

VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261
April 26, 2000

United States Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, D. C. 20555-0001

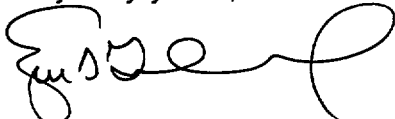
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SS&L/BAG R0
Docket No. 50-280
50-281
License No. DPR-32
DPR-37

Gentlemen:

VIRGINIA ELECTRIC AND POWER COMPANY
SURRY POWER STATION UNITS 1 AND 2
REVISIONS TO EMERGENCY PLAN IMPLEMENTING PROCEDURES

Pursuant to 10 CFR 50.54(q), enclosed are revisions to four Surry Power Station Emergency Plan Implementing Procedures. The revisions do not implement actions which decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b). Please update your manual by performing the actions described in the enclosed tabulation of changes.

Very truly yours,



E. S. Grecheck, Site Vice President
Surry Power Station

Enclosure

Commitments contained in this letter: None.

cc: U. S. Nuclear Regulatory Commission (2 copies)
Region II
Atlanta Federal Center
61 Forsyth Street S.W., Suite 23 T85
Atlanta, Georgia 30303-8931

Mr. R. A. Musser
NRC Senior Resident Inspector
Surry Power Station

AD45

**VIRGINIA ELECTRIC AND POWER COMPANY
REVISION TO SURRY POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE**

Enclosed are revisions to Surry Power Station Emergency Plan Implementing Procedures. Please take the following actions in order to keep your manual updated with the most recent revisions.

REMOVE AND DESTROY:	EFFECTIVE DATE:	INSERT:	EFFECTIVE DATE:
EPIP-3.05, Rev. 0	03/31/99	EPIP-3.05, Rev. 1	04/19/00
EPIP-4.01, Rev. 15	07/01/96	EPIP-4.01, Rev. 16	04/19/00
EPIP-4.03, Rev. 9	03/14/96	EPIP-4.03, Rev. 10	04/19/00
EPIP-4.34, Rev. 3	04/25/96	EPIP-4.34, Rev. 4	04/19/00

Emergency Plan Privacy and Proprietary Material have been removed.
Reference Generic Letter No. 81-27

EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-3.05	PROCEDURE TITLE AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION (With No Attachments)	REVISION 1
		PAGE 1 of 5

PURPOSE

Provide guidance for notifying the augmentation emergency response organization (ERO).

ENTRY CONDITIONS

Any one of the following:

1. Declaration of an Alert, Site Area Emergency or General Emergency.
2. Direction of the Station Emergency Manager through the on-duty Security Team Leader.

Approvals on File

Effective Date 04/19/00

NUMBER EPIP-3.05	PROCEDURE TITLE AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION	REVISION 1 <hr/> PAGE 2 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 1	INITIATE PROCEDURE: <ul style="list-style-type: none"> By: _____ Date: _____ Time: _____ 	
_____ 2	USE INSTRUCTIONS IN SEALED ENVELOPE TO ACTIVATE SURRY AND INNSBROOK GROUP PAGERS	
_____ 3	USE INSTRUCTIONS IN SEALED ENVELOPE TO DIRECT COMMUNITY ALERT NETWORK (CAN) TO IMPLEMENT NOTIFICATION	

NUMBER EPIP-3.05	PROCEDURE TITLE AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION	REVISION 1 <hr/> PAGE 3 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
4	CHECK CAN - ABLE TO PERFORM AUGMENTATION NOTIFICATION	<p>IF CAN <u>NOT</u> able to perform augmentation notification, <u>THEN</u> do the following:</p> <p>a) Notify Innsbrook Security.</p> <p>b) Call (804) (Network) (Public)</p> <p>c) Provide the following information:</p> <ol style="list-style-type: none"> 1) Title/Name 2) Location 3) Emergency classification 4) Indicate results of pager activation attempts: <ul style="list-style-type: none"> • Surry Group Pager • Innsbrook Group Pager d) Direct Innsbrook Security to initiate back-up ERO augmentation notification IAW CPIP-3.4, INNSBROOK SECURITY SUPPORT. e) GO TO Step 6.

NUMBER	PROCEDURE TITLE	REVISION
EPIP-3.05	AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION	1
		PAGE 4 of 5

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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____ 5 NOTIFY INNSBROOK SECURITY:

- a) Call (Network)
(Public))
- b) Provide the following information:
 - 1) Title/Name
 - 2) Location
 - 3) Emergency classification

____ 6 NOTIFY PERSONNEL IN ADMINISTRATIVE BUILDING:

- a) Call Administrative Building
Public Address system access
number
- b) Read the following announcement
(insert event classification in
blank space):

This is an emergency message.
A(n) _____ has been
declared. All emergency response
personnel report to your assigned
stations. All departments send
representatives to the cafeteria
for plant status updates.

____ 7 INITIATE GENERAL ORDER #15 (REMOTE
AREA EMERGENCY NOTIFICATIONS)

NUMBER EPIP-3.05	PROCEDURE TITLE AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION	REVISION 1 PAGE 5 of 5
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 8	TERMINATE EPIP-3.05: <ul style="list-style-type: none">• Give completed EPIP-3.05, forms and other applicable records to Security Team Leader• Completed by: _____ Date: _____ Time: _____	
	-END-	

This document should be verified and annotated to a controlled source as required to perform work.
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE (With 1 Attachment)	REVISION 16
		PAGE 1 of 30

PURPOSE

To initially assess emergency conditions, provide protective measures recommendations, establish an emergency organization and direct Health Physics response to an emergency.

ENTRY CONDITIONS

Activation by EPIP-1.01, EMERGENCY MANAGER CONTROLLING PROCEDURE.

Approvals on File

Effective Date 04/19/00

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 2 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
1	INITIATE PROCEDURE: <ul style="list-style-type: none"> By: _____ Date: _____ Time: _____ <p>NOTE:</p> <ul style="list-style-type: none"> During the initial stages of an emergency, the Operations Shift Supervisor may assume the Station Emergency Manager (SEM) position and the HP Shift Supervisor may assume the Radiological Assessment Director (RAD) position. The RAD may report to the Control Room if the TSC is not activated. Notification of an Alert or higher emergency classification is normally made via Gai-Tronics. The SEM normally informs the RAD of a Notification of Unusual Event declaration via telephone. 	
2	ASK SEM FOR BRIEFING: <ul style="list-style-type: none"> Existing plant conditions Emergency Action Levels (EALs) exceeded Emergency Classification 	
3	CHECK IF OFFSITE RELEASE - IS OCCURRING OR HAS OCCURRED	GO TO Step 5.
4	DIRECT INITIATION OF EPIP-4.30, USE OF MIDAS CLASS A MODEL	<p><u>IF MIDAS NOT available, THEN</u> evaluate release using desk-top calculations:</p> <ul style="list-style-type: none"> EPIP-4.08, INITIAL OFFSITE RELEASE ASSESSMENT EPIP-4.09, SOURCE TERM ASSESSMENT EPIP-4.10, DETERMINATION OF X/Q

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 3 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 5	CHECK EMERGENCY CLASSIFICATION - NOTIFICATION OF UNUSUAL EVENT	GO TO Step 7.
_____ 6	CHECK HP SUPPORT - REQUIRED	<u>IF</u> HP support <u>NOT</u> immediately required, <u>THEN</u> standby to provide support <u>AND</u> GO TO Step 7 when support is required <u>OR</u> <u>WHEN</u> emergency is terminated, <u>THEN</u> GO TO Step 32.
_____ 7	EVALUATE ASSIGNING EPIP-4.02, RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE	
_____ 8	PROVIDE SUPPORT FOR EMERGENCY OPERATING PROCEDURE (EOP) AND ACCIDENT MITIGATION TASK ACTIVITIES, AS NECESSARY:	
	a) Notify RPS when an EOP or Accident Mitigation Task is planned or in progress	
	b) Make sure priority is given to expediting EOP and Accident Mitigation Task activities	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 4 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 9</p>	<p>CHECK EVENT - LIMITING FAULT:</p> <ul style="list-style-type: none"> • LOCA - GO TO NOTE prior to Step 10 • Main Steam Line Rupture - GO TO NOTE prior to Step 11 • Steam Generator Tube Rupture - GO TO Step 12 • Fuel Handling Accident - GO TO NOTE prior to Step 13 <p>NOTE: A LOCA may not initially result in a large release, but may produce a large potential for release from containment.</p>	<p>GO TO Step 14.</p>
<p>_____ 10</p>	<p>INITIATE RESPONSE TO LOCA:</p> <ul style="list-style-type: none"> a) Ask SEM to evacuate Auxiliary Building and Safeguards b) Block entry until surveys confirm radiological hazards c) Evaluate manpower support for Post Accident Containment Air or Reactor Coolant sampling d) Determine crane wall radiation monitor reading e) GO TO Step 14 	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 5 of 30
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

NOTE: Potential releases from a Main Steam Line Rupture may develop from Containment, Main Steam Safety or AFWPT exhaust.

____ 11 INITIATE RESPONSE TO MAIN STEAM
LINE RUPTURE:

- a) Check station ventilation
effluent monitors
- b) Ask SEM for the following data:
 - Location of steam break
 - Status of actual or potential
Main Steam Safety Valve lift
 - Number valves lifted: _____
 - Length of time valves
remained open (if
lifted): _____(min.)
 - AFWPT status
 - Main Steam and AFWPT exhaust
monitor readings
 - Assistance in flow rate
(lbs/hr) determination
- c) GO TO Step 14

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 6 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
12	<p>INITIATE RESPONSE TO STEAM GENERATOR TUBE RUPTURE:</p> <p>a) Ask SEM for the following data:</p> <ul style="list-style-type: none"> • Status of Air Ejector divert • Number of Main Steam Relief Valves lifted or that may potentially lift: _____ • Length of time valves remained open (if lifted): _____ min. • Assistance in flow rate (lbs/hr) determination • Status of Main Steam supply to AFWPT • Steam Generator Blowdown status <p>b) Check steam supply to AFWPT - ISOLATED</p> <p>c) Ask SEM place personnel in Emergency Switchgear Room to report Main Steam and AFWPT exhaust monitor readings</p>	<p>b) <u>IF</u> steam supply to AFWPT <u>NOT</u> isolated, <u>THEN</u> ask SEM to initiate isolation.</p>

(STEP 12 CONTINUED ON NEXT PAGE)

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 7 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
12	<p>INITIATE RESPONSE TO STEAM GENERATOR TUBE RUPTURE: (Continued)</p> <p>d) Consider blocking access to the following areas until surveyed:</p> <ul style="list-style-type: none"> • Service Building Hallway • Turbine Deck • Steam Generator Blowdown Cooler, Turbine Building Basement • Steam Generator Blowdown lines, Auxiliary Building Basement • Relief Valves, Safeguards Roof • AFWPT exhaust, Unit #1 or #2 alleyway • Condensate Polishing Building <p>e) Evaluate sampling:</p> <ul style="list-style-type: none"> • Steam Generator Blowdowns • Air Ejectors • Main Steams <p>f) GO TO Step 14</p>	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 8 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE: Analysis of accidents involving decayed spent fuel should include consideration of onsite skin dose due to Kr-85.</p>	
<p>13</p>	<p>INITIATE RESPONSE TO FUEL HANDLING ACCIDENT:</p>	
	<p>a) Check event - Fuel cask drop or suspected seal leak</p>	<p>a) GO TO Step 13.d.</p>
	<p>b) Evaluate the following:</p>	
	<ul style="list-style-type: none"> • Access control in affected area 	
	<ul style="list-style-type: none"> • Neutron monitoring 	
	<ul style="list-style-type: none"> • Air sampling to confirm fission product release 	
	<p>c) GO TO Step 14</p>	
	<p>d) Do the following for Fuel Handling Accident in Spent Fuel Pool or Containment:</p>	
	<p>1) Ask SEM to evacuate all non-essential personnel from Fuel Building and affected Containment</p>	
	<p>2) Isolate purge of affected Containment</p>	
	<p>3) Consider potential radiological problems with Reactor Cavity or Spent Fuel Clean-up System</p>	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 9 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE:</p> <ul style="list-style-type: none"> • Additional manpower may be needed to assist in offsite dose calculations. • Initial offsite release assessments should be made using EPIP-4.30, USE OF MIDAS CLASS A MODEL, to quickly assess the release and to recommend protective measures. 	
14	<p>CHECK EVENT - RADIOLOGICAL RELEASE:</p> <p>a) Initiate effluent sampling if manpower permits</p> <p>b) Give consideration to initiating EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE</p> <p>c) Initiate EPIP-4.30, USE OF MIDAS CLASS A MODEL</p> <p>d) Consider having RPS prepare for dispatch of Offsite Monitoring Teams:</p> <ul style="list-style-type: none"> • Team assembly • Preparation of equipment and vehicles <p>e) Direct initiation of 40CFR302 EPA Notification Requirements and Reportable Quantity calculations in accordance with normal HP procedures</p>	<p>GO TO Step 17.</p> <p>a) Use monitor readings for follow-up assessment.</p> <p>c) <u>IF</u> MIDAS <u>NOT</u> available, <u>THEN</u> evaluate release using desk-top calculations:</p> <ul style="list-style-type: none"> • EPIP-4.08, INITIAL OFFSITE RELEASE ASSESSMENT • EPIP-4.09, SOURCE TERM ASSESSMENT • EPIP-4.10, DETERMINATION OF X/Q

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 10 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED											
<p>15 VERIFY EMERGENCY CLASSIFICATION:</p> <p>a) Check results of offsite release assessment at Site Boundary greater than or equal to the following:</p> <ul style="list-style-type: none"> • 50 mR/hr TEDE <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • 250 mR/hr Thyroid CDE <p>b) Get estimate of current or potential release duration (hours) from SEM</p> <p>c) Calculate projected dose:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%; text-align: center;"> Duration (hours) x Dose Rate = Projected Dose </div> <p>d) Confirm emergency classification:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px auto;"> <thead> <tr> <th style="width: 60%;">RESULTS OF CALCULATION</th> <th style="width: 40%;">EMERGENCY CLASSIFICATION</th> </tr> </thead> <tbody> <tr> <td>Projected dose greater than or equal to 1 Rem TEDE or 5 Rem Thyroid CDE</td> <td>General Emergency</td> </tr> <tr> <td>Projected dose greater than or equal to 0.1 Rem TEDE or 0.5 Rem Thyroid CDE</td> <td>Site Area Emergency</td> </tr> <tr> <td>% Technical Specifications greater than or equal to 1000%</td> <td>Alert</td> </tr> <tr> <td>% Technical Specifications greater than or equal to 100%</td> <td>Notification of Unusual Event</td> </tr> <tr> <td>Below 100% Technical Specifications</td> <td>N/A</td> </tr> </tbody> </table> <p>e) Notify SEM of emergency classification</p>	RESULTS OF CALCULATION	EMERGENCY CLASSIFICATION	Projected dose greater than or equal to 1 Rem TEDE or 5 Rem Thyroid CDE	General Emergency	Projected dose greater than or equal to 0.1 Rem TEDE or 0.5 Rem Thyroid CDE	Site Area Emergency	% Technical Specifications greater than or equal to 1000%	Alert	% Technical Specifications greater than or equal to 100%	Notification of Unusual Event	Below 100% Technical Specifications	N/A	<p>a) GO TO Step 16.</p> <p>b) <u>IF</u> estimate <u>NOT</u> available, <u>THEN</u> assume 2 hours.</p>
RESULTS OF CALCULATION	EMERGENCY CLASSIFICATION												
Projected dose greater than or equal to 1 Rem TEDE or 5 Rem Thyroid CDE	General Emergency												
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Below 100% Technical Specifications	N/A												

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 11 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
16	<p>DETERMINE OFFSITE PROTECTIVE MEASURES FOR GENERAL EMERGENCY CLASSIFICATION:</p> <p>a) Use Site Boundary 2, 5 and 10 mile TEDE and Thyroid CDE doses from EPIP-4.30, USE OF MIDAS CLASS A MODEL</p> <p>b) Initiate EPIP-4.07, PROTECTIVE MEASURES</p> <p>c) Make recommendations to SEM that address the following:</p> <ul style="list-style-type: none"> • Protective measures offsite • Distance protective measures are required 	<p><u>IF</u> classification <u>NOT</u> a General Emergency, <u>THEN</u> GO TO Step 17.</p> <p>a) <u>IF</u> MIDAS <u>NOT</u> available, <u>THEN</u> use dose rates from desk-top calculations:</p> <ul style="list-style-type: none"> • EPIP-4.08, INITIAL OFFSITE RELEASE ASSESSMENT • EPIP-4.09, SOURCE TERM ASSESSMENT • EPIP-4.10, DETERMINATION OF X/Q

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 12 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
17	CHECK LEOF (CEOF) HAS LEAD FOR OFFSITE DOSE ASSESSMENT	<p>Do the following:</p> <ul style="list-style-type: none"> a) Assure dose assessment result identification number recorded on all pages. b) Record initials on each page to document approval for issuance of results. c) Review offsite release assessment results with SEM. d) Give applicable dose assessment report to State/Local Emergency Communicator: <ul style="list-style-type: none"> • MIDAS Radiological Status Report (2 pages). • EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE, Attachment 1. e) Provide updated dose assessment results when any of the following occur: <ul style="list-style-type: none"> • Every 60 minutes during Alert or higher classification. • Within 15 minutes after a classification change. • Change in radiological conditions.

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 13 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>NOTE: The following response actions may have to be coordinated by the RAD. These actions are not listed in order of priority.</p>		
<p>_____ 18 EVALUATE HP RESPONSE ACTIONS</p>	<p style="text-align: center;"><u>AND</u></p> <p>DETERMINE RESPONSES ON A PRIORITY BASIS:</p> <ul style="list-style-type: none"> • Offsite monitoring: GO TO NOTE prior to Step 19 • Injured contaminated personnel: GO TO NOTE prior to Step 20 • Inplant / Onsite radiological assessment: GO TO NOTE prior to Step 21 • TSC activated, establish organization: GO TO Step 22 • Offsite release assessment: GO TO Step 23 • Evacuate non-essential personnel: GO TO Step 24 • Activate LEOF: GO TO Step 25 • Dosimetry for offsite assistance (Fire, rescue squads): GO TO Step 26 • Respiratory Protection: GO TO Step 27 • Relief: GO TO Step 28 • Limiting Fault event (LOCA, Main Steam Line Break, SGTR or Fuel Handling Accident): RETURN TO Step 9 • Radiological release: RETURN TO Step 14 	<p><u>WHEN</u> all necessary response actions addressed, <u>THEN</u> GO TO Step 29.</p>

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 14 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE:</p> <ul style="list-style-type: none"> • A minimum of 2 (two) Offsite Monitoring Teams must be dispatched (i.e., sent into the field) at a Site Area Emergency or General Emergency. • Plume tracking/offsite monitoring will be the responsibility of the Radiological Assessment Coordinator (RAC) upon LEOF activation. 	
<p>____ 19</p>	<p>EVALUATE NEED FOR OFFSITE MONITORING:</p> <p>a) Consult with Dose Assessment Team Leader:</p> <ul style="list-style-type: none"> • Meteorological conditions • Number of teams needed • Need for protective clothing • Projected Whole Body and Thyroid dose rates • Respiratory protection • Team location and placement 	
<p>(STEP 19 CONTINUED ON NEXT PAGE)</p>		

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED																				
19	EVALUATE NEED FOR OFFSITE MONITORING: (Continued)																					
	b) Check if TEDE exposure is expected to exceed 5 Rem:	b) GO TO Step 19.c.																				
	<ul style="list-style-type: none"> Do calculation using sample results, MIDAS runs or default TEDE/DDE ratio table: 																					
	<div> FORMULA: Exposure time x Dose rate x Ratio TEDE/DDE = Estimated TEDE dose _____ hours x _____ Rem/hr x _____ Ratio = _____ Rem TEDE </div>																					
	<div> TEDE/DDE RATIO TABLE: <table border="1"> <thead> <tr> <th>ACCIDENT TYPE</th> <th>RATIO</th> <th>ACCIDENT TYPE</th> <th>RATIO</th> </tr> </thead> <tbody> <tr> <td>MSLB</td> <td>49</td> <td>VCT Rupture</td> <td>1</td> </tr> <tr> <td>SGTR</td> <td>26</td> <td>LOCA (Melt, Gap, PC)</td> <td>3</td> </tr> <tr> <td>Fuel Handling</td> <td>1.5</td> <td>Locked Rotor</td> <td>13</td> </tr> <tr> <td>WGDT Rupture</td> <td>1</td> <td>SRF</td> <td>1</td> </tr> </tbody> </table> </div>		ACCIDENT TYPE	RATIO	ACCIDENT TYPE	RATIO	MSLB	49	VCT Rupture	1	SGTR	26	LOCA (Melt, Gap, PC)	3	Fuel Handling	1.5	Locked Rotor	13	WGDT Rupture	1	SRF	1
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Fuel Handling	1.5	Locked Rotor	13																			
WGDT Rupture	1	SRF	1																			
	<ul style="list-style-type: none"> Consider placing team further downwind Consider initiation of EPIP-4.04, EMERGENCY PERSONNEL RADIATION EXPOSURE 																					
(STEP 19 CONTINUED ON NEXT PAGE)																						

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 16 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
19	EVALUATE NEED FOR OFFSITE MONITORING: (Continued)	
	c) Check if Thyroid CDE expected to exceed 25 Rem:	c) GO TO Step 19.d.
	1) Do calculation using concentration ($\mu\text{Ci/cc}$) based on survey results and actual or projected exposure duration (hours): _____ $\mu\text{Ci/cc}$ x $1.57\text{E}+6$ x _____ hours = _____ Rem THY CDE	
	2) Ask SEM for approval to administer radioprotective drugs	
	3) Consider initiation of EPIP-5.07, ADMINISTRATION OF RADIOPROTECTIVE DRUGS	
	d) Notify RPS of resource and equipment requirements:	
	<ul style="list-style-type: none"> • Number teams required • Protective clothing required • Respiratory protection required • Have teams assemble equipment and vehicles 	
	<u>AND</u>	
	Have teams notify TSC via radio prior to dispatch	
	e) RETURN TO Step 18	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 17 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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NOTE: First aid considerations must be given priority over decontamination efforts.

— 20 INITIATE RESPONSE TO CONTAMINATED
INJURED INDIVIDUAL:

a) Determine the following
information:

- Offsite medical treatment -
REQUIRED
- Contamination survey confirms
personnel contamination
- Clothing removal cannot be
used to clear individual

b) Check data indicates need to
transport contaminated
personnel to hospital

b) RETURN TO Step 18.

c) Have RPS direct initiation of
normal HP procedures for
response to contaminated
injured personnel

d) Have HP representative
accompany victim

e) RETURN TO Step 18

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 18 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>NOTE: Implant/Onsite monitoring teams shall be used to assess radiological conditions within the site boundary and to accompany Damage Control, Sample Analysis and Post Accident Sample Teams.</p>		
<p>_____ 21</p>	<p>INITIATE INPLANT/ONSITE RADIOLOGICAL ASSESSMENT:</p> <p>a) Consult with RPS:</p> <ul style="list-style-type: none"> • Plant conditions • Equipment failure • Elevated radiation monitor readings • Radiological release points, plume direction and affected areas • Access control points established • Recent survey results <p>b) Help RPS select the following:</p> <ul style="list-style-type: none"> • Monitoring and sample locations • Protective clothing and respiratory protection • Dosimetry and monitoring devices 	
<p>(STEP 21 CONTINUED ON NEXT PAGE)</p>		

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 PAGE 19 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
21	INITIATE INPLANT/ONSITE RADIOLOGICAL ASSESSMENT: (Continued)	
	c) Check if survey results (μCi/cc) and exposure time indicate exposure greater than 25 Rem Thyroid CDE: 1) Do calculation: _____μCi/cc x 1.57E+6 x _____hours = _____Rem THY CDE 2) Consider use of SCBA 3) Ask SEM for approval to administer radioprotective drugs 4) Initiate EPIP-5.07, ADMINISTRATION OF RADIOPROTECTIVE DRUGS 5) Get supply of drugs from TSC closet	c) GO TO Step 21.d.
(STEP 21 CONTINUED ON NEXT PAGE)		

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16
		PAGE 20 of 30

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED																				
21	INITIATE INPLANT/ONSITE RADIOLOGICAL ASSESSMENT: (Continued)																					
	d) Check if projected TEDE exposure exceeds 5 Rem: <ul style="list-style-type: none"> Do calculation using sample results, MIDAS runs or default TEDE/DDE ratio table: 	d) GO TO Step 21.e.																				
	<div> <p>FORMULA:</p> <p> Exposure time x Dose rate x Ratio TEDE/DDE = Estimated TEDE dose _____ hours x _____ Rem/hr x _____ Ratio = _____ Rem TEDE </p> <p>TEDE/DDE RATIO TABLE:</p> <table border="1"> <thead> <tr> <th>ACCIDENT TYPE</th> <th>RATIO</th> <th>ACCIDENT TYPE</th> <th>RATIO</th> </tr> </thead> <tbody> <tr> <td>MSLB</td> <td>49</td> <td>VCT Rupture</td> <td>1</td> </tr> <tr> <td>SGTR</td> <td>26</td> <td>LOCA (Melt, Gap, PC)</td> <td>3</td> </tr> <tr> <td>Fuel Handling</td> <td>1.5</td> <td>Locked Rotor</td> <td>13</td> </tr> <tr> <td>WGDT Rupture</td> <td>1</td> <td>SRF</td> <td>1</td> </tr> </tbody> </table> </div>		ACCIDENT TYPE	RATIO	ACCIDENT TYPE	RATIO	MSLB	49	VCT Rupture	1	SGTR	26	LOCA (Melt, Gap, PC)	3	Fuel Handling	1.5	Locked Rotor	13	WGDT Rupture	1	SRF	1
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WGDT Rupture	1	SRF	1																			
	<ul style="list-style-type: none"> Initiate EPIP-4.04, EMERGENCY PERSONNEL RADIATION EXPOSURE 																					
	e) Check if entry required to monitor Damage Control Teams: <ul style="list-style-type: none"> Brief RPS on planned activity Verify team briefing prior to dispatch 	e) GO TO Step 21.f.																				
(STEP 21 CONTINUED ON NEXT PAGE)																						

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 21 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
21	INITIATE INPLANT/ONSITE RADIOLOGICAL ASSESSMENT: (Continued)	
	f) Determine if radiological conditions require monitoring of emergency response facilities:	f) GO TO Step 21.g.
	<ul style="list-style-type: none"> Have RPS initiate EPIP-4.17, MONITORING OF EMERGENCY RESPONSE FACILITIES 	
	<ul style="list-style-type: none"> Have RPS initiate EPIP-4.18, MONITORING OF LEOF 	
	g) <u>WHEN</u> Post Accident Primary Coolant or Containment Air sample requested, <u>THEN</u> do the following:	g) GO TO Step 21.h.
	1) Determine system to be used: <ul style="list-style-type: none"> Normal sampling systems 	
	<u>OR</u>	
	<ul style="list-style-type: none"> Post Accident Sampling System (results may take up to 3 hours) 	
	2) Notify RPS of preferred sampling system	
	3) Ask RPS to support Post Accident sampling	
(STEP 21 CONTINUED ON NEXT PAGE)		

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 22 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
21	INITIATE INPLANT/ONSITE RADIOLOGICAL ASSESSMENT: (Continued) h) <u>WHEN</u> radiological release and plume direction changes or release increases, <u>THEN</u> do the following: <ul style="list-style-type: none"> • Notify RPS • Consider need for re-surveys • Direct establishment of new access control points based on revised survey data i) RETURN TO Step 18	h) RETURN TO Step 18.
22	ESTABLISH EMERGENCY ORGANIZATION: a) Establish Dose Assessment Team: <ul style="list-style-type: none"> • Assign one team leader and two team members • Assign EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE b) Establish Radiation Protection Supervisor position <u>AND</u> Assign EPIP-4.02, RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE c) RETURN TO Step 18	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 23 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 23 REVIEW OFFSITE RELEASE ASSESSMENTS:</p>	<p>a) Check radiological monitoring and meteorological parameters available to Dose Assessment Team from ERFCS (MIDAS imports ERFCS automatically)</p> <p>b) Review offsite release assessments</p> <p>c) RETURN TO Step 15</p>	<p>a) <u>IF</u> parameters <u>NOT</u> available from ERFCS, <u>THEN</u> give completed copy of Attachment 1 to Dose Assessment Team.</p> <p>b) RETURN TO Step 18.</p>
<p>_____ 24 EVALUATE NEED TO EVACUATE/SHELTER NON-ESSENTIAL PERSONNEL:</p>	<p>a) Determine onsite exposure of non-essential personnel:</p> <p>1) Review plant surveys and samples</p> <p>2) Calculate iodine dose commitment using radioiodine concentration ($\mu\text{Ci/cc}$) based on air sample data and actual or projected exposure duration (hours):</p> <p style="text-align: center;">_____ $\mu\text{Ci/cc}$ x $1.57\text{E}+6$ x _____ hours = _____ Rem THY CDE</p>	

(STEP 24 CONTINUED ON NEXT PAGE)

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 24 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>24 EVALUATE NEED TO EVACUATE/SHELTER NON-ESSENTIAL PERSONNEL: (Continued)</p> <p>b) Check if results indicate onsite exposure of non-essential personnel greater than 1 Rem TEDE or 5 Rem Thyroid CDE</p> <p>c) Make recommendation to SEM for evacuation of non-essential personnel</p> <p>d) Consider early release of personnel upon Alert if plant conditions appear to degrade</p> <p>e) Do the following if non-essential personnel are to be evacuated:</p> <ul style="list-style-type: none"> • Review offsite release assessments • Check direction of plume • Determine appropriate evacuation route and remote assembly area <p>(STEP 24 CONTINUED ON NEXT PAGE)</p>	<p>b) Do one of the following:</p> <ul style="list-style-type: none"> • <u>IF</u> onsite exposure for non-essential personnel greater than or equal to 0.5 Rem TEDE or 1 Rem Thyroid CDE, <u>THEN</u> recommend sheltering <p><u>AND</u></p> <p>GO TO Step 24.d</p> <p><u>OR</u></p> <ul style="list-style-type: none"> • <u>IF</u> onsite exposure for non-essential personnel less than 0.5 Rem TEDE or 1 Rem Thyroid CDE, <u>THEN</u> GO TO Step 24.d <p>e) RETURN TO Step 18.</p>

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 25 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>24 EVALUATE NEED TO EVACUATE/SHELTER NON-ESSENTIAL PERSONNEL: (Continued)</p> <p>f) Have RPS assign EPIP-4.21, EVACUATION AND REMOTE ASSEMBLY AREA MONITORING</p> <p>g) Have RPS do the following:</p> <p>1) Tell survey team to notify TSC when departing from station and arriving at Remote Assembly Area</p> <p>2) Dispatch Remote Assembly Area monitoring team</p> <p>h) Notify SEM of Emergency Assembly Area monitoring status</p> <p>i) RETURN TO Step 18</p>	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 26 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 25 INITIATE LEOF ACTIVATION:</p> <p style="margin-left: 40px;">a) Give information to Radiological Assessment Coordinator:</p> <ul style="list-style-type: none"> • Existing plant conditions • Current offsite dose projections • HP actions underway <p style="margin-left: 40px;">b) Have Dose Assessment Team Leader brief Radiological Assessment Coordinator:</p> <ul style="list-style-type: none"> • Status and location of Offsite Monitoring Teams • Meteorological data • Radiation Monitoring System data • Sample analysis data <p style="margin-left: 40px;">c) Have RPS assign EPIP-4.18, MONITORING OF LEOF</p> <p style="margin-left: 40px;">d) RETURN TO Step 18</p>		

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 27 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
26	<p>HAVE DOSIMETRY ISSUED TO OFFSITE RESPONDERS:</p> <p>a) Consult with RPS:</p> <ul style="list-style-type: none"> • Arrival time of offsite support (fire, rescue squads) • Dosimetry requirements <p>b) Ask RPS to consider having individual meet fire or rescue squad prior to entry onsite in order to supply dosimetry</p> <p>c) RETURN TO Step 18</p>	
27	<p>EVALUATE RESPIRATORY PROTECTION REQUIREMENTS:</p> <p>a) Assess results of air sample analyses</p> <p>b) Recommend relocation of non-essential personnel from areas where high airborne activity is expected or airborne activity > 0.30 DAC</p> <p>c) Initiate EPIP-4.05, RESPIRATORY PROTECTION</p> <p>d) RETURN TO Step 18</p>	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 28 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 28	<p>GIVE TURNOVER TO RELIEF:</p> <p>a) <u>WHEN</u> a more senior HP individual arrives onsite</p> <p style="text-align: center;"><u>OR</u></p> <p><u>WHEN</u> relief is needed, <u>THEN</u> brief successor:</p> <ul style="list-style-type: none"> • Existing plant conditions • Emergency Classification • Offsite release assessments • HP actions underway <p>b) Notify SEM of change in position</p> <p>c) Stay with relief for about 30 minutes to ensure proper turnover</p> <p>d) RETURN TO Step 18</p>	
_____ 29	CHECK EMERGENCY - CONTINUES	GO TO Step 32.
_____ 30	CONSULT WITH SEM AND RPS AS TO INCREASING OR DECREASING TRENDS	
_____ 31	RETURN TO NOTE PRIOR TO STEP 2	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 29 of 30
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<hr/> 32	<p>INITIATE EVENT TERMINATION AND RECOVERY ACTIONS:</p> <ul style="list-style-type: none"> a) Verify SEM declared event - TERMINATED b) Notify RPS and RAC of event termination c) Evaluate continued use of monitoring teams for data collection d) Consult with SEM about recovery phase: <ul style="list-style-type: none"> • Access control to outside contaminated areas • Return to normal access control areas throughout site • Assistance requirements: <ul style="list-style-type: none"> • Decontamination efforts • HP support personnel • Radwaste packaging and disposal 	
<hr/> 33	<p>INITIATE REPLACEMENT OF PROCEDURES AND EMERGENCY EQUIPMENT</p>	

NUMBER EPIP-4.01	PROCEDURE TITLE RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE	REVISION 16 <hr/> PAGE 30 of 30
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

____ 34 TERMINATE EPIP-4.01:

- Give completed EPIP-4.01, forms and other applicable records to the Emergency Procedures Coordinator in the TSC
- Give to STA.
- Completed by: _____
- Date: _____
- Time: _____

-END-

NUMBER EPIP-4.01	ATTACHMENT TITLE RADIOLOGICAL DATA WORKSHEET	REVISION 16
ATTACHMENT 1		PAGE 1 of 1

Name: _____; Date: _____; Time: _____

METEOROLOGICAL DATA

Wind Direction (from): _____ Stability Class: _____
 Affected Sectors: _____ Precipitation: _____
 Wind Speed (mph): _____

RADIATION SYSTEM MONITORING DATA

Vent Vent: VG-110: _____ cpm VG-131: _____ μ Ci/sec
 _____ μ Ci/cc
 VG-123: _____ mR/hr

Process Vent: GW-102: _____ cpm GW-130: _____ μ Ci/sec
 _____ μ Ci/cc
 GW-122: _____ mR/hr

Containment, Inside:

High Range: RMS-127: _____ mR/hr RMS-227: _____ mR/hr
 RMS-128: _____ mR/hr RMS-228: _____ mR/hr

Containment, Outside:

High Range: RMS-161: _____ mR/hr RMS-261: _____ mR/hr

Air Ejector: SV-111: _____ cpm SV-211: _____ cpm

Main Steam: MS-124: _____ mR/hr MS-224: _____ mR/hr
 MS-125: _____ mR/hr MS-225: _____ mR/hr
 MS-126: _____ mR/hr MS-226: _____ mR/hr

AFWPT: MS-129: _____ mR/hr MS-229: _____ mR/hr

This document should be verified and annotated to a controlled source as required to perform work.
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE (With 1 Attachment)	REVISION 10
		PAGE 1 of 11

PURPOSE

Provide guidance to the Dose Assessment Team on organizational control and on percent Technical Specification, dose rate and projected dose calculations due to a radioactive release, and for direction in Health Physics Network and Field Team Radio operations.

ENTRY CONDITIONS

Any one of the following:

1. Activation by EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE.
2. Direction by the Radiological Assessment Coordinator.

Approvals on File

Effective Date 04/19/00

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

WHEN the NRC ENS Communicator conveys the NRC's announcement that establishment of HPN is desired, THEN direct initiation of EPIP-4.33, HEALTH PHYSICS NETWORK COMMUNICATIONS.

2. TSC-TO-LEOF DOSE ASSESSMENT FUNCTION TRANSFER CRITERIA

WHEN dose assessment functions are to be transferred from the TSC to LEOF, THEN do the following:

- a) Have TSC and LEOF (CEOF) dose assessment personnel review the following:
 - Dose projections previously performed
 - Assignment and location of Offsite Monitoring Teams
 - Field Team Radio Operations
 - HPN Communications
- b) Transfer Field Team Radio Operations from TSC to LEOF (CEOF). IF radio communications cannot be established between teams and the LEOF (CEOF), THEN set up a network between the LEOF (CEOF) and the TSC to relay meteorological, monitoring and sample analysis information.
- c) Transfer responsibility for HPN communications from the TSC to LEOF (CEOF). IF HPN communications already initiated by TSC, THEN coordinate transfer IAW EPIP-4.33, HEALTH PHYSICS NETWORK COMMUNICATIONS.
- d) Assign TSC Dose Assessment Team Members the following responsibilities:
 - Help support LEOF (CEOF) dose assessment activities
 - Keep RAD aware of LEOF (CEOF) dose assessment activities and status
 - Help RAD interface with RPS (normally via the Radiological Protection Communications Network)
 - Help RAD track allocation of HP and Chemistry personnel resources
 - Continue to monitor inplant and onsite radiation levels, plume direction, and affected areas using available maps, status boards and logs
 - Verify TSC monitoring per EPIP-4.17, MONITORING OF EMERGENCY RESPONSE FACILITIES, and EPIP-4.29, TSC/LEOF RADIATION MONITORING SYSTEM

NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 <hr/> PAGE 2 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 1	INITIATE PROCEDURE: <ul style="list-style-type: none"> • By: _____ • Date: _____ • Time: _____ <p>NOTE: Responsibility for plume tracking and offsite monitoring transfers from the Radiological Assessment Director (RAD) in the TSC to the Radiological Assessment Coordinator (RAC) in the LEOF once the LEOF is activated.</p>	
_____ 2	ASK RAD/RAC FOR BRIEFING: <ul style="list-style-type: none"> • Emergency Classification • Initial offsite release calculations • Monitor Data: <ul style="list-style-type: none"> • Current readings • Flow rates for pathway(s) of interest • Current meteorological data • Accident type 	

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

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 - Continue to monitor inplant and onsite radiation levels, plume direction, and affected areas using available maps, status boards and logs
 - Verify TSC monitoring per EPIP-4.17, MONITORING OF EMERGENCY RESPONSE FACILITIES, and EPIP-4.29, TSC/LEOF RADIATION MONITORING SYSTEM

NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 <hr/> PAGE 3 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
3	<p>EVALUATE EMERGENCY CLASSIFICATION AGAINST PERCENT TECHNICAL SPECIFICATIONS (TECH. SPECS.):</p> <p>a) Check current emergency classification - Notification of Unusual Event or Alert</p> <p>b) Use effluent pathway sample results to assess release:</p> <p>1) Ask RPS to dispatch sample team</p> <p>2) Ask Count Room for results</p> <p>c) Initiate EPIP-4.30, USE OF MIDAS CLASS A MODEL</p> <p><u>AND</u></p> <p>Determine % Tech. Specs for gaseous release</p> <p>d) Check results indicate % Tech. Specs. $\geq 100\%$</p> <p>e) Check results indicate % Tech. Specs. $\geq 100\%$, but $< 1,000\%$</p> <p>f) Confirm/recommend Notification of Unusual Event classification</p> <p>g) Give % Tech. Spec. results and event classification to RAD/RAC</p> <p>h) Check classification - ALERT OR HIGHER</p>	<p>a) GO TO Step 4.</p> <p>b) <u>IF</u> sample results <u>NOT</u> available, <u>THEN</u> use monitor readings to assess release.</p> <p>c) <u>IF</u> MIDAS <u>NOT</u> available or Liquid % Tech. Spec. calculation required, <u>THEN</u> evaluate release using EPIP-4.08, INITIAL OFFSITE RELEASE ASSESSMENT.</p> <p>d) <u>IF</u> % Tech. Specs. $< 100\%$, <u>THEN</u> notify RAD/RAC of results</p> <p><u>AND</u></p> <p>GO TO Step 9.</p> <p>e) Confirm an Alert classification pending dose rate determination</p> <p><u>AND</u></p> <p>GO TO Step 3.g.</p> <p>h) <u>IF</u> release - CONTINUES, <u>THEN</u> RETURN TO Step 3.a.</p> <p><u>IF</u> release - TERMINATED, <u>THEN</u> GO TO Step 9.</p>

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

WHEN the NRC ENS Communicator conveys the NRC's announcement that establishment of HPN is desired, THEN direct initiation of EPIP-4.33, HEALTH PHYSICS NETWORK COMMUNICATIONS.

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 PAGE 4 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE:</p> <ul style="list-style-type: none"> • A minimum of 2 (two) offsite monitoring teams must be dispatched (i.e., sent into the field) at a Site Area Emergency or General Emergency. • The first available monitoring team should be used for near-site monitoring. As resources become available, additional teams should be sent to pre-selected monitoring locations. 	
<p>_____ 4</p>	<p>CHECK WITH RAD/RAC TO DETERMINE IF OFFSITE MONITORING TEAMS WILL BE DISPATCHED</p>	<p>IF NO dispatch of offsite teams, <u>THEN</u> GO TO Step 6.</p>
<p>_____ 5</p>	<p>DIRECT INITIATION OF FIELD TEAM RADIO OPERATIONS:</p> <p>a) Direct initiation of EPIP-4.34, FIELD TEAM RADIO OPERATOR INSTRUCTIONS</p> <p>b) Brief Field Team Radio Operator:</p> <ul style="list-style-type: none"> • Meteorological conditions to determine team placement • Projected offsite dose rates at anticipated monitoring locations • Protective measures for team (Protective clothing, respiratory equipment, radio-protective drugs) • Radiological composition of release • Plume direction • Number of teams required • Exposure limits 	

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

WHEN the NRC ENS Communicator conveys the NRC's announcement that establishment of HPN is desired, THEN direct initiation of EPIP-4.33, HEALTH PHYSICS NETWORK COMMUNICATIONS.

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 <hr/> PAGE 5 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 6</p>	<p>GIVE BRIEFING TO DOSE ASSESSMENT TEAM:</p> <ul style="list-style-type: none"> • Plant/radiological status • Meteorological conditions • Monitoring team status (locations, importance of command and control) • Dose assessment results 	
<p>_____ 7</p>	<p>DIRECT INITIATION OF EPIP-4.29, TSC/LEOF RADIATION MONITORING SYSTEM</p>	
<p>_____ 8</p>	<p>MONITOR PARAMETERS USING AVAILABLE MAPS, STATUS BOARDS AND LOGS:</p> <ul style="list-style-type: none"> • Inplant and onsite radiation levels • Plume direction • Affected areas 	

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

WHEN the NRC ENS Communicator conveys the NRC's announcement that establishment of HPN is desired; THEN direct initiation of EPIP-4.33, HEALTH PHYSICS NETWORK COMMUNICATIONS.

2. TSC-TO-LEOF DOSE ASSESSMENT FUNCTION TRANSFER CRITERIA

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 - Verify TSC monitoring per EPIP-4.17, MONITORING OF EMERGENCY RESPONSE FACILITIES, and EPIP-4.29, TSC/LEOF RADIATION MONITORING SYSTEM

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 PAGE 7 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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NOTE: • The Surry Emergency Plan (Monitoring Points) Map should be used for selecting monitoring locations and tracking teams. It is a grid/sector map of the plume exposure (10-mile) EPZ. Pre-selected monitoring locations are marked.

- Pre-selected monitoring location H-1.9 may not be accessible by vehicle.

____ 10 CHECK RELOCATION OF MONITORING
TEAMS - NEEDED:

IF NO dispatch of monitoring
teams, THEN GO TO Step 15.

- Review dose projections
- Evaluate downwind locations,
distance, plume arrival time,
team travel time and
anticipated dose rates
- Determine monitoring location
- Have Field Team Radio Operator
do the following:
 - Move monitoring team(s) to
specified location
 - Have team(s) relay readings
at time of plume arrival

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE: EPIP-4.34, FIELD TEAM RADIO OPERATOR INSTRUCTIONS, contains provisions for determining the Thyroid CDE dose rate from offsite air sample results.</p>	
<p>11</p>	<p>CHECK DETERMINATION OF THYROID CDE DOSE RATE FROM OFFSITE MONITORING TEAM AIR SAMPLE - NEEDED:</p> <p>a) Ask Field Team Radio Operator to get results of field air sample analysis:</p> <ul style="list-style-type: none"> • Activity: _____ • Sample Volume: _____ • Background count rate: _____ <p>b) Check sample activity given in cpm</p> <p>c) Calculate NET cpm:</p> <p style="margin-left: 40px;">Sample cpm - Background cpm = NET cpm</p>	<p>GO TO Step 12.</p> <p>b) <u>IF</u> activity in $\mu\text{Ci/ml}$, <u>THEN</u> GO TO Step 11.f.</p> <p><u>IF</u> readings given in mR/hr (e.g., from R0-2), <u>THEN</u> do the following:</p> <ol style="list-style-type: none"> 1) Get Net mR/hr reading. 2) Convert Net mR/hr to CPM: <p style="margin-left: 80px;">$\text{Net mR/hr} \times 10,000 = \text{Net CPM}$</p> <ol style="list-style-type: none"> 3) GO TO Step 11.d.
	<p>(STEP 11 CONTINUED ON NEXT PAGE)</p>	

1. HEALTH PHYSICS NETWORK (HPN) COMMUNICATIONS CRITERIA

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 - Continue to monitor inplant and onsite radiation levels, plume direction, and affected areas using available maps, status boards and logs
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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 PAGE 9 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
11	<p>CHECK DETERMINATION OF THYROID CDE DOSE RATE FROM OFFSITE MONITORING TEAM AIR SAMPLE - NEEDED: (Continued)</p> <p>d) Calculate conversion factor (CF) for specific sample volume collected:</p> $\frac{3.33 \text{ E-10}}{\# \text{ ft}^3} = \text{CF}$ <p>e) Calculate activity ($\mu\text{Ci/ml}$):</p> <p>NET cpm x Conversion Factor = Activity ($\mu\text{Ci/ml}$)</p> <p>f) Calculate Thyroid CDE dose rate:</p> <p>Activity ($\mu\text{Ci/ml}$) x 1.57E+9 = Dose Rate (mrem/hr)</p> <p>g) Estimate release duration (hours)</p> <p>h) Calculate Thyroid CDE dose:</p> <p>THY CDE Dose Rate (mrem/hr) x Duration (hours) = THY CDE Dose (mrem)</p>	
12	<p>CHECK IF CONFIRMATION OF DOSE PROJECTIONS USING ENVIRONMENTAL DATA - DESIRED</p>	<p>GO TO Step 14.</p>
13	<p>INITIATE EPIP-4.13, OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA</p>	

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 <hr/> PAGE 10 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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____ 14 COMPARE PROJECTED TO ACTUAL
OFFSITE DOSE:

a) Compare dose rates from offsite
monitoring teams to projected
dose rates at corresponding
distances

b) Check if data is significantly
different (greater than a
factor of 3)

b) GO TO Step 15.

c) Consult with RAD/RAC to
determine whether actual or
projected dose rates to be used
for protective action
recommendations

d) Initiate investigation into
cause of discrepancy

____ 15 ASSIST IN DEVELOPMENT OF
PROTECTIVE MEASURES:

- Refer to EPIP-4.07, PROTECTIVE
MEASURES
- Review MIDAS Special Report and
field data (as available)
- Confer with RAD/RAC

NOTE: Fixed air samplers and TLDs provide information on the total
release. Collection of these samples may provide the best
information after termination of the release.

____ 16 GIVE CONSIDERATION TO HAVING
OFFSITE MONITORING TEAMS COLLECT
ENVIRONMENTAL SAMPLES AND TLDs

____ 17 CHECK EMERGENCY - CONTINUES

GO TO Step 19.

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NUMBER EPIP-4.03	PROCEDURE TITLE DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE	REVISION 10 <hr/> PAGE 11 of 11
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 18	RETURN TO Step 3	
_____ 19	TERMINATE EPIP-4.03: <ul style="list-style-type: none"> • Give completed EPIP-4.03, forms and other applicable records to the RAD/RAC • Completed by: _____ Date: _____ Time: _____ 	
	-END-	

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NUMBER EPIP-4.03	ATTACHMENT TITLE RADIOLOGICAL STATUS	REVISION 10
ATTACHMENT 1		PAGE 1 of 1

No.: _____
Date/Time: _____
Trend: ☐ Increasing
☐ Decreasing
☐ Stationary
Initials: _____

☐ Based on offsite surveys; ☐ Based on Radiation Monitoring System data

1. Type of release is: ☐ Airborne, released at elevation of _____ ft;
☐ Waterborne;
☐ Surface Spill.
 - 1.a. Physical form of release is: ☐ Gas; ☐ Liquid; ☐ Solid; ☐ Unknown.
 - 1.b. Chemical form of release is: ☐ Inert Noble Gas; ☐ Radioiodines; ☐ Unknown.
☐ Specifically: _____.
2. Release: ☐ began at _____ (24-hr time); ☐ is estimated to begin at _____ (24-hr time).
3. Release duration: ☐ was _____ hours; ☐ is estimated to be _____ hours.
4. Time between reactor shutdown and beginning of release ☐ was _____ hours; ☐ not applicable.
5. Wind direction is from _____; Wind speed is _____ mph; Stability Class is _____;
Time of meteorological conditions: _____ (24-hr time).
6. Temperature is _____ degrees F;
Precipitation form: ☐ None; ☐ Rain; ☐ Sleet; ☐ Snow; ☐ Other _____.
7. The gross release rate is: ☐ _____ Ci/sec Noble Gas;
☐ _____ Ci/sec Iodines;
☐ _____ Ci/sec Particulates;
☐ Unknown.
8. Actual Deep Dose Equivalent (DDE) field measurement at Site Boundary is:
☐ _____ R/hr; ☐ Unknown.
9. Projections based on: ☐ sample taken at _____ (24-hr. time) are: ☐ Unknown;
☐ monitor reading at _____ (24-hr. time) ☐ As follows:

		Site Boundary	2 Miles	5 Miles	10 Miles
PAG DOSE	TEDE 4-day, Rem	Rem	Rem	Rem	Rem
	Thy CDE, Rem	Rem	Rem	Rem	Rem
DOSE RATE	TEDE, Rem/hr	Rem/hr	Rem/hr	Rem/hr	Rem/hr
	Thy CDE, Rem/hr	Rem/hr	Rem/hr	Rem/hr	Rem/hr
	DDE, Rem/hr	Rem/hr	Rem/hr	Rem/hr	Rem/hr
RATIO	TEDE/DDE				

10. Remarks: _____

This document should be verified and annotated to a controlled source as required to perform work.

NUMBER	PROCEDURE TITLE	REVISION
EPIP-4.34	FIELD TEAM RADIO OPERATOR INSTRUCTIONS	4
	(With 4 Attachments)	PAGE 1 of 9

PURPOSE

Provide guidance to the Field Team Radio Operator (FTR0) to control Offsite Monitoring Team activities including:

- Confirming radiological releases
- Plume tracking
- Determining radiological composition of releases

ENTRY CONDITIONS

Any of the following:

1. Release of radioactive material in conjunction with a Site Area Emergency or General Emergency.
2. Direction by the Radiological Assessment Director or Radiological Assessment Coordinator.
3. Activation by another EPIP.

Approvals on File

Effective Date 04/19/00

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 2 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 1	INITIATE PROCEDURE: <ul style="list-style-type: none"> • By: _____ Date: _____ Time: _____ 	
_____ 2	GET STATUS UPDATE FROM DOSE ASSESSMENT TEAM LEADER: <ul style="list-style-type: none"> a) Emergency classification b) Initial offsite release calculations c) Current monitor readings d) Current meteorological data: <ul style="list-style-type: none"> • Wind speed • Wind direction (from) • Stability Class 	
_____ 3	CHECK WITH DOSE ASSESSMENT TEAM LEADER TO DETERMINE IF OFFSITE MONITORING - REQUIRED	<p><u>WHEN</u> offsite monitoring team(s) are to be dispatched, <u>THEN</u> GO TO Step 4.</p> <p><u>WHEN</u> emergency is terminated, <u>THEN</u> GO TO Step 24.</p>

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 3 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE:</p> <ul style="list-style-type: none"> • A minimum of 2 Offsite Monitoring Teams must be dispatched (i.e., sent into the field) at a Site Area Emergency or General Emergency. • The first available monitoring team should be used for near-site monitoring. As resources become available, additional teams should be sent to pre-selected monitoring locations. 	
<p>_____ 4</p>	<p>CHECK STATUS OF OFFSITE MONITORING TEAMS:</p> <ul style="list-style-type: none"> • Unavailable: GO TO Step 5 <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Assembled and on stand-by: GO TO Step 6 <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Dispatched: GO TO Step 7 	
<p>_____ 5</p>	<p>ASK DOSE ASSESSMENT TEAM LEADER TO COORDINATE ASSEMBLY OF MONITORING TEAMS</p>	
<p>_____ 6</p>	<p>ASK DOSE ASSESSMENT TEAM LEADER IF MONITORING TEAMS SHOULD BE DISPATCHED</p>	<p><u>WHEN</u> instructed to dispatch teams, <u>THEN</u> GO TO Step 7.</p>

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 PAGE 4 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
7	<p>REVIEW THE FOLLOWING PARAMETERS WITH DOSE ASSESSMENT TEAM LEADER:</p> <ul style="list-style-type: none"> a) Meteorological conditions to determine team placement b) Projected offsite dose rates at anticipated monitoring locations c) Protective measures for team: <ul style="list-style-type: none"> • Protective clothing • Respiratory equipment • Radioprotective drugs d) Radiological composition of release e) Plume direction f) Number of teams required g) Exposure limits 	
8	<p>ESTABLISH RADIO CONTACT:</p> <ul style="list-style-type: none"> a) Use the radio desk set to establish communications (Depress mode key until EPI appears on the display) b) Give your telephone number to monitoring team in case of radio failure c) Use Attachment 4, OFFSITE MONITORING TEAM INFORMATION, to record messages and data 	

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 5 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE: Attachment 1 provides an estimate of plume width at 1 and 2 miles downwind for Stability Classes A through G.</p>	
<p>9</p>	<p>ESTABLISH MONITORING LOCATIONS:</p>	
	<p>a) Verify teams dispatched</p>	<p>a) <u>IF</u> teams <u>NOT</u> dispatched, <u>THEN</u> do the following:</p>
		<p>1) Review offsite maps to determine pre-selected monitoring locations.</p>
		<p>2) Send teams to pre-selected location in downwind sector.</p>
	<p>b) Determine length of time for plume to reach monitoring location:</p>	
	<ul style="list-style-type: none"> • Ask Dose Assessment Team member for estimate 	
	<p style="text-align: center;"><u>OR</u></p>	
	<ul style="list-style-type: none"> • Calculate plume arrival time: 	
	<p style="text-align: center;">Time (hours) = $\frac{\text{Distance from plant (miles)}}{\text{Wind speed (mph)}}$</p>	
	<p>c) Have teams find plume centerline and report centerline location</p>	
	<p>d) Have teams periodically check exposure</p>	
	<p>e) Check if maximum plume concentration expected at location other than pre-selected monitoring point</p>	<p>e) GO TO Step 10.</p>
	<p>f) Identify off-centerline location using offsite map (in facility or Emergency Kit)</p>	
	<p>g) Identify location using sector designation and distance in miles (e.g., A-2)</p>	

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 6 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
10	<p>DETERMINE SAMPLE MEDIUM TO BE COLLECTED AND NOTIFY TEAM ACCORDINGLY:</p> <ul style="list-style-type: none"> • Particulate and iodine • Gas • Soil • Snow or ice 	
11	CHECK IF AIR SAMPLE - REQUIRED	<p>IF air sample <u>NOT</u> required, <u>THEN</u> GO TO Step 16.</p>
	<p><u>NOTE:</u> Air sample volume should be at least 2.5 cubic feet.</p>	
12	HAVE TEAM GET AIR SAMPLE	
13	<p>CHECK WITH DOSE ASSESSMENT TEAM LEADER TO DETERMINE IF COUNT ROOM ANALYSIS OF INITIAL CONFIRMATORY SAMPLE IS REQUIRED</p>	GO TO Step 16.
14	<p>HAVE INITIAL CONFIRMATORY SAMPLE DELIVERED TO SECURITY</p>	
15	<p>ASK DOSE ASSESSMENT TEAM LEADER TO COORDINATE THE FOLLOWING:</p> <ul style="list-style-type: none"> a) Transport of sample to Count Room b) Count Room analysis of sample c) Determination of TEDE/DDE Ratio 	

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 7 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 16	CALCULATE ESTIMATED TEDE DOSE USING ATTACHMENT 2, DETERMINATION OF TEDE/DDE RATIO	
_____ 17	CALCULATE THYROID CDE DOSE RATES USING ATTACHMENT 3, DETERMINATION OF THYROID OFFSITE DOSE RATE FROM SAMPLE ANALYSIS	
_____ 18	RECORD THE FOLLOWING ON ATTACHMENT 4, OFFSITE MONITORING TEAM INFORMATION: <ul style="list-style-type: none"> a) Monitoring Data <ul style="list-style-type: none"> • Current location • Maximum dose rates b) Dosimetry readings c) Estimated TEDE dose d) Thyroid CDE dose rate e) Plume width and location f) Air sample data 	

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 PAGE 8 of 9
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p>NOTE: Unexpected readings may result from plume rise, looping or cloud meander.</p>	
<p>____ 19</p>	<p>CONTINUE PLUME TRACKING:</p>	
	<p>a) Get dose rates and location at plume centerline</p>	
	<p>b) Check if unexpected readings occur</p>	<p>b) GO TO Step 19.d.</p>
	<p>c) Have team travel downwind until plume is located</p>	
	<p>d) Review Attachment 1, FACTORS CONTROLLING THE AREA AFFECTED BY A RELEASE, concerning plume width</p>	
<p>____ 20</p>	<p>CHECK WITH DOSE ASSESSMENT TEAM LEADER TO DETERMINE IF FIXED ENVIRONMENTAL SAMPLES AND TLDs ARE TO BE COLLECTED</p>	<p>GO TO Step 22.</p>
<p>____ 21</p>	<p>HAVE TEAMS COLLECT SAMPLES</p>	

NUMBER EPIP-4.34	PROCEDURE TITLE FIELD TEAM RADIO OPERATOR INSTRUCTIONS	REVISION 4 <hr/> PAGE 9 of 9
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STEP
ACTION/EXPECTED RESPONSE
RESPONSE NOT OBTAINED

NOTE: Additional sampling of ingestion exposure pathway is not normally within the scope of initial response actions, but may be performed as a follow-up action as time permits.

_____ 22 CHECK IF INGESTION EXPOSURE PATHWAY SAMPLING IS REQUIRED: GO TO Step 23.

- a) Have teams prepare for additional sampling
- b) Ask team to get samples specified by Dose Assessment Team Leader:
 - Milk
 - Water
 - Crops/Vegetation

_____ 23 CHECK IF CONTINUED MONITORING IS REQUIRED: GO TO Step 24.

- a) Consult with Dose Assessment Team Leader
- b) RETURN TO Step 9

_____ 24 TERMINATE EPIP-4.34:

- Give completed EPIP-4.34, forms and other applicable records to the RAD/RAC
- Completed by: _____
- Date: _____
- Time: _____

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.34	FACTORS CONTROLLING THE AREA AFFECTED BY A RELEASE	4
ATTACHMENT		PAGE
1		1 of 1

The area affected by a release is dependent on a number of variables including atmospheric stability class, wind speed and direction, precipitation, and terrain. From a practical standpoint, only stability class, which affects the width of the affected area, and wind speed and direction, which affect distance and direction of the area, will be considered.

The width of an affected area as a function of stability class and distance from the release point is illustrated by the following table. The table lists the different stability classes and the width of an area in feet which will contain a certain percent of the maximum calculated concentrations (or doses). The percentages considered are 90, 50 and 10%. The distances are 1 and 2 miles from a release point. These tables may be used as guidelines on what to tell the monitoring team to expect, such as Stability Class F, where the team would be expecting a small area of rapidly increasing concentration if the cloud were approached from the side.

Wind speed affects the area since higher speeds cause the cloud to arrive sooner; but, concentrations are reduced. The affected area will be downwind of the release point. If the direction is variable, the area with the highest average downwind direction will be affected the greatest.

STABILITY CLASS	PERCENT OF MAXIMUM	AREA WIDTH (feet)	
		1 Mile	2 Miles
A	90	878	1632
	50	2256	4195
	10	4109	7641
B	90	653	1227
	50	1676	3152
	10	3053	5741
C	90	472	887
	50	1213	2279
	10	2209	4152
D	90	319	595
	50	819	1530
	10	1492	2787
E	90	235	433
	50	603	1112
	10	1098	2027
F	90	161	299
	50	414	768
	10	754	1399
G	90	97	179
	50	249	460
	10	453	843

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.34	DETERMINATION OF TEDE/DDE RATIO	4
ATTACHMENT		PAGE
2		1 of 1

NOTE: TEDE = DDE + CEDE, when applied to emergency worker dose.

- ___ 1. Get Ratio TEDE/DDE from actual sample results AND GO TO Step 4 of this attachment

OR

IF sample results NOT available, THEN continue this instruction

- ___ 2. Get Ratio TEDE/DDE from MIDAS report AND GO TO Step 4 of this attachment

OR

IF MIDAS results NOT available, THEN continue this instruction

- ___ 3. Use default TEDE/DDE ratio:

ACCIDENT TYPE	RATIO	ACCIDENT TYPE	RATIO
MSLB	49	VCT Rupture	1
SGTR	26	LOCA	3
Fuel Handling	1.5	Locked Rotor	13
WGDT Rupture	1	SRF	1

NOTE: SRD or DAD readings are equivalent to DDE.

- ___ 4. Determine estimated TEDE dose:

$$\left[\begin{array}{l} \text{DDE dose} \\ \text{from DAD or SRD} \end{array} \right] \times \text{Ratio } \frac{\text{TEDE}}{\text{DDE}} = \text{TEDE dose}$$

- ___ 5. Record resulting estimated TEDE dose on Attachment 4

- ___ 6. Determine DDE limit:

$$\left[\frac{\text{Remaining dose, rem from Attachment 4} - \text{Estimated TEDE, rem from Step 4 above}}{\text{Ratio TEDE/DDE}} \right] = \text{DDE limit, rem}$$

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.34	DETERMINATION OF THYROID OFFSITE DOSE RATE FROM SAMPLE ANALYSIS	4
ATTACHMENT		PAGE
3		1 of 1

STEP ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

1. DETERMINE EQUIVALENT I-131 ACTIVITY
FROM AIR SAMPLE ANALYSIS:

a) Check if sample data given in
counts per minute (cpm)

a) IF data given in $\mu\text{Ci/ml}$,
THEN GO TO Step 2.

IF data given in mR/hr
(e.g., from R0-2), THEN
do the following:

1) Get Net mR/hr reading.

2) Calculate Net CPM:

$$\text{Net mR/hr} \times 10,000 = \text{Net CPM}$$

3) GO TO Step 1.d.

b) Get data from monitoring team(s):

- Background cpm: _____
- Gross (sample) cpm: _____

c) Calculate NET counts per minute:

$$\text{Gross cpm} - \text{Background cpm} = \text{NET cpm}$$

d) Calculate Conversion factor (CF)
for sample volume collected:

$$\frac{3.33 \text{ E-10}}{\# \text{ ft}^3} = \text{CF}$$

e) Calculate activity:

$$\text{NET cpm} \times \text{CF} = \text{Activity, } \mu\text{Ci/ml}$$

2. CALCULATE THYROID CDE DOSE RATE
USING THE FOLLOWING CALCULATION:

$$\text{Activity, } \mu\text{Ci/ml} \times 1.57 \text{ E+9} = \text{Thyroid CDE, mrem/hr}$$

3. RECORD RESULTS ON ATTACHMENT 4

NUMBER EPIP-4.34	ATTACHMENT TITLE OFFSITE MONITORING TEAM INFORMATION	REVISION 4
ATTACHMENT 4		PAGE 1 of 2

TEAM IDENTIFICATION No.: _____

TEAM MEMBER DATA:

NAME(s)	BADGE No.	REMAINING DOSE	COMMENTS

MONITORING DATA:

NOTE: Use "Remarks" spaces to make notes about a specific monitoring or air sample point (e.g., plume width, terrain). Use back of form to log instructions to team, pertinent comments, etc.

LOCATION	DATE / TIME	DAD/SRD READING	ESTIMATED TEDE DOSE*	WINDOW OPEN	WINDOW CLOSED
	REMARKS:				
	REMARKS:				
	REMARKS:				

* Estimate using Attachment 2.

AIR SAMPLE DATA:

AIR SAMPLE ID.:		DATE / TIME:		LOCATION:
GROSS CPM:	BKG CPM:	NET CPM (GROSS - BKG):		
AIR SAMPLE VOLUME (ft ³):		ACTIVITY, $\mu\text{Ci}/\text{ml}$ ** =		
THYROID CDE, mrem/hr = Activity, $\mu\text{Ci}/\text{ml}$ x $1.57\text{E}+9$ =				
REMARKS:				

** Determine using Attachment 3.

AIR SAMPLE ID.:		DATE / TIME:		LOCATION:
GROSS CPM:	BKG CPM:	NET CPM (GROSS - BKG):		
AIR SAMPLE VOLUME (ft ³):		ACTIVITY, $\mu\text{Ci}/\text{ml}$ ** =		
THYROID CDE, mrem/hr = Activity, $\mu\text{Ci}/\text{ml}$ x $1.57\text{E}+9$ =				
REMARKS:				

** Determine using Attachment 3.

NUMBER EPIP-4.34	ATTACHMENT TITLE OFFSITE MONITORING TEAM INFORMATION	REVISION 4
ATTACHMENT 4		PAGE 2 of 2

FIELD TEAM RADIO OPERATOR LOG

DATE/TIME:

COMMENTS:
