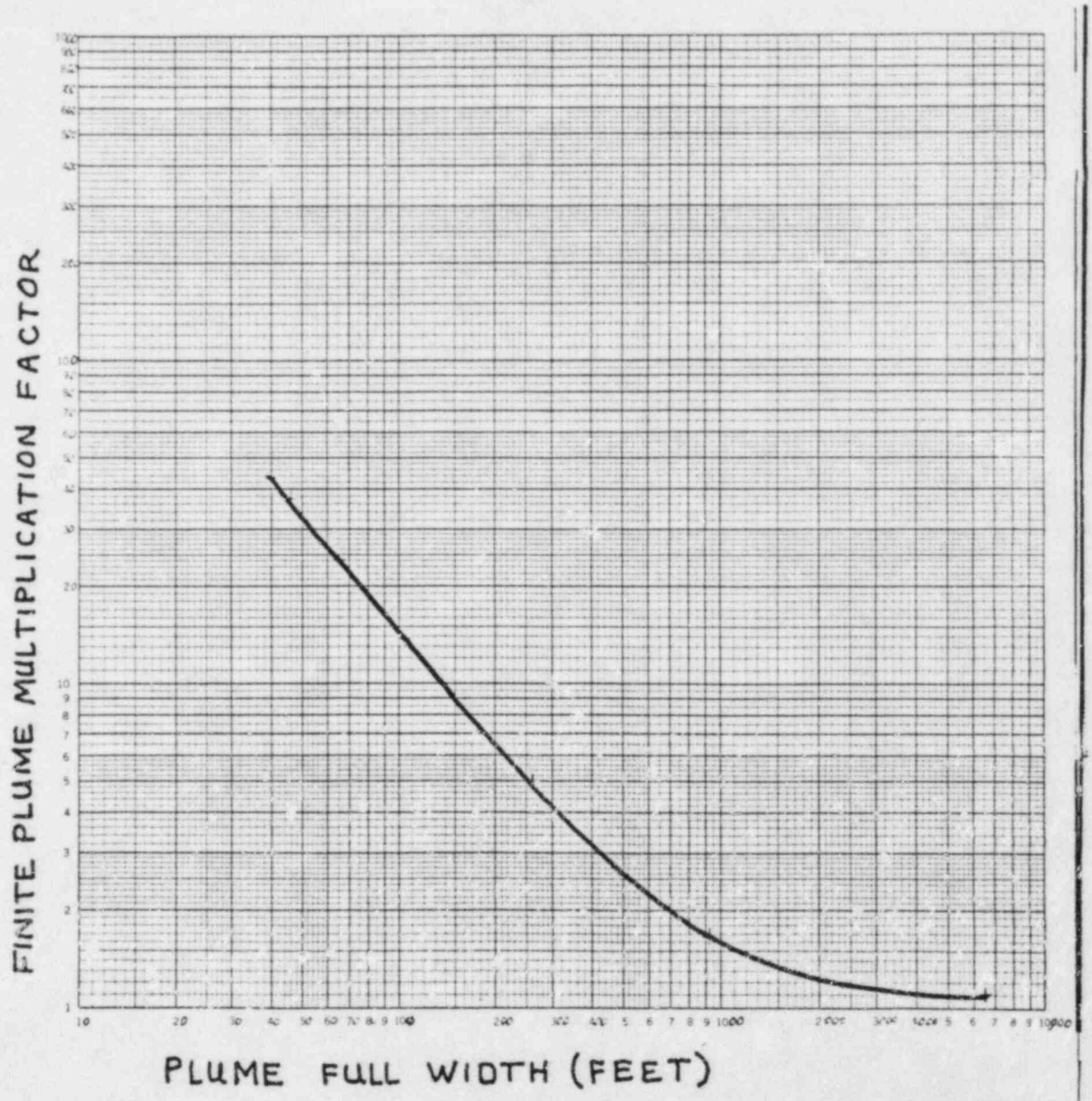
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

DAYS

1. To determine the appropriate conversion factor, enter the graph at the amount of time that has elapsed since the start of the accident; then read the corresponding conversion factor.

NOTE: This conversion factor plot is based upon detector efficiency variances due to $^{133}Xe/^{85}Kr$ abundance ratios varying with time. (decay)

FIGURE 3



ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TRANSMITTAL | FORM NO. 1013.02H

REV. # 12 PC #

Arkansas Nuclear One
Russellville, Arkansas
Date 3-6-84

MEMORANDUM

TO: 107 - NRC

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1903.60 REV. # 9 PC # _____ TC # _____

PROCEDURE TITLE EMERGENCY SUPPLIES & EQUIPMENT

PROCEDURE NUMBER _____ REV. # _____ PC # _____ TC # _____

PROCEDURE TITLE _____

PROCEDURE NUMBER _____ REV. # _____ PC # _____ TC # _____

PROCEDURE TITLE _____

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PROCEDURE (S)	PAGE (S)

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NOTE: PLEASE RETURN SIGNED TRANSMITTAL TO DOCUMENT CONTROL - 4TH FLOOR:

SIGNATURE _____ DATE _____

UPDATED

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 12 PC #

EMERGENCY SUPPLIES & EQUIPMENT

Safety Related YES ☒ NO ☐

1903.60 REV. 9

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35	9		71	9										
36	9		72	9										

APPROVED BY:

James M Levine
(General Manager)

APPROVAL DATE
3/5/84

REQUIRED EFFECTIVE DATE:

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 does not contain monitoring requirements for assessing conformance with limiting conditions for operation of Unit 1 or Unit 2 Technical Specifications.

3.0 REFERENCES

3.1 References Used in Procedure Preparation:

3.1.1 Arkansas Nuclear One Emergency Plan

3.2 References Used in Conjunction with this Procedure:

3.2.1 1000.09, "Surveillance Test Program Control".

3.2.2 1609.009, "Inspection, Testing and Maintenance of Respiratory Equipment".

3.2.3 1632.001, "Portable Survey and Monitoring Instruments".

3.2.4 1904.02, "Offsite Dose Projections - Pocket Computer Method"

3.3 Related ANO Procedures:

3.3.1 1622.023, "Calibration of HP Instruments".

3.4 NRC Commitments which are Implemented in this Procedure:

3.4.1 Provide 25 respirators and sets of protective clothing for the TSC staff. Ref. 0CAN128305, Item 313/8305-01 and 368/8305-01

4.0 DEFINITIONS

None

5.0 RESPONSIBILITIES

5.1 Emergency Planning Coordinator

The Emergency Planning Coordinator 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 Health Physics Superintendent

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

5.3 Surveillance Test Coordinator

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

6.0 DESCRIPTION

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

6.1.1 Control Room Kit (Control Room Area; for shared use by both units)

6.1.2 Onsite Radiological Monitoring Kit (Operational Support Center)

6.1.3 Technical Support Center Kit (Technical Support Center)

6.1.4 Main Guard House Kit

6.1.5 Emergency Control Center Kit

6.1.6 Field Monitoring Kits A, B, C and D (Emergency Control Center)

6.1.7 Hospital Kit

6.1.8 Fire Lockers (Unit 1 Turbine Building El. 354, El. 386; Unit 2 Turbine Building El. 354)

6.1.9 First Aid Kits (Fire Lockers and First Aid Room)

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

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

7.0 NOTES

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

7.1 Emergency kits shall be checked at the intervals specified by 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 the Emergency Planning Coordinator for review. Upon their reivew, the forms should be forwarded to Records.

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.

8.2 Checks

8.2.1 Inspect the respirators per 1609.009, "Inspection, Testing, and Maintenance of Respiratory Equipment".

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

8.2.3 Perform a battery check and check the response of the instruments listed in 1632.001, "Portable Survey and Monitoring Instruments". 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 and run one test case as described in 1904.02, "Offsite Dose Projections-Pocket Computer Method", for each pocket computer.

8.2.6 Verify the operability of the remaining items indicated.

9.0 ACCEPTANCE CRITERIA

9.1 Emergency kit is re-sealed/re-locked after opening.

9.2 Inventory checklist is complete.

9.3 Discrepancies have been resolved.

9.4 Inventory checklist has been reviewed and approved.

10.0 ATTACHMENTS AND FORMS

10.1 Form 1903.60A, "Control Room Kit"

10.2 Form 1903.60B, "Onsite Radiological Monitoring Kit"

10.3 Form 1903.60C, "Technical Support Center Kit"

10.4 Form 1903.60D, "Main Guard House Kit"

10.5 Form 1903.60E, "Emergency Control Center Kit"

10.6 Form 1903.60F, "Field Monitoring Kit A"

10.7 Form 1903.60G, "Field Monitoring Kit B"

10.8 Form 1903.60H, "Field Monitoring Kit C"

10.9 Form 1903.60I, "Field Monitoring Kit D"

10.10 Form 1903.60J, "Hospital Kit"

10.11 Form 1903.60K, "First Aid Room"

10.12 Form 1903.60L, "Fire Locker A"

10.13 Form 1903.60M, "Fire Locker B"

10.14 Form 1903.60N, "Fire Locker C"

10.15 Form 1903.60O, "Miscellaneous Equipment"

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. #5 PC #

LOCATION: Unit 1 Control Room

INSTRUCTIONS:

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 or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward to: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. 9 PC #

CHECKLIST

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

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. # 7 PC #

CHECKLIST

Page 3 of 9

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

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT | FORM NO. 1903.60A

REV. 2 PC 0

CHECKLIST

Instrument	Type	S/N	Cal.Due Date	Batt. Check	(1)Operation/ (2)Response/ (3)Inspected	(4)Batt Remove/ (5)Plugged in/ (6)Charged	Ir t. Of:
Calculator	[redacted]	[redacted]	[redacted]		(1)	[redacted]	
Pocket Computer	TRS-80	[redacted]	[redacted]		(1)	[redacted]	
Cassette Recorder	[redacted]	[redacted]	[redacted]	[redacted]	(1)	(4)	[redacted]
Flashlight	[redacted]	[redacted]	[redacted]	[redacted]	(1)	(4)	[redacted]
Flashlight	[redacted]	[redacted]	[redacted]	[redacted]	(1)	(4)	[redacted]
Flashlight	[redacted]	[redacted]	[redacted]	[redacted]	(1)	(4)	[redacted]
Flashlight	[redacted]	[redacted]	[redacted]	[redacted]	(1)	(4)	[redacted]

Corrective Action*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT

FORM NO. 1903.60A

REV. # 2 PC #

INVENTORY LIST

Page 5 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXX	XXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
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	XXXXXXXXXX	XXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
Watch	2				
Cloth Smear	10				
Paper Smear	50				
Particulate Filter	20				
Glassine Envelope	20				
Silver Zeolite Cartridge	20				
Air Sample Form	20				
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXX	XXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
Dosimeter (0-200R)	3				
Dosimeter (0-5R or 0-10R)	3				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT
FORM NO. 1903.60A
REV. # 1 PC # 2

INVENTORY LIST

Page 6 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Dosimeter (0-200mR or 0-500mR)	20				
Charger	1				
TLD Badge (incl. 1 as BKG)	6				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXX
SCBA+	12				
Spare Bottle+	12				
Cannister Mask w/Iodine Cannister	12				
Iodine Cannister(Spare)	12				
PROTECTIVE CLOTHING	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Anti-c Clothing	12 sets				
Plastic Suit	6 sets				
Masking Tape	2 rolls				
Duct Tape	2 rolls				
POSTING MATERIALS	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Four-Pocket Signs	6				
"Radiation Area" Insert	6				

*Where applicable; + 6 - Unit 1 CR, 6 - Unit 2 CR;

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT FORM NO. 1903.60A

REV. # 3 PC #

INVENTORY LIST

Page 7 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
"High Radiation Area" Insert	6				
"RWP Required for Entry" Insert	6				
"Highest mR/HR Accessible in this Area" 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				
"Type A or B Clothing" Insert	6				
"Type B Clothing" Insert	6				
"Type C Clothing" Insert	6				
"Radioactive Material Area" Insert	6				
"No Access Area" Insert	6				
"Keep Out" Insert	6				
Blank Insert	6				
Radiation Warning Ribbon	2 rolls				
Radiation Warning Tape	2 rolls				
Contamination Warning Tape	2 rolls				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT | FORM NO. 1903.60A

REV. #2 PC #

INVENTORY LIST

Page 8 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ 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				
Type 675	4				
MISCELLANEOUS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Pencil	12				
Magic Marker	2				
Clipboard	2				
Knife	1				
Calculator	2				
Pocket Computer	2				
Cassette Interface	1				
Cassette Recorder	1				
Programmed Cassette	1				
Plug Adapter	2				

*Where applicable

Inventory By ____________________ Date ______________

Reviewed By ____________________ Date ______________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: CONTROL ROOM KIT | FORM NO. 1903.60A | REV. #1 | PC #

INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Flashlight	4				
Bulbs (Spare)	4				
Map	2				
Overlays	2 sets				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Plastic Bag (lg.)	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ _____ Date _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT FORM NO. 1903.60B

REV. # 5 PC #

LOCATION: First Floor Administration Building

INSTRUCTIONS: Page 1 of 7

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 or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 2 PC #

CHECKLIST

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

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT | FORM NO. 1903.60B | REV. # 9 PC #

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
Watch	[redacted]				(1)	[redacted]	
Dosimeter Charger					(1)	(4)	
Dosimeter	0-200R						
Dosimeter	0-5R or 0-10R						
Dosimeter	0-500mR						
Calculator					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
NOTE: The following respirator is attached to a radio and is located in the Communications Equipment Locker.							
Respirator	Cann.				(3)		

Corrective Actions* Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B

REV. # 2 PC #

INVENTORY LIST

Page 4 of 7

Euipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
High Range Ion Chamber	1				
Beta-Gamma Survey Meter	1 ea.				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1 ea.				
Air Sampler (110V)	1				
Air Sampler (Batt)	1				
Sample Head	4				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
Watch	2				
Cloth Smear	50				
Paper Smear	100				
Particulate Filter	50				
Glassine Envelope	50				
Silver Zeolite Cartridge	25				
Air Sample Form	50				
Survey Map	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT FORM NO. 1903.60B

REV. #2 PC #

INVENTORY LIST

Page 5 of 7

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

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ONSITE RADIOLOGICAL MONITORING KIT

FORM NO. 1903.60B
REV. # 3 PC #

INVENTORY LIST

Page 6 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
POSTING MATERIALS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Four-Pocket Signs	5				
"Radiation Area" Insert	5				
"High Radiation Area" Insert	5				
"RWP Required for Entry" Insert	5				
"Highest mR/HR Accessible in this Area" Insert	5				
"Health Physics Escort Required" Insert	5				
"Airborne Radioactivity Area" Insert	5				
"Respiratory Protection Required" Insert	5				
"Notify Health Physics Before Entering" Insert	5				
"Contamination Area" Insert	5				
"Type A or B Clothing" Insert	5				
"Type B Clothing" Insert	5				
"Type C Clothing" Insert	5				
"Radioactive Material Area" Insert	5				
"No Access Area" Insert	5				
"Keep Out" Insert	5				
Blank Insert	5				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: ~~ONSITE RADIOLOGICAL MONITORING KIT~~
FORM NO. 1903.60B
REV. # 5 PC #

INVENTORY LIST

Page 7 of 7

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Radiation Warning Ribbon	3 rolls				
Radiation Warning Tape	3 rolls				
Contamination Warning Tape	3 rolls				
Internal Contamination Tape	2 rolls				
Step-Off Pads	10				
BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory).				/ Initials/Date	
"D" Cell	24				
9-Volt	24				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	12				
Magic Marker	2				
Clipboard	3				
Knife	1				
Calculator	1				
Plug Adapter	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	2				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Plastic Bag (lg.)	--				
Zip-Lock Baggies	15				

*Where applicable

Inventory By ____________________ Date ____________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT | FORM NO. 1903.60C | REV. # 9 PC #

LOCATION: Technical Support Center (3rd Floor Administration Building)

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. 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).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE TECHNICAL SUPPORT CENTER KIT | FORM NO. 1903.60C

REV. # PC #

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
Frisker	RM-14				(2)	(6)	
Detection Chamber	HP-210						
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT FORM NO. 1903.60C

REV. # 9 PC #

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
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Respirator	Cann.				(3)		
Check Source							
Check Source							
Dosimeter	0-200mR or 0-500mR						
Dosimeter Charger							
Calculator					(1)	(4)	
Pocket Computer	TRS-80				(1)		
Cassette Recorder					(1)		
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
					(1)	(4)	

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT | FORM NO. 1903.60C

REV. # 9 PC #

INVENTORY LIST

Page 4 of 5

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
SURVEY INSTRUMENTS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Frisker w/Detection Chamber	1 ea.				
Check Source	1				
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
(0-200 mR or Dosimeter 0-500 mR)	20				
Charger	1				
TLD Badge (include 1 as background)	15				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	25				
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Disposable Suits	25				
BATTERIES (Batteries not contained within an instrument should be replaced during the first quarter inventory).					/ Initials/Date
"D" Cell	6				
"AA" Cell	12				
Type 675	4				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	12				
Note Pad	3				
Clipboard	2				
Overlays	1 set				
Pocket Computer	1				

*Where applicable

Inventory By ______________________ Date ________________

Reviewed By ______________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TECHNICAL SUPPORT CENTER KIT

FORM NO. 1903.60C

REV. #9 PC #

INVENTORY LIST

Page 5 of 5

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Calculator	1				
Cassette Interface	1				
Cassette Recorder	1				
Programmed Cassette	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT | FORM NO. 1903.60D | REV. #5 PC #

LOCATION: Main Guard House

INSTRUCTIONS:

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. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT

FORM NO. 1903.60

REV. # 9 PC #

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
Bull Horn	[redacted]				(1)	(4)	[redacted]
Bull Horn					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Flashlight					(1)	(4)	
Respirator	Cann.			[redacted]	(3)	[redacted]	
Respirator	Cann.				(3)		

NOTE: The following two respirators are attached to radios and are located in the Key Room (Turbine Building Level 386').

Respirator	Cann.			[redacted]	(3)	[redacted]	
Respirator	Cann.				(3)		

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MAIN GUARD HOUSE KIT

FORM NO. 1903.60D

REV. # 9 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
EVACUATION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Vests	12				
Bull Horn	2				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	2				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT — FORM NO. 1903.60E

REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

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 or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT | FORM NO. 1903.60E | REV. # 2 | PC #

CHECKLIST

Page 2 of 9

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

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E
REV. # 2 PC #

CHECKLIST

Page 3 of 9

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

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E
REV. # 2 PC #

INVENTORY LIST

Page 4 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX
Beta-Gamma Survey Meter	1				
High Range Ion Chamber	1				
Frisker w/Probe	1 ea.				
Air Sampler (110V)	1				
Air Sampler (12V)	1				
Sample Head	2				
Cneck Source	1				
SAMPLING SUPPLIES	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXX
Watch	1				
Cloth Smear	50				
Paper Smear	250				
Particulate Filter	100				
Classine Envelope	100				
Silver Zeolite Cartridge	75				
Sample Bottles (~ 1 gal.)+	100				
Grass Shears	1				

*Where applicable; + located outside the sealed kit

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER

FORM NO. 1903.60E

REV. # 9 PC #

INVENTORY LIST

Page 5 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
Shovel	1				
Formaldehyde	1 gal.				
Survey Map	--				
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Dosimeter (0-5R or 0-10R)	10				
(0-200mR or Dosimeter 0-500mR)	50				
Charger	1				
TLD Badge (incl. 1 as BKG)	20				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	5				
Iodine Cannister (Spare)	5				
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Anti-c Clothing	30 sets				
Plastic Suit	15 sets				
Masking Tape	3 rolls				
Duct Tape	3 rolls				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER | FORM NO. 1903.60E | REV. # 3 PC #

INVENTORY LIST

Page 6 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
POSTING MATERIALS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Four-Pocket Signs	20				
"Radiation Area" Insert	20				
"High Radiation Area" Insert	20				
"RWP Required for Entry" Insert	20				
"Highest mR/HR Accessible in this Area" 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				
"Type A or B Clothing" Insert	20				
"Type B Clothing" Insert	20				
"Type C Clothing" Insert	20				
"Radioactive Material Area" Insert	20				
"No Access Area" Insert	20				
"Keep Out" Insert	20				
Blank Insert	20				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER

FORM NO. 1903.60F

REV. # 9 PC #

INVENTORY LIST

Page 7 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Radiation Warning Ribbon	5 rolls				
Radiation Warning Tape	3 rolls				
Contamination Warning Tape	3 rolls				
Internal Contamination Tape	1 roll				
Step-Off Pads	20				
BATTERIES (Batteries not contained within an instrument shold be replaced during the first quarter inventory).					/ Initials/Date
"D" Cell	24				
"AA" Cell	14				
9-Volt	24				
DOSE ASSESSMENT SUPPLIES	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pocket Computer	1				
Cassette Interface	1				
Cassette Recorder w/Tape	1				
Overlays	2 sets				
360° Protractor	2				
12" Ruler	2				
Tracing Paper	1 pad				
Dec-Writer	1				
Stick Pins	1 box				
10 Mile Maps	--				

*Where applicable

Inventory By ____________________ Date ____________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER
FORM NO. 1903.60E

REV. #9 PC #
Page 8 of 9

INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./Date*
MISCELLANEOUS	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXX
Pencil	12				
Magic Marker	3				
Clipboard	3				
Knife	2				
Calculator	1				
Plug Adapter	2				
Flashlight	3				
Bulbs (Spare)	3				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Plastic Bag (lg.)	--				
PERSONNEL DECONTAMINATION SUPPLIES	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXX
Scissors	2				
Razor	4				
Manicure Set	1				
Wash Cloths	--				
Towels	--				
Bristle Brush	30				
Cotton Balls	1 pkg.				
Cotton Swabs	1 pkg.				
Hand Soap (Regular)	3				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY CONTROL CENTER KIT

FORM NO. 1903.60E

REV. #1 PC #

INVENTORY LIST

Page 9 of 9

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ 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	--				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60E

REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

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).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F
REV. # 9 PC #

CHECKLIST

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

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. # 9 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Forceps	1				
Plastic Gloves	50 pr				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX
Dosimeter (0-200mR or 0-500mR)	6				
Charger	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	2				

*Where applicable

Inventory By ______________________ Date ________________

Reviewed By ______________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT A

FORM NO. 1903.60F

REV. # 5 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

*Where applicable

Inventory By ______________________ Date ______________

Reviewed By ______________________ Date ______________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G
REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

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).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B
FORM NO. 1903.60G
REV. # 9 PC #

CHECKLIST

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

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. # 9 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassire Envelope	25				
Forceps	1				
Plast'c Gloves	50 pr				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	2				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT B

FORM NO. 1903.60G

REV. #5 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

*Where applicable

Inventory By ______________________ Date ______________________

Reviewed By ______________________ Date ______________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

INSTRUCTIONS:

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).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C | FORM NO. 1903.60H | REV. # 9 PC # | Page 2 of 4

CHECKLIST

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

Corrective Actions*	Init./Date*

*Where applic

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C
FORM NO. 1903.60H
REV. 0 PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Forceps	1				
Plastic Gloves	50 pr				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Dosimeter (0-200mR or 0-500mR)	6				
Charger	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	2				

*Where applicable

Inventory By ______________________ Date ______________________

Reviewed By ______________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT C

FORM NO. 1903.60H

REV. # 5 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ Date _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D | FORM NO. 1903.60I
REV. #5 PC #

LOCATION: Emergency Control Center First Floor (Mechanical Equipment Room)

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).

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D

FORM NO. 1903.60I
REV. # 9 PC #
Page 2 of 4

CHECKLIST

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

Corrective Actions*	Init./Date*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D
FORM NO. 1903.60I
REV. # PC #

INVENTORY LIST

Page 3 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
SURVEY INSTRUMENTS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
High Range Ion Chamber	1				
Beta-Gamma Geiger Counter w/Probe	1				
Frisker w/Probe	1				
Air Sampler (12VDC)	1				
Sample Head	2				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	20				
Paper Smear	25				
Particulate Filter	25				
Glassine Envelope	25				
Forceps	1				
Plastic Gloves	50 pr				
Silver Zeolite Cartridge	25				
Completed Checklist in Front of Procedure Notebook	NA	N/A			
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
(0-200mR or Dosimeter 0-500mR)	6				
Charger	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cannister Mask w/Iodine Cannister	2				

*Where applicable

Inventory By ______________________ Date ________________

Reviewed By ______________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIELD MONITORING KIT D
FORM NO. 1903.601
REV. # 5 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
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	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Pencil	3				
Magic Marker	2				
Clipboard	1				
Knife	1				
Flashlight	3				
Bulbs (Spare)	3				
Map	1				
Calculator	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Zip-Lock Baggies	10				

*Where applicable

Inventory By ____________________ Date ____________________

Reviewed By ____________________ Date ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT | FORM NO. 1903.60I
REV. #5 PC #

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 or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. # 9 PC #

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 Survey Meter					(2)	[redacted]	
Frisker	RM-14				(2)	(6)	
Detection Chamber	HP-210				[redacted]		
Air Sampler	110V				(1)		
Respirator	Cann.				(3)		
Check Source					[redacted]		
Watch					(1)		
Dosimeter					[redacted]		
Dosimeter Charger					(1)	(4)	
Flashlight					(1)	(4)	

Corrective Actions*	Init./Date*

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. 4 PC #

INVENTORY LIST

Page 3 of 6

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Beta-Gamma Survey Meter	1				
Frisker w/Probe	1				
Air Sampler (110V)	1				
Sample Head	1				
Check Source	1				
SAMPLING SUPPLIES	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Watch	1				
Cloth Smear	100				
Paper Smear	100				
Particulate Filter	25				
Glassine Envelope	25				
Charcoal Cartridge	15				
Air Sample Form	25				
PERSONNEL MONITORING EQUIPMENT	XXXXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXX
Dosimeter (0-200mR or 0-500mR)	20				
Charger	1				
TLD Badge (incl. 1 as BKG)	15				

*Where applicable

Inventory by _____ Date _____

Reviewed by _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT

FORM NO. 1903.60J

REV. # 3 PC #

INVENTORY LIST

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init. Date*
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Cannister Mask w/Iodine Cannister	1				
Iodine Cannister (Spare)	1				
PROTECTIVE CLOTHING	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Anti-C's	2 sets				
POSTING MATERIALS	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Four-Pocket Signs	10				
"Radiation Area" Insert	10				
"High Radiation Area" Insert	10				
"RWP Required for Entry" Insert	10				
"Highest mR/HR Accessible in this Area" 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				
"Type A or B Clothing" Insert	10				
"Type B Clothing" Insert	10				
"Type C Clothing" Insert	10				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT FORM NO. 1903.60J

REV. # 2 PC #

INVENTORY LIST Page 5 of 6

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
"Radioactive Material Area" Insert	10				
"No Access Area" Insert	10				
"Keep Out" Insert	10				
Blank Insert	10				
Radiation Warning Ribbon	3 rolls				
Radiation Warning Tape	3 rolls				
Contamination Warning Tape	3 rolls				
Step-Off Pads	10				
BATTERIES (Batteries not contained within instruments should be replaced during the first quarter inventory). Initials/Date ____/____					
"D" Cell	10				
9-Volt	4				
MISCELLANEOUS	XXXXXXXX	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXX
Pencil	6				
Magic Marker	2				
Clipboard	1				
Flashlight	1				
Bulbs (Spare)	1				
Plastic Bag (sm.)	--				
Plastic Bag (med.)	--				
Plastic Bag (lg.)	--				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: HOSPITAL KIT FORM NO. 1903.60J

REV. #1 PC #

INVENTORY LIST

Page 6 of 6

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PERSONNEL DECONTAMINATION SUPPLIES	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXX
"Rad-Con"	4 cans				
"Tide"	1 box				
Corn Meal	1 pkg.				
Chlorox	1 btl.				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____ Date _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K

REV. # 5 PC #

LOCATION: Administration Building Second Floor

INSTRUCTIONS:

1. Perform a complete inventory of the First Aid Room if the:
   A. First Aid Room is due for inventory.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM | FORM NO. 1903.60K

REV. # 9 PC #

CHECK LIST

Page 2 of 4

Equipment	Minimum Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
DRUGS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Isuprel (Exp. Date)	(1 cc ea.) 2 amps				
Aqueous Ephinephrin 1:1000 (Exp. Date)	(1cc ea.) 2 amps				
Aminophylin (500 mg) (Exp. Date)	(500 mg ea) 2 amps				
Lasix (40 mg/amp) (Exp. Date)	(4 cc ea.) 2 amps				
Valium (10 mg/amp) (Exp. Date)	(2 cc ea.) 2 amps				
Morphine Sulfate (10 mg/cc) (Exp. Date)	(1 cc ea.) 2 amps				
Sodium Bicarbonate (44.6 meq) (Exp. Date)	2 amps				
Decadron (4 mg/cc) (Exp. Date)	(1 cc ea.) 4 amps				
Atropine (1 mg/cc) (Exp. Date)	(1 cc ea.) 2 amps				
Nubain (10 mg/cc) (Exp. Date)	(1 cc ea.) 2 amps				
IV Glucose (50% Dextrose) (Exp. Date)	(50 cc ea.) 2 amps				
Ringers Lactate Solution (Exp. Date)	2 liters				
Xylocaine (2%, Plain) (Exp. Date)	20 cc				
Xylocaine (2%, Cardiac) (Exp. Date)	2 amps				
Pontocaine Eye Drops (Exp. Date)	(5 cc) 1 btl.				
Betadine Skin Antiseptic	1 pt.				
Potassium Iodide	100 Btls.				

*Where applicable

Inventory By ____________________ Date ______________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM FORM NO. 1903.60X
REV. # 7 PC #

INVENTORY LIST Page 3 of 4

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

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRST AID ROOM

FORM NO. 1903.60K
REV. # 2 PC #

INVENTORY LIST

Page 4 of 4

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
Splinter Forceps	1				
Bandage Scissors (~4.5 in.)	1				
Bandage Scissors (~6 in.)	1				
Airways	Asst.				
Oral Screw	1				
Endo Tracheal Tube	Asst.				
Guide for Insertion of Endo Tracheal Tube	1				
Syringe (Asepto, 50cc)	1				
Syringe w/Needle	Asst.				
Blood Chemistry Tube (Exp. Date)	6				
Suture Pack (Exp. Date)	2				
Abbocath	1				
IV Tubing	8 ft.				
Suture Material	Asst.				
Bandage Material	Asst.				
Bandage (Stretch)	Asst.				
Surgical Tape	Asst.				
Exam Gloves	1 box				
Surgical Gloves	6 pr.				

*Where applicable

Inventory By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER A FORM NO. 1903.60I

REV. # 5 PC #

LOCATION: Unit 1 Turbine Building, El. 354'

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.
3. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER 3 FORM NO. 1903.60L
REV. # 2 PC # 2

CHECKLIST Page 2 of 3

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

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

Corrective Actions*	Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER A
FORM NO. 1903.60L
REV. #5 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
SCBA	5				
FIRE FIGHTING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER B | FORM NO. 1903.60M | REV. 5# | PC #

LOCATION: Unit 2 Turbine Building, El. 354'

INSTRUCTIONS:

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. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER B — FORM NO. 1903.60N
REV. # 5 PC #

CHECKLIST — Page 2 of 3

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

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

Corrective Action	Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER B

FORM NO. 1903.60M
REV. # 5 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXX
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXX
SCBA	5				
FIRE FIGHTING EQUIPMENT	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXX
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXX
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

*Where applicable

Inventory By ____________________ Date ____________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER C | FORM NO. 1903.60N | REV. #5 | PC #

LOCATION: Turbine Building, El. 386'

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.
3. Inspect or replace respirators.

NOTES:

1. Quantity should include units, where applicable.
2. Date should include month, day, year.
3. If routine checks are satisfactory, initials should be used to indicate this.
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)

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER C — FORM NO. 1903.60N

REV. # 5 PC #

CHECKLIST

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

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

Corrective Actions*	Init./Date*

*Where applicable; + quarterly only

Checked By _____ Date _____

Reviewed By _____

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: FIRE LOCKER C

FORM NO. 1903.60N

REV. # 5 PC #

INVENTORY LIST

Page 3 of 3

Equipment	Required Quantity	Actual Quantity	Init.	Corrective Actions*	Init./ Date*
PROTECTIVE CLOTHING	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Turn-Out Gear	5 sets				
White Fire Fighter's Helmet	1				
Red Fire Fighter's Helmet	1				
RESPIRATORY PROTECTION EQUIPMENT XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
SCBA	5				
FIRE FIGHTING EQUIPMENT	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Smoke Ejector	2				
Fire Ax	2				
Fire Extinguisher	5				
Handlite w/Batteries	5				
MISCELLANEOUS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
First Aid Kit (Ensure Minimum Inventory)	1				
Stretcher	1				
Blanket	1				
Oxygen Bottle	1				
Hare Traction Splint	1				

*Where applicable

Inventory By ____________________ Date ________________

Reviewed By ____________________

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MISCELLANEOUS EQUIPMENT | FORM NO 1903.600

REV. # 1 PC #

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. If routine checks are satisfactory, initials should be used to indicate this.
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 quarterly inventory
( ) are not due for quarterly inventory

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

Performed By _____ Date _____

Reviewed By _____

Forward To: Emergency Planning Coordinator

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: MISCELLANEOUS EQUIPMENT FORM NO. 1903.600

REV. #5 PC #

Page 2 of 2

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

Corrective Actions*	INITIAL/DATE*

*Where applicable

Checked By _____ Date _____

Reviewed By _____

UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

March 23, 1984

50-313 Arkansas Nuclear One

50-313 Arkansas Nuckear One

MEMORANDUM FOR: Chief, Document Management Branch, TIDC

FROM: Director, Divison of Rules and Records, ADM

SUBJECT: REVIEW OF UTILITY EMERGENCY PLAN DOCUMENTATION

The submitter of the attached document has expressed no desire to withhold any information contained therein. Therefore, this material may now be made publicly available.

J. M. Felton, Director
Division of Rules and Records
Office of Administration

Attachment: As stated

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: TRANSMITTAL | FORM NO. 1013.02H

REV. # 12 PC #

Arkansas Nuclear One
Russellville, Arkansas
Date 3-6-84

MEMORANDUM

TO: 107- NRC

FROM: ANO DOCUMENT CONTROL

SUBJECT: ANO MASTER PLANT MANUAL UPDATE

PROCEDURE NUMBER 1904.04 REV. # 2 PC # _____ TC # _____

PROCEDURE TITLE ESTIMATING AIRBORNE RELEASE RATES

PROCEDURE NUMBER _____ REV. # _____ PC # _____ TC # _____

PROCEDURE TITLE _____

PROCEDURE NUMBER _____ REV. # _____ PC # _____ TC # _____

PROCEDURE TITLE _____

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

PROCEDURE (S)	PAGE (S)

[ ] PROCEDURE (S) HAS BEEN PLACED IN YOUR SET OF THE PLANT MANUAL.

[✓] PROCEDURE (S) SHOULD BE PLACED IN YOUR SET OF THE PLANT MANUAL.

NOTE: PLEASE RETURN SIGNED TRANSMITTAL TO DOCUMENT CONTROL - 4TH FLOOR:

SIGNATURE _____ DATE _____

UPDATED