Title:	Emergency Response Resources Completion Index

NPP:

Year:

Quarter:

Submit a table identifying the number of preventive maintenance items completed and the number of preventive maintenance items scheduled during the quarter.

Suggested addition:

Number of preventive maintenance items, tests and checks completed   =   _____

Number of items scheduled   =   _____

Emergency response resources completion index (%)   =   _____

Additional details as required:

Prepared by:	Date: