

Document Transmittal Form

To: NRC WASHINGTON
DOCUMENT CONTROL DESK
WASHINGTON, DC 20555

ID: EPIP059

Date: 19991229

Please update your controlled set of documents with the following list of documents:

Document ID	Revision	Status	Quantity	Format	RecNo
PRC AIEE TOC 000	1	A	1	H	28054
PRC NC.EP-EP.ZZ-0701 000	1	A	1	H	28075

This acknowledgement receipt must be returned within 5 working days to:

Document Management:
PSEG Nuclear
BOX 236
Hancocks's Bridge, NJ 08038

MC N04

Your signature below verifies that:

(1) the above documents have been filed and superseded documents have been removed and destroyed or clearly marked as obsolete.

(2) the mailing address and copy holder information are correct or corrections have been identified on this transmittal.

Place checkmark here to remove from controlled distribution

Signature: _____

Date: _____

A045

NUCLEAR BUSINESS UNIT
EOF IMPLEMENTING PROCEDURES
December 29, 1999

PSE&G
CONTROL

CHANGE PAGES FOR
REVISION #01

COPY # EPIP059

The Table of Contents forms a general guide to the current revision of each section of the EOF EPIP. The changes that are made in this TOC Revision #01 are shown below. Please check that your revision packet is complete and remove the outdated material listed below:

ADD			REMOVE		
<u>Page</u>	<u>Description</u>	<u>Rev.</u>	<u>Page</u>	<u>Description</u>	<u>Rev.</u>
All	T.O.C.	01	All	T.O.C.	00
All	NC.EP-EP.ZZ-0701	01	ALL	NC.EP-EP.ZZ-0701	00

NUCLEAR BUSINESS UNIT EMERGENCY PLAN
EOF IMPLEMENTING PROCEDURES
TABLE OF CONTENTS
December 29, 1999

PSE&G
CONTROL
COPY # EPIPO59

EMERGENCY OPERATIONS FACILITY (EOF) PROCEDURES

EMERGENCY COORDINATOR RESPONSE:		<u>Revision Number</u>	<u>Number of Pages</u>	<u>Effective Date</u>
NC.EP-EP.ZZ-0401(Q)	Emergency Response Manager Response	00	11	04/01/99
NC.EP-EP.ZZ-0402(Q)	Site Support Manager Team Response – EOF	00	9	04/01/99
NC.EP-EP.ZZ-0403(Q)	Public Information Liaison (PIL) – EOF	00	8	04/01/99
NC.EP-EP.ZZ-0404(Q)	Protective Action Recommendations (PARS) Upgrades	00	12	04/01/99
NC.EP-EP.ZZ-0405(Q)	Emergency Termination/ Reduction/Recovery	00	8	04/01/99
ENGINEERING RESPONSE (EOF):				
NC.EP-EP.ZZ-0501(Q)	EOF – Integrated Engineering Response	00	8	04/01/99
RADIATION PROTECTION RESPONSE (EOF):				
NC.EP-EP.ZZ-0601(Q)	Radiological Support Manager And Radiological Assessment Staff Response	00	32	04/01/99
NC.EP-EP.ZZ-0602(Q)	EOF Radiological Dose Assessment	00	26	04/01/99
NC.EP-EP.ZZ-0603(Q)	Field Monitoring	00	51	04/01/99
NC.EP-EP.ZZ-0604(Q)	Helicopter Plume Tracking	00	12	04/01/99
ADMINISTRATIVE SUPPORT RESPONSE (EOF):				
NC.EP-EP.ZZ-0701(Q)	Administrative Support EOF	01	25	12/29/99

NC.EP-EP.ZZ-0701(Q) – Rev. 01

ADMINISTRATIVE SUPPORT - EOF

USE CATEGORY: II

REVISION SUMMARY:

This procedure includes revisions which changes from the non-Y2K compliant emergency response callout system (Microlog) to the new (DCC) Y2K compliant emergency response callout system.

PSE&G
CONTROL
COPY # EPIPO59

IMPLEMENTATION REQUIREMENTS

Effective Date: _____

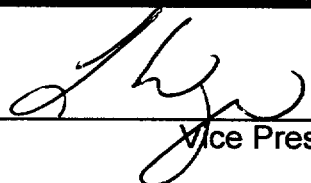
APPROVED: _____



Manager – CA, EP, & IT

12/22/99
Date

APPROVED: _____



Vice President – Nuclear Operations

12/23/99
Date

ADMINISTRATIVE SUPPORT - EOF

TABLE OF CONTENTS

<u>Section</u>	<u>Title</u>	<u>Page</u>
1.0	PURPOSE	3
2.0	PREREQUISITES	3
3.0	PRECAUTIONS AND LIMITATIONS.....	3
	3.1 Emergency Staffing / Relief	3
	3.2 Emergency Documentation / Records Control.....	3
4.0	EQUIPMENT REQUIRED	3
5.0	PROCEDURE.....	4
	5.1 Administrative Support Manager/Staff	4
	5.2 Prior to Activation of Facility.....	4
	5.3 Post Activation of Facility	6
	5.4 Emergency Callout System Instructions - Initial Staffing	7
	5.5 Emergency Callout System Instructions - Unfilled Positions Only	8
	5.6 Emergency Callout System Instructions - Shift Relief.....	8
	5.7 Event Termination/Closeout.....	10
6.0	RECORDS.....	10
7.0	REFERENCES	10
	7.1 References	10
	7.2 CROSS-REFERENCES	10

ATTACHMENTS

Attachment 1 (Support Items List) 11
Attachment 2 (IT Support Supervisor Checklist)..... 12
Attachment 3 (EOF Layout) 13
Attachment 4 (EOF Shift Relief Schedule/Manning Chart) 14
Attachment 5 (Emergency Callout Instructions)..... 15
Attachment 6 (EOF Facility Inventory Lists)..... 16
Attachment 7 (Procedure Completion Sign-off Sheet)..... 23

FORMS

Form-1 (Telecopy Log Form NC.EP-Ep.ZZ-0701-1 25

1.0 **PURPOSE**

To provide direction for the emergency actions of the Administrative Support Manager (ASM) and Administrative Support Team in the Emergency Operations Facility (EOF).

2.0 **PREREQUISITES**

- 2.1 An emergency has been declared at Salem or Hope Creek Nuclear Generating Station and the Emergency Operations Facility (EOF) is required to be staffed.
- 2.2 Refer to Attachment 7, Procedure Completion Sign-off Sheet, for information and instructions regarding Category 2 place keeping and document completion

3.0 **PRECAUTIONS AND LIMITATIONS**

3.1 **Emergency Staffing / Relief**

- 3.1.1 The ASM and the Administrative Support Supervisor (ASSUP) in the Technical Support Center (TSC) and the Emergency News Center (ENC) Operations Supervisor in the ENC should coordinate the assessment and completion of minimum staffing of the Emergency Response Facilities (ERFs).
- 3.1.2 After completion of initial staffing, ASM, ENC Operations Supervisor and the ASSUP should begin to assess and arrange relief staffing in order to continue 24-hour minimum staffing of ERFs.

3.2 **Emergency Documentation / Records Control**

- 3.2.1 All written communications and documentation produced during an emergency are important for recording actions taken and reconstruction of events.
- 3.2.2 The ASM should ensure that EOF Administrative Support Team captures and controls all material received and generated throughout the emergency on Form 1 Telecopy Log.

4.0 **EQUIPMENT REQUIRED**

Telephones and Telecopiers
 Reproduction Equipment
 Stationery Supplies

5.0 **PROCEDURE**

5.1 **Administrative Support Manager/Staff**

5.1.1 **INITIATE AND MAINTAIN** a chronological log of activities and events. _____

5.1.2 **INFORM** Emergency Response Manager (ERM) of arrival and when prepared to assume functional duties. _____

5.1.3 **DIRECT** staff to verify operation of the following:

- Telephone lines _____
- Telecopiers _____
- Reproduction equipment _____

5.1.4 **DIRECT** the Information Technology (IT) Support Supervisor to implement Attachment 2 of this procedure. _____

5.1.5 **DIRECT** any communications, data transmission, and computer problems to the IT Support Supervisor for resolution. _____

5.1.6 **COORDINATE** mobilization of additional personnel at all Emergency Response Organization (ERO) locations as required. _____

5.2 **Prior to Activation of Facility**

5.2.1 **SET** the digital wall clock according to Safety Parameters Display System (SPDS) time (large screens). **SET** the clock in the Admin Support area and Conference Room 47 to SPDS time. _____

5.2.2 **RUN** test copy through copy machine **AND MAKE** copies of any data sheets found in telecopier tray for distribution. _____

5.2.3 **ENSURE** data sheets are properly date-stamped and initialed prior to distribution. _____

5.2.4 **RUN** telecopier test to ensure proper operation of equipment. _____

5.2.5 **DESIGNATE** Administrative Support Team members to perform the following duties: _____

- A. **PERFORM** telecopier and copy machines duties (i.e., receive and stamp incoming forms and make sufficient copies for distribution). _____
- B. **UTILIZE** Form 1, Telecopy Log, to keep track of all documents received and sent. _____
- C. **PLACE** a sequential log number on the Form 1 AND on the upper left-hand corner of each page of each form. _____
- D. **MAINTAIN** original as the record copy placed face down in the incoming basket in Admin Support work area, in sequential order. _____
- E. **DISTRIBUTE** copies to staff by placing a copy in each burgundy in-basket. _____
- F. **ASSIST** in updating key status boards and electronic status boards. _____
- G. **PLACE** signs (8) on outer parameters of the EOF locked doors, stating emergency in progress. _____
- H. **OBTAIN** additional administrative supplies as needed from anywhere in the Nuclear Training Center (NTC). _____

5.2.6 **ESTABLISH** contact with the Administrative Support Supervisor (ASSUP) in the TSC and the ENC Operations Supervisor. _____

5.2.7 **DIRECT** Personnel Supervisor to perform the following: _____

- A. **LOCATE** the Emergency Callout System Staffing Report on the fax machine in your area. _____
- B. **REVIEW** the staffing report to ensure all response positions have been filled. Refer to Section 5.4 for additional instructions on Initial Staffing. _____

5.2.8 **IF** EOF area does not appear to be setup correctly, **THEN COORDIATE** area setup as per EOF layout in Attachment 3. _____

5.3 **Post Activation of Facility**

5.3.1 **IF** directed by ERM to initiate/plan-for shift relief, **THEN** **ESTABLISH** 24-hour personnel coverage (Two 12-hour shifts)/personnel recall for all Emergency Response Facilities (ERFs) as follows:

- **DIRECT** Personnel Supervisor to implement Section 5.6 Shift Relief **OR**
- **DIRECT** Personnel Supervisor to implement a manual callout, which may be used in place of the automated callout. EOF Shift Relief Schedule/Manning Chart, Attachment 4, may be used to aid in manning. Manual callout should be completed in accordance with Attachment 5, Emergency Callout Instructions. Assist/Coordinate manual callout with the ASSUP and ENC Operations Supervisor in performing a manual callout as needed for their reliefs.

5.3.2 **DESIGNATE** Administrative Support Team members to continue to perform the following duties:

- A. **PERFORM** telecopier and copy machines duties (i.e., receive and stamp incoming forms and make sufficient copies for distribution).
- B. **UTILIZE** Form 1, Telecopy Log, to keep track of all forms received and sent.
- C. **PLACE** a sequential log number on the Form 1 **AND** on the upper left-hand corner of each page of each form.
- D. **MAINTAIN** original as the record copy placed face down in the incoming basket in Admin Support work area, in sequential order.
- E. **DISTRIBUTE** copies to staff by placing a copy in each burgundy in-basket.
- F. **ASSIST** in updating key status boards and electronic status boards.

5.3.3 **DETERMINE** the needs for food, lodging, equipment, and transportation for EOF/Emergency News Center (ENC) personnel **AND COORDINATE** any similar needs for onsite facilities with the Administrative Support Supervisor at the TSC.

- 5.3.4 **IF** there is a serious injury or fatality of a NBU employee
- **THEN NOTIFY** the employee's department manager and direct the department manager to coordinate notification of the employee's family.
 - **ENSURE** that the Public Information Liaison (PIL) does not provide information concerning the name of the subject employee to the ENC before it is certain that the employee's family has been notified.
- 5.3.5 **COORDINATE** the support items listed on Attachment 1 for the Station Emergency Response Team using EOF purchasing representative in the EOF.

NOTE

Reference EP Phone directory (Emergency Personnel Phone Lists) for additional/alternate telephone numbers.

- 5.3.6 **IF** the emergency is classified a Site Area Emergency or higher
- THEN CONTACT** one of the Claims Department personnel listed in the PSE&G Support Department list in the EP Phone directory. Start at the top of list and work down until one individual is notified.

5.4 **Emergency Callout System Instructions - Initial Staffing**

- 5.4.1 **LOCATE** the Callout System Staffing Report on the fax machine in your area.

NOTE

The Staffng Report is by position in alphabetical order.

- 5.4.2 **REVIEW** the staffing report to ensure all response positions have been filled **AND MAKE NOTE** of any unfilled positions.
- 5.4.3 **IF** all positions are filled
- THEN ADVISE** the ERM that all positions are filled **AND** proceed to step 5.6 when shift relief is required.

5.4.4 **IF** any positions are identified as unfilled

THEN immediately **INFORM** the ERM. **ADVISE** the ERM that the callout system will generate a Staffing Report every 30 minutes from the time of system activation. If the report is \geq 60 minutes, proceed to section 5.5.1.

5.5 **Emergency Callout System Instructions - Unfilled Positions Only**

5.5.1 **ADVISE** ERM that you will initiate manual callout for all remaining unfilled positions IAW "Confidential Emergency Personnel Directory."

A. **REFER** to the Staffing Report **AND CREATE** a list of all unfilled positions.

B. **OBTAIN** from file cabinet in Room 50, the "Confidential Emergency Personnel Directory" for the effected Station **AND CROSS-REFERENCE** names that correspond with the unfilled positions identified in Step 5.4.2/5.6.5 if performing this step for shift relief.

5.5.2 **IF** the emergency is taking place during normal work hours Monday through Friday

THEN UTILIZE office extensions and pagers listed in the "Confidential Emergency Personnel Directory".

5.5.3 **IF** plant page support is required

THEN REQUEST the ASSUP to coordinate contacting personnel who may be on site.

5.5.4 **IF** the emergency is taking place during off hours, weekends, or holidays,

THEN CONTACT appropriate personnel at their home telephone number or pager listed in the "Confidential Emergency Personnel Directory" maintained in file cabinet in Room 50 in accordance with Attachment 5, Emergency Callout Instructions .

5.6 **Emergency Callout System Instructions - Shift Relief**

5.6.1 **IF** shift relief is required

CONFER with ERM and Radiological Support Manager (RSM) to determine if shift relief personnel should report directly to their ERFs or if an alternate destination should be selected/required

due to radiological or environmental conditions. Mark the decision with an "X" below and **Record** alternate destination in space provided in Step 5.6.3.: _____

_____ NORMAL DESTINATION _____ ALTERNATE DESTINATION

THEN if normal destination is desired contact the EPA (TSC) or the EPA/EPC (EOF) and request that he/she activate the Emergency Callout System for an Emergency using the confidential envelop in the work files marked EPA/EPC. All facilities should make an announcement that the Emergency Callout System is about to be activated for shift relief and personnel in the facilities should not respond when their pager activates. _____

5.6.2 **INSTRUCT** the EPA/EPC to contact you immediately if there is a failure detected in the system - provide your telephone number to the EPA/EPC. _____

THEN Implement attachment 1 of EPIP 204 S/H. _____

5.6.3 **IF** "Alternate Destination" is selected _____

THEN DETERMINE the exact destination and implement Attachment 1 of EPIP 204 S/H. Examples of Alternate Destinations follow: _____

Holiday Inn, Bridgeport, New Jersey

Nuclear Training Center Salem, New Jersey

Record "Alternate Destination" and/or Special instructions: _____

5.6.4 **IF** all relief positions are filled _____

THEN ADVISE the ERM that all positions are filled. _____

5.6.5 **IF** any relief positions are identified as unfilled _____

THEN immediately **INFORM** the ERM. If the report \geq 60 minutes refer back to Step 5.5.1. _____

5.6.6 **WHEN** relief staffing is complete,
ADVISE ERM that staffing is complete.

5.6.7 Before ERO shift relief commences, **RECOMMEND** to the ERM that all personnel in all ERFs being relieved of duty receive a report back time to their facility (12 hours after shift turnover).

5.7 **Event Termination/Closeout**

5.7.1 **RESTORE** the Facility to its original state.

5.7.2 **VERIFY** that there are five (5) copies of each procedure and attachment in each file.

5.7.3 **PERFORM/COORDINATE** an inventory of the facility per Att. 6.

5.7.4 **REMOVE** all signs placed on EOF doors.

5.7.5 **ENSURE** that the EOF is made ready for another emergency before leaving the facility.

5.7.6 **ATTACH** any referenced or completed EIPs and attachments.

5.7.7 **FORWARD** all completed documents to the Manager – CA, EP, & IT.

6.0 **RECORDS**

Manager – CA, EP, & IT to ensure that procedure is retained as a record.

7.0 **REFERENCES**

7.1 **References**

7.1.1 Nuclear Business Unit Emergency Plan

7.2 **CROSS-REFERENCES**

7.2.1 Emergency Response Callout/Personnel Recall EPIP 204H

7.2.2 Emergency Response Callout/Personnel Recall EPIP 204S

ATTACHMENT 1
Page 1 of 1
Support Items List

Personnel

- a. Clerical
- b. Custodial
- c. Labor Manpower

Lodging/Transportation

- a. Motel/Hotel
- b. Transports from airports
- c. Rental Cars
- d. Reservations - air, etc.

Equipment

- a. Furniture – desks, etc.
- b. Audio/Visual equipment
- c. Office supplies

Office Services

- a. Reproduction
- b. Word processing
- c. Typing

Administrative Services

- a. Labor Relations

Food

- a. Meals for 24-hour operation
- b. Bottled water

Communications

- a. Telephones
- b. Beepers
- c. Mobile Units

Procurement/Purchasing

- a. Onsite Supplies/Equip.

Fiscal Services

- a. Petty Cash
- b. Expense Accounts
- c. Payroll

Facilities

- a. Sanitary
- b. Trailers - mobile offices

ATTACHMENT 2
Page 1 of 1
IT Support Supervisor Checklist

The IT Support Supervisor should perform the following:

- REPORT to the ASM to receive a briefing on the emergency status. _____
- INITIATE log of activities. _____
- UPDATE the ASM on changing telecommunication system status. _____
- IMPLEMENT ND.IN-TS.ZZ-4006 (Z), Information Technology Disaster Recovery procedure as needed. _____
- VERIFY operability of communications equipment. _____
- CHECK status of IT infrastructure/facilities. _____
- NOTIFY 24-hour IT Operations Staff in Newark and as needed obtain their support/assistance. _____
- COMPARE any IT problems to IT outage schedule. _____
- EVALUATE with EOF staff assistance if emergency has any IT impacts. _____
- ANTICIPATE the loss of power to IT aux. buildings and ENSURE equipment vital to continued operation and emergency response remain stable. _____
- ENSURE backup tapes and other important data storage media are ready and available if needed. _____

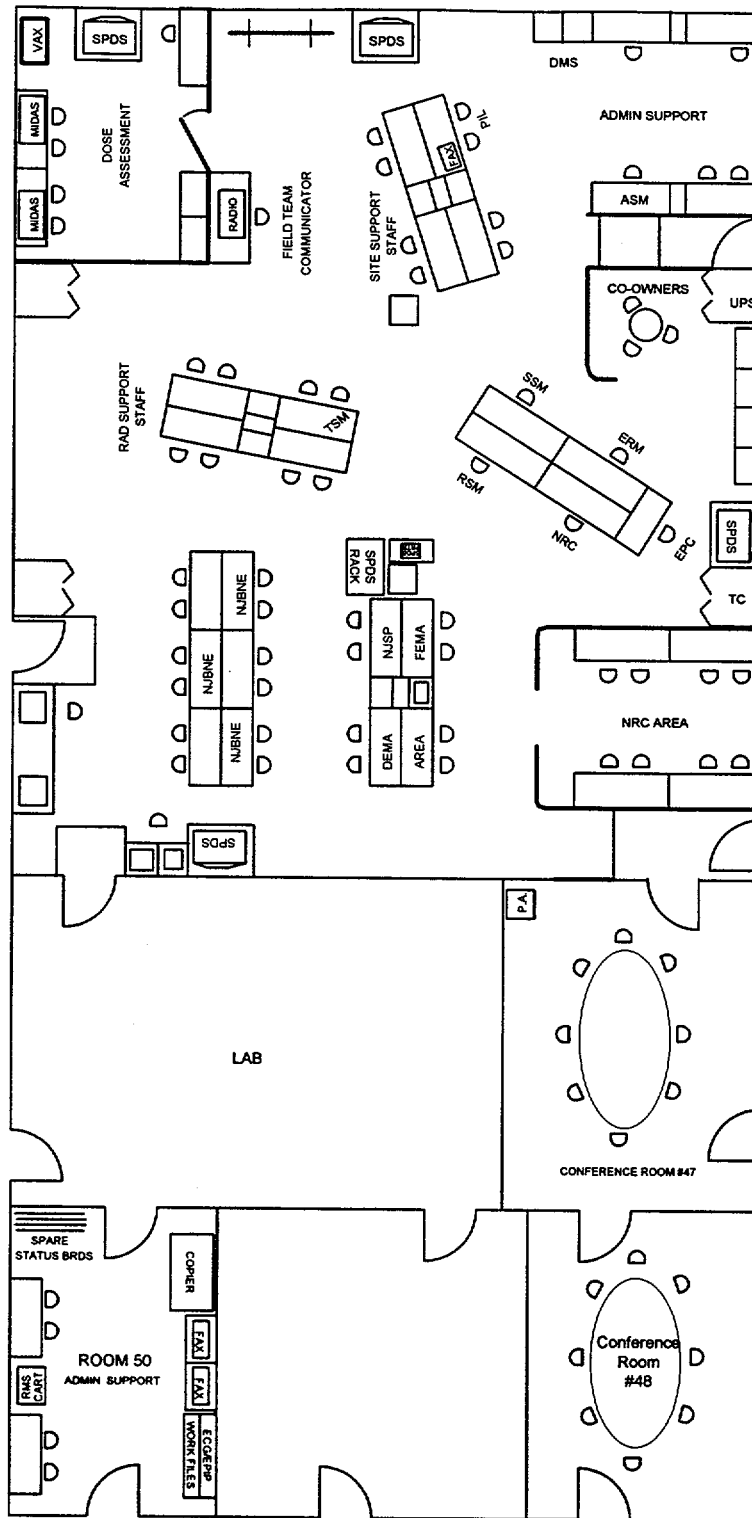
CAUTION

Personnel reporting to the site (outside of the Protected Area) must be cleared through the RSM in the EOF and continuously accounted for to ensure their safety. Personnel reporting within the protected area must be cleared through the Radiological Assessment Coordinator (RAC) in the TSC and report to the Operations Support Center (OSC) for briefing prior to dispatch to the work location.

- COORDINATE additional IT support personnel callout with the ASM. _____
- FORWARD all completed forms to the ASM upon termination. Attach any referenced or completed procedures and attachments. _____

ATTACHMENT 3

EMERGENCY OPERATIONS FACILITY LAYOUT



ATTACHMENT 4

Page 1 of 1

EOF SHIFT RELIEF SCHEDULE/MANNING CHART

Date: _____

Time: _____

POSITION	TITLE	SHIFT #1	SHIFT #2
A-01	Emer Response Manager		
A-05	Emer Prep Coord		
G-13	Public Info Liaison		
D-01	Rad Support Manager		
D-02A	Rad Assess Duty Tm		
D-02A	Rad Assess Duty Tm		
D-02B	Rad Assess Supt Tm		
D-02B	Rad Assess Supt Tm		
D-03	Field Team Comm		
D-04A	Offsite Tm RP Monitor		
D-04A	Offsite Tm RP Monitor		
D-04B	Offsite Tm Driver		
D-04B	Offsite Tm Driver		
F-09	Tech Support Manager		
F-11	Licensing Support		
J-01	Admin Support Manager		
J-02A	Personnel Supervisor		
J-02B	Purchasing Support		
J-02C	Material Control Supp		
J-02D	Admin Support		
J-02D	Admin Support		
J-02D	Admin Support		
J-02D	Admin Support		
J-02E	IT Support Supervisor		
A-02	Site Support Manager		
I-03	Emergency Preparedness Advisor		
I-05A	SSM Staff Ops Advisor		
I-05	SSM Staff – EOF Comm 1		
I-05	SSM Staff – EOF Comm 2		
I-02	Security Liaison		
I-04	Security Force Member *		

*Coordinate shift relief with Security

ATTACHMENT 5
Page 1 of 1
Emergency CALLOUT Instructions

All personnel being called out to respond to an emergency should be asked the following:

a. "Have you refrained from the consumption of alcohol in the past five (5) hours?"

YES NO

b. "Do you feel that you are fit for duty and able to report?"

YES NO

If response to question a and b is YES, continue with callout message or instructions.

If response to question a or b is NO, inform personnel that no further action is required and they may be called at a later time for shift relief callout. Continue with additional callout until the position is filled.

When staffing is complete, advise ERM and continue with other duties as required.

Always refer back to this attachment when calling out additional support for the emergency response for any reason.

**ATTACHMENT 6
Page 1 of 7
EOF Facility Inventory Lists
GOVERNMENT/STATE AGENCIES**

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
NJ BNE RADIO	1		
Emergency First Aid Kit	1		
Stability Maps	3		
Delaware Radiological Emergency Plan	1		
Delaware Rep/S.O.P's Volume I & II	2		
NJ Rad Emergency Response Plan (RERP)	1		
NJ RERP/Impl. Proc.	1		
NJ RERP/Counties Affected	1		
NJ RERP/Standard Ops. Proc.	1		
NJ BNE FAX	1		
DEMA FAX	1		
Misc. Admin. Supplies	SAT	UNSAT	

Completed By: _____ Date: _____

ATTACHMENT 6
Page 2 of 7
EOF Facility Inventory Lists
SSM/SITE SUPPORT STAFF

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
NBU - Emergency Plan (#82)	1		
NBU EPIP - Salem (#82)	1		
NBU EPIP - Hope Creek (#82)	1		
NBU EPIP - EOF (#82)	1		
ECG - Salem (#33)	1		
ECG - Hope Creek (#27)	1		
INPO Resource Manual	1		
Region I Incident Response Volume I	1		
Region I Incident Response Volume II	1		
PIL FAX	1		
Misc. Admin. Supplies	SAT	UNSAT	

Completed By: _____ Date: _____

**ATTACHMENT 6
Page 3 of 7
EOF Facility Inventory Lists
ASM/ASM STAFF**

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
Drill In - Progress Signs	8		
Emergency In-Progress Signs	8		
EP Phone Number Directory NC.EP-WB.ZZ-0001(Z)	1		
EOF log books	10		
Misc. Admin. Supplies – to include adequate phone books and purchasing catalogs.	SAT	UNSAT	

Completed By: _____ Date: _____

ATTACHMENT 6
Page 4 of 7
EOF Facility Inventory Lists
ERM/ERM STAFF

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
NBU - EPIP (1 set cc #81)	8		
ECG - Salem (#34)	1		
ECG - Hope Creek (#26)	1		
HCGS Fire & Med. Emerg. Resp. (#95)	2		
SNGS Fire & Med. Emerg. Resp. (#66)	1		
Misc. Admin. Supplies	SAT	UNSAT	

Completed By: _____ Date: _____

ATTACHMENT 6
Page 5 of 7
EOF Facility Inventory Lists
RSM/RAD SUPPORT STAFF

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
EOF Radio Base Station	1		
Portable Radios - VFW F1-F4	4		
Radio Charger	1		
Misc. Admin. Supplies	SAT	UNSAT	
NBU Emergency Plan (cc #84)	1		
NBU - EPIP Salem (cc #84)	1		
NBU - EPIP Hope Creek (cc #84)	1		
NBU - EPIP EOF (cc #84)	1		
ECG - Salem (cc #36)	1		
ECG - Hope Creek (cc #25)	1		
RMS Manual - Salem Unit 1 (PSPB315733) (cc #26)	1		
RMS Manual - Salem Unit 2 (PSPB315734) (cc #26)	1		
Evacuation Time Estimates for SNGS and HCGS	2		
Handbook of Radioactivity Measurements	1		
Hope Creek Ventilation and RMS Review 10/3/85	2		
Emergency First Aid Kit	1		
Blk/Color MIDAS Print Cartridges	2 each		
Radiological Health Handbook	1		

Completed By: _____ Date: _____

ATTACHMENT 6
Page 6 of 7
EOF Facility Inventory Lists
TSM

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
Artificial Island Emergency Plan (cc #83)	1		
EPIP - Salem (cc #83)	1		
EPIP - Hope Creek (cc #83)	1		
EPIP - EOF (cc #83)	1		
ECG - Salem (cc #35)	1		
ECG - Hope Creek (cc #28)	1		
Mark Standard Handbook for Mechanical Engineer	1		
Perrys Chemical Engineers Handbook	1		
Steam Tables	3		
Calculators	2		
Crane-Flow of Fluids	1		

Note: manuals normally stored in Room 48

Completed By: _____ Date: _____

ATTACHMENT 6
 Page 7 of 7
 EOF Facility Inventory Lists
 AMINISTRATIVE SUPPORT/MISC. - Room 50

EQUIPMENT/PLANS AND/OR PROCEDURES	MINIMUM QTY.	QTY. FOUND	CORRECTIVE ACTION TAKEN
Transmitting Telecopier (Rm 50) NETS 5034	1		
Receiving Telecopier (Rm 50) NETS 5035	1		
Copy Machine	1		
Control Copy Work Files	5 copies each		
Misc. Admin. Supplies	SAT	UNSAT	

Completed By: _____ Date: _____

**ATTACHMENT 7
Page 1 of 2
PROCEDURE COMPLETION SIGN-OFF SHEET**

1.0 INFORMATION AND INSTRUCTIONS FOR DOCUMENT COMPLETION

1.1 Category II Place Keeping Is Provided To:

- Track job and task progress.
- Document completion of important steps.
- Establish procedural holds/supervisor notifications.

1.2 Multiple personnel may perform the various sections and steps of this procedure. Individuals should indicate in the Sign-off Section which specific sections or steps they performed.

1.3 Final sign-off document completion of the procedure. The individual(s) performing the procedure should print their name and sign in the spaces provided. Note exceptions and applicable steps where indicated.

1.4 Any procedural step marked "not applicable" (N/A) shall have the rationale explained in Section 2.1 of this attachment.

2.0 SIGN-OFFS

Printing and signing, in the spaces provided, signifies that this procedure was completed with all remarks and exceptions noted.

***** ATTACH ADDITIONAL SHEETS , AS NECESSARY *****

PRINT NAME	SIGNATURE	INITIALS	DATE	SECTIONS/STEPS PERFORMED

ATTACHMENT 7
Page 2 of 2

2.1 Exceptions/Comments/Explanations: (IF NONE, ENTER "NONE")

ALL STEPS AND DATA FIELDS MARKED AS N/A REQUIRE AN EXPLANATION

2.2 Forward completed procedure to ERM for review.

3.0 **ERM Review**

Procedure reviewed/completed:

Signature

Badge Number

Date

**FORM 1
NC.EP-EP.ZZ-0701-1
Telecopy Log Form**

STATION/UNIT: _____

PAGE ____ OF ____

DATE: _____

No.*	Time	Rec'd (R) Sent (S)	Subject (Refer to Legend)	Initials

*Assign a sequential number to all documents except for test transmittals.

LEGEND:

ARR = Activity Report Roster
 ERFR = Integrated ERF Roster
 MEES = Major Equip. & Elec Status
 OPS = Operational Status Board
 RADS = Radiological Assessment Data Sheet
 SRS = Shift Relief Schedule (2 pgs.)

DADS = Dose Assessment Data Sheet
 ICMF = Initial Contact Message Form
 NRCD = NRC Data Sheet (2 pgs.)
 PDL = Plant Display Locations (2 pgs.)
 RE = Reduction in Event
 SSCL = Station Status Checklist (2 pgs.)