

原管発官27第201号

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原子力規制委員会  
原子力規制庁  
原子力災害対策・核物質防護課長  
荒木 真一 殿

東京電力株式会社  
原子力運営管理部

福島第二原子力発電所原子力事業者防災業務計画における一部変更について

「福島第二原子力発電所原子力事業者防災業務計画」につきまして、次回修正までの間、添付の表の通り一部変更して運用させていただきますので、よろしくお願い致します。

添付資料

- ・「福島第二原子力発電所原子力事業者防災業務計画」の一部変更対照表

以上

平成 2 7 年 1 1 月 5 日  
東 京 電 力 株 式 会 社  
福 島 第 二 原 子 力 発 電 所

## 「福島第二原子力発電所 原子力事業者防災業務計画」の一部変更対照表

※注記：「福島第二原子力発電所原子力事業者防災業務計画」における変更箇所は,” 二重下線 “にて明示しています。

| 頁          | 現行  | 修正案   | 理由                     |
|------------|---|---|------------------------|
| <p>Ⅱ－３</p> | <p>別図２－３ 原子力災害対策指針に基づく警戒事象発生時の通報経路</p> <p> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span> : 原子力災害対策指針に基づく警戒事態発生時の通報先<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話によるファクシミリ着信の確認<br/> <span style="border-bottom: 1px dashed black; display: inline-block; width: 20px;"></span> : ファクシミリによる送信<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話等による連絡         </p> <p>※１：浪江町，広野町，いわき市，田村市，南相馬市，川俣町，川内村，葛尾村，飯館村<br/>           ※２：いわき中央警察署，いわき南警察署，いわき東警察署，いわき市消防本部，南相馬警察署，相馬地方広域消防本部，田村警察署，郡山地方広域消防組合消防本部，福島警察署，伊達地方消防組合消防本部，田村消防署，相馬消防署，南相馬消防署，浪江消防署，平消防署，小名浜消防署，勿来消防署，常磐消防署，内郷消防署<br/>           ※３：ファクシミリ，電話等による通信手段が遮断された場合は，衛星携帯電話を所持した者を派遣<br/>           ※４：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | <p>別図２－３ 原子力災害対策指針に基づく警戒事象発生時の通報経路</p> <p> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span> : 原子力災害対策指針に基づく警戒事態発生時の通報先<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話によるファクシミリ着信の確認<br/> <span style="border-bottom: 1px dashed black; display: inline-block; width: 20px;"></span> : ファクシミリによる送信<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話等による連絡         </p> <p>※１：浪江町，広野町，いわき市，田村市，南相馬市，川俣町，川内村，葛尾村，飯館村<br/>           ※２：いわき中央警察署，いわき南警察署，いわき東警察署，いわき市消防本部，南相馬警察署，相馬地方広域消防本部，田村警察署，郡山地方広域消防組合消防本部，福島警察署，伊達地方消防組合消防本部，田村消防署，相馬消防署，南相馬消防署，浪江消防署，平消防署，小名浜消防署，勿来消防署，常磐消防署，内郷消防署<br/>           ※３：ファクシミリ，電話等による通信手段が遮断された場合は，衛星携帯電話を所持した者を派遣<br/>           ※４：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | <p>福島県の組織改正に伴う名称変更</p> |

| 頁   | 変更前   | 変更後   | 理由              |
|-----|---|---|-----------------|
| Ⅱ－４ | <p>別図２－４ 原子力災害対策特別措置法第１０条第１項に基づく通報経路（１／２）<br/>（１）発電所内での事象発生時の通報経路</p> <p> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span> : 原子力災害対策特別措置法第１０条第１項に基づく通報先<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話によるファクシミリ着信の確認<br/> <span style="border-bottom: 1px dashed black; display: inline-block; width: 20px;"></span> : ファクシミリによる送信<br/> <span style="border-bottom: 1px dotted black; display: inline-block; width: 20px;"></span> : 電話等による連絡         </p> <p>※１：浪江町、広野町、いわき市、田村市、南相馬市、川俣町、川内村、葛尾村、飯館村<br/>         ※２：いわき中央警察署、いわき南警察署、いわき東警察署、いわき市消防本部、南相馬警察署、相馬地方広域消防本部、田村警察署、郡山地方広域消防組合消防本部、福島警察署、伊達地方消防組合消防本部、田村消防署、相馬消防署、南相馬消防署、浪江消防署、平消防署、小名浜消防署、勿来消防署、常磐消防署、内郷消防署<br/>         ※３：ファクシミリ、電話等による通信手段が遮断された場合は、衛星携帯電話を所持した者を派遣<br/>         ※４：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | <p>別図２－４ 原子力災害対策特別措置法第１０条第１項に基づく通報経路（１／２）<br/>（１）発電所内での事象発生時の通報経路</p> <p> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 10px;"></span> : 原子力災害対策特別措置法第１０条第１項に基づく通報先<br/> <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> : 電話によるファクシミリ着信の確認<br/> <span style="border-bottom: 1px dashed black; display: inline-block; width: 20px;"></span> : ファクシミリによる送信<br/> <span style="border-bottom: 1px dotted black; display: inline-block; width: 20px;"></span> : 電話等による連絡         </p> <p>※１：浪江町、広野町、いわき市、田村市、南相馬市、川俣町、川内村、葛尾村、飯館村<br/>         ※２：いわき中央警察署、いわき南警察署、いわき東警察署、いわき市消防本部、南相馬警察署、相馬地方広域消防本部、田村警察署、郡山地方広域消防組合消防本部、福島警察署、伊達地方消防組合消防本部、田村消防署、相馬消防署、南相馬消防署、浪江消防署、平消防署、小名浜消防署、勿来消防署、常磐消防署、内郷消防署<br/>         ※３：ファクシミリ、電話等による通信手段が遮断された場合は、衛星携帯電話を所持した者を派遣<br/>         ※４：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | 福島県の組織改正に伴う名称変更 |

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| Ⅱ―6 | <p>別図2-5 原子力災害対策特別措置法第10条第1項の通報後の連絡経路（1/2）<br/>（1）発電所内での事象発生時の連絡経路</p> <p>福島県危機管理部原子力安全対策課（福島県知事）※4<br/>楡葉町環境防災課（楡葉町長）※4<br/>富岡町安全対策課（富岡町長）※4<br/>福島県原子力センター<br/>大熊町環境対策課※4<br/>双葉町住民生活課※4<br/>関係周辺市町村※1※4<br/>福島県警察本部警備部災害対策課<br/>双葉警察署<br/>双葉地方広域市町村圏組合消防本部<br/>富岡労働基準監督署<br/>福島海上保安部警備救難課<br/>関係周辺市町村消防署及び警察署※2※5<br/>福島第二原子力規制事務所<br/>経済産業省東北経済産業局総務企画部総務課<br/>現地事故対策連絡会議又は原子力災害合同対策協議会（オフサイトセンター）<br/>福島県災害対策本部 ※3<br/>楡葉町災害対策本部 ※3<br/>富岡町災害対策本部 ※3</p> <p>本店対策本部<br/>官庁連絡班長</p> <p>内閣府（内閣総理大臣）<br/>原子力規制庁 原子力災害対策・核物質防護課（原子力規制委員会）<br/>経済産業省 資源エネルギー庁 原子力政策課<br/>内閣官房<br/>原子力災害対策本部（内閣府内）又は関係省庁事故対策連絡会議<br/>社内関係箇所</p> <p>※1：浪江町、広野町、いわき市、田村市、南相馬市、川俣町、川内村、葛尾村、飯館村<br/>※2：いわき中央警察署、いわき南警察署、いわき東警察署、いわき市消防本部、南相馬警察署、相馬地方広域消防本部、田村警察署、郡山地方広域消防組合消防本部、福島警察署<br/>伊達地方消防組合消防本部、田村消防署、相馬消防署、南相馬消防署、浪江消防署、平消防署、小名浜消防署、勿来消防署、常磐消防署、内郷消防署<br/>※3：災害対策本部等が設置されている場合に限る。<br/>※4：ファクシミリ、電話等による通信手段が遮断された場合は、衛星携帯電話を所持した者を派遣<br/>※5：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | <p>別図2-5 原子力災害対策特別措置法第10条第1項の通報後の連絡経路（1/2）<br/>（1）発電所内での事象発生時の連絡経路</p> <p>福島県危機管理部原子力安全対策課（福島県知事）※4<br/>楡葉町環境防災課（楡葉町長）※4<br/>富岡町安全対策課（富岡町長）※4<br/>福島県環境創造センター環境放射線センター<br/>大熊町環境対策課※4<br/>双葉町住民生活課※4<br/>関係周辺市町村※1※4<br/>福島県警察本部警備部災害対策課<br/>双葉警察署<br/>双葉地方広域市町村圏組合消防本部<br/>富岡労働基準監督署<br/>福島海上保安部警備救難課<br/>関係周辺市町村消防署及び警察署※2※5<br/>福島第二原子力規制事務所<br/>経済産業省東北経済産業局総務企画部総務課<br/>現地事故対策連絡会議又は原子力災害合同対策協議会（オフサイトセンター）<br/>福島県災害対策本部 ※3<br/>楡葉町災害対策本部 ※3<br/>富岡町災害対策本部 ※3</p> <p>本店対策本部<br/>官庁連絡班長</p> <p>内閣府（内閣総理大臣）<br/>原子力規制庁 原子力災害対策・核物質防護課（原子力規制委員会）<br/>経済産業省 資源エネルギー庁 原子力政策課<br/>内閣官房<br/>原子力災害対策本部（内閣府内）又は関係省庁事故対策連絡会議<br/>社内関係箇所</p> <p>※1：浪江町、広野町、いわき市、田村市、南相馬市、川俣町、川内村、葛尾村、飯館村<br/>※2：いわき中央警察署、いわき南警察署、いわき東警察署、いわき市消防本部、南相馬警察署、相馬地方広域消防本部、田村警察署、郡山地方広域消防組合消防本部、福島警察署<br/>伊達地方消防組合消防本部、田村消防署、相馬消防署、南相馬消防署、浪江消防署、平消防署、小名浜消防署、勿来消防署、常磐消防署、内郷消防署<br/>※3：災害対策本部等が設置されている場合に限る。<br/>※4：ファクシミリ、電話等による通信手段が遮断された場合は、衛星携帯電話を所持した者を派遣<br/>※5：メールによる連絡（メールによる連絡が不可の場合は電話にて連絡）</p> | 福島県の組織改正に伴う名称変更 |

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| Ⅱ－４４       | <p>別表２－５－１ 原子力防災資機材</p> <table><tr><th>分類</th><th>法令による名称</th><th>具体的名称</th><th>数量</th><th>保管場所</th><th>点検頻度</th></tr><tr><td rowspan="3">放射線障害防護用器具</td><td>汚染防護服</td><td>C装備、アノラック</td><td>７０組</td><td>免震重要棟</td><td>１回／年<br/>員数確認</td></tr><tr><td>呼吸用ボンベ(交換用のものを含む)その他の機器と一体となって使用する防護マスク</td><td>セルフエアセット</td><td>８個</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td>フィルター付き防護マスク</td><td>チャコール付き全面マスク</td><td>７０個</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td rowspan="5">非常用通信機器</td><td>通常の業務に使用しない電話回線</td><td>緊急時用電話回線</td><td>１０回線※</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td>ファクシミリ装置</td><td>一斉ファクシミリ装置</td><td>１台</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td>特定事象が発生した場合における施設内の連絡を確保するために使用可能な携帯電話その他の使用場所を特定しない通信機器</td><td>携帯電話</td><td>４０台</td><td>免震重要棟<br/>事務本館</td><td>１回／年<br/>通話確認</td></tr><tr><td></td><td>所内用 PHS</td><td>６０台</td><td>免震重要棟<br/>各自席</td><td>１回／年<br/>通話確認</td></tr><tr><td></td><td>衛星携帯電話</td><td>１台</td><td>免震重要棟</td><td>１回／年<br/>通話確認</td></tr><tr><td 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rowspan="2">空間放射線積算線量計</td><td>素子</td><td>１００個</td><td>事務本館他</td><td>１回／年<br/>員数確認</td></tr><tr><td>リーダー</td><td>１台</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td rowspan="2">表面の放射性物質の密度を測定することが可能な可搬式測定器</td><td>汚染密度測定用サーベイメータ</td><td>８台</td><td>発電所本館</td><td>１回／年</td></tr><tr><td>汚染密度測定用（α線）サーベイメータ</td><td>２台</td><td>発電所本館</td><td>１回／年</td></tr><tr><td rowspan="2">可搬式ダスト測定関連機器</td><td>サンブラ</td><td>ダストサンブラ</td><td>８台</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td>測定器</td><td>ダスト測定器（放射線測定車に搭載）</td><td>１台</td><td>放射線測定車</td><td>１回／年</td></tr><tr><td rowspan="2">可搬式の放射性ヨウ素測定関連機器</td><td>サンブラ</td><td>ヨウ素サンブラ</td><td>２台</td><td>免震重要棟</td><td>１回／年</td></tr><tr><td>測定器</td><td>ヨウ素測定器（放射線測定車に搭載）</td><td>１台</td><td>放射線測定車</td><td>１回／年</td></tr><tr><td colspan="2">個人用外部被ばく線量測定器</td><td>電子式線量計</td><td>２００台</td><td>免震重要棟<br/>他</td><td>１回／年<br/>員数確認</td></tr><tr><td rowspan="3">その他</td><td rowspan="2">エリアモニタリング装置</td><td>格納容器雰囲気モニタ</td><td>８台</td><td>原子炉建屋</td><td>特別な保全<br/>計画に基づく頻度</td></tr><tr><td>燃料取替エリア排気放射線モニタ</td><td>８台</td><td>原子炉建屋</td><td></td></tr><tr><td>モニタリングカー</td><td>放射線測定車</td><td>１台</td><td>発電所構内</td><td>道路運送車両法に基づく点検頻度</td></tr><tr><td rowspan="5">その他資機材</td><td>ヨウ化カリウムの製剤</td><td>安定ヨウ素剤</td><td>30,000錠</td><td>事務本館</td><td>１回／年<br/>員数確認</td></tr><tr><td>担架</td><td>担架</td><td>１台</td><td>事務本館</td><td>１回／年<br/>員数確認</td></tr><tr><td>除染用具</td><td>除染キット</td><td>３式</td><td>発電所本館</td><td>１回／年<br/>員数確認</td></tr><tr><td>被ばく者の輸送のために使用可能な車両</td><td>急患移送車</td><td>１台</td><td>発電所構内</td><td>道路運送車両法に基づく点検頻度</td></tr><tr><td>屋外消火栓設備又は動力消防ポンプ設備</td><td>動力消防ポンプ設備（化学消防自動車および水槽付き消防ポンプ自動車）</td><td>１式</td><td>発電所構内</td><td>１回／年</td></tr></table> <p>※： 檜葉町、富岡町、大熊町、双葉町、広野町、双葉警察署、双葉地方広域市町村圏組合消防本部、福島海上保安部、福島県環境創造センター環境放射線センターおよび富岡消防署との専用回線（ホットライン）である。</p> | 分類 | 法令による名称 | 具体的名称 | 数量 | 保管場所 | 点検頻度 | 放射線障害防護用器具 | 汚染防護服 | C装備、アノラック | ７０組 | 免震重要棟 | １回／年<br>員数確認 | 呼吸用ボンベ(交換用のものを含む)その他の機器と一体となって使用する防護マスク | セルフエアセット | ８個 | 免震重要棟 | １回／年 | フィルター付き防護マスク | チャコール付き全面マスク | ７０個 | 免震重要棟 | １回／年 | 非常用通信機器 | 通常の業務に使用しない電話回線 | 緊急時用電話回線 | １０回線※ | 免震重要棟 | １回／年 | ファクシミリ装置 | 一斉ファクシミリ装置 | １台 | 免震重要棟 | １回／年 | 特定事象が発生した場合における施設内の連絡を確保するために使用可能な携帯電話その他の使用場所を特定しない通信機器 | 携帯電話 | ４０台 | 免震重要棟<br>事務本館 | １回／年<br>通話確認 |  | 所内用 PHS | ６０台 | 免震重要棟<br>各自席 | １回／年<br>通話確認 |  | 衛星携帯電話 | １台 | 免震重要棟 | １回／年<br>通話確認 | 計測器等 | 排気筒モニタリング設備その他の固定式測定器 | 排気筒モニタ | ５台 | 各中操<br>モニター建屋 | 特別な保全<br>計画に基づく頻度 | 放水口モニタ | ４台 | 放水口<br>モニター建屋 | １回／年 | ガンマ線測定用可搬式測定器 | シンチレーションサーベイメータ | ２台 | 発電所本館 | １回／年 |  | 電離箱サーベイメータ | １９台 | 免震重要棟 | １回／年 | 中性子線測定用可搬式測定器 | 中性子線サーベイメータ | ２台 | 発電所本館 | １回／年 | 空間放射線積算線量計 | 素子 | １００個 | 事務本館他 | １回／年<br>員数確認 | リーダー | １台 | 免震重要棟 | １回／年 | 表面の放射性物質の密度を測定することが可能な可搬式測定器 | 汚染密度測定用サーベイメータ | ８台 | 発電所本館 | １回／年 | 汚染密度測定用（α線）サーベイメータ | ２台 | 発電所本館 | １回／年 | 可搬式ダスト測定関連機器 | サンブラ | ダストサンブラ | ８台 | 免震重要棟 | １回／年 | 測定器 | ダスト測定器（放射線測定車に搭載） | １台 | 放射線測定車 | １回／年 | 可搬式の放射性ヨウ素測定関連機器 | サンブラ | ヨウ素サンブラ | ２台 | 免震重要棟 | １回／年 | 測定器 | ヨウ素測定器（放射線測定車に搭載） | １台 | 放射線測定車 | １回／年 | 個人用外部被ばく線量測定器 |  | 電子式線量計 | ２００台 | 免震重要棟<br>他 | １回／年<br>員数確認 | その他 | エリアモニタリング装置 | 格納容器雰囲気モニタ | ８台 | 原子炉建屋 | 特別な保全<br>計画に基づく頻度 | 燃料取替エリア排気放射線モニタ | ８台 | 原子炉建屋 |  | モニタリングカー | 放射線測定車 | １台 | 発電所構内 | 道路運送車両法に基づく点検頻度 | その他資機材 | ヨウ化カリウムの製剤 | 安定ヨウ素剤 | 30,000錠 | 事務本館 | １回／年<br>員数確認 | 担架 | 担架 | １台 | 事務本館 | １回／年<br>員数確認 | 除染用具 | 除染キット | ３式 | 発電所本館 | １回／年<br>員数確認 | 被ばく者の輸送のために使用可能な車両 | 急患移送車 | １台 | 発電所構内 | 道路運送車両法に基づく点検頻度 | 屋外消火栓設備又は動力消防ポンプ設備 | 動力消防ポンプ設備（化学消防自動車および水槽付き消防ポンプ自動車） | １式 | 発電所構内 | １回／年 |
|            | 分類  | 法令による名称                           | 具体的名称             | 数量            | 保管場所              | 点検頻度              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 放射線障害防護用器具 | 汚染防護服   | C装備、アノラック                         | ７０組               | 免震重要棟         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 呼吸用ボンベ(交換用のものを含む)その他の機器と一体となって使用する防護マスク   | セルフエアセット                          | ８個                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | フィルター付き防護マスク  | チャコール付き全面マスク                      | ７０個               | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 非常用通信機器    | 通常の業務に使用しない電話回線   | 緊急時用電話回線                          | １０回線※             | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | ファクシミリ装置  | 一斉ファクシミリ装置                        | １台                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 特定事象が発生した場合における施設内の連絡を確保するために使用可能な携帯電話その他の使用場所を特定しない通信機器  | 携帯電話                              | ４０台               | 免震重要棟<br>事務本館 | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 所内用 PHS                           | ６０台               | 免震重要棟<br>各自席  | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 衛星携帯電話                            | １台                | 免震重要棟         | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 計測器等       | 排気筒モニタリング設備その他の固定式測定器   | 排気筒モニタ                            | ５台                | 各中操<br>モニター建屋 | 特別な保全<br>計画に基づく頻度 |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 放水口モニタ                            | ４台                | 放水口<br>モニター建屋 | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | ガンマ線測定用可搬式測定器   | シンチレーションサーベイメータ                   | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 電離箱サーベイメータ                        | １９台               | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 中性子線測定用可搬式測定器   | 中性子線サーベイメータ                       | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 空間放射線積算線量計  | 素子                                | １００個              | 事務本館他         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | リーダー                              | １台                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 表面の放射性物質の密度を測定することが可能な可搬式測定器  | 汚染密度測定用サーベイメータ                    | ８台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 汚染密度測定用（α線）サーベイメータ                | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 可搬式ダスト測定関連機器  | サンブラ                              | ダストサンブラ           | ８台            | 免震重要棟             | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 測定器                               | ダスト測定器（放射線測定車に搭載） | １台            | 放射線測定車            | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 可搬式の放射性ヨウ素測定関連機器  | サンブラ                              | ヨウ素サンブラ           | ２台            | 免震重要棟             | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 測定器                               | ヨウ素測定器（放射線測定車に搭載） | １台            | 放射線測定車            | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 個人用外部被ばく線量測定器   |                                   | 電子式線量計            | ２００台          | 免震重要棟<br>他        | １回／年<br>員数確認      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | その他   | エリアモニタリング装置                       | 格納容器雰囲気モニタ        | ８台            | 原子炉建屋             | 特別な保全<br>計画に基づく頻度 |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   |                                   | 燃料取替エリア排気放射線モニタ   | ８台            | 原子炉建屋             |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | モニタリングカー                          | 放射線測定車            | １台            | 発電所構内             | 道路運送車両法に基づく点検頻度   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| その他資機材     | ヨウ化カリウムの製剤  | 安定ヨウ素剤                            | 30,000錠           | 事務本館          | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 担架  | 担架                                | １台                | 事務本館          | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 除染用具  | 除染キット                             | ３式                | 発電所本館         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 被ばく者の輸送のために使用可能な車両  | 急患移送車                             | １台                | 発電所構内         | 道路運送車両法に基づく点検頻度   |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 屋外消火栓設備又は動力消防ポンプ設備  | 動力消防ポンプ設備（化学消防自動車および水槽付き消防ポンプ自動車） | １式                | 発電所構内         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 分類         | 法令による名称   | 具体的名称                             | 数量                | 保管場所          | 点検頻度              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 放射線障害防護用器具 | 汚染防護服   | C装備、アノラック                         | ７０組               | 免震重要棟         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 呼吸用ボンベ(交換用のものを含む)その他の機器と一体となって使用する防護マスク   | セルフエアセット                          | ８個                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | フィルター付き防護マスク  | チャコール付き全面マスク                      | ７０個               | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 非常用通信機器    | 通常の業務に使用しない電話回線   | 緊急時用電話回線                          | １０回線※             | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | ファクシミリ装置  | 一斉ファクシミリ装置                        | １台                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 特定事象が発生した場合における施設内の連絡を確保するために使用可能な携帯電話その他の使用場所を特定しない通信機器  | 携帯電話                              | ４０台               | 免震重要棟<br>事務本館 | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 所内用 PHS                           | ６０台               | 免震重要棟<br>各自席  | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 衛星携帯電話                            | １台                | 免震重要棟         | １回／年<br>通話確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| 計測器等       | 排気筒モニタリング設備その他の固定式測定器   | 排気筒モニタ                            | ５台                | 各中操<br>モニター建屋 | 特別な保全<br>計画に基づく頻度 |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 放水口モニタ                            | ４台                | 放水口<br>モニター建屋 | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | ガンマ線測定用可搬式測定器   | シンチレーションサーベイメータ                   | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 電離箱サーベイメータ                        | １９台               | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 中性子線測定用可搬式測定器   | 中性子線サーベイメータ                       | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 空間放射線積算線量計  | 素子                                | １００個              | 事務本館他         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | リーダー                              | １台                | 免震重要棟         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 表面の放射性物質の密度を測定することが可能な可搬式測定器  | 汚染密度測定用サーベイメータ                    | ８台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 汚染密度測定用（α線）サーベイメータ                | ２台                | 発電所本館         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 可搬式ダスト測定関連機器  | サンブラ                              | ダストサンブラ           | ８台            | 免震重要棟             | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 測定器                               | ダスト測定器（放射線測定車に搭載） | １台            | 放射線測定車            | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 可搬式の放射性ヨウ素測定関連機器  | サンブラ                              | ヨウ素サンブラ           | ２台            | 免震重要棟             | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | 測定器                               | ヨウ素測定器（放射線測定車に搭載） | １台            | 放射線測定車            | １回／年              |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 個人用外部被ばく線量測定器   |                                   | 電子式線量計            | ２００台          | 免震重要棟<br>他        | １回／年<br>員数確認      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | その他   | エリアモニタリング装置                       | 格納容器雰囲気モニタ        | ８台            | 原子炉建屋             | 特別な保全<br>計画に基づく頻度 |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   |                                   | 燃料取替エリア排気放射線モニタ   | ８台            | 原子炉建屋             |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            |   | モニタリングカー                          | 放射線測定車            | １台            | 発電所構内             | 道路運送車両法に基づく点検頻度   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
| その他資機材     | ヨウ化カリウムの製剤  | 安定ヨウ素剤                            | 30,000錠           | 事務本館          | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 担架  | 担架                                | １台                | 事務本館          | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 除染用具  | 除染キット                             | ３式                | 発電所本館         | １回／年<br>員数確認      |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 被ばく者の輸送のために使用可能な車両  | 急患移送車                             | １台                | 発電所構内         | 道路運送車両法に基づく点検頻度   |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |
|            | 屋外消火栓設備又は動力消防ポンプ設備  | 動力消防ポンプ設備（化学消防自動車および水槽付き消防ポンプ自動車） | １式                | 発電所構内         | １回／年              |                   |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |   |    |         |       |    |      |      |            |       |           |     |       |              |   |          |    |       |      |              |              |     |       |      |         |                 |          |       |       |      |          |            |    |       |      |  |      |     |               |              |  |         |     |              |              |  |        |    |       |              |      |                       |        |    |               |                   |        |    |               |      |               |                 |    |       |      |  |            |     |       |      |               |             |    |       |      |            |    |      |       |              |      |    |       |      |                              |                |    |       |      |                    |    |       |      |              |      |         |    |       |      |     |                   |    |        |      |                  |      |         |    |       |      |     |                   |    |        |      |               |  |        |      |            |              |     |             |            |    |       |                   |                 |    |       |  |          |        |    |       |                 |        |            |        |         |      |              |    |    |    |      |              |      |       |    |       |              |                    |       |    |       |                 |                    |                                   |    |       |      |