



H. B. Barron
Vice President

Duke Energy Corporation

McGuire Nuclear Station
12700 Hagers Ferry Road
Huntersville, NC 28078-9340
(704) 875-4800 OFFICE
(704) 875-4809 FAX

May 09, 2000

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Re: McGuire Nuclear Station Unit 1 Docket No. 50-369
McGuire Nuclear Station Unit 2 Docket No. 50-370
Changes to Emergency Plan Implementing Procedures

Attached to this letter are a revised Emergency Plan Implementing Procedure (EPIP) Index and a number of revised Emergency Plan Implementing Procedures. These procedure changes replace the previous Emergency Action Level (EAL) methodology (NUREG-0654) and update EAL references that are contained in other procedures. These procedure changes were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and continue to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. As such, these changes do not require NRC approval prior to implementation. Revision bars in each individual procedure indicate the procedure changes. The following index and procedure changes have been implemented:

EPIP Index Page 1 - 3	RP/0/A/5700/003	RP/0/A/5700/018
RP/0/A/5700/000	RP/0/A/5700/004	SR/0/B/2000/003
RP/0/A/5700/001	RP/0/A/5700/006	SR/0/B/2000/004
RP/0/A/5700/002	RP/0/A/5700/015	

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Steve Mooneyhan at (704) 875-4646.

Very truly yours,

H. B. Barron
Vice President, McGuire Nuclear Station
Duke Energy Corporation

HBB:jcm

Attachments

A045

U.S. Nuclear Regulatory Commission
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xc: (w/attachment)
Mr. Luis Reyes,
Regional Administrator
U.S. Nuclear Regulatory Commission
Region II
61 Forsyth St., SW, Suite 23T85
Atlanta, Georgia 30303

(w/o attachment)
NRC Resident Inspector

Frank Rinaldi, USNRC

C. J. Thomas (EC050)

Electronic Licensing Library (EC050)

EP File 111

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: Michael T. Ch For B JP
SAFETY ASSURANCE MANAGER

DATE APPROVED May 2, 2000

EPIP Index Page 1	Dated	05/02/2000	
EPIP Index Page 2	Dated	05/02/2000	
EPIP Index Page 3	Dated	05/02/2000	
RP/0/A/5700/000	Dated	05/02/2000	
RP/0/A/5700/001	Dated	05/02/2000	
RP/0/A/5700/002	Dated	05/02/2000	
RP/0/A/5700/003	Dated	05/02/2000	
RP/0/A/5700/004	Dated	05/02/2000	
RP/0/A/5700/006	Dated	05/02/2000	
RP/0/A/5700/015	Dated	05/02/2000	(DELETED)
RP/0/A/5700/018	Dated	05/02/2000	
SR/0/B/2000/003	Dated	05/02/2000	
SR/0/B/2000/004	Dated	05/02/2000	

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
RP/0/A/5700/000	Classification of Emergency	Rev. 005
RP/0/A/5700/001	Notification of Unusual Event	Rev. 013
RP/0/A/5700/002	Alert	Rev. 013
RP/0/A/5700/003	Site Area Emergency	Rev. 013
RP/0/A/5700/004	General Emergency	Rev. 013
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 006
RP/0/A/5700/007	Earthquake	Rev. 006
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 003
RP/0/A/5700/09	Collisions/Explosions	Rev. 000
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 010
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 005
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 017
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 006
RP/0/A/5700/019	Core Damage Assessment	Rev. 003
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 010
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 001
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 001
RP/0/B/5700/023	Community Relations Emergency Response Plan	Rev. 001
OP/0/B/6200/090	PALSS Operation for Accident Sampling	Rev. 010

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 003
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 004
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 005
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 001
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 002
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 001
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 005
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 000
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 002
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	Rev. 001
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 005
SR/0/B/2000/004	Notification to State and Counties from the Emergency Operations Facility	Rev. 000

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation	DELETED
EP Group Manual	Section 1.1 Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1 Accident and Emergency Response	DELETED
	Section 18.2 Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3 Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4 Planned Emergency Exposure	DELETED

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/000Revision No. 005**PREPARATION**(2) Station McGuire Nuclear Station(3) Procedure Title Classification of Emergency(4) Prepared By [Signature] Date 2/28/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 4/4/00Cross-Disciplinary Review By Thad Raman (QR) NA Date 4-6-00Reactivity Mgmt. Review By DeB (QR) NA Date 4/4/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 5/02/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Classification of Emergency Multiple Use	Procedure No. RP/0/A/5700/000
	Revision No. 005
	Electronic Reference No. MC0048M3

Classification of Emergency

1.0 Symptoms

1.1 Notification of Unusual Event

- 1.1.1 Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.
- 1.1.2 No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.

1.2 Alert

- 1.2.1 Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.
- 1.2.2 Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels.

1.3 Site Area Emergency

- 1.3.1 Events are in process or have occurred which involve actual or likely major failures of plant functions needed for protection of the public.
- 1.3.2 Any releases are not expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels except near the site boundary.

1.4 General Emergency

- 1.4.1 Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.
- 1.4.2 Releases can be reasonably expected to exceed EPA Protective Action Guidelines exposure levels offsite for more than the immediate site area.

2.0 Immediate Actions

- _____ 2.1 Determine operating mode that existed at the time the event occurred prior to any protection system or operator action initiated in response of the event.
- _____ 2.2 **IF** the plant was in Mode 1-4 and a valid condition affects fission product barriers, **THEN** proceed to Enclosure 4.1 (Fission Product Barrier Matrix).
- _____ 2.3 **IF** a General Emergency is **NOT** declared in Step 2.2, **THEN** review the listing of enclosures to determine if the event is applicable to one of the categories shown.

_____ 2.4 Compare actual plant conditions to the Emergency Action Levels listed, then declare the appropriate Emergency Class as indicated.

_____ 2.5 Implement the applicable Emergency Response Procedure (RP) for that classification and continue with subsequent steps of this procedure.

Notification of Unusual Event	RP/0/A/5700/001
Alert	RP/0/A/5700/002
Site Area Emergency	RP/0/A/5700/003
General Emergency	RP/0/A/5700/004.

3.0 Subsequent Actions

_____ 3.1 To escalate, de-escalate, or terminate the Emergency, compare plant conditions to the Initiating Conditions of Enclosures 4.1 through 4.7.

_____ 3.2 Refer to enclosure 4.9, Emergency Declaration Guidelines, as needed.

4.0 Enclosures

- 4.1 Fission Product Barrier Matrix.
- 4.2 System Malfunctions.
- 4.3 Abnormal Rad Levels/Radiological Effluent.
- 4.4 Loss of Shutdown Functions.
- 4.5 Loss of Power
- 4.6 Fire/Explosion and Security Events.
- 4.7 Natural Disasters, Hazards and Other Conditions Affecting Plant Safety.
- 4.8 Definitions/Acronyms.
- 4.9 Emergency Declaration Guidelines.
- 4.10 Radiation Monitor Readings for Enclosure 4.3 EALs.

Enclosure 4.1

Fission Product Barrier Matrix

RP/0/A/5700/000
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Use EALs to determine Fission Product Barrier status (Intact, Potential Loss, or Loss). Add points for all 3 barriers. Classify according to the table below.

Note 1: This table is only applicable in Modes 1-4.

Note 2: Also, an event (or multiple events) could occur which results in the conclusion that exceeding the Loss or Potential Loss thresholds is IMMINENT (i.e., within 1-3 hours). In this IMMINENT LOSS situation, use judgement and classify as if the thresholds are exceeded.

Note 3: When determining Fission Product Barrier status, the Fuel Clad Barrier should be considered to be lost or potentially lost if the conditions for the Fuel Clad Barrier loss or potential loss EALs were met previously during the event, even if the conditions do not currently exist.

Note 4: Critical Safety Function (CSF) indications are not meant to include transient alarm conditions which may appear during the start-up of engineered safeguards equipment. A CSF condition is satisfied when the alarmed state is valid and sustained.

<u>Unusual Event (1 - 3 Points)</u>		<u>Alert (4 - 6 Points)</u>	<u>Site Area Emergency (7 - 10 Points)</u>	<u>General Emergency (11 - 13 Points)</u>
• Any Potential Loss of Containment.	• Any Potential Loss or Loss of the NCS.	• Loss of both NCS and Fuel Clad.	• Loss of all three barriers.	
• Any Loss of Containment.	• Any Potential Loss or Loss of Fuel Clad.	• Potential Loss of both NCS and Fuel Clad.	• Loss of any two barriers and the Potential Loss of the third barrier.	
		• Potential Loss of either the NCS or Fuel Clad and Loss of any additional barrier.		

NOTE: Take highest points for each barrier and add together in chart below. Do not take more than one number for each barrier. "Not applicables" are included in this table as place holders only, and no points are assigned.

Containment	_____	<u>TOTAL POINTS</u>	
NCS	_____	1 - 3	Unusual Event
Fuel Clad	_____	4 - 6	Alert
		7-10	Site Area Emergency
		11-13	General Emergency
Total Points	_____		

Fission Product Barrier Matrix

4.1.C CONTAINMENT BARRIER

POTENTIAL LOSS - (1 Point)	LOSS - (3 Points)
-------------------------------	-------------------

1. Critical Safety Function Status

- Containment-RED.
- Not applicable.

2. Containment Conditions

- Containment Pressure > 15 PSIG.
- H₂ concentration > 9%.
- Containment pressure greater than 3 psig with less than one full train of NS and a VX-CARF operating.
- Rapid unexplained decrease in containment pressure following initial increase.
- Containment pressure or sump level response not consistent with LOCA conditions.

CONTINUED

4.1.N NCS BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	-------------------

1. Critical Safety Function Status

- NCS Integrity-RED.
- Heat Sink-RED.
- Not applicable.

2. NCS Leak Rate

- Unisolable leak exceeding the capacity of one charging pump in the normal charging mode with letdown isolated.
- GREATER THAN available makeup capacity as indicated by a loss of NCS subcooling.

CONTINUED

4.1.F FUEL CLAD BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	-------------------

1. Critical Safety Function Status

- Core Cooling-ORANGE.
- Heat Sink-RED.
- Core Cooling-RED

2. Primary Coolant Activity Level

- Not applicable.
- Coolant Activity GREATER THAN 300 μ Ci/cc Dose Equivalent Iodine (DEI) I-131.

CONTINUED

Enclosure 4.1

Fission Product Barrier Matrix

RP/0/A/5700/000
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4.1.C CONTAINMENT BARRIER		4.1.N NCS BARRIER		4.1.F FUEL CLAD BARRIER	
POTENTIAL LOSS - (1 Point)	LOSS - (3 Points)	POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)	POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
3. <u>Containment Isolation Valves Status After Containment Isolation Actuation</u> <ul style="list-style-type: none"> Not applicable. Containment isolation is incomplete and a release path from containment exists. 		3. <u>SG Tube Rupture</u> <ul style="list-style-type: none"> Primary-to-Secondary leak rate exceeds the capacity of one charging pump in the normal charging mode with letdown isolated. Indication that a SG is Ruptured and has a Non-Isolable secondary line fault. Indication that a SG is ruptured and a prolonged release of contaminated secondary coolant is occurring from the affected SG to the environment. 		3. <u>Containment Radiation Monitoring</u> <ul style="list-style-type: none"> Not applicable. Containment radiation monitor 51 A or 51 B reading >117 R/hr. 	
4. <u>SG Secondary Side Release With Primary-to-Secondary Leakage</u> <ul style="list-style-type: none"> Not applicable. Release of secondary side to atmosphere with primary to secondary leakage GREATER THAN Tech Spec allowable. 		4. <u>Containment Radiation Monitoring</u> <ul style="list-style-type: none"> Not applicable. Not applicable. 		4. <u>Emergency Coordinator/EOF Director Judgement</u> <ul style="list-style-type: none"> Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates LOSS or POTENTIAL LOSS of the fuel clad barrier. 	

END

CONTINUED

CONTINUED

Enclosure 4.1

Fission Product Barrier Matrix

RP/0/A/5700/000
Page 4 of 5

4.1.C CONTAINMENT BARRIER

POTENTIAL LOSS - (1 Point)	LOSS - (3 Points)
-------------------------------	-------------------

5. Significant Radioactive Inventory In Containment

- | | |
|---|---|
| <ul style="list-style-type: none"> Containment Rad. Monitor EMF51A or 51B Reading @ time since shutdown: > 470 R/hr @ 0 - 0.5 hr > 170 R/hr @ 0.5 - 2 hr > 125 R/hr @ 2 - 4 hr > 90 R/hr @ 4 - 8 hr > 53 R/hr @ > 8 hr. | <ul style="list-style-type: none"> Not applicable. |
|---|---|

6. Core Cooling

- | | |
|--|---|
| <ul style="list-style-type: none"> Core cooling - RED path is indicated for >15 min. | <ul style="list-style-type: none"> Not applicable. |
|--|---|

CONTINUED

4.1.N NCS BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	-------------------

5. Emergency Coordinator/EOF Director Judgement

- Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates **LOSS** or **POTENTIAL LOSS** of the NCS barrier.

END

4.1.F FUEL CLAD BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	-------------------

Fission Product Barrier Matrix

4.1.C CONTAINMENT BARRIER	4.1.N NCS BARRIER	4.1.F FUEL CLAD BARRIER
<div>POTENTIAL LOSS -</div> <div>(1 Point)</div> <div>LOSS - (3 Points)</div>	<div>POTENTIAL LOSS -</div> <div>(4 Points)</div> <div>LOSS - (5 Points)</div>	<div>POTENTIAL LOSS -</div> <div>(4 Points)</div> <div>LOSS - (5 Points)</div>
<p>7. <u>Emergency Coordinator /EOF Director</u> <u>Judgement</u></p> <ul style="list-style-type: none"> Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates LOSS or POTENTIAL LOSS of the containment barrier. <p><u>END</u></p>		

Enclosure 4.2
System Malfunctions

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.2.U.1 Inability to Reach Required Shutdown Within Technical Specification Limits.

4.2.A.1 Unplanned Loss of Most or All Safety System Annunciation or Indication in Control Room With Either (1) a Significant Transient in Progress, or (2) Compensatory Non-Alarming Indicators Unavailable.

4.2.S.1 Inability to Monitor a Significant Transient in Progress.

END

OPERATING MODE: 1, 2, 3, 4

4.2.U.1-1 Plant is not brought to required operating mode within Technical Specifications LCO Action Statement Time.

OPERATING MODE: 1, 2, 3, 4

OPERATING MODE: 1, 2, 3, 4

4.2.S.1-1 The following conditions exist:

4.2.U.2 Unplanned Loss of Most or All Safety System Annunciation or Indication in the Control Room for Greater Than 15 Minutes.

4.2.A.1-1 The following conditions exist:

Unplanned loss of most (>50%) annunciators associated with safety systems for greater than 15 minutes.

Loss of most (>50%) annunciators associated with safety systems.

AND

OPERATING MODE: 1, 2, 3, 4

AND

A significant plant transient is in progress.

4.2.U.2-1 The following conditions exist:

Unplanned loss of most (>50%) annunciators associated with safety systems for greater than 15 minutes.

In the opinion of the Operations Shift Manager/Emergency Coordinator/EOF Director, the loss of the annunciators or indicators requires additional personnel (beyond normal shift compliment) to safely operate the unit.

AND

Loss of the OAC.

AND

AND

In the opinion of the Operations Shift Manager/Emergency Coordinator/EOF Director, the loss of the annunciators or indicators requires additional personnel (beyond normal shift compliment) to safely operate the unit.

EITHER of the following:
A significant plant transient is in progress.

Inability to provide manual monitoring of any of the following Critical Safety Functions:

- subcriticality
- core cooling
- heat sink
- containment.

OR

Loss of the OAC.

END

END

CONTINUED

Enclosure 4.2
System Malfunctions

RP/0/A/5700/000

Page 2 of 2

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.2.U.3 Fuel Clad Degradation.

OPERATING MODE: 1, 2, 3, 4, 5

4.2.U.3-1 Dose Equivalent I-131 greater than the Technical Specification allowable limit.

4.2.U.4 Reactor Coolant System (NCS) Leakage.

OPERATING MODE: 1, 2, 3, 4

4.2.U.4-1 Unidentified leakage ≥ 10 gpm.

4.2.U.4-2 Pressure boundary leakage ≥ 10 gpm.

4.2.U.4-3 Identified leakage ≥ 25 gpm.

4.2.U.5 Unplanned Loss of All Onsite or Offsite Communications.

OPERATING MODE: ALL

4.2.U.5-1 Loss of all onsite communications capability (internal phone system, PA system, onsite radio system) affecting the ability to perform routine operations.

4.2.U.5-2 Loss of all offsite communications capability (Selective Signaling, NRC FTS lines, offsite radio system, commercial phone system) affecting the ability to communicate with offsite authorities.

END

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.U.1 Any Unplanned Release of Gaseous or Liquid Radioactivity to the Environment that Exceeds Two Times the SLC Limits for 60 Minutes or Longer.

4.3.A.1 Any Unplanned Release of Gaseous or Liquid Radioactivity to the Environment that Exceeds 200 Times the SLC limits for 15 Minutes or Longer.

4.3.S.1 Boundary Dose Resulting from an Actual or Imminent Release of Radioactivity that Exceeds 100 mRem TEDE or 500 mRem CDE Adult Thyroid for the Actual or Projected Duration of the Release.

4.3.G.1 Boundary Dose Resulting from an Actual or Imminent Release of Radioactivity that Exceeds 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid for the Actual or Projected Duration of the Release.

OPERATING MODE: ALL

Note: (This applies to all EALs in the 4.3.U.1 IC). If the monitor reading is sustained for the time period indicated in the EAL AND the required assessments (procedure calculations) cannot be completed within this time period, declaration must be made based on the valid radiation monitor reading.

OPERATING MODE: ALL

Note: (This applies to all EALs in the 4.3.A.1 IC). If the monitor reading is sustained for the time period indicated in the EAL AND the required assessments (procedure calculations) cannot be completed within this time period, declaration must be made based on the valid radiation monitor reading.

OPERATING MODE: ALL

Note 1: These EMF readings are calculated based on average annual meteorology, site boundary dose rate, and design unit vent flow rate. Calculations by the dose assessment team use actual meteorology, release duration, and unit vent flow rate. Therefore, these EMF readings should not be used if dose assessment team calculations are available.

OPERATING MODE: ALL

Note 1: These EMF readings are calculated based on average annual meteorology, site boundary dose rate, and design unit vent flow rate. Calculations by the dose assessment team use actual meteorology, release duration, and unit vent flow rate. Therefore, these EMF readings should not be used if dose assessment team calculations are available.

4.3.U.1-1 A valid indication on radiation monitor EMF- 49L, EMF-44L or EMF-31 (when aligned to RC) of $\geq 5.45E+06$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or HP/0/B/1009/020.

4.3.A.1-1 A valid indication on radiation monitor EMF- 49H of $\geq 1.56E+03$ cpm for ≥ 15 minutes or will likely continue for ≥ 15 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or HP/0/B/1009/020.

Note 2: If dose assessment team calculations cannot be completed in 15 minutes, then valid monitor reading should be used for emergency classification.

Note 2: If dose assessment team calculations cannot be completed in 15 minutes, then valid monitor reading should be used for emergency classification.

(Continued)

(Continued)

(Continued)

(Continued)

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

RP/0/A/5700/000

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<u>UNUSUAL EVENT</u>	<u>ALERT</u>	<u>SITE AREA EMERGENCY</u>	<u>GENERAL EMERGENCY</u>
4.3.U.1-2 A valid indication on radiation monitor EMF- 36L of $\geq 3.00\text{E}+04$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or HP/0/B/1009/020.	4.3.A.1-2 A valid indication on radiation monitor EMF- 36L of $\geq 3.00\text{E}+06$ cpm for ≥ 15 minutes or will likely continue for ≥ 15 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or HP/0/B/1009/020.	4.3.S.1-1 A valid indication on radiation monitor EMF-36H of $\geq 2.81 \text{ E} + 03$ cpm sustained for ≥ 15 minutes.	4.3.G.1-1 A valid indication on radiation monitor EMF-36H of $\geq 2.81 \text{ E} + 04$ cpm sustained for ≥ 15 minutes.
4.3.U.1-3 A valid indication on radiation monitor EMF-31 (when aligned to WC or WWCB) of $\geq 9.174 \text{ E}+03$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or HP/0/B/1009/020.	4.3.A.1-3 Gaseous effluent being released exceeds 200 times the level of SLC 16.11-1 for ≥ 15 minutes as determined by Radiation Protection (RP) procedure.	4.3.S.1-2 Dose assessment team calculations indicate dose consequences greater than 100 mRem TEDE or 500 mRem CDE Adult Thyroid at the site boundary.	4.3.G.1-2 Dose assessment team calculations indicate dose consequences greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid at the site boundary.
4.3.U.1-4 Gaseous effluent being released exceeds two times SLC 16.11-1 for ≥ 60 minutes as determined by Radiation Protection (RP) procedure.	4.3.A.1-4 Liquid effluent being released exceeds 200 times the level of SLC 16.11-6 for ≥ 15 minutes as determined by Radiation Protection (RP) procedure.	4.3.S.1-3 Analysis of field survey results or field survey samples indicates dose consequences greater than 100 mRem TEDE or 500 mRem CDE Adult Thyroid at the site boundary.	4.3.G.1-3 Analysis of field survey results or field survey samples indicates dose consequences greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid at the site boundary.
4.3.U.1-5 Liquid effluent being released exceeds two times SLC 16.11-6 for ≥ 60 minutes as determined by Radiation Protection (RP) procedure.			

END

END

(Continued)

(Continued)

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

RP/0/A/5700/000

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UNUSUAL EVENT

4.3.U.2 Unexpected Increase in Plant Radiation or Airborne Concentration.

OPERATING MODE: ALL

4.3.U.2-1 Indication of uncontrolled water level decrease of greater than 6 inches in the reactor refueling cavity with all irradiated fuel assemblies remaining covered by water.

4.3.U.2-2 Uncontrolled water level decrease of greater than 6 inches in the spent fuel pool and fuel transfer canal with all irradiated fuel assemblies remaining covered by water.

4.3.U.2-3 Unplanned valid area EMF reading increases by a factor of 1000 over normal levels as shown in Enclosure 4.10.

END

ALERT

4.3.A.2 Major Damage to Irradiated Fuel or Loss of Water Level that Has or Will Result in the Uncovering of Irradiated Fuel Outside the Reactor Vessel.

OPERATING MODE: ALL

4.3.A.2-1 An unplanned valid trip II alarm on any of the following radiation monitors:

Spent Fuel Building
Refueling Bridge
1EMF-17
2EMF-4

Spent Fuel Pool
Ventilation
1EMF-42
2EMF-42

Reactor Building
Refueling Bridge
1EMF-16
2EMF-3

Containment Noble Gas
Monitor
1EMF-39
2EMF-39

(Continued)

SITE AREA EMERGENCY

GENERAL EMERGENCY

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.A.2-2 Plant personnel report that water level drop in reactor refueling cavity, spent fuel pool, or fuel transfer canal has or will exceed makeup capacity such that any irradiated fuel will become uncovered.

4.3.A.2-3 NC system wide range level <358 inches after initiation of NC system make-up.

AND

Any irradiated fuel assembly not capable of being lowered into spent fuel pool or reactor vessel.

4.3.A.2-4 Spent Fuel Pool or Fuel Transfer Canal level decrease of >2 feet after initiation of makeup.

AND

Any irradiated fuel assembly not capable of being fully lowered into the spent fuel pool racks or transfer canal fuel transfer system basket.

(Continued)

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

**4.3.A.3 Release of Radioactive
Material or Increases in
Radiation Levels Within
the Facility That
Impedes Operation of
Systems Required to
Maintain Safe
Operations or to
Establish or Maintain
Cold Shutdown.**

OPERATING MODE: ALL

4.3.A.3-1 Valid reading on EMF-12
greater than 15 mR/hr in
the Control Room.

4.3.A.3-2 Valid indication of
radiation levels greater
than 15 mR/hr in the
Central Alarm Station
(CAS) or Secondary
Alarm Station (SAS).

4.3.A.3-3 Valid radiation monitor
reading exceeds the levels
shown in Enclosure 4.10.

END

Enclosure 4.4

Loss of Shutdown Functions

RP/0/A/5700/000

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UNUSUAL EVENT

END

ALERT

4.4.A.1 Failure of Reactor Protection System Instrumentation to Complete or Initiate an Automatic Reactor Trip Once a Reactor Protection System Setpoint Has Been Exceeded and Manual Trip Was Successful.

OPERATING MODE: 1, 2, 3

4.4.A.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room is successful and reactor power is less than 5% and decreasing.

(Continued)

SITE AREA EMERGENCY

4.4.S.1 Failure of Reactor Protection System Instrumentation to Complete or Initiate an Automatic Reactor Trip Once a Reactor Protection System Setpoint Has Been Exceeded and Manual Trip Was NOT Successful.

OPERATING MODE: 1

4.4.S.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room was NOT successful in reducing reactor power to less than 5% and decreasing.

(Continued)

GENERAL EMERGENCY

4.4.G.1 Failure of the Reactor Protection System to Complete an Automatic Trip and Manual Trip was NOT Successful and There is Indication of an Extreme Challenge to the Ability to Cool the Core.

OPERATING MODE: 1

4.4.G.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room was NOT successful in reducing reactor power to less than 5% and decreasing.

AND

EITHER of the following conditions exist:

- Core Cooling CSF-RED
- Heat Sink CSF-RED.

END

Enclosure 4.4

Loss of Shutdown Functions

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

4.4.A.2 Inability to Maintain Plant
in Cold Shutdown.

OPERATING MODE: 5, 6

4.4.A.2-1 Total loss of ND and/or RN
and/or KC.

AND

One of the following:

- Inability to maintain
reactor coolant temperature
below 200°F

OR

- Uncontrolled reactor
coolant temperature rise to
>180°F.

END

SITE AREA EMERGENCY

4.4.S.2 Complete Loss of Function
Needed to Achieve or
Maintain Hot Shutdown.

OPERATING MODE: 1, 2, 3, 4

4.4.S.2-1 Subcriticality CSF-RED.

4.4.S.2-2 Heat Sink CSF-RED.

4.4.S.3 Loss of Water Level in the
Reactor Vessel That Has or
Will Uncover Fuel in the
Reactor Vessel.

OPERATING MODE: 5, 6

4.4.S.3-1 Failure of heat sink causes loss
of cold shutdown conditions.

AND

Lower range Reactor Vessel
Level Indication System
(RVLIS) decreasing after
initiation of NC system
makeup.

4.4.S.3-2 Failure of heat sink causes loss
of cold shutdown conditions.

AND

Reactor Coolant (NC) system
narrow range level less than
6 inches and decreasing after
initiation of NC system
makeup.

(Continued)

GENERAL EMERGENCY

Enclosure 4.4
Loss of Shutdown Functions

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.4.S.3-3 Failure of heat sink causes loss
of cold shutdown conditions.

AND

Either train ultrasonic level
indication less than 6 inches
and decreasing after initiation
of NC system makeup.

END

Enclosure 4.5

Loss of Power

RP/0/A/5700/000

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UNUSUAL EVENT

4.5.U.1 Loss of All Offsite Power to Essential Busses for Greater Than 15 Minutes.

OPERATING MODE: 1, 2, 3, 4

4.5.U.1-1 The following conditions exist:

Loss of offsite power to essential buses ETA and ETB for greater than 15 minutes.

AND

Both emergency diesel generators are supplying power to their respective essential busses.

(Continued)

ALERT

4.5.A.1 Loss of All Offsite Power and Loss of All Onsite AC Power to Essential Busses During Cold Shutdown Or Refueling Mode.

OPERATING MODE: 5, 6, No Mode

4.5.A.1-1 Loss of all offsite and onsite AC power as indicated by:

Loss of power on essential buses ETA and ETB.

AND

Failure to restore power to at least one essential bus within 15 minutes.

(Continued)

SITE AREA EMERGENCY

4.5.S.1 Loss of All Offsite Power and Loss of All Onsite AC Power to Essential Busses.

OPERATING MODE: 1, 2, 3, 4

4.5.S.1-1 Loss of all offsite and onsite AC power as indicated by:

Loss of power on essential buses ETA and ETB.

AND

Failure to restore power to at least one essential bus within 15 minutes.

(Continued)

GENERAL EMERGENCY

4.5.G.1 Prolonged Loss of All (Offsite and Onsite) AC Power.

OPERATING MODE: 1, 2, 3, 4

4.5.G.1-1 Prolonged loss of all offsite and onsite AC power as indicated by:

Loss of power on essential buses ETA and ETB for greater than 15 minutes.

AND

Standby Shutdown Facility (SSF) fails to supply NC pump seal injection OR CA supply to Steam Generators.

AND

(Continued)

Enclosure 4.5

Loss of Power

RP/0/A/5700/000

Page 2 of 3

UNUSUAL EVENT

OPERATING MODE: 5, 6, No Mode

4.5.U.1-2 The following conditions exist:
Loss of offsite power to essential buses ETA and ETB for greater than 15 minutes.

AND

One emergency diesel generator is supplying power to its respective essential bus.

Continued

ALERT

4.5.A.2 AC Power to Essential Busses Reduced to a Single Power Source for Greater Than 15 Minutes Such That An Additional Single Failure Could Result in Station Blackout.

OPERATING MODE: 1, 2, 3, 4

4.5.A.2-1 The following condition exists:

AC power capability has been degraded to one essential bus powered from a single power source for > 15 min. due to the loss of all but one of:

SATA
SATB
ATC
ATD
D/G A
D/G B.

END

SITE AREA EMERGENCY

4.5.S.2 Loss of All Vital DC Power.

OPERATING MODE: 1, 2, 3, 4

4.5.S.2-1 The following conditions exist:

Loss of both unit related EVDA and EVDD busses as indicated by bus voltage less than 110 VDC.

AND

Failure to restore power to at least one required DC bus within 15 minutes from the time of loss.

END

GENERAL EMERGENCY

At least one of the following conditions exist:

- Restoration of at least one essential bus within 4 hours is **NOT** likely
- Indication of continuing - degradation of core cooling based on Fission Product Barrier monitoring.

END

Enclosure 4.5

Loss of Power

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.5.U.2 **Unplanned Loss of
Required DC Power
During Cold Shutdown
or Refueling Mode for
Greater than
15 Minutes.**

OPERATING MODE: 5, 6

4.5.U.2-1 The following conditions
exist:

Unplanned loss of both
unit related EVDA and
EVDD busses as indicated
by bus voltage less than
110 VDC.

AND

Failure to restore power to
at least one required DC
bus within 15 minutes
from the time of loss.

END

Enclosure 4.6

Fire/Explosion and Security Events

RP/0/A/5700/000

Page 1 of 3

UNUSUAL EVENT

4.6.U.1 Fire Within Protected Area Boundary **NOT** Extinguished Within 15 Minutes of Detection **OR** Explosion Within the Protected Area Boundary.

OPERATING MODE: ALL

4.6.U.1-1 Fire in any of the following areas **NOT** extinguished within 15 minutes of control room notification or verification of a control room fire alarm.

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- CAS
- SAS
- Doghouses
- FWST
- Turbine Building
- Service Building
- Interim Radwaste Building
- Equipment Staging Building.

(Continued)

ALERT

4.6.A.1 Fire or Explosion Affecting the Operability of Plant Safety Systems Required to Establish or Maintain Safe Shutdown.

OPERATING MODE: 1, 2, 3, 4, 5, 6

4.6.A.1-1 The following conditions exist: Fire or explosion in any of the following areas:

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- CAS
- SAS
- FWST
- Doghouses (Applies in Mode 1, 2, 3, 4 only).

AND

(Continued)

SITE AREA EMERGENCY

4.6.S.1 Security Event in a Plant Vital Area.

OPERATING MODE: ALL

4.6.S.1-1 Intrusion into any of the following plant areas by a hostile force:

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS.

4.6.S.1-2 Security confirmed bomb discovered/exploded in a vital area.

4.6.S.1-3 Security confirmed sabotage in a plant vital area.

END

GENERAL EMERGENCY

4.6.G.1 Security Event Resulting in Loss Of Ability to Reach and Maintain Cold Shutdown.

OPERATING MODE: ALL

4.6.G.1-1 Loss of physical control of the control room due to security event.

4.6.G.1-2 Loss of physical control of the Standby Shutdown Facility and Auxiliary Shutdown Panel due to security event.

END

Enclosure 4.6

Fire/Explosion and Security Events

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.6.U.1-2 Report by plant personnel of an unanticipated explosion within protected area boundary resulting in visible damage to permanent structures or equipment.

Note:

One of the following:

Only one train of a system needs to be affected or damaged in order to satisfy this condition.

4.6.U.2 **Confirmed Security Event Which Indicates a Potential Degradation in the Level of Safety of the Plant.**

- Affected safety system parameter indications show degraded performance
- Plant personnel report visible damage to permanent structures or equipment within the specified area.

OPERATING MODE: All

4.6.U.2-1 Security confirmed bomb device discovered within plant Protected Area and outside Vital Areas.

4.6.U.2-2 Hostage situation/extortion.

4.6.U.2-3 A violent civil disturbance within the owner controlled area.

4.6.A.2 **Fire or Explosion Affecting the Operability of Plant Safety Systems Required to Establish or Maintain Safe Shutdown.**

OPERATING MODE: No Mode

4.6.A.2-1 The following conditions exist:

Fire or explosion in any of the following areas:

- Spent Fuel Pool
- Auxiliary Building.

AND

(Continued)

END

Enclosure 4.6

Fire/Explosion and Security Events

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

One of the following:

Note: Only one train of a system needs to be affected or damaged in order to satisfy this condition.

- Spent Fuel Pool level and/or temperature show degraded performance
- Plant personnel report visible damage to permanent structures or equipment supporting Spent Fuel Pool Cooling.

4.6.A.3 Security Event in a Plant Protected Area.

OPERATING MODE: ALL

4.6.A.3-1 Intrusion into plant Protected Area by a hostile force.

END

Enclosure 4.7

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

RP/0/A/5700/000

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<u>UNUSUAL EVENT</u>	<u>ALERT</u>	<u>SITE AREA EMERGENCY</u>	<u>GENERAL EMERGENCY</u>
4.7.U.1 Natural and Destructive Phenomena Affecting the Protected Area.	4.7.A.1 Natural and Destructive Phenomena Affecting the Plant Vital Area.	4.7.S.1 Control Room Evacuation Has Been Initiated and Plant Control Cannot Be Established.	4.7.G.1 Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of General Emergency.
OPERATING MODE: ALL	OPERATING MODE: ALL	OPERATING MODE: ALL	OPERATING MODE: ALL
4.7.U.1-1 Tremor felt and valid alarm on the "strong motion accelerometer".	4.7.A.1-1 Valid "OBE Exceeded" Alarm on 1AD-13, E-7	4.7.S.1-1 The following conditions exist: Control Room evacuation has been initiated per AP/1(2)/A/5500/017.	4.7.G.1-1 Other conditions exist which in the Judgement of the Emergency Coordinator/EOF Director indicate: (1) actual or imminent substantial core degradation with potential for loss of containment, or (2) potential for uncontrolled radionuclide releases. These releases can reasonably be expected to exceed Environmental Protection Agency Protective Action Guideline levels outside the site boundary.
4.7.U.1-2 Tremor felt and valid alarm on the "Peak shock annunciator".	4.7.A.1-2 Tornado or high winds: Tornado striking plant structures within the vital area:	<u>AND</u> Control of the plant cannot be established from the Auxiliary Shutdown Panel or the Standby Shutdown Facility within 15 minutes.	
4.7.U.1-3 Report by plant personnel of tornado striking within protected area boundary.	<ul style="list-style-type: none">• Reactor Building• Auxiliary Building• FWST• Diesel Generator Rooms• Control Room• Standby Shutdown Facility• Doghouses• CAS• SAS.	<u>(Continued)</u>	
4.7.U.1-4 Vehicle crash into plant structures or systems within protected area boundary.			
4.7.U.1-5 Report of turbine failure resulting in casing penetration or damage to turbine or generator seals.			
<u>(Continued)</u>	<u>OR</u> Sustained winds \geq 60 mph for > 15 minutes. <u>(Continued)</u>		<u>END</u>

Enclosure 4.7

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

RP/0/A/5700/000

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.7.U.2 **Release of Toxic or Flammable Gases Deemed Detrimental to Safe Operation of the Plant.**

OPERATING MODE: ALL

4.7.U.2-1 Report or detection of toxic or flammable gases that could enter within the site area boundary in amounts that can affect safe operation of the plant.

4.7.U.2-2 Report by Local, County or State Officials for potential evacuation of site personnel based on offsite event.

4.7.U.3 **Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of an Unusual Event.**

OPERATING MODE: ALL

4.7.U.3-1 Other conditions exist which in the judgement of the Emergency Coordinator/EOF Director indicate a potential degradation of the level of safety of the plant.

END

4.7.A.1-3 Turbine failure generated missiles, vehicle crashes or other catastrophic events causing visible structural damage on any of the following plant structures:

- Reactor Building
- Auxiliary Building
- FWST
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS
- Ultimate heat sink (Standby Nuclear Service Water Pond Dam and Dikes and Cowan's Ford Dam and associated Dikes).

(Continued)

4.7.S.2 **Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of Site Area Emergency.**

OPERATING MODE: ALL

4.7.S.2-1 Other conditions exist which in the Judgement of the Emergency Coordinator/EOF Director indicate actual or likely major failures of plant functions needed for protection of the public.

END

Enclosure 4.7

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

- 4.7.A.2 Release of Toxic or Flammable Gases Within a Facility Structure Which Jeopardizes Operation of Systems Required to Maintain Safe Operations or to Establish or Maintain Cold Shutdown.**

OPERATING MODE: ALL

Note: Structures for the below EALs:

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS.

- 4.7.A.2-1** Report or detection of toxic gases within a Facility Structure in concentrations that will be life threatening to plant personnel.

- 4.7.A.2-2** Report or detection of flammable gases within a Facility Structure in concentrations that will affect the safe operation of the plant.

(Continued)

Enclosure 4.7

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

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UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

**4.7.A.3 Control Room Evacuation
Has Been Initiated.**

OPERATING MODE: ALL

**4.7.A.3-1 Control Room evacuation has
been initiated per
AP/1(2)/A/5500/017.**

**4.7.A.4 Other Conditions Existing
Which in the Judgement of
the Emergency
Coordinator/EOF Director
Warrant Declaration of an
Alert.**

OPERATING MODE: ALL

**4.7.A.4-1 Other conditions exist which
in the Judgement of the
Emergency Coordinator/EOF
Director indicate that plant
safety systems may be
degraded and that increased
monitoring of plant functions
is warranted.**

END

Definitions/Acronyms

ALERT- Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant. Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels.

ALL (As relates to Operating Mode Applicability) – At all times.

BOMB- A fused explosive device.

CIVIL DISTURBANCE - A group of ten (10) or more people violently protesting station operations or activities at the site. A civil disturbance is considered to be violent when force has been used in an attempt to injure site personnel or damage plant property.

EXPLOSION - A rapid, violent unconfined combustion, or a catastrophic failure of pressurized equipment that imparts energy of sufficient force to potentially damage permanent structures, systems or components.

EXTORTION - An attempt to cause an action at the site by threat of force.

FIRE - Combustion characterized by heat and light. Sources of smoke such as slipping drive belts or overheated electrical equipment do not constitute fires. Observation of flames is preferred but is NOT required if large quantities of smoke and heat are observed.

GENERAL EMERGENCY- Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity. Releases can be reasonably expected to exceed EPA Protective Action Guideline exposure levels offsite for more than the immediate site areas.

HOSTAGE - A person or object held as leverage against the site to ensure demands will be met by the site.

HOSTILE FORCE - One of more individuals present in a protected area without authorization that may have or have threatened to use force in an attempt to injure site personnel or damage plant property.

IMMINENT - Expected to occur within 1-3 hours.

INABILITY TO DIRECTLY MONITOR - Operational Aid Computer data points are unavailable or gauges/panel indications are not readily available to the operator.

INTRUSION/INTRUDER - Suspected hostile individual present in a protected area without authorization.

NO MODE - Defueled.

PROLONGED - a duration beyond normal limits, defined as "greater than 15 minutes" or as determined by the judgement of the Emergency Coordinator.

Definitions/Acronyms

PROTECTED AREA - Encompasses all owner controlled areas within the security perimeter fence.

REACTOR COOLANT SYSTEM (RCS/NCS) LEAKAGE – RCS Operational Leakage as defined in the Technical Specification Basis B 3.4.13.

RUPTURED (As relates to Steam Generator) - Existence of primary to secondary leakage of a magnitude sufficient to require or cause a reactor trip and safety injection.

SABOTAGE - Deliberate damage, misalignment, or misoperation of plant equipment with the intent to render the equipment unavailable.

SECURITY EVENT - A security related emergency situation for which prompt response by the Security Force, immediate action by plant personnel, and/or assistance from offsite agencies may be required to apprehend intruders and mitigate the effects of or prevent radiological sabotage.

SIGNIFICANT TRANSIENT- An unplanned event involving one or more of the following: (1) Automatic turbine runback >25% thermal reactor power, (2) Electrical load rejection >25% full electrical load; (3) Reactor Trip, (4) Safety Injection.

SITE AREA EMERGENCY - Events are in process or have occurred which involve actual or likely major failures of plant functions needed for the protection of the public. Any releases are NOT expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels except near the site boundary.

SITE BOUNDARY - That area, including the protected area, in which Duke Power Company has the authority to control all activities, including exclusion or removal of personnel and property.

SLC - Selected Licensee Commitments.

SUSTAINED - A duration of time long enough to confirm that the CSF is valid (not momentary).

TOTAL EFFECTIVE DOSE EQUIVALENT (TEDE) - The sum of external dose exposure to a radioactive plume, to radionuclides deposited on the ground by the plume, and the internal exposure from inhaled radionuclides deposited in the body.

TOXIC GAS - A gas that is dangerous to life or health by reason of inhalation or skin contact (e.g. chlorine).

UNCONTROLLED - Event is not the result of planned actions by the plant staff.

UNPLANNED - An event or action is UNPLANNED if it is not the expected result of normal operations, testing, or maintenance. Events that result in corrective or mitigative actions being taken in accordance with abnormal or emergency procedures are UNPLANNED.

Definitions/Acronyms

UNUSUAL EVENT- Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.

VALID - An indication or report or condition is considered to be **VALID** when it is conclusively verified by: (1) an instrument channel check, or (2) indications on related or redundant instrumentation, or (3) by direct observation by plant personnel such that doubt related to the instrument's operability, the condition's existence or the report's accuracy is removed. Implicit in this definition is the need for timely assessment.

VIOLENT - Force has been used in an attempt to injure site personnel or damage plant property.

VISIBLE DAMAGE - Damage to equipment or structure that is readily observable without measurements, testing, or analyses. Damage is sufficient to cause concern regarding the continued operability or reliability of affected safety structure, system, or component. Example damage: deformation due to heat or impact, denting, penetration, rupture, cracking, paint blistering.

VITAL AREA - Areas within the **PROTECTED AREA** that house equipment important for nuclear safety. Access to a **VITAL AREA** is allowed only if an individual has been authorized to be in that area.

Enclosure 4.9
Emergency Declaration Guidelines

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THE FOLLOWING GUIDANCE IS TO BE USED BY THE EMERGENCY COORDINATOR IN ASSESSING EMERGENCY CONDITIONS.

- The Emergency Coordinator shall review all applicable initiating events to ensure proper classification.
- The BASIS Document (located in Section D of the McGuire Nuclear Site Emergency Plan) is available for review if any questions arise over proper classification.
- If an event occurs on more than one unit concurrently, the event with the higher classification will be classified on the emergency notification form. Information relating to the problem on the other unit will be captured on the emergency notification form.
- If an event occurs, and a lower or higher plant operating mode is reached before the classification can be made, the classification shall be based on the mode that existed at the time the event occurred.
- The fission product barrier matrix is applicable only to those events that occur at hot shutdown or higher. An event that is recognized at cold shutdown or lower shall not be classified using the fission product barrier matrix. Reference would be made to the additional enclosures that provide emergency action levels for specific events (e.g. severe weather, fire, security).
- If a transient event should occur, the following guidance is provided.
 1. Some emergency action levels specify a specific duration. For these EALs, the classification is made when the Emergency Coordinator assessment concludes that the specified duration is exceeded or will be exceeded (i.e. condition cannot be reasonably corrected before the duration elapses), whichever is sooner.
 2. If a plant condition exceeding EAL criteria is corrected before the specified duration time is exceeded, the event is NOT classified by that EAL. Lower Severity EALs, if any, shall be reviewed for possible applicability in these cases.
 3. If a plant condition exceeding EAL criteria is not recognized at the time of occurrence, but is identified well after the condition has occurred (e.g. as a result of routine log or record review) and the condition no longer exists, an emergency shall NOT be declared. Reporting under 10CFR50.72 may be required. Such a condition could occur, for example, if a follow-up evaluation of an abnormal condition uncovers evidence that the condition was more severe than earlier believed.
 4. If an emergency classification was warranted, but the plant condition has been corrected prior to declaration and notification, the Emergency Coordinator must consider the potential that the initiating condition (e.g. Failure of Reactor Protection System) may have caused plant damage that warrants augmenting the on-shift personnel via activation of the Emergency Response Organization. The following are applicable:

Emergency Declaration Guidelines

- a. For UNUSUAL EVENTS, the condition shall be reported. The event may be terminated in the same notification or in a follow-up notification.
- b. For ALERT, SITE AREA EMERGENCY, and GENERAL EMERGENCY, the event shall be declared and the emergency response organization activated.

DETERMINATION OF "EVENT TIME" (TIME THE 15 MINUTE OFFSITE NOTIFICATION CLOCK STARTS)

1. If plant conditions require implementation of EP/1 or 2/A/5000/E-0 (Reactor Trip or Safety Injection), increased emphasis shall be given to evaluation of plant conditions for determination of EAL(s) when "kickout" of the diagnostic procedure occurs. "Event Time" is the time at which the EAL(s) is determined to be valid by the Emergency Coordinator/EOF Director.
2. If plant conditions do not require implementation of EP/1 or 2/A/5000/E-0 (Reactor Trip or Safety Injection), and conditions of a specific EAL are met, the "Event Time" is the time at which the EAL(s) is determined to be valid by the Emergency Coordinator/EOF Director.
3. The time the event is classified shall be entered on the initial emergency notification form.

MOMENTARY ENTRY INTO A HIGHER CLASSIFICATION

If, while in an emergency classification, the specified EALs of a higher classification are met momentarily, and in the judgment of the Emergency Coordinator are not likely to recur, the entry into the higher classification must be acknowledged. Acknowledgment is performed as follows:

If this condition occurs prior to the initial notification to the emergency response organization and off site agencies, the initial message should note that the site is currently in the lower classification, but had momentarily met the criteria for the higher classification. It should also be noted that plant conditions have improved and stabilized to the point that the criteria for the higher classification are not expected to be repeated.

Enclosure 4.10

RP/0/A/5700/000

Radiation Monitor Readings for Enclosure 4.3 EALs

Page 1 of 1

Note: These values are not intended to apply to anticipated temporary increases due to planned events (e.g. incore detector movement, radwaste container movement, depleted resin transfers, etc.)

Detector	Elevation	Column	Identifier	Unusual Event mrad/hr	Alert mrad/hr
1EMF-1	695'	FF, GG-56	Aux. Bldg. Corridor	500	5000
1EMF-5	716'	FF-54	Unit 1 NM Sample Room	600	5000
1EMF-8	733'	HH-56	Aux. Bldg. Corridor	100	5000
1EMF-10	750'	LL-56	Aux. Bldg. Corridor	100	5000
1EMF-13	775'	QQ-56	Shift Lab/Count Room	100	5000
1EMF-17	786'	N/A	Unit 1 Spent Fuel Pool Refueling Bridge	100	5000
2EMF-1	716'	EE, FF-58	Unit 2 NM Sample Room	300	5000
2EMF-4	786'	N/A	Unit 2 Spent Fuel Pool Refueling Bridge	100	5000
2EMF-9	767'	JJ-59	Aux. Bldg. Corridor	100	5000

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/001

Revision No. 013

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title **Notification of Unusual Event**(4) Prepared By [Signature] Date 7/3/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Baver (QR) Date 4/5/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 4/5/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 4/5/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 5/02/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Notification of Unusual Event Multiple Use	Procedure No. RP/0/A/5700/001
	Revision No. 013
	Electronic Reference No. MC0048M4

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

— 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

_____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):

- Every four hours until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.

_____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

_____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

_____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

3.3 Assess the emergency condition:

_____ 3.3.1 Remain in an Unusual Event.

_____ 3.3.2 Escalate to a more severe class.

_____ 3.3.3 Terminate the emergency.

3.4 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.4.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.4.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.
- _____ 3.4.3 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

_____ NRC Operations Officer Contacted

Date

Time

- _____ 3.5 The Emergency Planning Staff shall follow up with an LER or written summary to the State and County authorities with 30 days.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT☐ ALERT☐ SITE AREA EMERGENCY☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____

☐ IODINES _____

☐ PARTICULATES _____

☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

TEDE
mrem

Thyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

SITE BOUNDARY
 2 MILES
 5 MILES
 10 MILES

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name)

(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name)

(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name)

(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name)

(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name)

(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name)

(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/001
Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
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NOTE: Reference RP/0/A/5700/000; (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

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- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/001
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- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/001

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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

<p>NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

<p>NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
Initial Notification
Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.2
Initial Notification
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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press - Group Fax.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press News Group.
- _____ 3. Press TSC.
- _____ 4. Press State of North Carolina EOC.
- _____ 5. Press Mecklenburg County Warning Point.
- _____ 6. Press Gaston County Warning Point.
- _____ 7. Press Lincoln County Warning Point.
- _____ 8. Press Iredell County Warning Point.
- _____ 9. Press Catawba County Warning Point.
- _____ 10. Press Cabarrus County Warning Point.
- _____ 11. Press EOF.
- _____ 12. Press JIC.

Enclosure 4.2
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NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 256-9003 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
---------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE (time) <u>Region II</u> (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
--	------------	-------------------	------------------

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	4-Hr Non-Emergency 10 CFR 50.72(b)(2)
GENERAL EMERGENCY	(50.72 b1 (I)(A)) TS Required S/D	(50.72 b2 (I)) Degraded While S/D
SITE AREA EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b2 (II)) RPS Actuation (scram)
ALERT	(50.72 b1 (II)) Degraded Condition	(50.72 b2 (II)) ESF Actuation
UNUSUAL EVENT	(50.72 b1 (II)(A)) Unanalyzed Condition	(50.72 b2 (III)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	(50.72 b1 (II)(B)) Outside Design Basis	(50.72 b2 (III)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(50.72 b1 (II)(C)) Not Covered by OPs/EPs	(50.72 b2 (III)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.72 b1 (III)) Earthquake	(50.72 b2 (III)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	(50.72 b1 (III)) Flood	(50.72 b2 (IV)(A)) Air Release > 20X App B
OTHER	(50.72 b1 (III)) Hurricane	(50.72 b2 (IV)(B)) Liq Release > 20X App B
	(50.72 b1 (III)) Ice/Hail	(50.72 b2 (V)) Offsite Medical
	(50.72 b1 (III)) Lightning	(50.72 b2 (VI)) Offsite Notification
	(50.72 b1 (III)) Tornado	
	(50.72 b1 (III)) Other Natural Phenomenon	
	(50.72 b1 (IV)) ECCS Discharge to RCS	24-Hr. Non-Emergency
	(50.72 b1 (V)) Lost ENS	McGuire Facility Operating License Conditions
	(50.72 b1 (V)) Lost Other Assess./Comms.	Material/Exposure (10CFR20)
	(50.72 b1 (V)) Emergency Siren INOP	26.73 Significant events involving fitness for duty.
	(50.72 b1 (VI)) Fire	
	(50.72 b1 (VI)) Toxic Gas	
	(50.72 b1 (VI)) Rad Releases	
	(50.72 b1 (VI)) Other Hampering Safe Op.	
	1 Hr Non-Emergency	
	(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM	
	(50.36) (T.S.6.7) Violation of a safety limit	
	MNS Facility Operating License Conditions	

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____
Operations Shift Manager/Emergency CoordinatorTIME/DATE: _____
(eastern) mm dd yy

Enclosure 4.3
NRC Event Notification Worksheet

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RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED	OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7

Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001

Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 5 of 5

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Verify the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

**Termination Notification
Completion/Transmission**

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"
- Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press Group Fax .

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press News Group.
- _____ 3. Press TSC.
- _____ 4. Press State of North Carolina EOC.
- _____ 5. Press Mecklenburg County Warning Point.
- _____ 6. Press Gaston County Warning Point.
- _____ 7. Press Lincoln County Warning Point.
- _____ 8. Press Iredell County Warning Point.
- _____ 9. Press Catawba County Warning Point.
- _____ 10. Press Cabarrus County Warning Point.
- _____ 11. Press EOF.
- _____ 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____/_____

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Unusual Event has been declared”.

Provide a brief description of the event.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

—— 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

—— 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

2. Subsequent Actions

- 2.1 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.2 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent
Actions****1. Immediate Actions**

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

SWM Immediate and Subsequent Actions

1. Immediate Actions

None

2. Subsequent Actions

Initial

- ____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- ____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- ____ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- ____ 2.4 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- | | | |
|------------|------------------|---|
| ____ 2.4.1 | For a Drill | "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at _____ (time)." |
| ____ 2.4.2 | For an Emergency | "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at _____ (time)."
<u>AND</u>
"Activate the CAN system." |

SWM Immediate and Subsequent Actions

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

_____ 2.5 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

_____ 2.5.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at _____ (time)."

_____ 2.5.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at _____ (time)."

AND

"Activate the CAN system."

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/002

Revision No. 013

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Alert(4) Prepared By [Signature] Date 4/3/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 4/6/00Cross-Disciplinary Review By _____ (QR) NA AEB Date 4/6/00Reactivity Mgmt. Review By _____ (QR) NA AEB Date 4/6/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 5/02/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Alert Multiple Use	Procedure No. RP/0/A/5700/002
	Revision No. 013
	Electronic Reference No. MC0048M5

Alert

1. Symptoms

Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

—— 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

_____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

_____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

_____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

_____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

_____ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.4 Assess the emergency condition:

- _____ 3.4.1 Remain in an Alert.
- _____ 3.4.2 Escalate to a more severe class.
- _____ 3.4.3 Reduce the Emergency Class.
- _____ 3.4.4 Terminate the emergency.

3.5 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):
☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL
☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date
☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE
☒ NOBLE GASES _____ ☐ IODINES _____
☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)
TEDE Thyroid CDE
mrem mrem
SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____
ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:
☒ NO RECOMMENDED PROTECTIVE ACTIONS
☐ EVACUATE _____
☐ SHELTER IN-PLACE _____
☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name) _____
(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check B for ALERT.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 8

NOTE: Reference RP/0/A/5700/000; (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 4 of 8

- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 5 of 8

- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
Initial Notification
Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 7 of 8

OPERATION OF THE FAX

A. GROUP FAX

NOTE: 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.

2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press - Group Fax.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press News Group.
- _____ 3. Press TSC.
- _____ 4. Press State of North Carolina EOC.
- _____ 5. Press Mecklenburg County Warning Point.
- _____ 6. Press Gaston County Warning Point.
- _____ 7. Press Lincoln County Warning Point.
- _____ 8. Press Iredell County Warning Point.
- _____ 9. Press Catawba County Warning Point.
- _____ 10. Press Cabarrus County Warning Point.
- _____ 11. Press EOF.
- _____ 12. Press JIC.

Enclosure 4.2
Initial Notification
Completion/Transmission

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NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 256-9003 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ (time) (zone)		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER

EVENT CLASSIFICATIONS

GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)

(50.72 b1 (I)(A))	TS Required S/D
(50.72 b1 (I)(B))	TS Deviation
(50.72 b1 (II))	Degraded Condition
(50.72 b1 (II)(A))	Unanalyzed Condition
(50.72 b1 (II)(B))	Outside Design Basis
(50.72 b1 (II)(C))	Not Covered by OPs/EPs
(50.72 b1 (III))	Earthquake
(50.72 b1 (III))	Flood
(50.72 b1 (III))	Hurricane
(50.72 b1 (III))	Ice/Hail
(50.72 b1 (III))	Lightning
(50.72 b1 (III))	Tornado
(50.72 b1 (III))	Other Natural Phenomenon
(50.72 b1 (IV))	ECCS Discharge to RCS
(50.72 b1 (V))	Lost ENS
(50.72 b1 (V))	Lost Other Assess./Comms.
(50.72 b1 (V))	Emergency Siren INOP
(50.72 b1 (VI))	Fire
(50.72 b1 (VI))	Toxic Gas
(50.72 b1 (VI))	Rad Releases
(50.72 b1 (VI))	Other Hampering Safe Op.

4-Hr Non-Emergency 10 CFR 50.72(b)(2)

(50.72 b2 (I))	Degraded While S/D
(50.72 b2 (II))	RPS Actuation (scram)
(50.72 b2 (II))	ESF Actuation
(50.72 b2 (III)(A))	Safe S/D Capability
(50.72 b2 (III)(B))	RHR Capability
(50.72 b2 (III)(C))	Control of Rad Release
(50.72 b2 (III)(D))	Accident Mitigation
(50.72 b2 (IV)(A))	Air Release > 20X App B
(50.72 b2 (IV)(B))	Liq Release > 20X App B
(50.72 b2 (V))	Offsite Medical
(50.72 b2 (VI))	Offsite Notification

24-Hr. Non-Emergency

McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.

1 Hr Non-Emergency

(70.52) (a) and (b)	Accidental Criticality or loss or theft of SNM
(50.36) (T.S.6.7)	Violation of a safety limit
MNS Facility Operating License Conditions	

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / /
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.3

NRC Event Notification Worksheet

RP/0/A/5700/002
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RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED	OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq _____ mCi/ml	SECONDARY Xe eq _____ mCi/ml
	Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check B for ALERT.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002

Page 5 of 5

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Verify the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check B for ALERT.

—— Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.

—— Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"
- Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

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OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Alert has been declared”.

Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

—— 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

—— 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert declaration.

_____ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

_____ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

_____ 2.1.1.1 Turn on the outside page speakers.

_____ 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".

_____ B. Repeat the preceding announcement one time.

_____ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

_____ D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

_____ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

OSM Immediate and Subsequent Actions

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - 2.2.2 Turn on the outside page speakers.
 - 2.2.3 The Operations Shift Manager or designee shall:
 - A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :_____."**

- 2.2.4 Repeat all steps of 2.2.3 in full one time.
- 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
- 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent
Actions****1. Immediate Actions**

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Enclosure 4.9
SWM Immediate and Subsequent Actions

RP/0/A/5700/002
Page 1 of 2

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- _____ 1.1 For a Drill, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.1.1 "Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at _____ (time)."
- _____ 1.2 For an Emergency, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.2.1 "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at _____ (time)."
- _____ 1.2.2 "Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

- _____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- _____ 1.3.1 Ensure SDS is running on the selected terminal.
- _____ 1.3.2 Click on MAIN.
- _____ 1.3.3 Click on GENERAL.
- _____ 1.3.4 Click on ERDS.
- _____ 1.3.5 Click on ACTIVATE.
- _____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy
- _____ 1.3.7 Inform the OSM that ERDS was activated.
- _____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.9
SWM Immediate and Subsequent Actions

RP/0/A/5700/002
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/003

Revision No. 013

PREPARATION(2) Station McGuire Nuclear Station(3) Procedure Title Site Area Emergency(4) Prepared By [Signature] Date 4/13/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Blawie (QR) Date 4/6/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 4/6/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 4/6/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 5/6/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Site Area Emergency Multiple Use	Procedure No. RP/0/A/5700/003
	Revision No. 013
	Electronic Reference No. MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve actual or potential major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.10 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.
- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- _____ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.4 Protective Actions On-site

- _____ 3.4.1 Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- _____ 3.4.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
 - a. Contact RP Shift at Ext. 4282
 - b. Assess area monitors
- _____ 3.4.3 Complete Enclosure 4.7, (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.5 Assess the emergency condition:

- _____ 3.5.1 Remain in a Site Area Emergency.
- _____ 3.5.2 Escalate to a more severe class.
- _____ 3.5.3 Reduce the Emergency Class.
- _____ 3.5.4 Terminate the emergency.

3.6 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 Request for Emergency Exposure
- 4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

2. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):
☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL
☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date
☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE
☒ NOBLE GASES _____ ☐ IODINES _____
☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)
 TEDE mrem Thyroid CDE mrem ESTIMATED DURATION: _____ HRS.
 SITE BOUNDARY
 2 MILES _____
 5 MILES _____
 10 MILES _____

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:
☒ NO RECOMMENDED PROTECTIVE ACTIONS
☐ EVACUATE _____
☐ SHELTER IN-PLACE _____
☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name)

(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name)

(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name)

(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name)

(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name)

(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name)

(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check C for SITE AREA EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 8

- NOTE:**
1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,
AND
Either containment pressure is greater than 0.3 psig,

OR
An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
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- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

Enclosure 4.2
Initial Notification
Completion/Transmission

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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 6 of 8

AUTHENTICATION CODEWORD LIST

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Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 7 of 8

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 8 of 8

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 256-9003 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE (time) <u>Region II</u> (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS

GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)

(50.72 b1 (I)(A))	TS Required S/D
(50.72 b1 (I)(B))	TS Deviation
(50.72 b1 (II))	Degraded Condition
(50.72 b1 (II)(A))	Unanalyzed Condition
(50.72 b1 (II)(B))	Outside Design Basis
(50.72 b1 (II)(C))	Not Covered by OPs/EPs
(50.72 b1 (III))	Earthquake
(50.72 b1 (III))	Flood
(50.72 b1 (III))	Hurricane
(50.72 b1 (III))	Ice/Hail
(50.72 b1 (III))	Lightning
(50.72 b1 (III))	Tornado
(50.72 b1 (III))	Other Natural Phenomenon
(50.72 b1 (IV))	ECCS Discharge to RCS
(50.72 b1 (V))	Lost ENS
(50.72 b1 (V))	Lost Other Assess./Comms.
(50.72 b1 (V))	Emergency Siren INOP
(50.72 b1 (VI))	Fire
(50.72 b1 (VI))	Toxic Gas
(50.72 b1 (VI))	Rad Releases
(50.72 b1 (VI))	Other Hampering Safe Op.

4-Hr Non-Emergency 10 CFR 50.72(b)(2)

(50.72 b2 (I))	Degraded While S/D
(50.72 b2 (II))	RPS Actuation (scram)
(50.72 b2 (II))	ESF Actuation
(50.72 b2 (III)(A))	Safe S/D Capability
(50.72 b2 (III)(B))	RHR Capability
(50.72 b2 (III)(C))	Control of Rad Release
(50.72 b2 (III)(D))	Accident Mitigation
(50.72 b2 (IV)(A))	Air Release > 20X App B
(50.72 b2 (IV)(B))	Liq Release > 20X App B
(50.72 b2 (V))	Offsite Medical
(50.72 b2 (VI))	Offsite Notification

24-Hr. Non-Emergency

McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.

1 Hr Non-Emergency

(70.52) (a) and (b)	Accidental Criticality or loss or theft of SNM
(50.36) (T.S.6.7)	Violation of a safety limit
MNS Facility Operating License Conditions	

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / /
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq _____ mCi/ml Xe eq _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003

Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check C for SITE AREA EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003

Page 5 of 5

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Verify the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check C for SITE AREA EMERGENCY.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

- Evacuate _____
- Shelter _____

OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____/_____

Enclosure 4.7
Request for Emergency Exposure (a)

RP/0/A/5700/003
Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____
(Emergency Coordinator or EOF Director, signature or not of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce: "A Site Area Emergency has been declared".

Provide a brief description of the event and announce "Activate the TSC/OSC and EOF".

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

—— 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

—— 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to a Site Area Emergency declaration.

—— 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

—— 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

—— 2.1.1.1 Turn on the outside page speakers.

—— 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— A. Dial 710; pause, dial 80 and following the beep, announce: “This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security”.

—— B. Repeat the preceding announcement one time.

—— C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

—— D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

—— E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - 2.2.2 Turn on the outside page speakers.
 - 2.2.3 The Operations Shift Manager or designee shall:
 - A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :_____."**

- 2.2.4 Repeat all steps of 2.2.3 in full one time.
 - 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
 - 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.9
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/003
Page 1 of 1

1. Immediate Actions

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Enclosure 4.10
SWM Immediate and Subsequent Actions

RP/0/A/5700/003
Page 1 of 2

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- _____ 1.1 For a Drill, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.1.1 "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at _____ (time)."
- _____ 1.2 For an Emergency, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.2.1 "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at _____ (time)."
- _____ 1.2.2 "Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

- _____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- _____ 1.3.1 Ensure SDS is running on the selected terminal.
- _____ 1.3.2 Click on MAIN.
- _____ 1.3.3 Click on GENERAL.
- _____ 1.3.4 Click on ERDS.
- _____ 1.3.5 Click on ACTIVATE.
- _____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy
- _____ 1.3.7 Inform the OSM that ERDS was activated.
- _____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.10
SWM Immediate and Subsequent Actions

RP/0/A/5700/003
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/004

Revision No. 013

PREPARATION

(2) Station McGuire Nuclear Station(3) Procedure Title General Emergency(4) Prepared By [Signature] Date 4/3/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 4/6/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 4/6/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 4/6/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 5/02/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station General Emergency Multiple Use	Procedure No. RP/0/A/5700/004
	Revision No. 013
	Electronic Reference No. MC0048M7

General Emergency

Symptoms

Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

Immediate Actions

- NOTE:**
- The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.
 - Enclosures 4.9, 4.10 and 4.11 should be handed out to the appropriate positions.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.11 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- _____ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- _____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

NOTE: Enclosure 4.5 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.3 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.
- _____ 3.2 Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- _____ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.4 Protective Actions Onsite

- _____ 3.4.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- _____ 3.4.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
 - a. Contact RP Shift at Ext. 4282
 - b. Assess area monitors
- _____ 3.4.3 Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.5 Assess the emergency condition:

- _____ 3.5.1 Remain in a General Emergency,

OR

- _____ 3.5.2 Terminate the emergency. **REFER TO** RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.6 Termination Notifications

NOTE: Enclosure 4.6 has instructions for completion and transmission of termination notifications.

- _____ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.
- _____ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form.
- 4.2 Guidance for Offsite Protective Actions
- 4.3 Initial Notification Completion/Transmission
- 4.4 NRC Event Notification Worksheet
- 4.5 Follow-up Notification Completion/Transmission
- 4.6 Termination Notification Completion/Transmission
- 4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.8 Request for Emergency Exposure
- 4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.11 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm / dd / yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm / dd / yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm / dd / yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) _____ (time) _____
(agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name)

(date) _____ (time) _____
(agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name)

(date) _____ (time) _____
(agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name)

(date) _____ (time) _____
(agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name)

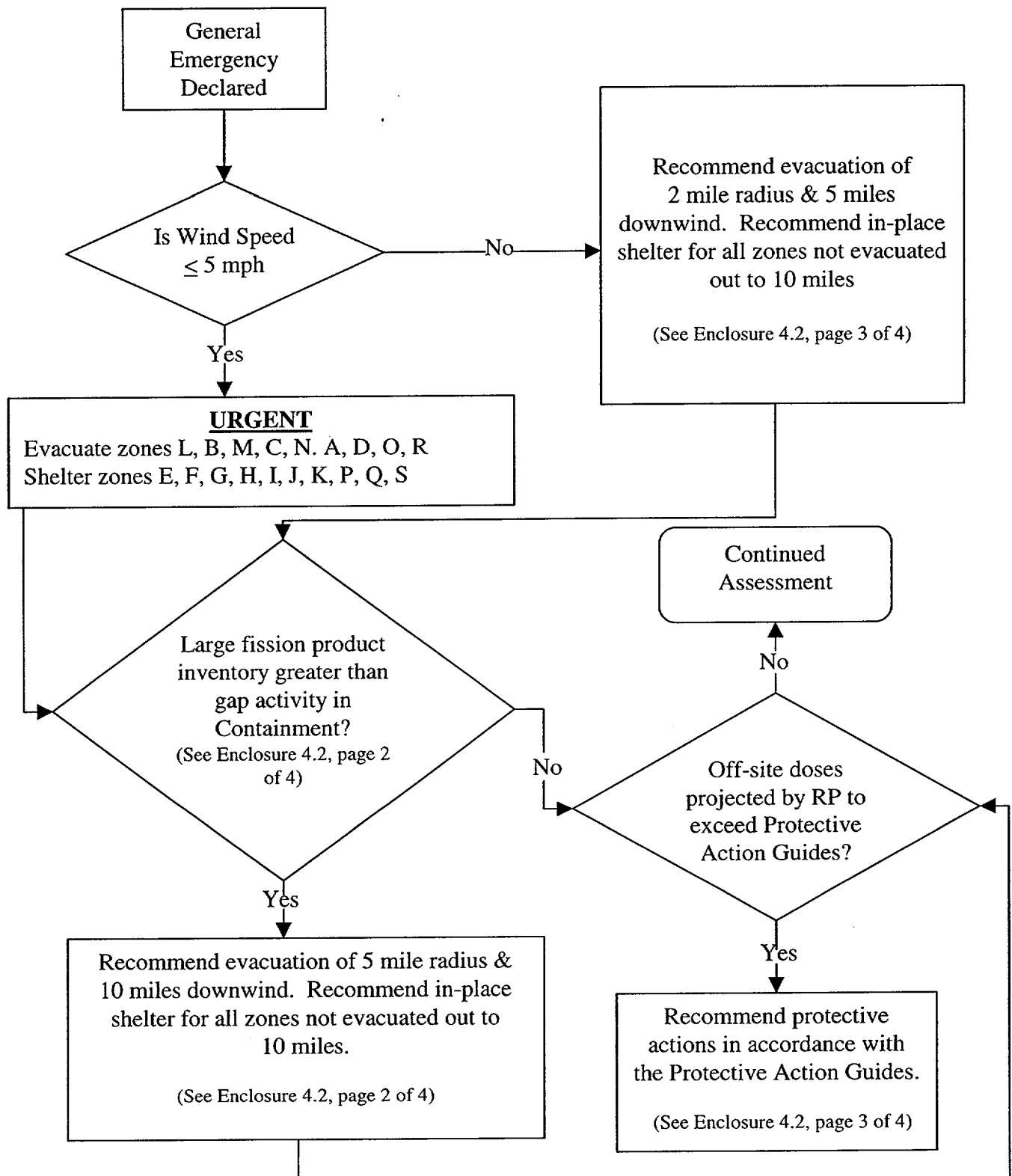
(date) _____ (time) _____
(agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name)

(date) _____ (time) _____
(agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name)

(date) _____ (time) _____
(agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Guidance for Off-site Protective Actions

RP/0/A/5700/004
Page 1 of 4



Guidance for Off-site Protective Actions

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC
M1A0829 1EMF51A
M1A0835 1EMF51B

Unit 2 OAC
M2A0829 2EMF51A
M2A0835 2EMF51B

TIME AFTER
SHUTDOWN (HOURS)

CONTAINMENT MONITOR READING (R/HR)
EMF 51A or 51B (100% GAP Activity Release)

0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

Guidance for Off-site Protective Actions

Protective Action Zones Determination

Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs

(Projected Dose)

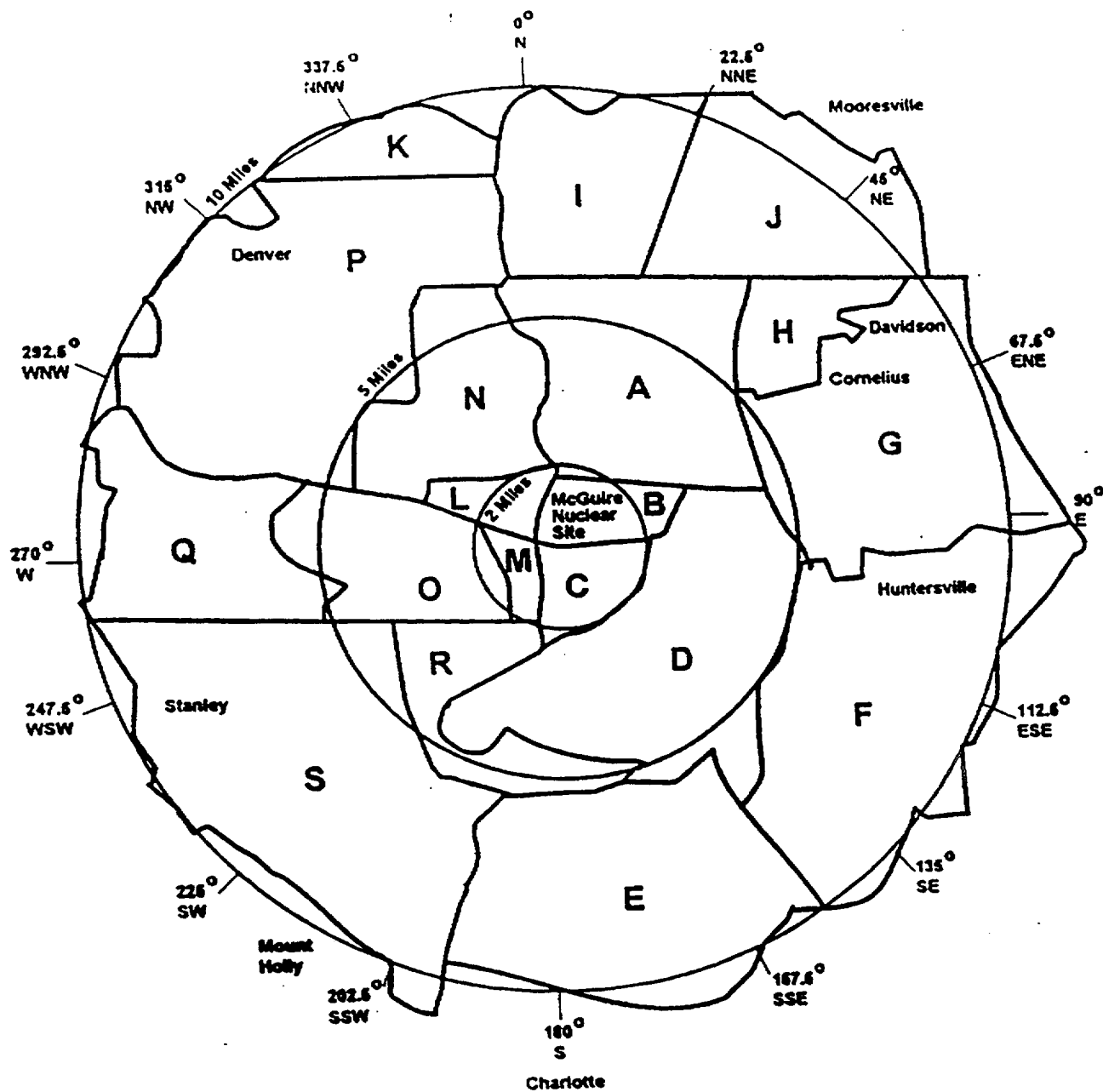
Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Guidance for Off-site Protective Actions

McGUIRE PROTECTIVE ACTION ZONES
(2 and 5 mile radius, inner circles)

10 MILE EPZ



Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check INITIAL **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 8

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,
AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 8

- _____ Item 15 Check B AND write affected zones for evacuation
 AND
 Check C AND write the letter designation for all other zones not evacuated.
- _____ Item 16 Have the Emergency Coordinator approve the message AND
 Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- _____ 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- _____ 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- _____ 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- _____ 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- _____ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- _____ 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- _____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.

Enclosure 4.3
Initial Notification
Completion/Transmission

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- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

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AUTHENTICATION CODEWORD LIST

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Enclosure 4.3
Initial Notification
Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press - Group Fax.

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press News Group.
- _____ 3. Press TSC.
- _____ 4. Press State of North Carolina EOC.
- _____ 5. Press Mecklenburg County Warning Point.
- _____ 6. Press Gaston County Warning Point.
- _____ 7. Press Lincoln County Warning Point.
- _____ 8. Press Iredell County Warning Point.
- _____ 9. Press Catawba County Warning Point.
- _____ 10. Press Cabarrus County Warning Point.
- _____ 11. Press EOF.
- _____ 12. Press JIC.

Enclosure 4.3
Initial Notification
Completion/Transmission

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NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

RP/0/A/5700/004
Page 1 of 2

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS <u>256-9003</u> or (704) - <u>875-6044</u>	NRC OPERATIONS OFFICER CONTACTED
---------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
<u> </u> (time)	<u>Region II</u> (zone)			

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	4-Hr Non-Emergency 10 CFR 50.72(B)(2)
GENERAL EMERGENCY	(50.72 b1 (I)(A)) TS Required S/D	(50.72 b2 (I)) Degraded While S/D
SITE AREA EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b2 (II)) RPS Actuation (scram)
ALERT	(50.72 b1 (II)) Degraded Condition	(50.72 b2 (II)) ESF Actuation
UNUSUAL EVENT	(50.72 b1 (II)(A)) Unanalyzed Condition	(50.72 b2 (III)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	(50.72 b1 (II)(B)) Outside Design Basis	(50.72 b2 (III)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(50.72 b1 (II)(C)) Not Covered by OPs/EPs	(50.72 b2 (III)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.72 b1 (III)) Earthquake	(50.72 b2 (III)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	(50.72 b1 (III)) Flood	(50.72 b2 (IV)(A)) Air Release > 20X App B
OTHER	(50.72 b1 (III)) Hurricane	(50.72 b2 (IV)(B)) Liq Release > 20X App B
	(50.72 b1 (III)) Ice/Hail	(50.72 b2 (V)) Offsite Medical
	(50.72 b1 (III)) Lightning	(50.72 b2 (VI)) Offsite Notification
	(50.72 b1 (III)) Tornado	
	(50.72 b1 (III)) Other Natural Phenomenon	
	(50.72 b1 (IV)) ECCS Discharge to RCS	
	(50.72 b1 (V)) Lost ENS	
	(50.72 b1 (V)) Lost Other Assess./Comms.	
	(50.72 b1 (V)) Emergency Siren INOP	
	(50.72 b1 (VI)) Fire	
	(50.72 b1 (VI)) Toxic Gas	
	(50.72 b1 (VI)) Rad Releases	
	(50.72 b1 (VI)) Other Hampering Safe Op.	
	1 Hr Non-Emergency	24-Hr. Non-Emergency
	(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM	McGuire Facility Operating License Conditions
	(50.36) (T.S.6.7) Violation of a safety limit	Material/Exposure (10CFR20)
	MNS Facility Operating License Conditions	26.73 Significant events involving fitness for duty.

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.4 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NRC RESIDENT				(Explain above)		
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>		
LOCAL				(Explain above)		
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED	EST. RESTART DATE:	ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDIA/PRESS RELEASE						

APPROVED BY: _____
Operations Shift Manager/Emergency Coordinator

TIME/DATE: _____ / _____ / _____
(eastern) mm dd yy

Enclosure 4.4
NRC Event Notification Worksheet

RP/0/A/5700/004
Page 2 of 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED	OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample)	SECONDARY
	Xe eq. _____ mCi/ml	Xe eq. _____ mCi/ml
	Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7

Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Follow-Up Notification
Completion/Transmission**

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check B **AND** write affected zones for evacuation
AND
Check C **AND** write the letter designation for all other zones not evacuated.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Verify the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check D for GENERAL EMERGENCY.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"
- Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____	SATA _____	BUSS Line A _____
D/G B _____	SATB _____	BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

- Evacuate _____
- Shelter _____

OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

Request for Emergency Exposure (a)

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE: • For drill purposes, state “This is a drill. This is a drill.”

- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “a General Emergency has been declared”.

Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

NOTE:

1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.
2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form

—— 1.2 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)
 - C. Catawba Nuclear Station Control Room (8-831-2338).

1.2.1 **If** containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN**:

- _____ • Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

1.2.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

_____ 1.3 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

_____ 1.4 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to a General Emergency declaration.

_____ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

_____ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

_____ 2.1.1.1 Turn on the outside page speakers.

_____ 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".

_____ B. Repeat the preceding announcement one time.

_____ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

_____ D. Continue to repeat steps of A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

_____ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - 2.2.2 Turn on the outside page speakers.
 - 2.2.3 The Operations Shift Manager or designee shall:
 - A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is : _____."**

- 2.2.4 Repeat all steps of 2.2.3 in full one time.
 - 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
 - 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
Page 1 of 2

1. Immediate Actions

Initial

- NOTE:**
1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.
 2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
 - C. Catawba Nuclear Station Control Room (8-831-2338)

- 1.1.1 **IF** containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN**:

- _____ • Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
Page 2 of 2

1.1.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

- _____ 1.2 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.3, section 1.

- _____ 1.3 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.4 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- _____ 1.1 For a Drill, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.1.1 "Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at _____ (time)."
- _____ 1.2 For an Emergency, activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.2.1 "Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at _____ (time)."
- _____ 1.2.2 "Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

- _____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- _____ 1.3.1 Ensure SDS is running on the selected terminal.
- _____ 1.3.2 Click on MAIN.
- _____ 1.3.3 Click on GENERAL.
- _____ 1.3.4 Click on ERDS.
- _____ 1.3.5 Click on ACTIVATE.
- _____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy
- _____ 1.3.7 Inform the OSM that ERDS was activated.
- _____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.11
SWM Immediate and Subsequent Actions

RP/0/A/5700/004
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/006

Revision No. 006

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title **Natural Disasters**(4) Prepared By *[Signature]* Date 2/29/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By *Alan L. Beaver* (QR) Date 4/5/00Cross-Disciplinary Review By *J. Hackney* (QR) NA Date 3/1/00Reactivity Mgmt. Review By (QR) NA *ALB* Date 4/5/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By *[Signature]* Date 5/6/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

Duke Power Company McGuire Nuclear Station Natural Disasters Multiple Use	Procedure No. RP/0/A/5700/006
	Revision No. 006
	Electronic Reference No. MC0094MH

Natural Disasters

1. Symptoms

The following conditions are observed on the site or notification from the National Weather Service, System Dispatcher, or local radio broadcast has been received that the condition is imminent or occurring:

- Hurricane Watch or Warning for Mecklenburg County: As reported by the National Weather Service.
- High Wind Speed: Sustained (greater than 15 minutes) wind speed >60 mph as reported by the National Weather Service or from the environmental tower (Environmental tower wind speed over-ranged).
- Flood or Seiche: Flood on site or an earthquake induced tidal wave on the lake.
- Tornado Watch in Mecklenburg County: A tornado watch means conditions are favorable for a tornado to occur.
- Tornado Warning in Mecklenburg County: A tornado warning indicates that an actual tornado has been reported to the National Weather Service or has been sighted on radar.
- Low Lake Level: Lake Normal level has dropped to the ≤ 745 foot elevation.
- High Lake Level: Lake Normal level has risen to the ≥ 767.9 foot elevation.

2. Immediate Action

None

3. Subsequent Actions

- 3.1 Notify the Operations Shift Manager.
- 3.2 **IF** design basis conditions are exceeded which jeopardize the safe operation of the reactor, **THEN** take the units to hot standby.

Design Basis	Sustained Winds	High Lake Level	Low Lake Level
Conditions	>95 mph	≥ 767.9 ft.	≤ 745 ft.

- _____ 3.3 Turn on outside page speakers.
- _____ 3.4 Using any plant phone in the Control Room horse shoe, or extension 4021, dial 710; pause, dial 80, and announce actual or impending condition over the plant page system and give a brief description.
- _____ 3.5 Repeat the announcement.
- _____ 3.6 Turn off outside speakers when announcements are complete.
- _____ 3.7 Notify the dispatcher of the actual or imminent condition.
- _____ 3.8 Notify Radiation Protection to minimize or stop all handling of radioactive materials.
- _____ 3.9 Notify Radwaste Chemistry to minimize or stop all handling of radioactive materials.

<p>NOTE: It may be necessary to operate systems that release radioactivity such as VQ to maintain the plant, but operation of these systems should be minimized.</p>

- _____ 3.10 Minimize or stop all radioactive releases to the environment for the duration of the emergency (VQ, VP, VE, LWRs, GWRs, etc.).
- 3.11 Notify the following groups to ensure the following doors are closed unless the event is Low Lake Level:
 - _____ 3.11.1 Work Control Center:
 - Warehouse doors
 - All breached fire doors
 - VE doors
 - **IF** no obstructions prevent timely closure **AND IF** during an outage, **THEN** the equipment hatch should be closed for tornado protection. Consult Operations Shift Manager to evaluate closure requirements (fully closed or partially closed) in present mode of operation. {PIP 0-M96-1572}
 - **IF** equipment hatch is unable to be closed, **THEN** the personnel airlock doors (inner or outer door) should be placed into service, if available. Consult Operations Shift Manager to evaluate closure requirements in present mode of operation. {PIP 0-M96-1572}

- 3.11.2 Security:
- All CAD doors except for normal transit
 - Spent Fuel Building Rollup doors.
- 3.11.3 Radiation Protection:
- All Waste Shipping Facility Rollup and personnel access doors
 - Staging Building Rollup door.
- 3.11.4 Operations:
- All Turbine Building Rollup doors (truck corridor, by the Atmospheric Steam Dump valves, by the Auxiliary Electric Boiler, unit two turbine floor, north end)
 - And all Turbine Building personnel access doors.
- 3.12 Take necessary steps to increase Upper Surge Tank and Auxiliary Feedwater Condensate Storage Tank.
- 3.13 Classify the emergency per RP/0/A/5700/000 (Classification of Emergency) and commence notification and other protective measures as directed by appropriate Emergency Response Procedure.
- 3.14 **IF AT ANY TIME** conditions degrade to a point that the Control Room crew determines a reactor trip is prudent, **THEN** perform as follows:
- 3.14.1 Trip the reactors.
- 3.14.2 **GO TO** EP/1&2/A/5000/E-0 (Reactor Trip or Safety Injection) while continuing with this procedure.
- 3.15 For the following conditions, **GO TO** the following sections:
- 3.15.1 Low Lake Level: **GO TO** Section 4.
- 3.15.2 High Lake Level, Flood, Seiche: **GO TO** Section 5.
- 3.15.3 Tornado Watch: **GO TO** Section 6.
- 3.15.4 Tornado Warning: **GO TO** Section 7.

—— 3.15.5 High Winds or Hurricane: **GO TO** Section 8.

4. Subsequent Actions For Low Lake Level

- 4.1 **IF** Loss of RN suction from low level intake is imminent, **THEN GO TO** AP/1&2/A/5500/020 (Loss of Nuclear Service Water System) while continuing with procedure.
- 4.2 **REFER TO** RP/0/A/5700/000 (Classification of Emergency).
- 4.3 Consult with station management to consider shutting down both units, consider staffing the Technical Support Center and the Operations Support Center, or consider placing additional personnel on shift.

5. Subsequent Actions For High Lake Level, Flood Or Seiche

- NOTE:**
- Seiche is same as High Lake Level.
 - Actions may be performed simultaneously.

- 5.1 Notify the Work Control Center to take prudent actions to expedite the restoration of important plant systems and components (such as safety systems and electrical systems) which are out of service for maintenance or testing.
- 5.2 Determine the status of Electrical Power Sources (buslines, emergency diesels, SSF diesel generator, vital and non-vital batteries) and take any prudent actions to ensure their availability.
- 5.3 Monitor Groundwater Sumps and ensure sump levels are being maintained.
- 5.4 Monitor Turbine Building Sumps and ensure sump levels are being maintained.
- 5.5 Consult with station management to consider shutting down both units, consider staffing the Technical Support Center and the Operations Support Center or consider placing additional personnel on shift.
- 5.6 Operators should review EP/1&2/A/5000/ECA-0.0 (Loss of All AC Power) and AP/1&2/5500/007 (Loss of Electrical Power) and take any prudent actions to ensure equipment required for station blackout response is available.
- 5.7 **WHEN** conditions permit, **THEN** contact the Work Control Center or the TSC (if activated), to organize a team to survey plant structures and equipment to determine the extent of damage if any and to develop contingency plans to repair any damaged structures or equipment.

6. Subsequent Actions For Tornado Watch

- NOTE:**
- A Tornado Watch indicates conditions are favorable for a tornado to occur.
 - Wind speed information > 90 mph shall be obtained from National Weather Service at 864-879-1085 (unpublished).
 - Actions may be performed simultaneously.

- 6.1 Contact the National Weather Service (864-879-1085), or Duke Power Meteorological group (594-0341), as required to obtain the latest information.
- 6.2 Ensure fuel handling activities are secured.
- 6.3 Notify the Work Control Center to take prudent actions to expedite the restoration of important plant systems and components (such as safety systems and electrical systems) which are out of service for maintenance or testing.
- 6.4 Determine the status of Electrical Power Sources (buslines, emergency diesel generators, SSF diesel generator, vital and non-vital batteries) and take any prudent actions to ensure their availability.

CAUTION: The site inspection is meant to be done before a tornado arrives on sight. It would **NOT** be prudent to send a team out to survey the site in the middle of a tornado. Operations Shift Manager discretion based on safety considerations should determine sending personnel for any site inspection.

- 6.5 **IF** time and personnel safety permit, **THEN** notify the Work Control Center, SWM, and C&F personnel (ext. 4303) to have appropriate personnel inspect the site (including the switchyard) for the following items and secure, or relocate them away from the site, or relocate to the NE side of the plant, if possible: {PIP 0-M96-0716}
 - Large cranes (lower boom to ground, if possible)
 - Lifting devices secured
 - Vehicles (ensure materials stacked on truck are tied down)
 - Hazardous Material containers
 - Trash bin or equipment on wheels
 - Compressed gas cylinders
 - Loose lumber or material near critical equipment.
- 6.6 Operators should review EP/1&2/A/5000/ECA-0.0 (Loss of All AC Power) and AP/1&2/5500/007 (Loss of Electrical Power) and take any prudent actions to ensure equipment required for station blackout response is available.

- 6.7 Notify the Work Control Center to have Maintenance stop use of the Turbine Building Cranes and park and anchor the cranes furthestmost from the Auxiliary Building.
- 6.8 **IF** Loss of RN suction from low level intake is imminent, **THEN GO TO** AP/1&2/A/5500/020 (Loss of Nuclear Service Water System) while continuing with this procedure.
- 6.9 Send an operator to ensure the equipment windows (2) on the north wall of each Turbine Building 786 ft. elevation are closed and locked.
- 6.10 This procedure remains in effect until one of the following conditions are met:
 - • Termination of Tornado Watch for Mecklenburg County by National Weather Service
 - OR**
 - • Duke Power Meteorological Group (704-594-0341) verifies that a tornado threat to the McGuire Nuclear Site no longer exists.

7. Subsequent Actions For Tornado Warning

- NOTE:**
- Tornado Warning indicates that an actual tornado has been reported to NWS or has been sighted on radar.
 - Wind speed information > 90 mph shall be obtained from National Weather Service at 864-879-1085 (unpublished).
 - Actions may be performed simultaneously.

- _____ 7.1 Turn on outside page speakers.
- _____ 7.2 Using any plant phone in the Control Room horse shoe, or extension 4021, dial 710, pause, dial 80, and announce one of the following:
- **IF** the tornado is **NOT** expected to pass over the Site, **THEN** announce the following:

“Attention all plant personnel. Attention all plant personnel. This is the Operations Control Room. A tornado warning has been issued for Mecklenburg County. Be prepared to take shelter should a tornado develop on site. Further updates will be provided as conditions warrant.”
 - **IF** the tornado is expected to pass over the Site, **THEN** announce the following:

“Attention all plant personnel. Attention all plant personnel. This is the Operations Control Room. A tornado warning has been issued for Mecklenburg County. Take shelter immediately. Do **NOT** take shelter in temporary buildings or trailers. Further updates will be provided as conditions warrant.”
- _____ 7.3 Turn off outside page speakers when announcements are complete.
- _____ 7.4 Contact the National Weather Service (864-879-1085) or Duke Power Meteorological group (594-0541), as required to obtain the latest information.
- _____ 7.5 Ensure fuel handling activities are secured.
- _____ 7.6 Notify the Work Control Center to take prudent actions to expedite the restoration of important plant systems and components (such as safety systems and electrical systems) which are out of service for maintenance or testing.

- 7.7 Determine the status of Electrical Power Sources (buslines, emergency diesel generators, SSF diesel generator, vital and non-vital batteries) and take any prudent actions to ensure their availability.

CAUTION: The site inspection is meant to be done before a tornado arrives on sight. It would **NOT** be prudent to send a team out to survey the site in the middle of a tornado. Operations Shift Manager discretion based on safety considerations should determine sending personnel for any site inspection.

- 7.8 **IF** time and personnel safety permit, **THEN** notify the Work Control Center, SWM and C&F personnel (ext. 4303) to have appropriate personnel inspect the site (including the switchyard) for the following items and secure or relocate them away from the site or relocate to the NE side of the plant, if possible: {PIP 0-M96-0716}
- Large Cranes (lower boom to ground, if possible)
 - Lifting devices secured
 - Vehicles (ensure materials stacked on truck are tied down)
 - Hazardous Material containers
 - Trash bin or equipment on wheels
 - Compressed gas cylinders
 - Loose lumber or material near critical equipment
- 7.9 Operators should review EP/1&2/A/5000/ECA-0.0 (Loss of All AC Power) and AP/1&2/5500/007 (Loss of Electrical Power) and take any prudent actions to ensure equipment required for station blackout response is available.
- 7.10 Notify the Work Control Center to have Maintenance stop use of the Turbine Building Cranes and park and anchor the cranes furthest from the Auxiliary Building.
- 7.11 **IF** Loss of RN suction from low level intake is imminent, **THEN GO TO** AP/1&2/A/5500/020 (Loss of Nuclear Service Water System) while continuing with this procedure.
- 7.12 Send an operator to ensure the equipment windows (2) on the north wall of each Turbine Building 786 ft. elevation is closed and locked.

NOTE: Considerations should be given to the potential for difficulty to travel to the site following tornado due to debris.

- 7.13 Consult with station management to consider staffing the Technical Support Center and the Operations Support Center, or consider placing additional personnel on shift.

- 7.14 Consult with station management to evaluate conducting a site assembly and/or a site evacuation. **IF** a site assembly is **NOT** conducted, **THEN** evaluate evacuating site trailers.
- 7.15 **IF** a tornado has been determined to be on site, **THEN** perform the following:
 - 7.15.1 Shut down all VA fans.
 - 7.15.2 Shut down all VF fans.
 - 7.15.3 Close VC1A, 2A, 3B, 4B, 9A, 10A, 11B and 12B (Outside Air Intake Valves).
- 7.16 **IF** a tornado has been observed touching down on, or near site, **THEN REFER TO** RP/0/A/5700/000 (Classification of Emergency).
- 7.17 **IF** a tornado has been determined to be onsite, **THEN** notify the Work Control Center or TSC (if activated) to organize a team to survey the plant when conditions permit. Survey plant structures (including the switchyard) and equipment to determine the extent of the damage and develop contingency plans to repair any damaged structures or equipment.
- 7.18 If applicable, discuss the extent of plant damage caused by tornado with site management and determine the need for plant shutdown and/or repair.
- 7.19 After condition clears, realign any systems shutdown previously as desired.
- 7.20 This procedure remains in effect until one of the following conditions are met:
 - • Termination of Tornado Warning for Mecklenburg County by National Weather Service
 - OR**
 - • Duke Power Meteorological Group (704-594-0341) verifies that a tornado threat to the McGuire Nuclear Site no longer exists

8. Subsequent Actions For High Winds Or Hurricane

- NOTE:**
- Wind speed information > 90 mph shall be obtained from National Weather Service at 864-879-1085 (unpublished).
 - Actions may be performed simultaneously.

- 8.1 **WHEN** the hurricane is within 24 hours from arriving onsite, **THEN** turn on the page speakers outside.
- 8.2 Using any plant phone in the Control Room horse shoe, or extension 4021, dial 710; pause, dial 80, and announce:
- “Attention all plant personnel. Attention all plant personnel. This is the Operations Control Room. Hurricane force winds are projected to be on site within 24 hours. Be prepared to take shelter should the hurricane force winds develop on site. Further updates will be provided as conditions warrant.”
- 8.3 Turn off the outside page speakers.
- 8.4 Operators should review EP/1&2/A/5000/ECA-0.0 (Loss of All AC Power) and AP/1&2/5500/007 (Loss of Electrical Power) and take any prudent actions to ensure equipment required for station blackout response is available.
- 8.5 Contact the National Weather Service (864-879-1085) or Duke Power Meteorological group (594-0541), as required to obtain the latest information.
- 8.6 Discussions should be held with the Station Manager so that a decision can be made on when and how to place the plant in a safe shutdown condition two hours before the anticipated hurricane arrival at the site (i.e., sustained wind speeds in excess of 73 mph). {PIP 0-M96-2508}

- NOTE:** Considerations should be given to the potential for difficulty to travel to the site following storm due to storm debris. {PIP 0-M96-2508}

- 8.7 Consult with station management to consider staffing the Technical Support Center and the Operations Support Center, or consider placing additional personnel on shift.
- 8.8 **IF** Loss of RN suction from low level intake is imminent, **THEN GO TO** AP/1&2/A/5500/020 (Loss of Nuclear Service Water System) while following this procedure.
- 8.9 Ensure fuel handling activities are secured.

- 8.10 Notify the Work Control Center to take prudent actions to expedite the restoration of important plant systems and components (such as safety systems and electrical systems) which are out of service for maintenance or testing.
- 8.11 Any out of service battery chargers should be returned to service. {PIP 0-M96-2508}
- 8.12 Consult station management to evaluate testing on the onsite Diesel Powered VI compressors that do **NOT** rely on offsite power prior to arrival of hurricane onsite. {PIP 0-M96-2508}
- 8.13 Consult station management to evaluate starting, loading and testing D/Gs within 24 hours of hurricane force winds arriving on site. Previous run history of the D/Gs should be utilized when making this determination, it would be unnecessary to run any D/G ran within the previous 24 hours. {PIP 0-M96-2508}
- 8.14 Determine the status of Electrical Power Sources (buslines, emergency diesel generators, SSF diesel generator, vital and non-vital batteries) and take any prudent actions to ensure their availability.

CAUTION: The site inspection is meant to be done before high winds arrive on sight. It would **NOT** be prudent to send a team out to survey the site in the middle of high winds (sustained wind speed >60 mph). Operations Shift Manager discretion based on safety considerations should determine sending personnel for any site inspection.

- 8.15 Notify the Work Control Center to have appropriate personnel inspect the site (including the switchyard) for potential missiles and reduce this potential where possible.
- 8.16 **IF** time and personnel safety permit, **THEN** notify the Work Control Center and SWM to have appropriate personnel inspect the site (including the switchyard) for the following items and secure or relocate them away from the site or relocate to the NE side of the plant, if possible: {PIP 0-M96-2508}
 - Large cranes (lower boom to ground, if possible)
 - Lifting devices (Outside Lift if being used for SGRP) secured
 - Vehicles (ensure materials stacked on truck are tied down)
 - Hazardous Material containers
 - Trash bin or equipment on wheels
 - Compressed gas cylinders
 - Loose lumber or material near critical equipment
- 8.17 Notify the Work Control Center to have Maintenance stop use of the Turbine Building Cranes and park and anchor the cranes furthest from the Auxiliary Building.
- 8.18 Send an operator to ensure the equipment windows (2) on the north wall of each Turbine Building 786 ft. elevation are closed and locked.

- 8.19 Monitor Groundwater Sumps and ensure sump levels are being maintained.
 - 8.20 Monitor Turbine Building Sumps and ensure sump levels are being maintained.
 - 8.21 Consult with station management to evaluate conducting a site assembly and/or a site evacuation. **IF** a site assembly is **NOT** conducted, **THEN** evaluate evacuating site trailers.
 - 8.22 **REFER TO** RP/0/A/5700/000 (Classification of Emergency).
 - 8.23 **WHEN** conditions permit, contact the Work Control Center or the TSC (if activated) to organize a team to survey plant structures (including the switchyard) and equipment to determine the extent of damage, if any, and to develop contingency plans to repair any damaged structures or equipment.
 - 8.24 If applicable, discuss the extent of plant damage caused by hurricane with site management and determine the need for plant shutdown and/or repair.
 - 8.25 After condition clears, realign any systems shutdown previously as desired.
 - 8.26 This procedure remains in effect until one of the following conditions are met:
 - • Termination of Hurricane Conditions for Mecklenburg County by National Weather Service
- OR**
- • Duke Power Meteorological Group (704-594-0341) verifies that a hurricane threat to the McGuire Nuclear Site no longer exists

End Of Body

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/018

Revision No. 006

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Notification to the States and Counties from the Technical Support Center(4) Prepared By [Signature] Date 4/27/2000

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By [Signature] (QR) Date 5/1/00Cross-Disciplinary Review By _____ (QR) NA gnd Date 5/1/00Reactivity Mgmt. Review By _____ (QR) NA gnd Date 5/1/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By [Signature] (QR) Date _____(9) Approved By [Signature] Date 5/2/2000

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?☐ Yes ☐ N/A Listed enclosures attached?☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

**Duke Power Company
McGuire Nuclear Station**

**Notifications to the State and Counties
from the Technical Support Center**

Multiple Use

Procedure No.

RP/0/A/5700/018

Revision No.

006

Electronic Reference No.

MC0048ML

Notifications to the State and Counties from the Technical Support Center

1. Symptoms

An emergency has been declared and Offsite Agency Communicators have been called to staff the Technical Support Center.

2. Immediate Actions

Initial

- 2.1 Obtain a copy of the authentication code word list and copies of the Emergency Notification Form from the procedures cabinet.
- 2.2 Use the Selective Signal, station telephone, or face to face communication to notify the Control Room Offsite Agency Communicator that you will be checking communications with the state and counties.

	FOR DRILLS <u>Simulator</u>	FOR EMERGENCY <u>Control Room</u>
Station	5597	6044
Selective Signaling	313	311

- NOTE:**
- 1. If selective signaling system fails, attempt to contact offsite agencies via bell lines.
 - 2. If primary communication system fails, go to Enclosure 4.5, County Emergency Response Radio
 - 3. Report any failures to IAE Communications and the Emergency Planner.

- 2.3 Go to RP/0/A/5700/014, (Emergency Telephone Directory), Tab 1 to obtain Emergency Response Numbers.

- 2.4 Call the state and counties to verify communications can be established by dialing *1 and checking off as individual agencies answer. Use the following message:

“This is the McGuire Technical Support Center performing communications checks”.

<u>Agency</u>	<u>Warning Point</u>	<u>Selective Signal</u>
State of North Carolina	314	_____
Mecklenburg County	116	_____
Gaston County	112	_____
Lincoln County	113	_____
Iredell County	114	_____
Catawba County	118	_____
Cabarrus County	119	_____

3. Subsequent Actions

- 3.1 Provide copies of previously transmitted message forms to the following: {PIP 0-M-99-0911}:
- Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).
- 3.2 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.
- 3.3 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. Reference Enclosure 4.2 for logon instructions if needed.
- 3.4 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to Enclosure 4.3 and 4.4 for manual completion and transmission of the notification form. Notify TSC Data Coordinator of any computer problems.
- 3.5 Notify the Emergency Coordinator that you are ready to take over communications to the states and counties. Also, tell him/her when the next notification is due.

NOTE: If the Control Room is ready to provide a follow-up notification, advise the Emergency Coordinator to have the Control Room transmit that notification before turning over this responsibility to the TSC.

- 3.6 Immediately after the Emergency Coordinator declares that the TSC is activated, complete turnover by telling the Control Room that the TSC is now responsible for notifications to the state and counties.

NOTE: The Electronic ENF program automatically puts the Technical Support Center activation time in line 7 of the ENF.

- 3.7 Notify the state and counties that the TSC has been activated. This may be accomplished by writing in the description/remarks section on the next transmitted Emergency Notification Form; "Technical Support Center activated at _____ (time)."
- 3.8 If the emergency class is changed (e.g. from Alert to Site Area Emergency), state and counties must be notified as soon as possible and within 15 minutes after the change is declared by the Emergency Coordinator.
- 3.9 **IF** any situation occurs that affects the off-site agencies, (i.e., protective action recommendations change, potentially contaminated individual is transported off-site, site evacuation is ordered), **THEN** the state and counties must be notified as soon as possible.
- 3.10 Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fire/Explosion and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form.
{PIP 0-M97-4638}

3.11 Notifications

- 3.11.1 **Initial notifications** (15 minute clock): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosures 4.3 and 4.4 for manual Emergency Notification Form completion/transmission instructions.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow up is due and an upgrade in classification is declared, **THEN** the Off -Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- _____ 3.11.2 **Follow-up notifications** (anything other than a change in classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.5 for manual Emergency Notification Form completion/transmission instructions. Make follow-up notifications according to the following schedule:

Unusual Event	Alert, Site Area and General
Every 4 hours until the emergency is closed out	Every hour until the emergency is closed out
<u>OR</u>	<u>OR</u>
If there is any significant change to the situation	If there is any significant change to the situation
<u>OR</u>	<u>OR</u>
As agreed upon with <u>each</u> individual agency documentation shall be maintained for any agreed upon schedule change	As agreed upon with <u>each</u> individual agency and the interval <u>shall not</u> be greater than 2 hours to any agency

- _____ 3.11.3 **Termination notification:** Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.5 for manual Emergency Notification Form completion/transmission instructions.

3.12 If Any Calls Are Received Requesting Information About the Emergency Which Is Not Contained On the Notification Form:

- _____ 3.12.1 Authenticate the request to ensure the person is a state or county official.
- _____ 3.12.2 Have the Emergency Coordinator approve transmittal of the information.
- _____ 3.12.3 Document the question, answer, and the time the answer was transmitted on the log sheet in the Off-site Agency Communicator's notebook.

- _____ 3.13 Notify Dose Assessment when responsibility for Offsite communications has been transferred to the EOF

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.3 Manual Initial Notification Completion/Transmission
- 4.4 Manual Follow-up Notification Completion/Transmission
- 4.5 Manual Termination Notification Completion/Transmission
- 4.6 County Emergency Response Radio
- 4.7 Operation of the FAX

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-1951

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm / dd / yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm / dd / yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:
☒ NO RECOMMENDED PROTECTIVE ACTIONS
☐ EVACUATE _____
☐ SHELTER IN-PLACE _____
☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm / dd / yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) **NC State**
WP Sel. Sig. 117
WP Bell line (919) 733-3861
2. (name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 336-3333
3. (name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (704) 464-3112
7. (name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Electronic Emergency Notification Form (ENF)
Completion/Transmission**1. Electronic Notification Form Logon**

NOTE: In order to be able to FAX the ENF you must log on as per the instructions in the back of the Off Site Agency Communicators notebook. **DO NOT** log on to the computer with your LAN ID.

- ____ 1.1 **IF** not already performed, **THEN** ensure Off-Site Communicator Computer is operational.
- Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.
 - Verify the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE: If the computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.3 and 4.4** for manual completion and standard transmission of the Notification Form.

- ____ 1.2 If not already performed, log on to the Electronic Notification Form by performing one of the following:
- Select the (ERO) Emergency Response Organization option from the DAE My Application.
 - Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for “Nuclear Generation”
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.
- Login the Program entering the following information:

User Name: Your Network Logon ID (i.e. JSM7327)

Password: Your Network Password

Domain: POWER

Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen are color coded to assure information is being routinely updated. Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

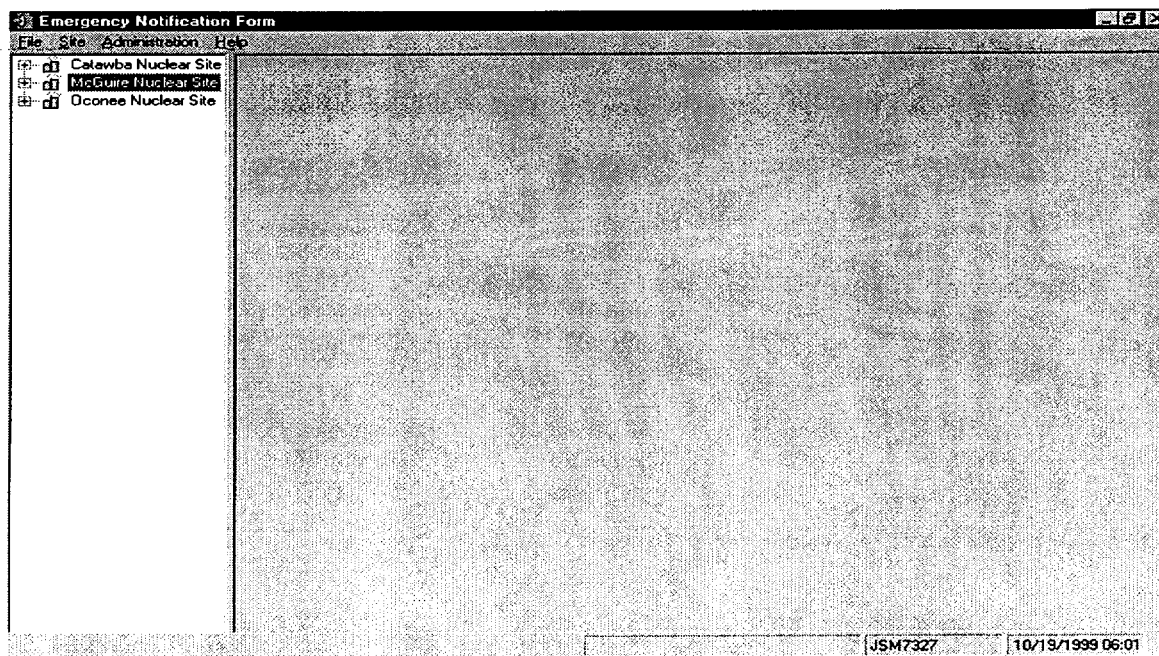
Red - information is greater than 15 minutes old

Information for the various Electronic ENF screens should come from the following areas:

Plant Status Screen:	Operations Procedure Support
Plant Summary Screen:	TSC Emergency Coordinator/Off Site Agency Communicator.
Release Screen:	Operations/TSC Dose Assessors (RadDose V data)
Met/Offsite Dose Screen:	TSC Dose Assessors (RadDose V data)
Protective Actions Screen:	Operations/Radiation Protection Manager/TSC Dose Assessors.
Communications Screen:	Offsite Agency Communicator.

2. Electronic Notification Form Completion (Create Event)

2.1 Highlight the appropriate station (McGuire) for the event.



Electronic Emergency Notification Form (ENF)
Completion/Transmission

- 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event**.

Create Event

Event Information
Type: ☒ Drill ☐ Actual Emergency
Site: McGuire Nuclear Site
Description:

Emergency Classification
☒ Notification of Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency
Declared:

Message Information
Has a previous message been sent? ☒ Yes ☐ No
Last Message Information
Type: ☒ Initial ☐ Follow-Up Number:
Transmit Date/Time:

Create Event Cancel

- 2.3 On the **Create Event** screen, fill in the information from the previous message as follows:
- For **Event Information** -Select Drill or Actual Emergency
 - For **Description** - Indicate the type of Event (ie: Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
 - For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.
 - For **Message Information** - Has previous message been sent? (Yes or No).

NOTE: The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)

NOTE: For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

_____ 2.3.1 For **Last Message Information** – If previous message **has** been sent:

- Select (Initial or Follow-up)
- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time)

_____ 2.4 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

_____ 2.5 If all information is correct select “Yes” at the prompt “Are you sure you are ready to create this event”.

NOTE: For the “Next Msg Due” indicator panel all indicator information is as follows:

Initial Messages:

Black - information and time conflict

~~Green~~ - Next message due in 10 – 15 minutes.

Yellow – Next message due in 5 – 9 minutes.

Red – Next message due in < 5 minutes or past due.

Follow Up Messages:

Black - information and time conflict

~~Green~~ – Next message due in 30 – 60 minutes.

Yellow – Next message due in 15 – 29 minutes.

Red – Next msg due in <15 minutes or past due.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

3. Plant Status Screen

3.1 Select the "Plant Status" Tab (First Tab on the Event screen.) and perform the following:

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

Plant Status	Plant Summary	Protective Actions	Release	Mel./Offsite Dose	Communications	Last Msg Sent	Next Msg Due
BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	11/29/1999 08:44	11/29/1999 09:44
						JSM7327	11/29/1999 08:44

- Verify and update as necessary the "Emergency Classification" and "Declared At:" time field.
- Click on the Emergency Action Level (EAL) pull-down menu and select the appropriate Emergency Action Level.
- Once the appropriate EAL has been chosen, highlighted the "Select" button.
- In the "Reactor Status" section, select the appropriate unit(s) and status.
- If the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct

NOTE: If you indicate that Gap Activity has been exceeded then you must be in a General Emergency.

- Update the "Gap Activity" status as necessary.
- When all information is completed select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

4. Plant Summary Screen

4.1 Select the "Plant Summary" Tab (Second Tab on the Event screen.)

Final 3

Plant Status | **Plant Summary** | Protective Actions | Release | Met./Offsite Dose | Communications

Plant Condition
☒ Improving ☐ Stable ☐ Degrading

Description/Remarks:
EAL information will automatically be included on Initial messages.
Facility Activation information will automatically be included on the appropriate messages.

0 500 characters maximum

Check Spelling

Save Cancel Validate

4.2 Under the "Plant Conditions" section select the appropriate condition.

- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc. are operating as designed.
- **Degrading:** Given current and projected plant conditions / equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

- NOTE:**
1. Remember to "close the loop" on items from previous notifications.
 2. EAL information will automatically be included on INITIAL messages.
 3. Facility activation information will automatically be included on the appropriate message.

_____ 4.3 Under the "Description" section add description of changes since last notification or significant information for the current message. Items to be considered for inclusion are as follows: { 0-M98-2065 }

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of offsite Power
- Core Uncovery
- Core Damage
- MERT activation related to the emergency
- Extraordinary noises audible offsite
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Any event causing/requiring offsite agency response
- Any event causing increased media attention

_____ 4.4 When input is complete select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

5. Release Screen

5.1 Select the "Release" Tab (Fourth Tab on the Event screen.)

The screenshot displays the 'Emergency Notification Form' application. The 'Release' tab is active, showing various release parameters. The status bar at the bottom indicates a 'RED' alert condition.

- Select the appropriate Emergency Release condition (i.e. None, Potential, etc.).
- If "None" is selected select the "Save" button and Go To section 6. (Met/Offsite Dose Screen)
- Verify that "Ground Level" Release is selected.
- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select "Load From RadDose" button.
- At the confirmation prompt verify that the time and date for the Raddose information is correct and select "Yes".
- After data verification select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission


6. Met/Offsite Dose Screen

6.1 Select the "Met/Offsite Dose" Tab (Fifth Tab on the Event screen.)

Procedure Test 2



Plant Status | Plant Summary | Protective Actions | Release | **Met/Offsite Dose** | Communications

Offsite Dosage Estimate
☒ New ☐ Unchanged

Projection Time: 
Estimated Duration: hrs

TEDE mrem Thyroid CDE mrem

Site Boundary:
2 miles:
5 miles:
10 miles:

Meteorological Data
Wind Direction: * (degrees)
Stability Class: 
Speed: mph
Precipitation: inches / 15 mins. of 

RadDose File Dates
Release: Met/Offsite:

Load From RadDose Clear

Save Cancel Validate

- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select "Load From RadDose" button.
- At the confirmation prompt verify that the time and date for the RadDose information is correct and select "Yes".
- After data verification select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission**7. Protective Actions Screen**

NOTE: The Protective Actions Screen is only enabled when you are in a General Emergency Classification.

7.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

02/20/2000 Test

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications
--------------	---------------	--------------------	---------	-------------------	----------------

Emergency Classification: 100% Gap Activity Released
Notification of Unusual Event: NO

Reactor Status

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

Meteorological Data

Wind Direction: (degrees) Speed: mph
Stability Class: Precipitation:

Recommended Action

Evacuate: Shelter In-Place:

Load Protective Action Recommendations

Save Cancel Validate

- If the Emergency Classification **IS NOT** a General Emergency select the "Validate" button and GO TO Step 8.
- If the Emergency Classification **IS** a General Emergency select "Load Protective Action Recommendations".
- After the protective action recommendations are verified select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission**8. Communications Screen**

- _____ 8.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)
- _____ 8.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)
- _____ 8.3 Complete the applicable information in the "Event Management" section as follows:
- Select the "Managing Site".
 - Select and validate the appropriate facility (TSC or EOF) activation time.

NOTE: Last Message information should be automatically populated if a previous message has been sent. If a previous message has not been sent this portion of the screen should be disabled.

- Once all applicable information has been completed select "Save".
- _____ 8.4 Periodically validate information on the on the screens by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the screens to Green Status).
- _____ 8.5 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

9. Building a Message

- _____ 9.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current.
- Select the Communications screen, then select the **Build New Message** bar at the bottom of the screen. Information from the various screens will be incorporated into the message.
- Review the form to verify information is correct.

- _____ 9.2 If information needs to be revised, select **Message** from the Toolbar, then **Edit**.

- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select Save.
- To return to the message form, select **Message** from the Toolbar, then **Preview**.
- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

- _____ 9.3 Have the TSC Emergency Coordinator review and sign the form.

10. Transmitting Message

- _____ 10.1 Locate a copy the Authentication Code Word List.
- _____ 10.2 For **Initial Notifications** (15 Minutes) proceed to **Section 11**.
- _____ 10.3 For **Follow-up Notifications**, proceed to **Section 12**.

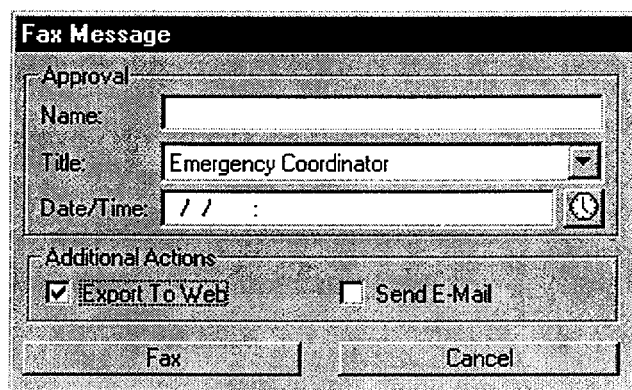
11. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
 2. If Selective Signaling is not operational, see **Enclosure 4.6** for Selective Signaling and Alternate Communication Instructions).
 3. If the ENF Fax program is not operational refer to **Enclosure 4.7** for additional instructions.

____ 11.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 11.2 – 11.5 while another Off Site Agency Communicator establishes contacts as per step 11.6

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

____ 11.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

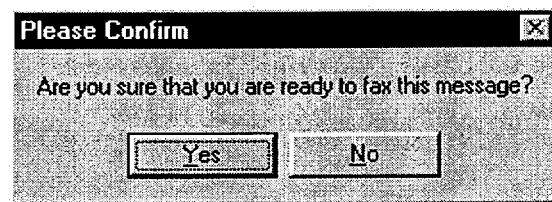


The image shows a 'Fax Message' dialog box. It has a title bar 'Fax Message'. Inside, there is an 'Approval' section with three fields: 'Name:' (empty), 'Title:' (containing 'Emergency Coordinator' with a dropdown arrow), and 'Date/Time:' (containing ' / / : ' with a clock icon). Below this is an 'Additional Actions' section with two checkboxes: 'Export To Web' (checked) and 'Send E-Mail' (unchecked). At the bottom are two buttons: 'Fax' and 'Cancel'.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

____ 11.3 Select "Yes" on confirmation panel if ready to fax the form.

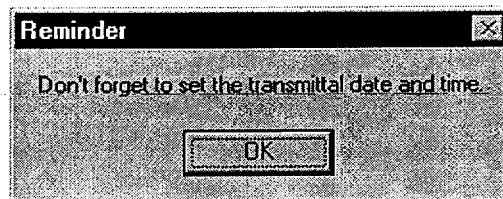


NOTE: The Lan Fax Panel should now be initialized and appear on screen

____ 11.4 On the Lan Fax Panel, Select the "TO" button.

____ 11.5 Select which Agencies will receive the ENF per the following:

- To Select a group, scroll down the list of agencies and double click "MNS Drill" or "MNS Emergency" as appropriate to add to the **Recipients'** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients'** list. Continue this process to include additional agencies.
- When the **Recipients'** list is complete, click "OK".
- At the next screen, select "Send" (The ENF will be Faxed to the agencies simultaneously).
- Select "OK" on reminder panel for setting the transmittal time and date.



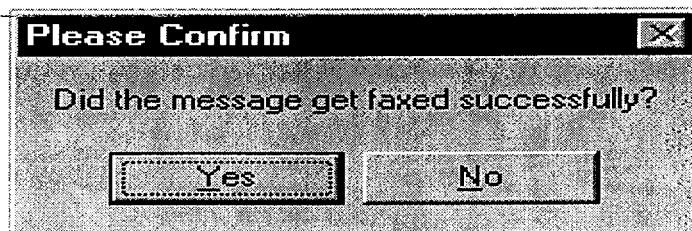
____ 11.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *1 and verify that all available agencies answer. At least one attempt using the individual selective signaling code must be made for the missing agencies. Proceed with the notification promptly after an attempt to get the missing agencies on the line.
- When all available parties are verified on the line, document that this is the transmittal time.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

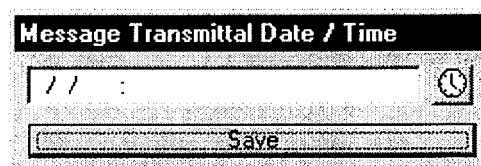
NOTE: Authentication Code should be hand written into the signed ENF form.

- Read the following statement "This is McGuire Nuclear Station TSC. This is a drill or actual emergency (whichever applies).
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- Read the information on the ENF; line by line, to the Off-site Agencies.
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: "This concludes message # _____. Are there any questions?"
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.6. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose "**Set Transmittal Date/Time**".
- Select "Yes" at the prompt if the Fax was successfully sent.



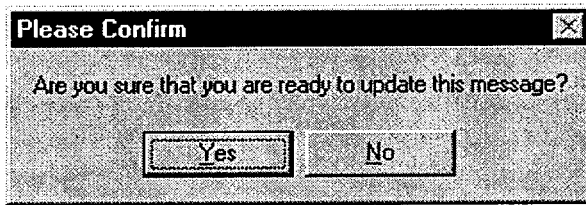
NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".



Electronic Emergency Notification Form (ENF)
Completion/Transmission

- At the confirmation prompt select "Yes" if you are ready to update this message.



_____ 11.7 Write the authentication Number and Codeword on the ENF.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 11.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.
- Repeat the above steps as necessary to communicate other **Initial** messages.

_____ 11.9 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

Electronic Emergency Notification Form (ENF)
Completion/Transmission

11.10 To perform follow up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.

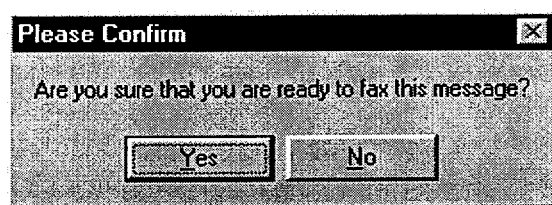
12. Transmission of Follow-up Notification

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

12.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

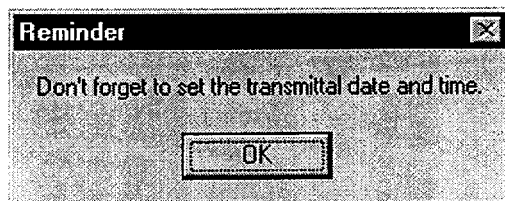
- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel
- Select "Yes" on confirmation panel if ready to fax the form



- On the **Lan Fax Panel**, Select the **"TO"** button.

12.2 Select which Agencies will receive the ENF per the following:

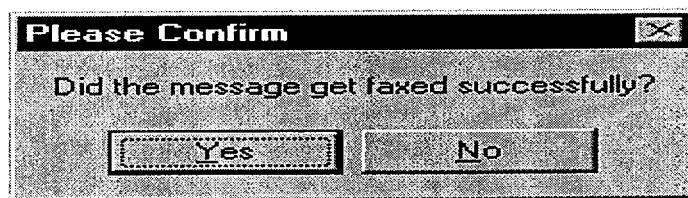
- To select a group, scroll down the list of agencies and double click **"MNS Drill"** or **"MNS Emergency"** as appropriate to add to the **Recipients'** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients'** list. Continue this process to include additional agencies.
- When the **Recipients'** list is complete, click **"OK"**.
- At the next screen, select **"Send"** (The ENF will be Faxed to the agencies simultaneously).
- Select **"OK"** on reminder panel for setting the transmittal time and date.



Electronic Emergency Notification Form (ENF)
Completion/Transmission

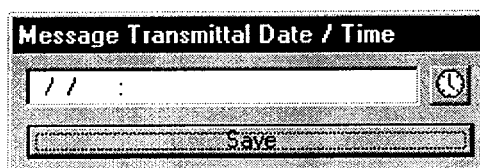
12.3 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select **“Yes”** at the prompt if the Fax was successfully sent.

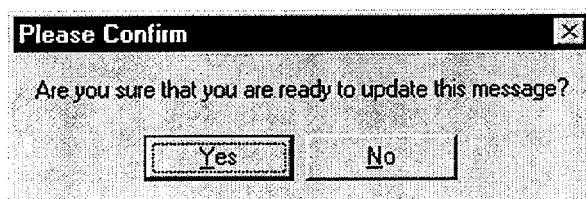


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select **“Save”**.



- At the confirmation prompt select **“Yes”** if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 12.4 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.

_____ 12.5 Repeat the above steps as necessary to communicate other Follow Up messages.

_____ 12.6 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

13.Termination Message

- NOTE:
1. Termination notifications are communicated verbally.
 2. Termination notification is marked as a Follow-up.

13.1 From the Menu bar for the specific Event, Select Event, Then Terminate Event

Emergency Notification Form

File Event Administration Help

Change Event Title

Refresh

New Message

Terminate Event

Reinitialize Event

Archive Event

Communicator Name: _____

Next Message Information

Type: ☒ Initial ☐ Follow-up Number: 1

Last Message Information

Has a previous message been sent? ☒ Yes ☐ No

Emergency Classification

☒ Notification of Unusual Event ☐ Site Area of Emergency

☐ Distress ☐ General Emergency

Type: ☒ Initial ☐ Follow-up Number: 0

Transmit Date/Time: ____/____/____

Event Management

Managing Site: _____

TSC Activated: ____/____/____

EDF Activated: ____/____/____

Build New Message

Change Last Message Information

Save Cancel Verify

Plant Status Plant Summary Protective Actions Release Met./Offsite Dose Communications Last Msg Sent Next Msg Due

BLACK BLACK BLACK BLACK BLACK BLACK 02/20/2000 12:25 RED

JSM7327 02/20/2000 12:26

13.2 Enter Termination Time and Date, then Click OK.

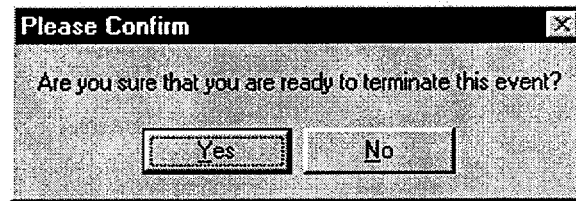
Terminate Event

Terminated At: ____/____/____

OK Cancel

Electronic Emergency Notification Form (ENF)
Completion/Transmission

_____ 13.3 Confirm that event is ready to be Terminated by clicking "Yes"



_____ 13.4 Message will be generated with appropriate information.

- If information needs to be revised, select **Message** from the Toolbar, THEN **Edit**.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select Save.
- To return to the message form, select **Message** from the Toolbar, THEN **Preview**.

_____ 13.5 Review the form to verify information is correct.

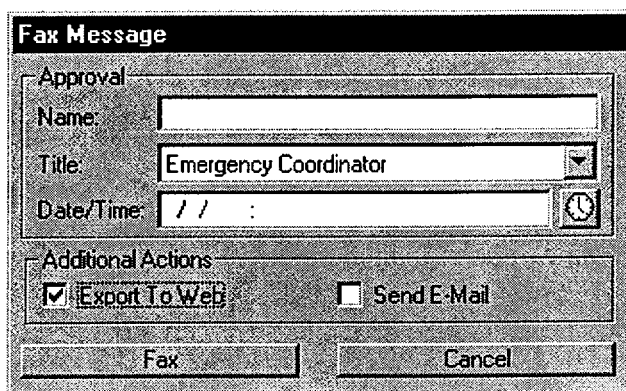
- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the TSC Emergency Coordinator review and sign the form.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

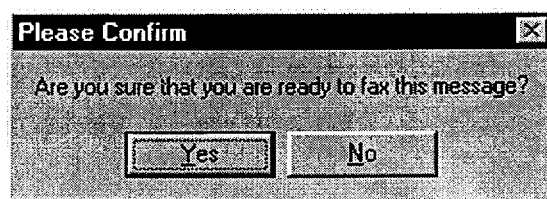
NOTE: The “Export to Web” and “Send E-Mail” boxes will be either checked or unchecked. Unless directed otherwise, leave the “Export to Web” and “Send E-Mail” boxes as they are when the “Fax Message” Prompt appears.

13.6 Once approved, fax the Electronic form by performing the following:

- Select **Message** from the Toolbar, THEN **Fax**.

A screenshot of a software dialog box titled "Fax Message". It contains an "Approval" section with fields for "Name", "Title" (set to "Emergency Coordinator"), and "Date/Time" (set to "/ / :"). Below this is an "Additional Actions" section with two checkboxes: "Export To Web" (checked) and "Send E-Mail" (unchecked). At the bottom are "Fax" and "Cancel" buttons.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form.

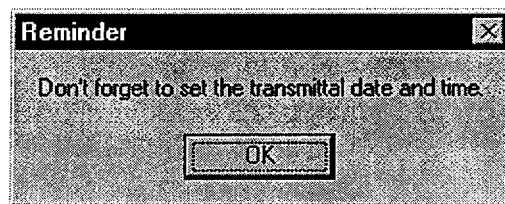
A screenshot of a software dialog box titled "Please Confirm" with a close button (X) in the top right corner. The text inside asks, "Are you sure that you are ready to fax this message?". At the bottom are "Yes" and "No" buttons.

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.7 for alternate Fax instructions.

- On the **Lan Fax Panel**, Select the “**TO**” button.
- Select which Agencies will receive the ENF per the following:

Electronic Emergency Notification Form (ENF)
Completion/Transmission

- To Select a group, scroll down the list of agencies and double click **“MNS Drill”** or **“MNS Emergency”** as appropriate to add to the **Recipients’** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients’** list. Continue this process to include additional agencies.
- When the **Recipients’** list is complete, click **“OK”**.
- At the next screen, select **“Send”** (The ENF will be Faxed to the agencies simultaneously).
- Select **“OK”** on reminder panel for setting the transmittal time and date.



NOTE: For Follow-up messages, the transmittal time will be the time the message is faxed.

13.7 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

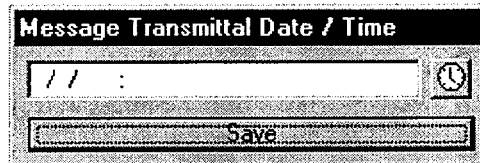
- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all Agencies have received the Faxed ENF. (If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select **“Yes”** at the prompt if the Fax was successfully sent.



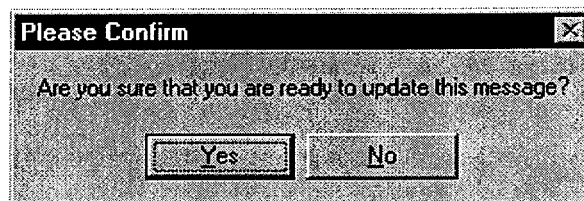
Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

13.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.

13.9 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- | | |
|--------------------------------|---|
| • Emergency Coordinator | • Emergency Planner |
| • NRC Communicator | • Offsite Dose Assessors |
| • Site Evacuation Coordinators | • Drill Coordinator (During drills only). |

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
Page 1 of 5

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

NOTE: ONLY items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.

1.1 Complete the Emergency Notification Form as follows:

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support
7.	NOTE: Reference RP/0/A/5700/000, (Classification of Emergency). Enter a brief description of the reason for declaring the emergency classification (in layman's terms if possible). DO NOT use system abbreviations, acronyms or jargon that may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}	OPS Procedure Support

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
Page 2 of 5

8.	<p>Mark appropriate plant condition. {PIP 0-M97-4210 NRC-1}</p> <ul style="list-style-type: none">• Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.• Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.• Degrading: Given current and projected plant conditions / equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.	OPS Procedure Support
9.	<p>Write the time and date of Reactor Shutdown or Reactor Power level as applicable.</p>	OPS Procedure Support

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
Page 3 of 5

10.	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none">• A. NONE: clearly no emergency release is occurring or has occurred• B. POTENTIAL: discretionary option for the EC or EOFD.• C. IS OCCURRING: meets the specified conditions.• D. HAS OCCURRED: previously met the specified conditions. <p>Base the determination of emergency release on:</p> <ul style="list-style-type: none">• EMF readings,• containment pressure and other indications,• field monitoring results,• knowledge of the event and its impact on systems operation and resultant release paths. <p>An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none">• Either containment particulate, gaseous, iodine monitor (EMFs 38,39 and/or 40) readings indicate an increase in activity, <p style="text-align: center;"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p style="text-align: center;"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none">• Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity.• Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.• Confirmed activity in the environment reported by Field Monitoring Teams(s). <p>Knowledge of the event and its impact on systems operation and resultant release paths.</p>	R.P. Shift/Dose Assessors
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Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
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15.	Mark appropriate recommended protective actions.	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
 3. Go to Enclosure 4.5 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.
 4. Before reading Emergency Notification Form to the State/Counties, fax a copy to the EOF.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- 2.2 **IF** the Selective Signaling fails, **THEN GO TO** RP/0/A/5700/014, Tab 1 for manual Selective Signaling numbers.
- 2.3 As the State and counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify all available State and counties are on the line, document this time in item #3. on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.6 Read the message beginning with item # 1 allowing time to copy.

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
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- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.
- 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. Refer to Enclosure 4.6 for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.
- 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
 - Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

RP/0/A/5700/018
Page 1 of 6

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7 and 15 and 16 are required to be completed. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you place the Emergency Notification Form in the FAX machine. Write in the date.	
4.	Authentication is not necessary when FAXing to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support

Manual Follow-Up Notification Completion/Transmission

7.	<p>NOTE: Reference RP/0/A/5700/000, (Classification of Emergency).</p> <p>Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. { PIP 0-M98-2065 }</p> <p>In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: { 0-M98-2065 }</p> <ul style="list-style-type: none"> • Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event) • Major/Key Equipment Out of Service • Emergency response actions underway • Fire(s) onsite • Flooding related to the emergency • Explosions • Loss of offsite Power • Core Uncovery • Core Damage • Medical Emergency Response Team activation related to the emergency • Personnel injury related to the emergency or death • Transport of injured individuals offsite - specify whether contaminated or not • Site Evacuation/relocation of site personnel • Saboteurs/Intruders/Suspicious devices/Threats • Chemical or Hazardous Material Spills or Releases • Extraordinary noises audible offsite • Any event causing/requiring offsite agency response • Any event causing increased media attention • Remember to "close the loop" on items from previous notifications. 	OPS Procedure Support
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Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

RP/0/A/5700/018
Page 3 of 6

8.	<p>Mark appropriate plant condition. {PIP 0-M97-4210 NRC-1}</p> <ul style="list-style-type: none">• Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.• Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.• Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Fire Protective Action Recommendations.	OPS Procedure Support
9.	<p>Write the time and date of Reactor Shutdown or Reactor Power level as applicable.</p>	OPS Procedure Support

**Manual Follow-Up Notification
Completion/Transmission**

10.	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none"> • A. NONE: clearly no emergency release is occurring or has occurred • B. POTENTIAL: discretionary option for the EC or EOFD. • C. IS OCCURRING: meets the specified conditions. • D. HAS OCCURRED: previously met the specified conditions. <p>Base the determination of emergency release on:</p> <ul style="list-style-type: none"> • EMF readings, • containment pressure and other indications, • field monitoring results, • knowledge of the event and its impact on systems operation and resultant release paths. <p>An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none"> • Either containment particulate, gaseous, iodine monitor (EMFs 38,39 and/or 40) readings indicate an increase in activity, <p align="center"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,</p> <p><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p align="center"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none"> • Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity. • Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage. • Confirmed activity in the environment reported by Field Monitoring Teams(s). • Knowledge of the event and its impact on systems operation and resultant release paths. 	R.P. Shift/Dose Assessors
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**Manual Follow-Up Notification
Completion/Transmission**

Item #	Action	Source of Information
11.	Indicate type of release and time/date. Mark Ground Level for any airborne releases.	R.P. Shift/Dose Assessors
12.	Indicate release magnitude and whether release is above or below normal operating limits.	R.P. Shift/Dose Assessors
13.	Write estimate of projected offsite dose and estimated duration. Check new or unchanged. If unchanged from the previous notification, the information does not have to be repeated.	R.P. Shift/Dose Assessors
14.	Provide meteorological data.	R.P. Shift/Dose Assessors
15.	Mark appropriate recommended protective actions.	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message. (Front page only) This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- 2.1 Insert the Emergency Notification Form face down in the Automatic Document Feeder on the FAX.
- 2.2 Press GROUP FAX".
- 2.3 Verify the State and Counties received the FAX by calling them.
- 2.4 Ask if there are any questions on the Emergency Notification Form, then write down the individuals' names on the back of the form.

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

RP/0/A/5700/018
Page 6 of 6

—— 2.5 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- Emergency Planner
- NRC Communicator
- Offsite Dose Assessors
- Site Evacuation Coordinators
- Drill Coordinator (During drills only).

Enclosure 4.5
Manual Termination Notification
Completion/Transmission

RP/0/A/5700/018
Page 1 of 3

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: A termination message should be marked a FOLLOW-UP on the Emergency Notification Form.

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all available agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date of termination.	OPS Procedure Support
16.	Have the Emergency Coordinator approve the message	Emergency Coordinator

Enclosure 4.5
Manual Termination Notification
Completion/Transmission

RP/0/A/5700/018
Page 2 of 3

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All termination notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
 3. Go to Enclosure 4.5 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- 2.2 **IF** the Selective Signaling fails, **THEN GO TO** RP/0/A/5700/014, Tab 1 for manual Selective Signaling numbers.
- 2.3 As the State and counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify all available State and counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.6 Read the message beginning with item # 1 allowing time to copy.
- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.

Enclosure 4.5
Manual Termination Notification
Completion/Transmission

RP/0/A/5700/018
Page 3 of 3

- 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. **REFER TO** Enclosure 4.6 for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.
- 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
 - Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

Enclosure 4.6
County Emergency Response Radio

RP/0/A/5700/018
Page 1 of 1

COUNTY EMERGENCY RESPONSE RADIO

- NOTE:**
1. This radio will only contact the county warning points. The state cannot be contacted on this radio. Have one of the counties relay the message.
 2. You may refer to RP/0/A/5700/014, Tab 1 for individual radio codes.

Group Call:

- _____ 1. Press **20** and **POUND SIGN (#)** to activate all county radio units.
- _____ 2. When the **TALK** light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Technical Support Center to all counties, do you copy?"

Once all counties respond, begin transmitting the message.

At least one attempt using the individual radio code must be made for the missing agencies.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

- _____ 3. If a county fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Technical Support Center to (Agency you are calling), do you copy?"

Once the county responds, begin transmitting the message.

- _____ 4. After you have finished transmitting the message, conclude the message by saying:

"This is WQC700 base clear."

- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

NOTE: The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls. The group call also transmits a copy to the EOF in the General Office.

1. TO SEND A FAX TO ALL COUNTIES AND STATE OF NORTH CAROLINA

- _____ • Insert the document face down into the FAX.
- _____ • Press Group FAX.

2. TO SEND A FAX TO A SINGLE LOCATION USING ONE-TOUCH DIALING

- _____ • Insert the document face down into the FAX
- _____ • Press EOF in General Office
- _____ • Press State of North Carolina WP
- _____ • Press Mecklenburg County
- _____ • Press Gaston County
- _____ • Press Lincoln County
- _____ • Press Iredell County
- _____ • Press Catawba County
- _____ • Press Cabarrus County
- _____ • Press NC State EOC.

NOTE: If programmed functions fail, go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

3. SEND A FAX TO A SINGLE LOCATION DIALING MANUALLY

- _____ • Insert the document face down in the FAX.
- _____ • Using the keypad, dial the number that you wish to call.
- _____ • Press Start button.

Duke Power Company
**PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES**

(1) ID No. SR/0/B/2000/003Revision No. 005**PREPARATION**(2) Procedure Title: Activation of the Emergency Operations Facility

(3)	Prepared By <u>[Signature]</u>	Date <u>4/24/2000</u>
(4)	Applicable To:	<input type="checkbox"/> ONS <input checked="" type="checkbox"/> MNS <input checked="" type="checkbox"/> CNS
(5)	Technical Advisor	<u>[Signature]</u> <u>E. J. Budd</u>
(6)	Requires 10CFR50.59 Evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>YES = New procedure or revision with major changes at applicable site NO = Revision with minor changes NO = To incorporate previously approved changes</small>
(7)	Review (QR)	By <u>[Signature]</u> By <u>[Signature]</u> By <u>B. R. Smith</u> Date <u>5/11/00</u> Date <u>4/26/00</u>
	Cross-Disciplinary Review (QR)	By <u>[Signature]</u> By <u>[Signature]</u> By <u>[Signature]</u> NA <u>9/24/00</u> Date <u>5/11/00</u> NA <u>9/24/00</u> Date <u>4/26/00</u>
	Reactivity Mgmt. Review (QR)	By <u>[Signature]</u> By <u>[Signature]</u> By <u>[Signature]</u> NA <u>9/24/00</u> Date <u>5/11/00</u> NA <u>9/24/00</u> Date <u>5/11/00</u>
(8)	Additional Reviews	By _____ By _____ By _____ Date _____ Date _____ Date _____ By _____ By _____ By _____ Date _____ Date _____ Date _____
(9)	Approved	By <u>[Signature]</u> By <u>[Signature]</u> Date <u>5/2/2000</u> Date <u>4/27/00</u>
(10)	Use Level	Multiple Use

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(11) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Listed enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (Attach additional pages, if necessary.)

<p>Duke Power Company McGuire Nuclear Station</p> <p>Activation of the Emergency Operations Facility</p> <p>Multiple Use</p>	Procedure No.
	SR/0/B/2000/003
	Revision No. 005
	Electronic Reference No. MC007003

Activation of the Emergency Operations Facility

1. Symptoms

Conditions exist where events are in progress or have occurred which resulted in the activation of the Emergency Operations Facility (EOF) Emergency Response Organization (ERO).

2. Immediate Actions

- 2.1 Upon notification to activate, ERO personnel assigned to the EOF shall report to that facility.

3. Subsequent Actions

NOTE: This procedure is not intended to be followed in a step-by-step sequence. Sections of the procedure are to be implemented, as the applicable action becomes necessary.

- 3.1 The EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification.
- 3.2 Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the off-site agencies.
- 3.3 Each represented group is responsible for ensuring their appropriate checklist is completed.
- 3.4 **IF** additional positions are needed to support the emergency, or for 24 coverage, **THEN** the following are available for telephone numbers.

- Catawba

~~Home~~ phone numbers are located in the Catawba Nuclear site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

- 3.5 The following SDS Group Displays have been established for emergency response use. To access these group displays, type GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

Catawba Specific

<u>Group Display Name</u>	<u>Group Display Description</u>
ERDS1	ERDS Group 1
ERDS2	ERDS Group 2
EROCONT	Selected values associated with containment.
EROCORE1	Incore temperature values
EROCORE2	Additional incore temperature values
EROCORE3	Additional incore temperature values
EROEMF	Selected EMF instantaneous values
EROEMF15	Selected EMF 15 minute average values
EROENV	Selected meteorological values
EROINJCT	Selected letdown/charging values
EROPLEAK	Selected primary to containment leakage values
EROSLEAK	Selected primary to secondary leakage values
EROPRIM	Selected primary system values
ERORD5	Selected Raddose V Assessment Points
ERORXG	Selected Value for Reactor Engineer
EROSAMG	Selected SAMG Valves
EROSSECND	Selected secondary system values

McGuire Specific

<u>Group Display Name</u>	<u>Group Display Description</u>
ERO-1	Selected plant parameters
ERO-2	Selected EMF values
EROCONT	Emergency Response Containment
EROCORE	Emergency Response Incore
EROEMF	Emergency Response EMF
EROEMF15	Emergency Response EMF 15 Min AV
EROENV	Emergency Response Environmental
EROINJCT	Emergency Response Injection
EROPRIM	Emergency Response Primary
EROSSECND	Emergency Response Secondary. {PIP-M-99-2593}.

- 3.6 To resolve equipment problems, contact the following:

- Computer problems - EOF Data Coordinator
- Other equipment problems - EOF Commodities and Facilities Manager

3.7 Definitions

3.7.1 The following definitions are applicable to the Emergency Notification Form, Line 8: {1}

- **IMPROVING** - Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **STABLE** - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed.
- **DEGRADING** - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site Protective Action Recommendations

3.7.2 The following definitions are applicable to the Emergency Notification Form, Line 10:

- **EMERGENCY RELEASE** - Any unplanned and quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT**. A release is considered to be in progress if any one or more of the following occurs:

- Reactor Building EMF monitors reading indicates an increase in activity (Catawba and McGuire 38, 39 or 40).

OR

Containment High Range EMF monitors reading greater than 1.5 R/hr.
(Catawba 53A or 53B) (McGuire 51A or 51B)

AND

Pressure inside the containment building is greater than Tech. Specs.
(Catawba and McGuire 0.3 psig)

OR

An actual containment breach is determined.

- Increase in activity monitored by Unit Vent EMF (Catawba and McGuire 35, 36, or 37).
- Steam generator tube leak monitored by EMF (Catawba and McGuire 33)
- Field Monitoring Team results.
- Knowledge of the event and its impact on system operation and resultant release pathways.

3.7.3 **ACTIVATED** - The Emergency Operations Facility has accepted turnover and has direction and control of assigned emergency response functions.

- 3.7.4 OPERATIONAL - The Emergency Response Facility (e.g. Technical Support Center Operations Support Center, Emergency Operations Facility) is staffed and ready to perform assigned emergency response functions.

4. Enclosures

- 4.1 EOF Director/Assistant EOF Director Checklist
- 4.2 Catawba Protective Actions
- 4.3 McGuire Protective Action
- 4.4 Emergency Classification Downgrade/Termination
- 4.5 Radiological Assessment Manager Checklist
- 4.6 EOF Dose Assessor Checklist
- 4.7 Field Monitoring Coordinator Checklist
- 4.8 Radio Operator Checklist
- 4.9 EOF Off-Site Agency Communicator Checklist
- 4.10 Access Control Director Checklist
- 4.11 Accident Assessment Manager Checklist
- 4.12 Accident Assessment Interface Checklist
- 4.13 Operations Interface Checklist
- 4.14 Administrative Support Checklist
- 4.15 Reactor Physics Checklist
- 4.16 EOF Emergency Planner Checklist
- 4.17 EOF Log Recorder/Status Keeper Checklist
- 4.18 EOF Data Coordinator Checklist
- 4.19 EOF Commodities and Facilities Manager Checklist
- 4.20 Meteorologist Checklist
- 4.21 Fitness for Duty Questionnaire
- 4.22 Commitments for SR/0/B/2000/003

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE: The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

_____ Establish a log of activities.

_____ Establish communications with the Emergency Coordinator in the affected site's TSC as follows:

- Video conference

OR

- Use the affected site's EOF Director to Emergency Coordinator Ringdown phone

OR

- Catawba TSC, dial 8-831-5870

OR

- McGuire TSC, dial 8-875-4950

_____ Verify the following EOF positions, as a minimum, are filled, have checked out their assigned equipment/procedures and are prepared to assume their EOF duties prior to declaring the EOF operational:

- _____ EOF Director
- _____ Accident Assessment Manager
- _____ Radiological Assessment Manager
- _____ Access Control Director
- _____ Off-Site Agency Communicator
- _____ Off-Site Agency Communicator

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF public address system the following:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

_____ Declare the EOF operational. EOF operational time: _____.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill"

_____ Announce the following over the EOF public address system:

"Attention all EOF personnel. This is _____ and as of _____ hours,
(EOF Director's Name)
the EOF is operational."

_____ Inform the Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

_____ Read the definitions for the following terms contained in Steps 3.6.1 and 3.6.2 in the body of this procedure:

- | | |
|-------------|---------------------|
| • Stable | • Degrading |
| • Improving | • Emergency Release |

NOTE: The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

_____ Verify the following positions, at a minimum, are ready to activate (i.e. have received the necessary information from their TSC counterpart, etc.) and are positioned to perform the next off site agency communication via the Emergency Notification Form (ENF).

- _____ Accident Assessment Manager
- _____ Radiological Assessment Manager
- _____ Lead Off-Site Agency Communicator

NOTE: Emergency Coordinator faxes copy of EOF Director Turnover Form to EOF. A copy of the "EOF Director Turnover Form" is provided on page 8 of this enclosure for use if needed.

_____ Receive turnover from Emergency Coordinator utilizing the "EOF Director Turnover Form."

NOTE: The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Off-Site Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

_____ Inform the Emergency Coordinator that the EOF is ready to activate.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF public address system the following:

"Attention all EOF personnel. The EOF was activated at _____ hours. This is _____. I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center. The current emergency classification is _____. The following is a summary of the plant status.....

Additional information will be provided to you as conditions change. The next off-site agency notification shall be transmitted by _____ hours. The EOF staff shall prepare for a time-out and a roundtable discussion at _____ hours."

_____ Discuss current emergency classification with the EOF staff and verify that it meets the criteria of:

- Catawba RP/0/A/5000/001
- OR**
- McGuire RP/0/A/5700/000

_____ Upon declaration of a Site Area Emergency, consult with the Accident Assessment Manager and the Radiological Assessment Manager to determine potential zones for protective action recommendations should the event progress to a General Emergency.

____ Upon declaration of a General Emergency, the EOF Director shall IMMEDIATELY (within 15 minutes) recommend Protective Actions to off-site authorities via the Emergency Notification Form (ENF) using:

- Catawba Enclosure 4.2, Page 1
- McGuire Enclosure 4.3

____ Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in the previous notification.

- Catawba Enclosure 4.2, page 2
- McGuire Enclosure 4.3

____ Review dose projections with Radiological Assessment manager to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ.

____ Discuss, or delegate to the Assistant EOF Director the responsibility to discuss, plant status with the County Directors of Emergency Preparedness (CDEP), the State Liaisons or the State Directors of Emergency Preparedness (SDEP) as necessary/requested using one of the following methods:

- The EOF State Liaisons will communicate information from the EOF Director to County/State representatives using the Decision Line.
- Use the EOF/Assistant EOF Director telephone speed dial to contact the appropriate states/counties **OR** obtain the telephone numbers from the appropriate Emergency Telephone Directory.

Catawba Site Specific

Name

____ York CDEP _____

____ Mecklenburg CDEP _____

____ Gaston CDEP _____

____ NC SDEP _____

____ SC SDEP _____

McGuire Site Specific

Name

_____ Mecklenburg CDEP _____

_____ Gaston CDEP _____

_____ Lincoln CDEP _____

_____ Iredell CDEP _____

_____ Catawba CDEP _____

_____ Cabarrus CDEP _____

_____ NC SDEP _____

_____ **IF** Duke Power has provided Protective Action Recommendations to the States and Counties, **THEN** request SDEPs and CDEPs to inform the EOF Director of the decisions for actual Protective Actions for the plume exposure pathway populations. Record SDEPs and CDEPs protective action decisions below:

Zones Evacuated: _____

Zones Sheltered: _____

Information Received from: _____

_____ Inform Emergency Coordinator of SDEPs and CDEPs protective action decisions and other off-site conditions.

_____ Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every 30 minutes with the EOF staff to discuss:
 - Emergency Classification
 - Protective Action Recommendations
 - Emergency Notification Form status
 - Off-site dose projections
 - Mitigation strategies
 - Termination criteria as defined in Enclosure 4.4
- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public address system following EOF time-outs.
- The Emergency Coordinator updates may be broadcast on the EOF public address system.

- Advise Emergency Coordinator of the following:
 - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate.
 - Emergency Classification changes
 - Protective Action Recommendations changes
 - Mitigation strategies
 - Contingency plans
- Ensure that 10CFR50.54(x) actions are approved prior to performing the action. (Reasonable actions that depart from a license condition or technical specification may be performed in an emergency, per 10CFR50.54(x), when this action is immediately needed to protect the health and safety of the public and no action consistent with the license condition or technical specification that can provide adequate or equivalent protection is immediately apparent. Deviation from an Emergency Procedure constitutes a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be:
 - Approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action, and
 - Documented in the Reactor Operators Logbook, and
 - Documented in the TSC Logbook, and
 - Reported to the NRC within one hour using RP/0/B/5000/013, "NRC Notification Requirements" {3}
- Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:
 - Catawba RP/0/A/5000/018
 - McGuire System Radiation Protection Manual Section VI-6
- Approve personnel with training deficiencies prior to their participation as an EOF staff member. This approval shall be documented in the EOF Log.
- Assist Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines.
- Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.

_____ Verify that the EOF Emergency Planner completes the "EOF 24-Hour Staffing Log" located in Enclosure 4.16.

_____ Assist TSC Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG) {PIP-0-M-99-2593}.

NOTE: The Off-Site Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

_____ Establish Recovery Organization if needed using:

- Catawba RP/0/A/5000/025
- McGuire RP/0/A/5700/024

_____ Conduct a critique following termination of a drill or actual event.

_____ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out the emergency event in accordance with the applicable procedure:

_____ Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

_____ Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

_____ Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

_____ General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

EOF Director Turnover Form {5}

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or operating mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification: _____

List the problems ongoing at this time: _____

Status of off-site and on-site power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUS

On-site and off-site radiological status is as follows: _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location: _____

Number field monitoring teams assembled _____

Number field monitoring teams deployed _____

Protective Action Recommendations provided to states/counties:

• Evacuate _____

• Shelter _____

OFFSITE COMMUNICATIONS

Off-Site Communicators' next Emergency Notification Form Due: _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

EOF Activation Time/Date: _____/_____

Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR) to be entered on Line 15 of the Emergency Notification Form using one of the following tables:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1

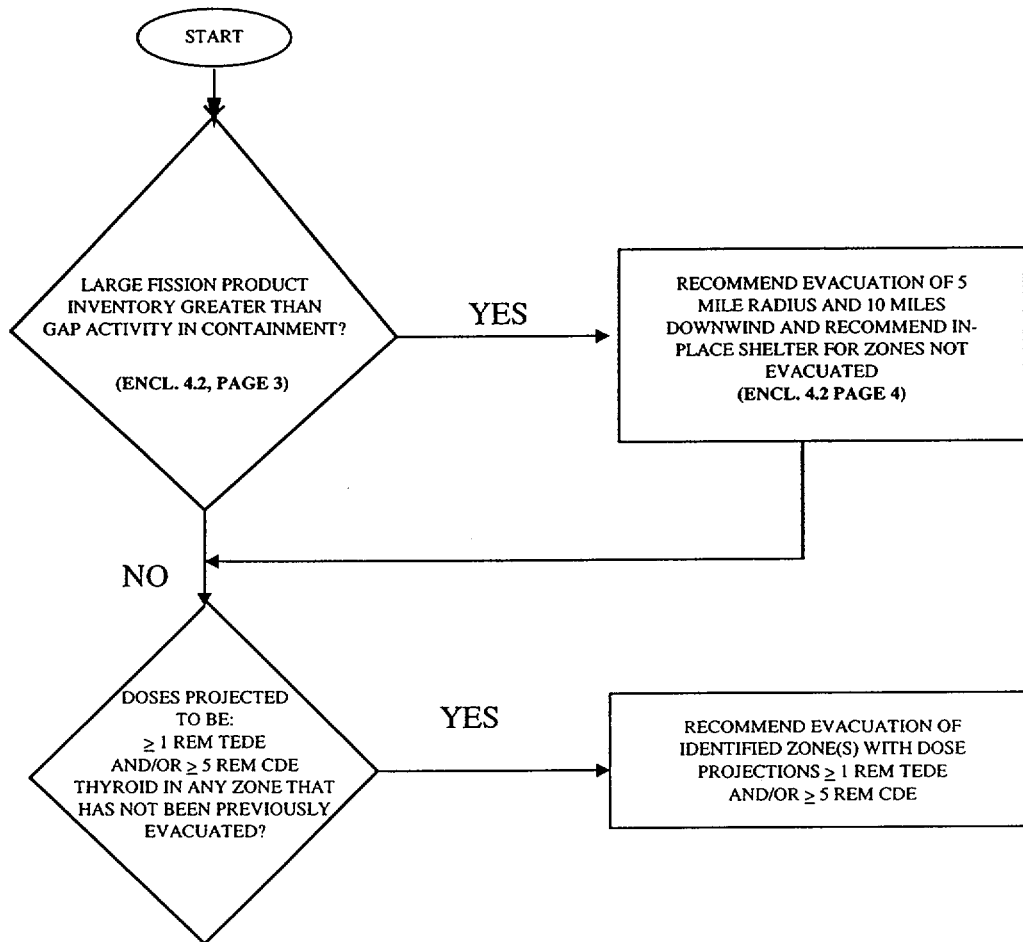
AND

Shelter In-Place zones: A2, A3, B2, C2, D2, E2, F2, F3

WIND SPEED GREATER THAN 5 MPH

Wind Direction (Degrees from North)	2 Mile Radius - 5 miles Downwind	Remainder of EPZ
	<i>EVACUATE</i>	<i>SHELTER IN-PLACE</i>
348.75 - 11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 - 33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 - 56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 - 78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 - 101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 - 123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 - 146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 - 168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
168.76 - 191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
191.26 - 213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 - 236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 - 258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 - 281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 - 303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 - 326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 - 348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

Guidance for Protective Actions
Protective Action Recommendation Flowchart



CONTINUE ASSESSMENT OF LARGE FISSION PRODUCT INVENTORY IN CONTAINMENT, DOSE PROJECTION CALCULATIONS, WIND SPEED AND WIND DIRECTION TO DETERMINE IF ADDITIONAL ZONES SHOULD BE RECOMMENDED FOR EVACUATION.

NOTE:

CHANGES IN WIND SPEED AND/OR WIND DIRECTION MAY REQUIRE THAT ADDITIONAL ZONES BE RECOMMENDED FOR EVACUATION. THESE ADDITIONAL RECOMMENDATIONS ARE BASED ON THE FOLLOWING:

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN RECOMMEND EVACUATION OF ZONES A0, A1, B1, C1, D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED FOR EVACUATION
- IF WIND SPEED IS GREATER 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 PAGE 4 OF 4 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

Guidance for Protective Actions

Guidance for Determination of Gap Activity

Fission product inventory inside Containment is greater than gap activity if the containment radiation level exceeds the levels in the table below:

TIME AFTER SHUTDOWN (HOURS)	HIGH RANGE CONTAINMENT MONITOR READING - EMF 53A and/or EMF 53B <i>100 % GAP Activity Release</i>
0	2,340 R/Hr
0 - 2	864 R/Hr
2 - 4	624 R/Hr
4 - 8	450 R/Hr
>8	265 R/Hr

Protective Action Zones Determination Table
(This Table Used For Large Fission Product Inventory Greater Than Gap Activity In Containment Only)
Use this table to determine the recommended zones for evacuation within the
5 mile radius and 10 miles downwind for any windspeed.

PROTECTIVE ACTION ZONES DETERMINATION TABLE		
Wind Direction (Degrees from North)	5 Mile Radius - 10 miles Downwind	Remainder of EPZ
	<i>EVACUATE</i>	<i>IN-PLACE SHELTER</i>
348.75 -11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 -33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 -56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3,
56.26 -78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 -101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3,
101.26 -123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 -146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 -168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, E2
168.76 -191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 -213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 -236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 -258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 -281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 -303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 -326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D2, E2, F2, F3
326.26 -348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

Enclosure 4.3
McGuire Protective Actions

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_____ **Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR)**
within 15 minutes to be entered on line 15 of the Emergency Notification Form (ENF) using
the following information as appropriate.

NOTE:{5}1. If necessary, obtain needed data from one of the following sources in order of sequence:

- A. DPC Meteorological Lab (8-594-0341).
- B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
- C. Catawba Nuclear Station Control Room (8-831-2338).

IF containment radiation levels exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

OR

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

IF wind speed is less than or equal to 5 MPH, **THEN**:

_____ Evacuate zones L, B, M, C, N, A, D, O, R

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S

OR

IF wind speed is greater than 5 MPH, **THEN**:

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown in the table on Enclosure 4.3, page 3 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.3, page 3 of 3, using wind direction.

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below

_____ **IF** the OAC is available, **THEN** call up the following computer points based on need:

Unit 1 OAC

Unit 2 OAC

M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

<u>Time After Shutdown (Hours)</u>	<u>Containment Monitor Reading (R/HR) EMF51A or 51B (100% Gap Activity Release)</u>
0	2,340
0-2	864
2-4	624
4-8	450
>8	265

PROTECTIVE ACTION ZONES DETERMINATION

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction{5}	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction {5}	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,E,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

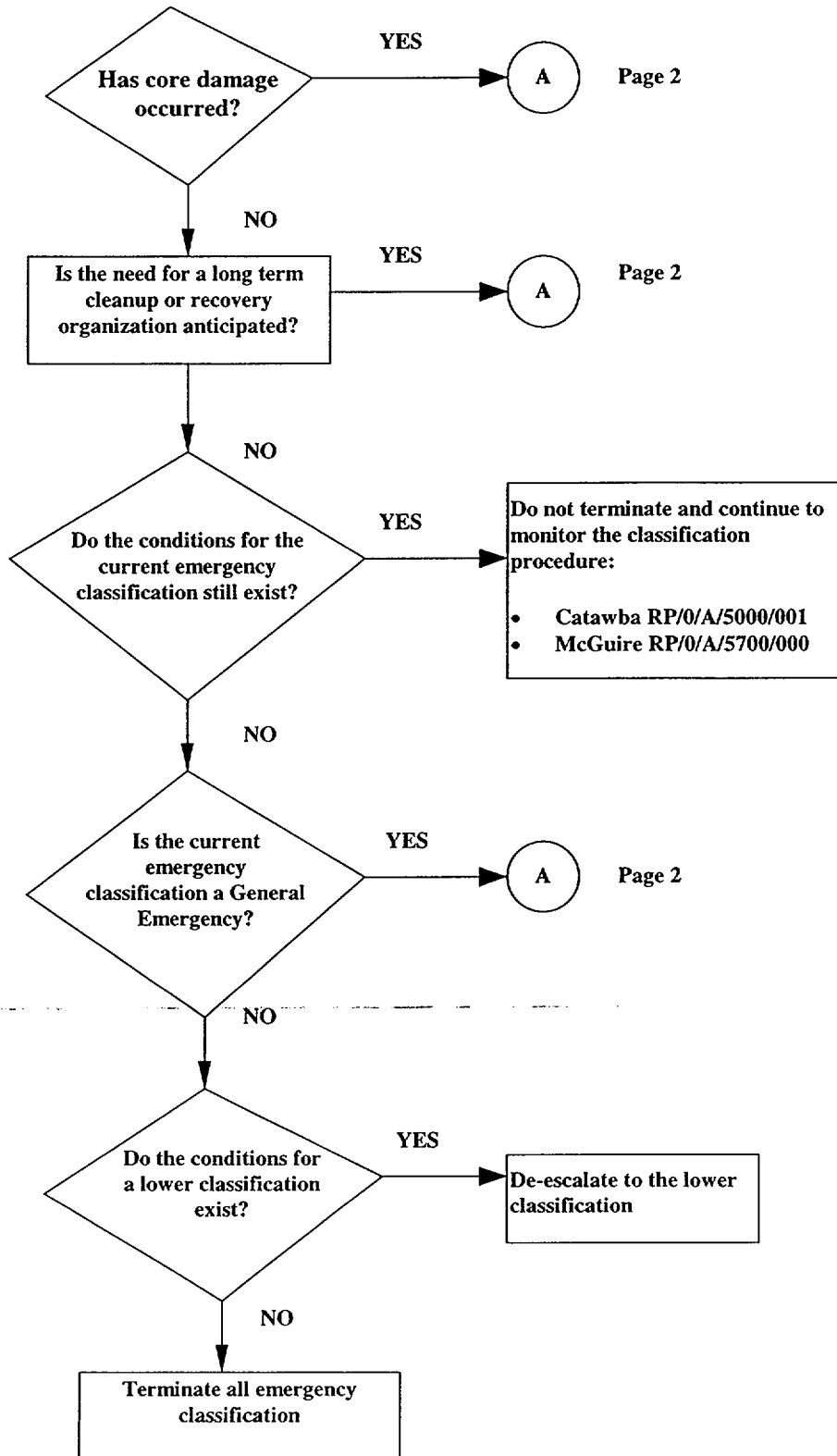
PAGs (Projected Dose)

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Enclosure 4.4
**Emergency Classification Downgrade/
Termination Criteria**

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Emergency Classification Downgrade/ Termination Criteria

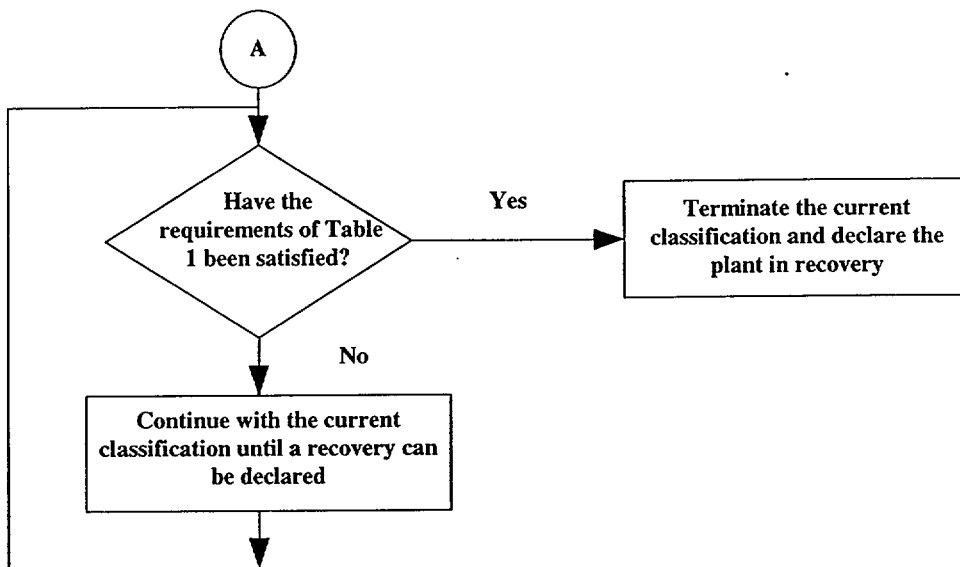


Table 1

- _____ No new evacuation or sheltering protective actions are anticipated.
- _____ Containment pressure is less than design pressure.
- _____ Decay heat rejection to the ultimate heat sink has been established and either:
 - Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),
 - OR**
 - No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {2}
- _____ The risks from recriticality are acceptably low.
- _____ Radiation Protection is monitoring access to radiologically hazardous areas.
- _____ Off-site conditions do not limit plant access.
- _____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
- _____ The recovery organization is ready to assume control of recovery operations:
 - Catawba - RP/0/B/5000/025
 - McGuire - RP/0/A/5700/024

Enclosure 4.5
Radiological Assessment Manager Checklist

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INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Notify EOF Director that the Radiological Assessment Manager (RAM) position is operational.
- _____ Ensure all Radiation Protection personnel reporting to the EOF also sign in on the staffing board.
- _____ Power up the Radiological Assessment Computer.
- _____ Verify EOF Off-Site Agency Communicators have opened an electronic Emergency Notification Form.
- _____ Log on to the Emergency Notification Form by following the instructions in the EOF Radiological Assessment Managers Logbook behind the ENF Logon Instructions tab.
- _____ Verify the electronic Emergency Notification Form can be accessed.
- _____ Establish a log of activities.
- _____ Discuss the following with the EOF Director:
 - 1) Any release in progress, including dose rates (especially at the site boundary)
 - 2) Field Team status/data
 - 3) On-site radiological concerns
- _____ Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001

OR

McGuire RP/0/A/5700/000

Catawba Specific

- _____ Obtain HP/0/B/1009/009, "Guidelines for Accident and Emergency Response," and perform duties as described in the procedure.
- _____ Establish communications with the TSC via the RP Loop; communication established after beep. {4}

Radiological Assessment Manager Checklist

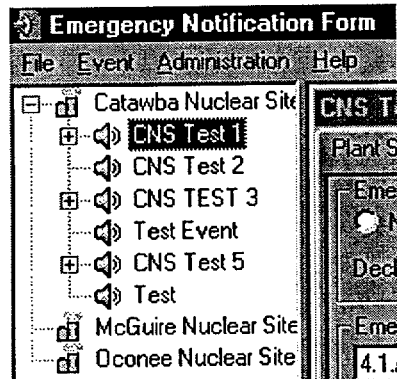
- _____ Review dose projections to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.
- _____ Evaluate with the EOF Director recommendations for public protective actions.
- _____ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

- _____ Provide radiological information on the electronic Emergency Notification Form as per the directions beginning on page 3 of this enclosure.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ELECTRONIC ENF INSTRUCTIONS

- _____ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- _____ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



- NOTE:**
- Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.
 - The Radiological Assessment Manager is responsible for completing and maintaining the Release and Met./Off-site Dose Sections. Information for these Sections may be loaded directly from the RADDPOSE V Program.
 - RADDPOSE V information for the Notification form must be saved to the "ini" file.

- _____ Verify that a RADDPOSE V Dose Run for the current event has been performed.

- NOTE:** Radiological dose projection information is **not** required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification. However, it may be loaded/transmitted if available within the required timeframe.

Radiological Assessment Manager Checklist

_____ Select the **Release** Section tab for the specific event.

CNS Test 1

Plant Status | Plant Summary | Protective Actions | **Release** | Mel/Offsite Dose | Communications

Emergency Release
☐ None ☐ Potential ☒ Is occurring ☐ Has occurred

Release Type
☒ Airborne ☐ Ground Level

Airborne Release
 Started: 04/26/1999 11:30 Stopped: / /

Liquid Release
 Started: / / Stopped: / /

Release Magnitude
 Unit of Measure: ☒ Curies per Second ☐ Curies
 Normal Operating Limits: ☐ Below ☒ Above

Noble Gases: 7.98E+00
 Iodines: 7.45E-02
 Particulates: 6.29E-04
 Other:

Load From RadDose Clear
 Save Cancel Validate

NOTE: If automatic load feature is not operational, manually enter the RADDose information.

_____ Select the **“Load From RadDose”** button on the bottom of the screen.

_____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**

_____ Verify loaded data is correct.

_____ Click the **“Save”** button at the bottom of the screen. This will update the status indicator for this section.

Radiological Assessment Manager Checklist

Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

Red - information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999
RED	RED	RED	GREEN	RED	RED		RED

_____ Immediately proceed to the **Met./Offsite Dose** Section.


_____ Select the **Met./Offsite Dose** Section tab for the specific event.

CNS Test 1

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications
--------------	---------------	--------------------	---------	-------------------	----------------

Offsite Dosage Estimate

☐ New ☐ Unchanged

Protection Time: 

Estimated Duration: hrs

TEDE mrem Thyroid CDE mrem

Site Boundary:

2 miles

5 miles

10 miles

Meteorological Data

Wind Direction: (degrees)

Stability Class:

Speed: mph

Precipitation: inches / 15 mins. of

Load From RadDose Clear

Save Cancel Validate

Enclosure 4.5
Radiological Assessment Manager Checklist

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NOTE: If automatic load feature is not operational, manually enter the RADDose information.

- _____ Select the **"Load From RadDose"** button on the bottom of the screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- _____ Verify loaded data is correct.
- _____ Click the **"Save"**. This will update the status indicator for this section.

Status Indicators at the bottom of the screen will change colors to indicate the updated information.
Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

Red - information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Mel./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999
RED	RED	RED	GREEN	RED	RED		RED

- _____ Verify that Dose Assessment is routinely performing RADDose V updates.
- _____ Continue to update or validate the ENF information form as appropriate

ENF UPDATES

If a new dose run is available perform the following:

- _____ Select the **"Load From RadDose"** button on the bottom of each screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- _____ Verify loaded data is correct.

Enclosure 4.5
Radiological Assessment Manager Checklist

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- _____ Click the **“Save”**. This will update the status indicator for this section. **Status indicators will reflect Update.**

VALIDATION

If the existing dose information is still current and new information does not need to be loaded perform the following:

- _____ Verify Data is current
- _____ Select the **“Validate”** button on the bottom right of the screen of each section. **Status indicators will reflect Update.**

NOTE: Protective Action Recommendations will be loaded into the ENF by the Accident Assessment Manger

- _____ Evaluate protective actions with the Accident Assessment Manager and the EOF Director.

EOF Dose Assessor Checklist

Page 1 of 2

Initial EOF Activation Checklist

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Initiate a Log of Activities.
- _____ Turn on dose assessment and data acquisition computers and acquire necessary information. **IF** data acquisition programs are unavailable, **THEN** request from TSC information obtained from SDS or the Control Room (EMF and Met data).
- _____ Log on to the Emergency Notification Form by following the instructions in the EOF Dose Assessors Logbook behind the ENF Logon Instructions tab.

NOTE: Be aware of the effects of loss of power on critical EMFs.

- _____ Verify operability and validity of EMFs through the TSC.
- _____ Verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.
- _____ Establish communications with dose assessment personnel at the TSC. Compare information, projections and strategies with the TSC.

Catawba Specific

- _____ Set up video conferencing with the TSC Dose Assessors, if desired.

- _____ Obtain turnover from the TSC.
- _____ Verify operability of the Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on the HPN phone

NOTE: The NRC Regional Office will request the activation of the HPN phone through the Emergency Notification System (ENS) telephone if desired.

- _____ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone.

Enclosure 4.6
EOF Dose Assessor Checklist

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Page 2 of 2

NOTE:

1. Perform off-site dose projections and determine protective action recommendations.
2. Dose projections shall be run at least every 30 minutes or as directed by the RAM.

- _____ Analyze source term data, formulate source term mitigation strategies, and provide information to the Radiological Assessment Manager, members of the EOF and TSC Dose Assessors as required.
- _____ Perform dose projections as appropriate to plant conditions.
- _____ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

- _____ Transfer (and review) data from Raddose V to the electronic Emergency Notification Form.
- _____ Evaluate dose projections and provide protective action recommendations to the Radiological Assessment Manager and the EOF Director.
- _____ **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1REM TEDE or 5 REM Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (Located in the Accident Assessment Area). {PIP-M-99-5381}
- _____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.7
Field Monitoring Coordinator Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions).
- _____ Establish a log of activities.

Catawba Specific

- _____ Perform duties as described in the following:
 - HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"
 - HP/0/B/1009/009, "Guidelines for Accident and Emergency Response"
 - HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication"

- _____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.
- _____ Provide all completed procedures and copies of logs to the EOF Emergency Planner upon deactivation of the EOF.

Enclosure 4.8
Radio Operator Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey Data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}
- _____ Establish contact with Field Teams.
- _____ Relay instructions obtained from the Field Monitoring Coordinator to the Field Teams.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities
- _____ Perform the duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility)
- _____ Ensure emergency notification times are satisfied.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of emergency facility.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 1 of 2

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the staffing board located in the EOF Director's area.
- _____ Establish a log of activities
- _____ Conduct turnover with Corporate Security to enable them to return to their normal jobs.
- _____ Process responders found on the Access List as follows:
 - Request a photo ID from all personnel entering the EOF.
 - Verify the identity of all personnel by comparing the photo ID to facial features.
 - Direct all personnel to sign the Emergency Planning Exercise/Drill or Drill Observer Training Attendance Sheet.
 - Direct all personnel to obtain the appropriate EOF position badge.

McGuire Specific

- _____ Process responders with "NO ACCESS" appearing beside their names as follows:
 - Call an FFD contact listed in RP/0/A/5700/014, Tab 8, to verify if "NO ACCESS" is for a positive drug screen.

NOTE: Verification by the FFD contact of no positive drug screen indicates that the responder is Fit for Duty and "NO ACCESS" is related to a training deficiency.

- Ask EOF Director to waive training requirement and allow access. Document waiver in the EOF Log.
- Ask Emergency Coordinator to waive training requirement if the EOF Director has "NO ACCESS" due to expired training. Document waiver in the EOF log.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 2 of 2

_____ Process responders not found on the Access List as follows:

- Request EOF access from the appropriate EOF group primary, EOF Director, or Assistant EOF Director, if prior approval has not been given.
- Request approved credentials from Federal, State and Off-Site Agency officials desiring EOF access and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.
- Request picture ID from any Duke Power observers and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.

_____ Notify Corporate Security to secure EOF following deactivation of the emergency facility.

_____ Notify Facility Services at 382-4948 to clean the EOF following deactivation of the EOF.

_____ Place new EOF Access List in appropriate box at EOF Access Control desk.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 1 of 9

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities

_____ **IF** additional positions are needed to support the emergency, **THEN** staff the Administrative Support and the Reactor Physics positions as appropriate.

- Catawba

Home phone numbers are located in the Catawba Nuclear Site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

_____ Obtain a copy of the "Classification of Emergency" procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 2 of 9

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet:

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

_____ Ensure PC is on and displaying plant status.

_____ Log on to the Emergency Notification Form by following the instructions in the EOF Accident Assessment Managers Logbook behind the ENF Logon Instructions tab.

_____ Verify electronic Emergency Notification Form can be accessed.

_____ Provide the required information on the electronic Emergency Notification Form as per the directions beginning on page 4 of this enclosure.

_____ Perform the following steps as needed

_____ Coordinate the following functions:

- Accident Assessment Interface
- Operations Interface
- Reactor Physics (As needed)
- Administrative Support (As needed)

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 3 of 9

_____ Work closely with the Radiological Assessment Manager and be prepared to discuss the following topics during the EOF staff time-outs or earlier as appropriate:

- Emergency classification recommendations utilizing the "Classification of Emergency" procedure for the affected station:
 - Catawba: RP/0/A/5000/001
 - McGuire: RP/0/A/5700/000
- Protective action recommendations
- Current plant status
- Accident mitigation strategies with priorities
- Anticipated course of the event
- Possible solutions if procedural adequacy becomes a concern
- Prioritization of key issues

_____ Provide information contained in Sections 5 through 9 of the Emergency Notification Form. Refer to Step 3.6 in the main body of this procedure for definitions associated with the Emergency Notification Form.

_____ Coordinate with the Radiological Assessment Manager to provide the information contained in Section 15 of the Emergency Notification Form.

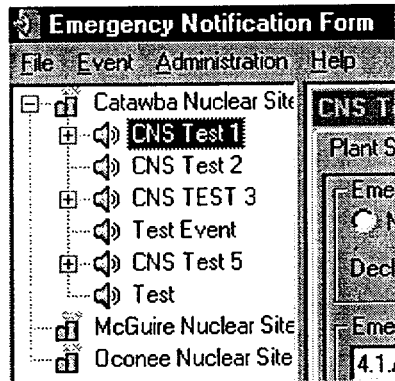
_____ Assist TSC Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines (SAMGs).

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Accident Assessment Manager Checklist

ELECTRONIC ENF INSTRUCTIONS

- _____ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- _____ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



NOTE: Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.

NOTE: Accident Assessment is responsible for completing and maintaining the **Plant Status**, **Plant Summary** and **Protective Action** sections of the ENF.

- _____ Select the **Plant Status** Section tab for the specific event.

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

Gap Activity
Are Containment Radiation Levels greater than 100% GAP Activity? ☐ Yes ☒ No

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg Due
BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	11/29/1999 08:44	11/29/1999 09:44

JSM7327 11/29/1999 08:44

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
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_____ Complete the following:

- **Emergency Classification:** Select appropriate classification and declaration time.
- **Emergency Action Level (EAL):** Select appropriate EAL.
- **Reactor Status:** Enter Reactor Status information for each unit and indicate which unit is affected. **(Included)**
- **Gap Activity:** For Alert and Site Area Emergency Check NO.

For **General Emergency**, refer to SR/0/B/2000/003, Enclosure 4.3, to determine if containment radiation levels are > 100% of Gap Activity. Confirm with the RAM and EOF Director.

_____ Click the "Save" button at the bottom of the screen.

Plant Status	Plant Summary	Protective Actions	Release	Met/Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/28/1999 09:48	08/10/1999 14:57	08/10/1999 14:59	10/28/1999 09:09	10/28/1999 09:10	08/10/1999 14:59	06/23/1999 12:20	06/23/1999 1
GREEN	RED	RED	RED	RED	RED		RED

Note: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:**Black** - information and time conflict

Green – information is 0 to 5 minutes old.

Yellow – information is 5 to 15 minutes old.

Red – information is greater than 15 minutes old

_____ Select the **Plant Summary** Section tab for the specific event.

Complete the following information:

_____ **Plant Condition:** (Select Improving, Stable , or Degrading) Confirm with the EOF Director.

- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc. are operating as designed.
- **Degrading:** Given current and projected plant conditions / equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ **Description/Remarks:** Write a concise description for declaring the event, or changes since last notification. **The first message in the classification will automatically include the EAL information.** Include any other information that may affect the off-site Agencies (see list below). Follow-up messages should include relevant information and changes that have occurred since the last message. **(Don't just repeat the EAL information or the last message.)**

NOTE: Remember to "close the loop" on items from previous notifications.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 7 of 9

Examples of additional information to be included in line 7.

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention

_____ Click the "Save" button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information
--

NOTE: Protective Action Determination is **only** required for a **General Emergency**.

_____ Select the **Protective Action** section tab.

_____ If the Emergency Classification **IS NOT** a General Emergency verify the select the “Validate” button at the bottom right of the screen. (The status indicator at the bottom of the screen will be updated)

_____ If the Emergency Classification **IS** a General Emergency perform the following:

- Select the Load Protective Action bar at the bottom of the screen. (**Protective actions will automatically be loaded into the program based on wind speed, direction, and gap activity**).
- With input from the Radiological Assessment Manager (RAM), verify loaded Protective Actions are correct utilizing SR/0/B/2000/003 Enclosure 4.3.
- Click the “Save” button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Accident Assessment Manager Checklist

_____ Establish a routine to periodically validate the data of **each section** to assure information is current by performing the following:

- Verify Data is current
- If the information is still current and no additional information needs to be added, select the **“Validate”** button on the bottom right of the screen of each section.
- If the section needs to be revised and/or additional information needs to be added, enter the updated information, then select the **“Save”** button on the bottom left of the screen of each section.

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 1 of 4

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Ensure PC is on and displaying affected station and unit plant status.

Catawba Specific

- _____ Establish bridge line for Operations Loop. Communication is established after the beep.

McGuire Specific

- _____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.
- _____ Establish communication link with System Engineering Manager in the TSC, as needed by dialing 8-875-4954.

- _____ Obtain a copy of the Classification of Emergency procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 2 of 4

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet.

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

_____ Obtain a copy of the Core Damage Assessment procedure for the affected station from the procedure cabinet.

- Catawba: RP/0/A/5000/015
- McGuire: RP/0/A/5700/019

_____ Obtain a copy of Accident Assessment Technical Manual

_____ Gather plant status information using the Accident Assessment Initial Information Request Form found on page 4 of this enclosure.

_____ Upon declaration of a General Emergency **IMMEDIATELY RECOMMEND** to Accident Assessment Manager protective actions using:

- Catawba: Enclosure 4.2
- McGuire: Enclosure 4.3

_____ Perform the following steps as needed throughout the event:

_____ **IF** condition warrants, **THEN** determine analysis of the reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment)

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 3 of 4

- _____ **IF** condition warrants, **THEN** provide:
 - Estimates of core uncover times
 - Interpretations of reactor water level data
- _____ Follow status of the Emergency Operations Procedures (EOPs) and discuss with the Accident Assessment Manager.
- _____ Maintain communication with the Radiological Assessment group in the EOF.
- _____ Advise Operations Interface of the anticipated course of events.
- _____ Provide information for status board in the Accident Assessment Group room and maintain the appropriate logs.
- _____ Advise Accident Assessment Manager on the following:
 - Anticipated course of events
 - Diagnosis of the accident and mitigation strategies
 - Analysis of core and containment
 - Core damage and fission product release potential
 - Background information of system design
 - Emergency classifications
- _____ Support Systems Engineering Manager in the TSC in accident and mitigation strategies.
- _____ Assist TSC as requested upon entry into Severe Accident Management Guidelines.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Accident Assessment Interface Checklist

Initial Information Request

Initial Information Request	Results
Emergency Classification Status	
EAL Declaration Chronology	
Protective Actions Status	
Reactor/Turbine Status	
Power Level	
Time of Trip & On What Signal	
Any Abnormal Response	
NC Pump Status	
Core Cooling Status (subcooled margin/ RVLIS/natural circulation)	
Orange or Red CSFs Alarms Received	
Safety Injection	
When Actuated & on What Signal	
NV, NI, ND, Ice Condenser Status	
Feedwater	
CF and CA Status	
Main Steam	
Isolation Status	
SMSV, SM PORV, SB Status	
Electric Power	
600V, 4160V, D/G Status	
Containment	
Isolation Status	
NS and VX Status	
Security/Fire/Flooding/HAZMAT/Other Hazards	
Plant Conditions Status	
Off-site Releases	
Status	

Enclosure 4.13
Operations Interface Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

Catawba Specific

- _____ Establish communications for Operations Loop. Communication is established after the beep.

McGuire Specific

- _____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

- _____ Perform the following steps as needed throughout the event:
 - _____ Serve as the communications interface with the Accident Assessment Group and the TSC Operations Group.
 - _____ Advise Accident Assessment Group on the following:
 - Emergency Operations Procedures (EOPs)
 - Diagnosis of the accident and mitigation strategies
 - Emergency classification
 - _____ Advise TSC of the anticipated course of events.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.14
Administrative Support Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Obtain a copy of Accident Assessment Manual, Emergency Operating Procedures and affected plant PRA manual from Nuclear Engineering office area.
- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PCs are on and functional.
- _____ Establish a log of activities.
- _____ Notify other positions of the Accident Assessment Group at the direction of the Accident Assessment Manager.
- _____ Record recommendations of the Accident Assessment team and plant status as appropriate on the status board in the Accident Assessment group room.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.15
Reactor Physics Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain any applicable nuclear design calculations from the Nuclear Engineering office area.
- _____ Establish communications with the TSC Reactor Engineer.
- _____ **IF** conditions warrant, **THEN** determine analysis of the reactor core and the fuel with respect to:
 - Reactor Physics parameters
 - Core subcriticality
- _____ Provide Accident Assessment Manager with information concerning any abnormal core conditions.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 1 of 9

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

NOTE: The Public Address amplifier is in the Janitor Storage Room across from the bathroom. The controls are in a yellow box mounted on the wall on the right side of the room.

- _____ Turn on the EOF Public Address system.
- _____ Power up and log on Emergency Planner Computer as follows.
 - _____ Log on using "EOFWS" as the USER ID.
 - _____ Leave the Password field blank and click OK.
- _____ Display Autolog-EP by performing the following:
 - _____ Double click on Emergency Planning icon.
 - _____ Double click on AutoLog(EP).
 - _____ Enter your User ID.
 - _____ Enter the password (PASSWORD).
 - _____ Click "Login as Current SS".
 - _____ Click OK.
 - _____ **IF** the appropriate station log is not displayed, **THEN** select the appropriate station log by clicking on "File" and then "Open" on the menu bar.
- _____ Obtain the Emergency Planner headset from the Emergency Planner Desk area and dial into the EP bridge line using 831-4010 or another available bridge line.
- _____ Support EOF Director with the following:
 - _____ Complete EOF Director Checklist items as requested.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 2 of 9

- ☐ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.
- ☐ Interface with the NRC.
- ☐ Interface with federal, state and local agencies.
- ☐ Assist Off-Site Agency Communicators in preparation of emergency notifications as needed.
- ☐ Compile a 24-Hour Staffing Log for each EOF position. The log is contained in this enclosure.
- ☐ Verify that EOF Public Affairs personnel have considered 24-hour staffing.
- ☐ Upon deactivation of the EOF, collect all completed paperwork and forward to the appropriate Emergency Planning Manager.
- ☐ Upon deactivation of the EOF, complete "EOF Post Event Checklist."

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 3 of 9

EOF DIRECTOR AREA
24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Director				
Assistant EOF Director				
Lead EOF Off-Site Agency Communicator				
EOF Staff Support/ Status Keeper				
EOF Log Recorder				
EOF Emergency Planner				
Radiological Assessment Manager				
Accident Assessment Manager				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 4 of 9

DOSE ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor (HPN)				
Field Monitoring Coordinator				
Radio Operator				
Meteorologist				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 5 of 9

ACCIDENT ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Data Coordinator				
EOF Data Coordinator (As Needed)				
Accident Assessment Interface				
Accident Assessment Interface (As Needed)				
Reactor Physics (As Needed)				
Administrative Support (As Needed)				
Operations Interface				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 6 of 9

OFF SITE AGENCY COMMUNICATOR
24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Lead EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 7 of 9

ACCESS CONTROL AREA

24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Access Control Director				
EOF Commodities and Facilities Manager				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 8 of 9

EOF FACILITY POST EVENT CHECKLIST

- ☐ Obtain printed copy of EOF Log
- ☐ Archive Log by selecting the "Archive" button
- ☐ Shutdown the AutoLog program.

When prompted to "Log off and remain Shift Supervisor" select NO.

Retrieve:

- ☐ Completed Procedures
- ☐ Notes

NOTE: The Ericsson Cellular phones need to remain on to charge properly.

Turn off:

- ☐ Copiers
- ☐ Computers (Leave EOF Director PC and Dose Assessment on with video conferencing running as well as the Data Coordinators Server Computer.)
- ☐ Video Monitors
- ☐ Public Address Components
- ☐ Projectors

Perform:

- ☐ Applicable sections of SR/0/B/4600/086 to replenish supply cabinet and procedure inventories.
- ☐ Clean Tables Off
- ☐ Put all Trash in Containers
- ☐ Erase Status Boards
- ☐ Verify all Fax machines have paper supply replenished (5 Fax machines)
- ☐ Verify all copiers have paper supply replenished (2 Copiers)

Replenish the following:

Position Specific Notebooks (Procedure, Checklist, Log Sheets):

- ☐ EOF Director
- ☐ Radiological Assessment Manager
- ☐ EOF Dose Assessor
- ☐ Field Monitoring Coordinator
- ☐ Radio Operator
- ☐ EOF Off-Site Agency Communicator
- ☐ Access Control Director
- ☐ Accident Assessment Manager
- ☐ Accident Assessment Interface
- ☐ EOF Operations Interface
- ☐ EOF Administrative Support

Emergency Planner Checklist

- _____ Reactor Physics
- _____ EOF Emergency Planner
- _____ EOF Log Recorder/Status Keeper
- _____ EOF Data Coordinator
- _____ EOF Commodities and Facilities Manager
- _____ Meteorologist
- _____ EOF Access List in Access Control Director's area

Enclosure 4.17
EOF Log Recorder/Staff Support/
Status Keeper Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PC is on.

NOTE: Instructions for the use of the AutoLog program are provided in the EOF.

- _____ Establish an official log of all significant EOF activities and EOF Director decisions using the AutoLog computer program.
- _____ **IF** the AutoLog computer program is not available, **THEN** establish a manual log of all significant EOF activities and EOF Director decisions.
- _____ Maintain EOF status boards.
- _____ Track established priorities on EOF status board as requested by EOF Director.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.18
EOF Data Coordinator Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Verify EOF computer hardware, software, and data display equipment is operational per Section I of the Data Coordinator's Reference Manual.
- _____ Provide the following computer support as required:
 - Software and hardware applications support
 - Data acquisition support
 - Communication with TSC Data Coordinator
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.19
EOF Commodities and Facilities Manager
Checklist

SR/0/B/2000/003

Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Perform the duties as described in SR/0/B/2000/002.
- _____ Contact additional positions as needed to support the emergency.
- _____ Ensure positions have signed the board in C&F area.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.20
Meteorologist Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Discuss changing meteorological conditions with Field Monitoring Coordinator.
- _____ Refer to step 3.5 in the main body of this procedure for instructions on obtaining meteorological information from the appropriate plant SDS computer screens.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.21
Fitness for Duty Questionnaire

SR/0/B/2000/003
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No

☐

If No, stop here and fold this form and drop it in the box provided.

Yes

☐☐☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

Signature Of Management Observer

Date

Fold the form and drop it in the box provided.

Enclosure 4.22
Commitment for SR/0/B/2000/003

SR/0/B/2000/003
Page 1 of 1

- {1} PIP 0-M97-4210 NRC-1
- {2} PIP 0-M96-1645
- {3} PIP 2-C96-0273
- {4} PIP 0-C98-3123
- {5} PIP 0-M98-3522
- {6} PIP-0-M98-2065

Duke Power Company
**PROCEDURE PROCESS RECORD
 FOR STANDARD PROCEDURES**

(1) ID No. SR/0/B/2000/004

Revision No. 000**PREPARATION**(2) Procedure Title: Notification to States and Counties from the Emergency Operations Facility(3) Prepared By J. J. Moynihan Date 4/24/2000

(4)	Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5)	Technical Advisor		<u>[Signature]</u>	<u>E. J. Beadle</u>
(6)	Requires 10CFR50.59 Evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		YES = New procedure or revision with major changes at applicable site		NO = Revision with minor changes NO = To incorporate previously approved changes
(7)	Review (QR)	By _____ Date _____	By <u>[Signature]</u> Date <u>5/1/00</u>	By <u>B.R. Smith</u> by <u>[Signature]</u> Date <u>4/26/00</u> <u>ETP phone con</u>
	Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By _____ NA <u>gnd</u> Date <u>5/1/00</u>	By _____ NA <u>BRB</u> Date <u>4/26/00</u>
	Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By _____ NA <u>gnd</u> Date <u>5/1/00</u>	By <u>[Signature]</u> NA <u>[Signature]</u> Date <u>5/1/00</u>
(8)	Additional Reviews	By _____ Date _____ By _____ Date _____	By _____ Date _____ By _____ Date _____	By _____ Date _____ By _____ Date _____
(9)	Approved	By _____ Date _____	By <u>Michael T. [Signature]</u> Date <u>5/2/2000</u>	By <u>Richard D. Swigart</u> Date <u>4/27/00</u>
(10)	Use Level	Multiple Use		

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(11) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Listed enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (Attach additional pages, if necessary.)

Duke Power Company Catawba/McGuire Nuclear Station Notification to States and Counties from the Emergency Operations Facility Multiple Use	Procedure No. SR/0/B/2000/004
	Revision No. 000
	Electronic Reference No. MP00715S

Notifications to States and Counties from the Emergency Operations Facility

1. Symptoms

- 1.1 An emergency has been declared and an Off-Site Agency notification is required.

NOTE: The first Emergency Offsite Agency Communicator to arrive should promptly perform the "Immediate Actions" regardless of which role they are assigned.

2. Immediate Actions

- 2.1 EOF Off-Site Communicators shall proceed directly to the Emergency Operations Facility.

_____ 2.2 Circle which Site has declared the Emergency: i.e. **McGuire** or **Catawba**

_____ 2.3 Contact the TSC Communicators in the TSC (via selective signaling if not in use) and inform them that you are going to begin the communications check with the Off-Site Agencies.

- 2.4 Acquire information on the communication status described below from the TSC.

_____ 2.4.1 Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency).

_____ 2.4.2 Emergency Declared at _____ hrs.

_____ 2.4.3 Last Message # _____ transmitted out at _____ (time).

_____ 2.4.4 Next Message Due at _____ (time)

_____ 2.4.5 Compare EOF communicator clock time with TSC clock to verify synchronization.

_____ 2.4.6 Verify that a Fax copy of previous notifications have been sent to the EOF.

_____ 2.4.7 Any other pertinent information related to the emergency:

_____ 2.5 Provide copies of previously transmitted message forms to:

- EOF Director
- Emergency Planner
- Accident Assessment Manager
- Radiological Assessment Manager
- News Group
- NC State Liaison
- Off-site Agency Communicator (lead)
- Off-site Agency Communicator (ENF writer)
- Log Recorder
- Staff Support (Status Board Personnel)
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

NOTE: For Catawba Go To The CNS Emergency Phone Directory for Emergency Response Numbers.

For McGuire Go To RP/0/A/5700/014, Tab 1 for Emergency Response Numbers.

_____ 2.6 Call the Off-site Agencies for the specified station (MNS or CNS) via Selective Signaling to verify communications can be established. Be sure that the Off-Site Agencies understand that this is only a "communications check" from the EOF.

Use **Group Call Code** to call all agencies or each agency may be dialed individually.

***** NOTE:** At some point in the event, the South Carolina Emergency Operations Center (EOC) may transfer responsibility to the Forward Emergency Operations Center (FEOC) in Clover. When this occurs, South Carolina will request that notifications be made to the SC **FEOC** instead of the EOC.

COMM. CHECK (✓ if OK.)	McGUIRE SELECTIVE SIGNAL (SS)	CATAWBA SELECTIVE SIGNAL (SS)
	Group Call Code- * 1	Group Call Code - * 5
	116 Mecklenburg	513 York County
	112 Gaston County	116 Mecklenburg
	114 Iredell County	112 Gaston County
	118 Catawba County	314 North Carolina
	113 Lincoln County	518 South Carolina
	119 Cabarrus County WP	
	314 North Carolina	

NOTE: Refer to **Enclosure 4.3** for Selective Signaling and/or alternate communications instructions if needed.

_____ 2.7 Power up and log on to the Off-Site Communicator computer by using the following:

- Log On ID - EOFWS
- Password – Depress Enter (No Password)

_____ 2.8 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. **Reference Enclosure 4.1 for logon instructions if needed.**

_____ 2.9 Verify that the electronic ENF can also be accessed by:

_____ Accident Assessment Manager _____ Rad Assessment Manager

_____ 2.10 Verify that the default printer for the Electronic ENF is set to the printer in the EOF Off-Site Agency Communicator area.

_____ 2.11 Power up/check printers, fax machines, copiers, etc.

_____ 2.12 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify EOF Data Coordinator of any computer problems.**

_____ 2.13 Have one of the other EOF OSAC's arrange for 24 hour EOF OSAC coverage.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluents, Fire/Explosion and Security Events, Natural Disasters, Hazards and other conditions affecting plant safety from:

Catawba: RP/0/A/5000/001 – Classification of Emergency.

McGuire: RP/0/A/5700/000 - Classification of Emergency.

Consider this when completing the “unit designation” on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

3. Subsequent Actions

- _____ 3.1. EOF Lead Communicator should review duties listed in **Enclosure 4.8**, (EOF Lead Off-Site Communicator Duties).
- _____ 3.2. Update the following Status Board in the EOF to include the information from **Section 2.4** (i.e. next message due, etc.).
 - EOF Director’s Area
 - Off Site Agency Communicator’s Area

NOTE: Ensure EOF will have adequate time to develop and provide next notification **before** EOF Director activates the EOF.

- _____ 3.3. Inform the EOF Director, Accident Assessment Manager and Radiological Assessment Manager when next notification is due.
- _____ 3.4. After completion of communication check and computer verification, inform the Lead Communicator of status and assist with coordination of turnover from TSC to EOF.
- _____ 3.5. Notify EOF Director when EOF Communicators are prepared to accept communication responsibilities from the TSC.
- _____ 3.6. Immediately after the EOF Director declares the EOF as activated, contact the TSC to:
 - _____ 3.6.1 Verify EOF has responsibility for communication and will transmit next message.
 - _____ 3.6.2 Verify which agencies are participating.
- _____ 3.7 Immediately following EOF activation, go to Enclosure 4.1, Section 3 **Communications** screen, to prepare for next ENF transmission.

—— 3.8 Obtain a copy of the Authentication Code Word list from:

- Catawba – the Catawba procedure cabinet in the EOF Directors area.
- McGuire - the McGuire procedure cabinet in the EOF Director's area.

—— 3.9. Review the following information concerning notifications.

3.10 Initial Notifications

The first notification made in each of the four Emergency Classifications is called Initial Notifications. Initial Notifications **shall** be made within **15 minutes** of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The message number will remain sequential through out the event beginning with the Control Room.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and NOT on providing a follow-up just to meet follow-up deadline. If a follow-up is due and an upgrade in classification is declared, Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes.

3.11 Follow-up Notifications

Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications. Make follow-up notifications to state and county government officials according to the following schedule:

Every hour until the emergency is closed out

OR

If there is any significant change to the situation (make notification as soon as possible)

OR

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

3.12 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages.

3.13 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the Emergency Notification Form (ENF), other events/occurrences will need to be reported to the Off-Site Agencies as well. This would include any event, which has the potential to affect the public. The following are some examples but is not an all-inclusive list. Each event should be carefully evaluated and discussed with the EOF Director to assure pertinent information is forwarded to the Off-Site Agencies. (PIP 0-M98-2065)

NOTE: These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form (ENF). These events may need off-site agency action or resolution.

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention

4. Enclosures

4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission

4.2 Emergency Notification Form (ENF) Completion

4.3 Emergency Notification Form (ENF) Transmission

4.4 Fax Communicator Checklist

4.5 Message Authentication Code List

4.6 Authentication Guideline

4.7 Emergency Notification Form (ENF)

4.8 EOF Lead Off-Site Agency Communicator Duties

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 1 of 20

1. Electronic Notification Form Logon

- _____ 1.1 If not already performed, assure Off-Site Communicator Computer is operational.
- _____ 1.2 Verify the computer internal clock is synchronized with the facility clock. (Adjust as necessary).

<p>NOTE: (If computer or Electronic Notification Form is not operational, report it to the EOF Data Coordinator. Refer to Enclosures 4.2 and 4.3 for manual completion and standard transmission of the Notification Form.)</p>

- _____ 1.3 If not already performed, log on to the Electronic Notification Form by performing the following:
- Select the (ERO) Emergency Response Organization option from the DAE My Application.
 - Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for “Nuclear Generation”
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.

- Login the Program entering the following information:

User Name: Your Network Logon ID (ie: BRS1064)

Password: Your Network Password

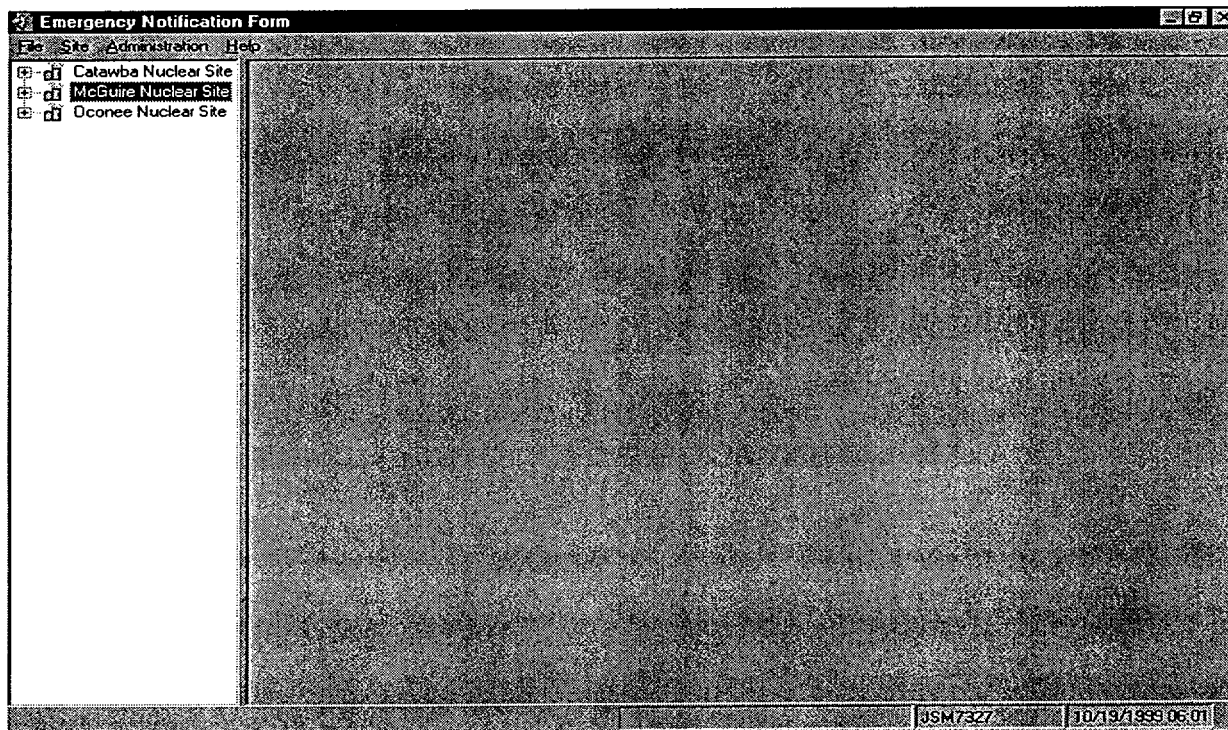
Domain: POWER

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 2 of 20

2. Electronic Notification Form Completion (Create Event)

- 2.1 Highlight the appropriate station (Catawba or McGuire) for the event.



NOTE: The TSC should normally create the event for the specific Drill or Emergency.
--

- 2.2 **IF** the TSC has already created an event for this drill or emergency, **THEN** select that event and go to procedure Section 3, **Communications** screen.
- 2.3 If the TSC was unable to, or has not created an event for this drill or emergency, **THEN** create a new event by performing the following: Select **Site** from the menu, then **New Event**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 3 of 20

Create Event

Event Information
 Type: ☒ Drill ☐ Actual Emergency
 Site: Datawba Nuclear Site
 Description: _____

Emergency Classification
☒ Notification of Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency
 Declared: ____/____/____ : ____:____

Message Information
 Has a previous message been sent? ☒ Yes ☐ No
Last Message Information
 Type: ☒ Initial ☐ Follow-Up Number:
 Transmittal Date/Time: ____/____/____ : ____:____

Create Event Cancel

2.4 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** -Select Drill or Actual Emergency
- For **Description** - Indicate the type of Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
- For **Emergency Classification** – Select the appropriate Emergency Classification and time of declaration.
- For **Message Information** – Has previous message been sent? (Yes or No).

NOTE:

- The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)
- For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

2.4.1 For **Last Message Information** – If previous message **has** been sent:

- Select (Initial or Follow-up)

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time)

_____ 2.5 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

_____ 2.6 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

3. Communicator Screen

_____ 3.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)

_____ 3.2 Complete the Communicator "Name" information. (This is the individual performing the phone communications with the State and County agencies.)

_____ 3.3 Complete the applicable information in the "Event Management" section as follows:

- Select the "Managing Site".
- Select and validate the appropriate facility (TSC or EOF) activation time.

02/20/2000 Test

Plant Status | Plant Summary | Protective Actions | Release | Mel/D/Isite Dose | Communications

Communicator
Name: _____

Next Message Information
Type: ☒ Initial ☐ FollowUp Number: 1

Last Message Information
Has a previous message been sent? ☒ Yes ☐ No
Emergency Classification
☒ Notification of Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency
Type: ☒ Initial ☐ FollowUp Number: 0
Transmittal Date/Time: ____/____/____

Event Management
Managing Site: _____
TSC Activated: ____/____/____
EOF Activated: ____/____/____

Build New Message | Change Last Message Information
Save | Cancel | Validate

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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NOTE: The Accident Assessment Manager is responsible for the **Plant Status, Plant Summary and Protective Action** screens.

Rad Assessment Manager is responsible for the **Release and Met/Offsite Dose** screens.

3.4 Verify that the Rad Assessment and Accident Assessment positions have accessed the ENF program and have begun entering information.

3.5 Monitor the Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen to assure information is being routinely updated.

3.6 Updating the information on a particular panel may be performed by double clicking on the desired indicator panel at the bottom of the form and then selecting "Validate" if all information is correct.

NOTE: Except for the "Next Msg Due" indicator panel all indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

Red - information is greater than 15 minutes old

NOTE: For the "Next Msg Due" indicator panel all indicator information is as follows:

Initial Messages:

Black - information and time conflict

Green - Next message due in 10 - 15 minutes.

Yellow - Next message due in 5 - 9 minutes.

Red - Next message due in 5 minutes or past due.

Follow Up Messages:

Black - information and time conflict

Green - Next message due in 30 to 60 minutes.

Yellow - Next message due in 15 to 29 minutes.

Red - Next message due in < 15 mins. or past due.

3.7 Periodically validate information on the Communicator screen by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the Communicator Indicator to Green Status)

3.8 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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4. Building a Message

_____ 4.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current.
- Select the Communications screen, then select the Build New Message bar at the bottom of the screen. Information from the various screens will be incorporated into the message.
- Review the form to verify information is correct.

_____ 4.2 If information needs to be revised, select **Message** from the Toolbar, then **Edit**.

- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- To return to the message form, select **Message** from the Toolbar, then **Preview**.
- If the Accident Assessment Manager or Radiation Assessment Manager has made changes to their panels you can update the message by selecting "**Message**" from the Toolbar and then choosing "**Refresh**".

_____ 4.3 If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 4.4 Have the EOF Director review and sign the form.

5. Transmitting Message

_____ 5.1 Locate a copy of the Authentication Code Word List.

_____ 5.2 For **Initial Notifications** (15 Minutes) proceed to **Section 6**.

_____ 5.3 For **Follow-up Notifications**, proceed to **Section 7**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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6. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
 2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions).
 3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

6.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 6.1.1 – 6.3 while another Off Site Agency Communicator establishes contacts as per step 6.4.

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

6.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

Fax Message

Approval

Name: _____

Title: **EOF Director** ▼

Date/Time: / / : _____

Additional Actions

☒ Export To Web ☐ Send E-Mail

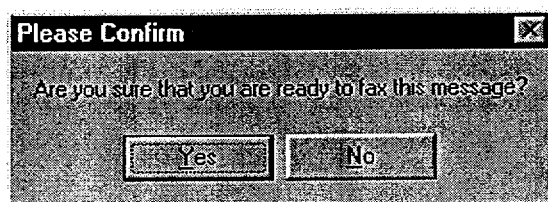
Fax **Cancel**

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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- Select "Yes" on confirmation panel if ready to fax the form

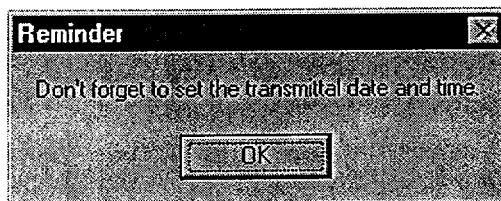


NOTE: The Lan Fax Panel should now be initialized and appear on screen

_____ 6.2 On the Lan Fax Panel, Select the "TO" button.

_____ 6.3 Select which Agencies will receive the ENF per the following:

- To Select a group, scroll down the list of agencies and double click "CNS or MNS Drill" or "CNS or MNS Emergency" as appropriate to add to the **Recipients'** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients'** list. Continue this process to include additional agencies.
- When the Recipients' list is complete, Click "OK".
- At the next screen, select "Send" (The ENF will be Faxed to the agencies simultaneously).
- Select "OK" on reminder panel for setting the transmittal time and date.



_____ 6.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *5 (CNS) or *1 (MNS) and verify that all available agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

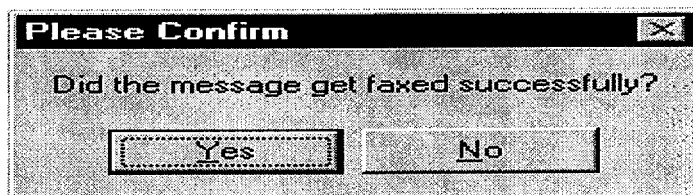
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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- When all available parties are verified on the line, document that this is the transmittal time.

NOTE: Authentication Code should be hand written into the signed ENF form.

- Read the following statement "This is Catawba or McGuire Nuclear Station EOF. This is a drill or actual emergency (whichever applies)."
- Verify that all available agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Read the information on the ENF, line by line, to the Off-site Agencies.
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: "This concludes message # _____. Are there any questions?"
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 6.4. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose "**Set Transmittal Date/Time**".
- Select "Yes" at the prompt if the Fax was successfully sent.

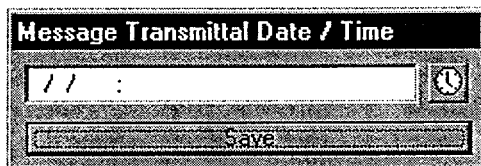


**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

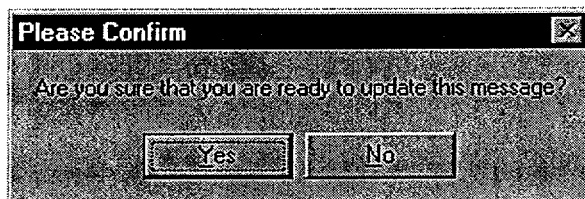
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NOTE: The transmittal date will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- If information is correct, select the “Yes” button



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

—— 6.5 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

—— 6.6 Repeat the above steps as necessary to communicate other **Initial** messages.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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6.7 Provide copies of the transmitted ENF to the following:

- EOF Director
- Emergency Planner
- Accident Assessment Manager
- Radiological Assessment Manager
- News Group
- NC State Liaison
- Off-site Agency Communicator (lead)
- Off-site Agency Communicator (ENF writer)
- Log Recorder
- Staff Support (Status Board Personnel)
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

6.8 Update next message due on the following white boards:

- Off Site Agency Communicators Area
- EOF Directors Area

7. Transmission of Follow-up Notification

7.1 Once approved, fax the Electronic form by performing the following:

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

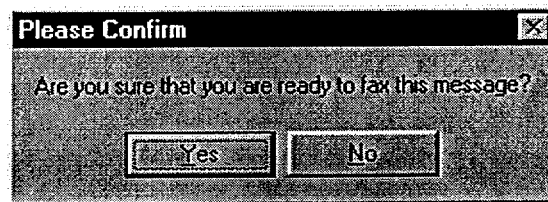
The screenshot shows a 'Fax Message' dialog box with the following elements:

- Approval** section:
 - Name:** [Empty text box]
 - Title:** [Dropdown menu showing 'EOF Director']
 - Date/Time:** [Text box with slashes and a clock icon]
- Additional Actions** section:
 - ☒ **Export To Web**
 - ☐ **Send E-Mail**
- Buttons:** **Fax** and **Cancel**

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form



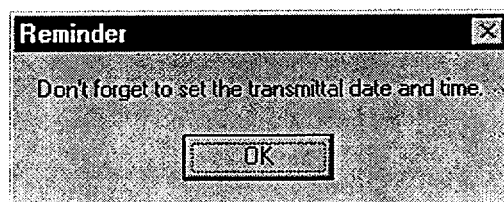
- On the **Lan Fax Panel**, Select the “**TO**” button.

7.2 Select which Agencies will receive the ENF per the following:

- To Select a group, scroll down the list of agencies and double click “**CNS or MNS Drill**” or “**CNS or MNS Emergency**” as appropriate to add to the **Recipients’** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients’** list. Continue this process to include additional agencies.
- When the Recipients’ list is complete, click “**OK**”.
- At the next screen, select “**Send**” (The ENF will be Faxed to the agencies **simultaneously**).

NOTE: For Follow-up messages, the transmittal time will be the time the message is faxed.

- Select “**OK**” on reminder panel for setting the transmittal time and date.

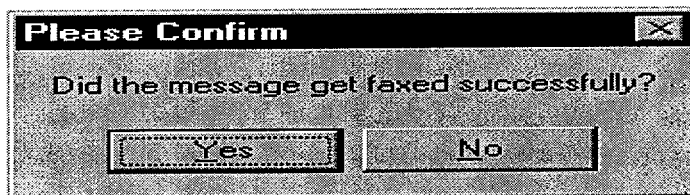


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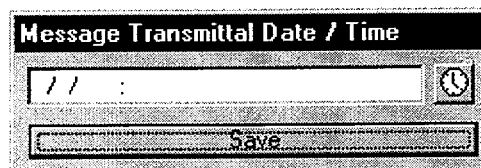
7.3 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select “Yes” at the prompt if the Fax was successfully sent.

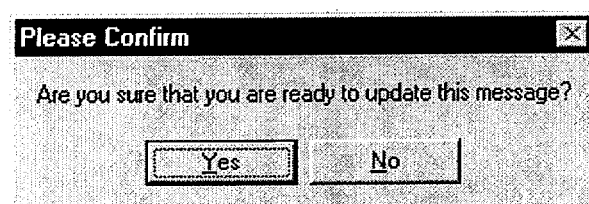


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message



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NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 7.4 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency

_____ 7.5 Repeat the above steps as necessary to communicate other **Follow Up** messages.

_____ 7.6 Provide copies of the transmitted ENF to the following:

- | | |
|---|--|
| • EOF Director | • NC State Liaison |
| • Emergency Planner | • Log Recorder |
| • Accident Assessment Manager | • Staff Support (Status Board Personnel) |
| • Radiological Assessment Manager | • Accident Assessment Group |
| • News Group | • Dose Assessment Group |
| • Off-site Agency Communicator (lead) | • Field Monitoring Coordinator |
| • Off-site Agency Communicator (ENF writer) | • Wall Folder (2 copies). |

_____ 7.7 Update next message due on the following white boards:_____

- | | |
|--------------------------------------|----------------------|
| • Off Site Agency Communicators Area | • EOF Directors Area |
|--------------------------------------|----------------------|

Electronic Emergency Notification Form (ENF) Completion/Transmission

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8. Termination Message

- NOTE:**
1. Termination notifications are communicated **verbally**
 2. Termination notification is marked as a Follow-up.

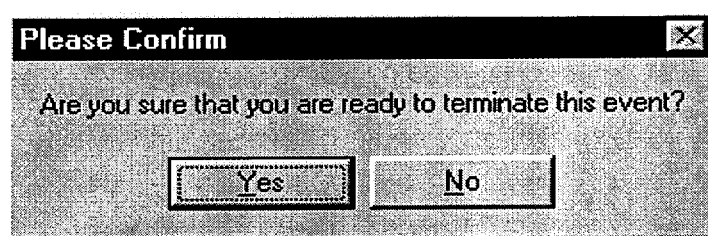
8.1 From the Menu bar for the specific **Event**, Select Event, Then **Terminate Event**

8.2 Enter Termination Time and Date, then Click **OK**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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—— 8.2.1 Confirm that event is ready to be Terminated by clicking “Yes”



—— 8.3 Message will be generated with appropriate information.

- If information needs to be revised, select **Message** from the Toolbar, THEN **Edit**.
- Make changes as necessary and inform the responsible group of those changes.
- To return to the message form, select **Message** from the Toolbar, THEN **Preview**.

—— 8.4 Review the form to verify information is correct.

- If message is correct select “Save”.
- Print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the EOF Director review and sign the form.

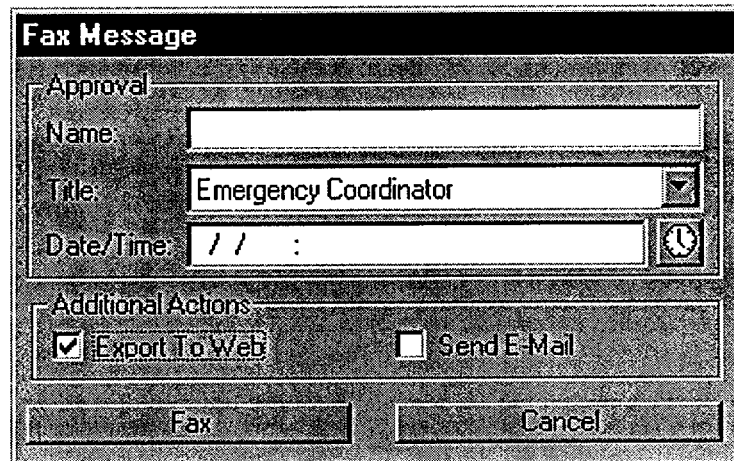
—— 8.5 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 8.6 – 8.7 while another Off Site Agency Communicator establishes contacts per steps 8.8.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

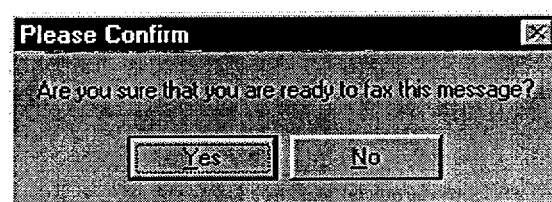
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8.6 To Fax the Electronic form, Select **Message** from the Toolbar, THEN **Fax**.

NOTE: The “Export to Web” and “Send E-Mail” boxes will be either checked or unchecked. Unless directed otherwise, leave the “Export to Web” and “Send E-Mail” boxes as they are when the “Fax Message” Prompt appears.

A screenshot of a 'Fax Message' dialog box. It has a title bar 'Fax Message'. Inside, there's an 'Approval' section with fields for 'Name', 'Title' (set to 'Emergency Coordinator'), and 'Date/Time' (set to '/ / :'). Below this is an 'Additional Actions' section with two checkboxes: 'Export To Web' (checked) and 'Send E-Mail' (unchecked). At the bottom are 'Fax' and 'Cancel' buttons.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form.

A screenshot of a 'Please Confirm' dialog box. It has a title bar 'Please Confirm'. The text inside asks 'Are you sure that you are ready to fax this message?'. At the bottom are 'Yes' and 'No' buttons.

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.

- On the **Lan Fax Panel**, Select the “**TO**” button.

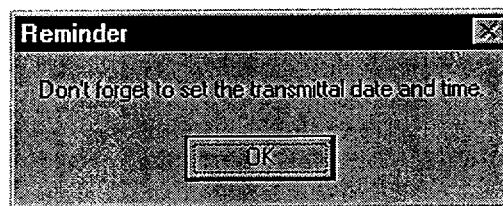
8.7 Select which Agencies will receive the ENF per the following:

- To Select a group, scroll down the list of agencies and double click “**CNS or MNS Drill**” or “**CNS or MNS Emergency**” as appropriate to add to the **Recipients’** list.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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- To select individual agencies, double click the appropriate agency to add to the **Recipients'** list. Continue this process to include additional agencies.
- When the **Recipients'** list is complete, click **"OK"**.
- At the next screen, select **"Send"** (The ENF will be Faxed to the agencies simultaneously).
- Select **"OK"** on reminder panel for setting the transmittal time and date.



NOTE: For Follow-up messages, the transmittal time will be the time the message is faxed.

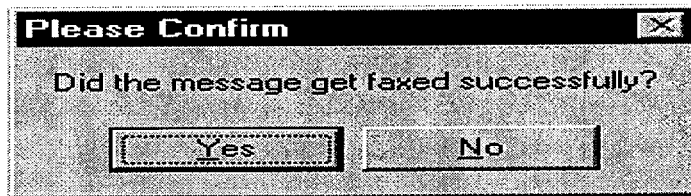
8.8 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- ~~Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Off Site Agencies. (If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)~~
- For Termination Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

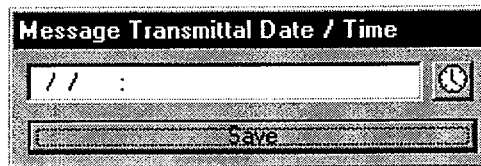
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- Select "Yes" at the prompt if the Fax was successfully sent.

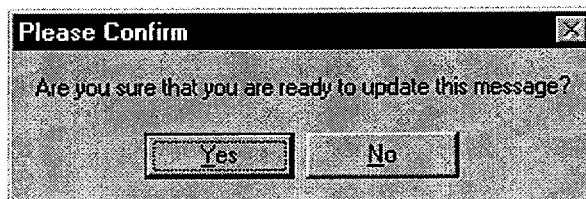


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".



- At the confirmation prompt select "Yes" if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 8.9 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

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—— 8.10 Provide copies of the transmitted ENF to the following:

- EOF Director
- Emergency Planner
- Accident Assessment Manager
- Radiological Assessment Manager
- News Group
- NC State Liaison
- Off-site Agency Communicator (lead)
- Off-site Agency Communicator (ENF writer)
- Log Recorder
- Staff Support (Status Board Personnel)
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

Emergency Notification Form (ENF) Completion

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1. Initial and Follow-up Completion (Information for the Completion of the ENF)

NOTE: * Items 11-14 may be skipped on initial notifications

Item #	Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) Initial: First message in each of the 4 classifications. Follow-up: Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the Control Room.	EOF Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	EOF Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: Initial - when all available Agencies are verified on the line. Follow-up - when the form is faxed.)	EOF Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	EOF Comm
5.	Check appropriate classification	Acc Assess.
6.	Mark the appropriate box and write time and date current classification was declared.	Acc Assess
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. (See page 3 of 4, section 3.14, for additional information). The first message from the EOF should include a statement indicating that the EOF has been activated. Do not use acronyms or abbreviations. For Follow-up messages, include relevant information and changes that have occurred since the last message (Don't just restate the EAL or last message).	Acc Assess.
8.	Mark appropriate plant condition: Improving - Emergency conditions are improving in the direction of a lower classification or termination of the event. Stable - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed. Degrading - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site Protective Action Recommendations.	Acc Assess.
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	Acc Assess.
10.	Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs: <ul style="list-style-type: none"> Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A and/or 53B for Catawba or 51A and/or 51B for McGuire read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. Steam generator tube leak monitored by EMF 33. 	Rad Assess.

**Emergency Notification Form (ENF)
Completion**

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11.*	* Items 11-14 may be left blank on <u>initial</u> notifications Indicate type of release and time/date. Mark Ground Level for any airborne releases.	Rad Assess
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess
13.*	Write estimate of projected off-site dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad Assess.
14.*	Provide meteorological data	Rad Assess.
15.	Indicated appropriate recommended protective actions as recommended by Duke Power and the EOF Director. <ul style="list-style-type: none">• For Unusual Event, Alert, and Site Area Emergency, Mark box "A"• For General Emergency, mark and complete information for boxes B and C using: Catawba - RP/0/A/5000/005 (GE) McGuire - RP/0/A/5700/004 (General Emergency)	Rad Assess.
16.	Have EOF Director approve message.	EOF Dir.

**Emergency Notification Form (ENF)
Completion**

2. Termination Notification Completion (Manual ENF Termination)

2.1 When the emergency/drill has been terminated, complete the ENF as described below.

- NOTE:**
1. When terminating from a General Emergency, "No Recommended Protective Action" HAS to be selected in the Electronic Emergency Notification Form Program.
 2. Termination notifications are communicated **verbally**.
 3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information EOF
1.	Check appropriate blocks NOTE: Message #s are sequentially numbered throughout the drill/emergency starting with the Control Room.	Accident Assessment Mgr.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Accident Assessment Mgr.
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	
4.	Authentication <u>will be completed</u> while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Accident Assessment Mgr.
6.	Mark box "B" and write time and date of termination.	Accident Assessment Mgr.
7.-15	No information is required.	Off-site Communicator
16.	Have EOF Director approve message.	EOF Director

Emergency Notification Form Transmission

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1. Transmitting a Message

- 1.1** Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

SELECTIVE SIGNALING	
NOTE:	Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). * 5 (CNS) or * 1 (MNS) may be used initially to contact county and warning points/EOCs.
NOTE:	The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and remove the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset however, the handset must be removed from the cradle when the headset is in use.
1.	Pick up receiver (no dial tone will be heard). Dial * 5 (CNS) or * 1 (MNS) and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2)
2.	Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.
3.	Continue this process until all applicable agencies are on the line.

NOTE: If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.

1.2 1st - Commercial Telephone (Bell Line) (Conference Call)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.1 for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

- **MCGUIRE**

Refer to Enclosure 4.10 (EOF Programmable Conference Telephones) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers

Emergency Notification Form Transmission

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1.3 2nd - North Carolina and/or South Carolina Emergency Management Radio.

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.11 (EOF County Emergency Response Radios) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the State Emergency Management Radios.

1.4 3rd - Duke Power Radio Network (Low Band System)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of the Duke Power Low Band Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.12 (EOF North Carolina Emergency management Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the Duke Power Low Band Radios.

NOTE: Report any failures to the EOF Director/Emergency Planner.

2. Message Transmission

2.1 For transmitting **Initial Notifications**, proceed to **Section 3**.

2.2 For transmitting **Follow-up Notifications**, proceed to **Section 4**.

3. Initial Notification Transmission

When you are prepared to transmit a message, contact the appropriate agencies using the established method.

CATAWBA

<p>*** NOTE: At some point in the event, the South Carolina Emergency Operations Center (EOC) may transfer responsibility to the Forward Emergency Operations Center (FEOC) in Clover. When this occurs, South Carolina will request that notifications be made to the SC FEOC instead of the EOC.</p>

Emergency Notification Form Transmission

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Message # _____

CNS SELECTIVE SIGNAL			CNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR	Dial *5: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is Catawba Nuclear Station; please hold."
513	York County	WP/EOC	803/325-2580	
116	Mecklenburg Co.	WP/EOC	704-943-6200	
112	Gaston County	WP/EOC	704/866-3300	
314	North Carolina	WP/EOC	919/733-3942	
518	South Carolina	WP/EOC	803/734-8020	
*** 514	SC	FEOC	To be determined by S.C.	

• **McGUIRE**

MNS SELECTIVE SIGNAL			MNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR	Dial *1: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is McGuire Nuclear Station; please hold."
112	Gaston County	WP/EOC	704/866-3300/3243	
113	Lincoln County	WP/EOC	704/735-8202/736-8511	
114	Iredell County	WP/EOC	704/878-3039	
116	Mecklenburg Co.	WP/EOC	704-943-6200	
118	Catawba County	WP/EOC	828/464-3112	
119	Cabarrus County	WP/EOC	704/788-3108/8137	
314	North Carolina	WP/EOC	919/733-3942/3861	

If an off-site agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails).

- 3.1** When all available agencies are connected, document the time on line 3 as transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."

Emergency Notification Form Transmission

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- 3.2** If this is the **FIRST** message from the EOF, inform the states and counties that the EOF has been activated and that you are taking over responsibility for communications from Catawba or McGuire Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**
- 3.3** Authenticate and Transmit the Emergency Notification (ENF) message providing line by line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions).
- 3.3.1** All **initial** notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
- 3.4** Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

<p>NOTE: Date and time do not need to be filled in on back of form if <u>all</u> parties were on line at the time of message transmission.</p>

- 3.5** Inform the agencies of the following,

- This concludes message # ____.
- They will be receiving a Fax copy of this message shortly.
- Are there any questions about the message?

- 3.6** If question is outside of ENF information, do not answer question.

- Authenticate the request (if question is a return call).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.

- 3.7** Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4, Fax Communicator Checklist.

- 3.8** Repeat steps as needed to communicate other initial messages.

Emergency Notification Form Transmission

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3.9 Provide copies of the Emergency Notification Form to the:

- EOF Director
- Emergency Planner
- Accident Assessment Manager
- Radiological Assessment Manager
- News Group
- NC State Liaison
- Off-site Agency Communicator (lead)
- Off-site Agency Communicator (ENF writer)
- Log Recorder
- Staff Support (Status Board Personnel)
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

4. Follow-up Notification Transmission

NOTE: Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency.

- 4.1 Verify that all sections have been completed and that the message has been approved.
- 4.2 Fax a copy of the form to the Off-Site Agencies per Enclosure 4.4.
- 4.3 Call each Off-Site Agency and verify the each received the Notification Form. Ask if there are any questions.

If a question is outside of ENF information, do not answer question.

- Authenticate the request (if question is a return call) (callee gives number).
 - Have the request evaluated by the EOF Director.
 - Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.
- 4.4 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.
- 4.5 Repeat the above steps as necessary to communicate other follow-up messages.

Emergency Notification Form Transmission

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4.6 Provide hard copies of the Emergency Notification Form to:

- EOF Director
- Emergency Planner
- Accident Assessment Manager
- Radiological Assessment Manager
- News Group
- NC State Liaison
- Off-site Agency Communicator (lead)
- Off-site Agency Communicator (ENF writer)
- Log Recorder
- Staff Support (Status Board Personnel)
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

1. The primary method of faxing the notification form is via the Electronic Notification Form Program.

If a problem is experienced with the Electronic Notification Form fax, send the Fax to the Agencies via one of the following methods: Simultaneously via AT&T Enhanced Fax Process or Individually via the Off-Site Communicator Fax Machine.

NOTE: The AT&T Enhanced Fax is for Catawba Nuclear Station only.

2. Simultaneously (AT&T Enhanced Fax Faxes Simultaneously to the Off-site Agencies)

2.1 Place the Notification form in the Off-site Communicator Fax machine

2.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Broadcast Fax** (or Dial 1-800-232-9674)
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)
- When Login is verified Successful, **Press 1** (to send a message)
- Press *** 5** (Recipient List)
- Press **#** (Own Private List)
- Press **1 #**(List Name)
- Press *** #** (No other Lists to add)
- Press **Start** on the Fax Machine
- Hang up telephone. The AT&T Enhanced Fax Service will then fax the notification form to the Primary Off-site Agencies

NOTE: To receive messages from the Fax Service (i.e.: could not deliver a fax to specific location), refer to Section 5.

Fax Instructions

3. Individually (via fax machine to the Primary Agencies (WP/EOCs))

3.1 Fax the Notification Form individually using the Fax machine per the following list:

CATAWBA

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-734-8853
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	1-803-831-3532

McGUIRE

	Press	MNS News Group	or dial	8-875-5602
	Press	Joint Information Ctr. (JIC)	or dial	382-0069
	Press	Lincoln County WP/EOC	or dial	1-704-732-9035
	Press	Iredell County WP/EOC	or dial	1-704-878-5354
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	Catawba County WP/EOC	or dial	1-828-465-1220
	Press	Cabarrus County WP/EOC	or dial	1-704-784-1919
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	8-875-1954

4. Additional Fax Options/Instructions

4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- Place the Fax you are transmitting face down into the Fax Machine.
- Press the pre-programmed one-touch speed dial numbers (i.e., Meck Co. WP/EOC, NC WP, etc.) that you want to receive the Fax.
- Press **Start**.

4.2 To send a Fax to a single location using one-touch dialing or direct dialing:

- Insert the document face down into the Fax and press the designated agency button labeled on the Fax Machine.
- Verify Fax was sent to the agencies via the Fax report(s). Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

5.1 To Retrieve messages from the AT&T Enhanced Fax service, perform the following:

5.2 Place the Notification form in the Off-site Communicator Fax machine

_____ 5.3 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Enhanced Fax** (or Dial 1-800-232-9674)
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #)
(*Logging in, Please Wait...*)
- When Login is verified Successful, **Press 2** (to receive a message)

Message Authentication Code List

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Message Authentication Code List

Effective 1/1/1999 – 12/31/2001

- | | | |
|-----------------|--------------------|------------------|
| 1. Explorer | 45. Echo | 89. Navstar |
| 2. Gemini | 46. Vela | 90. Magellan |
| 3. Voyager | 47. Surveyor | 91. Cassini |
| 4. Viking | 48. Syncom | 92. Hubble |
| 5. Fuel | 49. Mariner | 93. Skynet |
| 6. Challenger | 50. Pioneer | 94. Ulysses |
| 7. Atlas | 51. Launch | 95. Rollback |
| 8. Apollo | 52. Orbiter | 96. Umbilical |
| 9. Thor | 53. NASA | 97. ARIA |
| 10. Navajo | 54. Mariner | 98. Comstar |
| 11. Mercury | 55. Westar | 99. Castor |
| 12. Nike | 56. Skylab | 100. Nimbus |
| 13. Galaxy | 57. Booster | 101. Landsat |
| 14. Satellite | 58. Palapa | 102. Soyuz |
| 15. Agena | 59. Marisat | 103. Mir |
| 16. Centaur | 60. Payload | 104. Sputnik |
| 17. Titan | 61. Columbia | 105. Astronaut |
| 18. Pegasus | 62. Matador | 106. Cosmonaut |
| 19. Jupiter | 63. Ariane | 107. Aerobee |
| 20. Bomarc | 64. Atlantis | 108. Gantry |
| 21. Mace | 65. Discovery | 109. Blockhouse |
| 22. Trident | 66. Galileo | 110. Telemetry |
| 23. Peacekeeper | 67. Telstar | 111. Antenna |
| 24. Minuteman | 68. Athena | 112. Aurora |
| 25. Oxydizer | 69. Starbird | 113. Crawler |
| 26. Penguin | 70. Shuttle | 114. Shroud |
| 27. Delta | 71. Endeavor | 115. Dryden |
| 28. Chevaline | 72. Antigua | 116. White Sands |
| 29. Juno | 73. Ascension | 117. Lockheed |
| 30. Pershing | 74. Redstone | 118. Boeing |
| 31. Skybolt | 75. Andros | 119. Blue Scout |
| 32. Vanguard | 76. Sentinel | 120. GEMS |
| 33. Malabar | 77. Poseidon | 121. Star Cast |
| 34. Saturn | 78. Kourou | 122. Solar |
| 35. Bumper | 79. Vandenburg | 123. Goddard |
| 36. Lark | 80. Cape Canaveral | 124. Bermuda |
| 37. Sunnyvale | 81. Dynasoar | 125. Bahama |
| 38. Rascal | 82. Satcom | 126. Analog |
| 39. Corporal | 83. Intelsat | 127. Digital |
| 40. Polaris | 84. Harpoon | 128. Honeywell |
| 41. Spacecraft | 85. Hound Dog | 129. Raytheon |
| 42. Snark | 86. Tomahawk | 130. Acquisition |
| 43. Ranger | 87. Lacrosse | |
| 44. Tiros | 88. Spacelab | |

Authentication Guideline

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1. Placing A Call

When providing Emergency Notification Form (ENF) information to the Off-Site Agencies, the Communicator should:

- 1.1 Ask a State or County Representative to provide a number from the Authentication Codeword list.
- 1.2 Then give them the code word corresponding with the number from Enclosure 4.5, "Message Authentication Code List."
- 1.3 Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

2. Receiving A Call

When receiving a call from off site and the identity of the party calling is not known, you should:

- 2.1 Provide a number from Enclosure 4.5, "Message Authentication Code List," to the caller.
- 2.2 The caller will then provide the word corresponding with the number of the Authentication Code List.
- 2.3 Document in Communicator's Logbook.

RULE OF THUMB:

Callee gives the number

Caller gives the word

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

SITE: _____ UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ (Eastern) mm / dd / yy CONFIRMATION PHONE NUMBER: (704) 382-0724

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm / dd / yy (If B, go to Item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm / dd / yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
 Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
 Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) _____ EOF Director _____ TIME/DATE: _____ (Eastern) mm / dd / yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) _____
2. (name) _____
(date) _____ (time) _____ (agency) _____
3. (name) _____
(date) _____ (time) _____ (agency) _____
4. (name) _____
(date) _____ (time) _____ (agency) _____
5. (name) _____
(date) _____ (time) _____ (agency) _____
6. (name) _____
(date) _____ (time) _____ (agency) _____
7. (name) _____
(date) _____ (time) _____ (agency) _____

**EOF Lead Off-Site Agency Communicator
Duties**

Page 1 of 2

Lead Person:

- Sign in on the white board in the EOF Director's area as the "Off-site Agency Communicator". Also sign in and ensure that the other EOF off-site agency communicators have signed in on the white board in the off-site agency communicator's area.
- Ensure adequate staffing of Emergency Off-site Agency Communicators (EOACs).
- Ensure all the EOACs have a copy of and understand the correct procedure and that they know their duties.
- Ensure that the EOACs are fit for duty prior to taking turnover from the site.
- Keep the EOF Director informed of progress in preparing to take turnover from the site. Ensure that the EOF promptly get copies of each site-issued Emergency Notification Form.
- Be the chief interface with the EOF Director.
- Have one of the EOACs arrange for 24 hour EOAC coverage.
- Check with dose assessment early and often to ensure that they don't delay an ENF. (It can take them 10 minutes to calculate doses so be sure that they have a 15 minute warning before we need their data. If they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Manager involved at once -- **do not delay!**)
- Check with the News Group to coordinate ENF transmittals with their press conference schedule. Information should always be issued on an ENF before the News Group releases it. If requested, review and approve (signature required) news releases.
- Resolve any questions concerning procedure or actions (the Emergency Planner can help).
- Ensure that all messages (ENFs) are accurate, complete, and issued on time.
- Decide when to omit dose data on the ENF (in the interest of timeliness).
- Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events (e.g. injuries, fires, intruders, etc.) are reported and that later ENF's follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the EOF Director for approval. Give the EOF Director sufficient time to review/change the ENF.
- Work with the Commodities and Facilities group to fix any problems with the FAX machines, selective signaling, etc. Advise the EOF Director of these problems.
- Decide which ENFs will be FAXed only (vs read and FAXed).
- Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.
- After the drill/event tell the primary EOAC what role was filled by each communicator and of any comments/questions concerning their action in the drill/event.

**EOF Lead Off-Site Agency Communicator
Duties**

Page 2 of 2

ENF Person:

- Start EOAC computer and log in to electronic ENF.
- Verify that all users can access electronic ENF.
- Synchronize the EOAC computer clock with the TSC time.
- Complete ENF section 1 either electronically or on paper (NOTE: ENF section 1, lines 3 and 4 are entered by the phone person).
- Work with Accident Assessment and Rad Assessment to complete their sections of the ENF.
- Have the lead EOAC and the EOF Director review the ENF when it is ready.
- Ensure SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) is completed.
- Collect and turn in all appropriate documentation to Emergency Planning at the end of the drill/event.
- Use ENF software to FAX ENF to JIC.
- Ensure all ENF software users are working on the current ENF message.

Phone Person

- Get current authentication code word list.
- Call the TSC to advise them of the start of communications checks.
- Perform communications checks with all participating off-site agencies.
- Call all participating off-site agencies to begin process of communicating each ENF.
- Have this communication authenticated by one of the off-site agencies.
- Complete ENF section 1, lines 3 and 4, and then print the ENF.
- Communicate ENF contents to off-site agencies (by FAX and/or voice).
- Verify that all off-site agencies received each ENF (and get name of individual recipient).
- Handle all questions from the off-site agencies.
- Sign off completed task of procedure.

Floater

- Assist and provide brief relief to Phone, Lead and ENF persons as needed.
- Copy and distribute each ENF promptly.
- Use FAX machine to transmit ENFs.
- Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.
- Update the EOF Director's Area and the EOAC status boards with the next message due number and time each time an ENF is completed. (This applies to all ENFs regardless of site or origination - Control Room, TSC, and EOF).

The first EOACs to arrive at the EOF should promptly perform each of the "Immediate Actions" listed in RP/0/A/5700/015 regardless of which role they expect to perform.