

TRANSMITTAL/ACKNOWLEDGEMENT MEMORANDUM

NOTIFICATION NO: 119
DATE: September 15, 2000

TO: NRC-NRR/Document Control Desk, Washington DC

SUBJECT: Emergency Plan Implementing Procedures (--- Series) Manual No: 91 *

Revisions to your controlled copy of the manual, as checked above, are attached. As indicated below, please remove and discard the superseded material and insert the revised material, or perform the changes as directed herein.

MANUAL CONTENTS	REMOVE		INSERT	
	REV	DATE	REV	DATE
Appendix 1 Index	14	11/19/99	15	9/15/00
Form NOTE 5	1		2	
Form TSC-39	N/A		0	
Leave all other forms intact				

Please acknowledge that the above action has been taken by signing below and returning this memorandum to:

Procedure Department
Duane Arnold Energy Center
3277 DAEC Road
Palo, IA 52324

I have inserted the above revisions in the Manual.

Signed _____

Date _____

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 1 of 6

EFFECTIVE DATE 15 September 2000

Form Number	Title	Revision Number	Referencing Procedure
CR-01	OSM/OSS Checklist	Rev. 1	EPIP 2.5
CR-02	Back Panel Communicator Checklist	Rev. 0	EPIP 2.5
CR-03	Dose Projection & ARM Data Sheet	Rev. 0	EPIP 2.5
EAL-01	Abnormal Rad Levels/Radioactive Effluent Table	Rev. 0	EPIP 1.1
EAL-02	Fission Barrier Table	Rev. 0	EPIP 1.1
EAL-03	Hazards & Other Conditions Affecting Plant Safety	Rev. 0	EPIP 1.1
EAL-04	System Malfunction Table	Rev. 0	EPIP 1.1
EOF - 02	NRC - HPN Communicator Checklist	Rev. 2	EPIP 1.5
EOF - 03	Technical Recorder Checklist	Rev. 2	EPIP 1.5
EOF - 04	Summary of Computer Data Backup Collection Activities	Rev. 1	EPIP 1.5
EOF - 05	EOF Information Services Representative Checklist	Rev. 2	EPIP 1.5
EOF - 06	DAEC Key Parameter Log	Rev. 0	EPIP 1.5
EOF - 07	Emergency Response and Recovery Director Checklist	Rev. 2	EPIP 1.5
EOF - 08	Rad & EOF Manager Checklist	Rev. 4	EPIP 1.5, 3.3
EOF - 09	EOF STA/OPS Liaison Checklist	Rev. 0	EPIP 1.5
EOF - 10	EOF-TSC Communicator Checklist	Rev. 2	EPIP 1.5
EOF - 11	Support Services Coordinator Checklist	Rev. 1	EPIP 1.5
EOF - 12	Field Team Director Checklist	Rev. 0	EPIP 1.5, 3.3
EOF - 13	Radiological Data Communicator Checklist	Rev. 0	EPIP 1.5, 3.3
EOF - 14	EOF MIDAS Operator Checklist	Rev. 0	EPIP 1.5, 3.3
EOF - 15	Radiological Data Plotter Checklist	Rev. 0	EPIP 1.5, 3.3

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 2 of 6

EOF - 16	Radiological Assessment Coordinator Checklist	Rev. 1	EPIP 1.5, 3.3
EOF - 17	EOF Security Access Clerk Checklist	Rev. 1	EPIP 1.5
EOF - 18	EOF Staffing Accountability Roster	Rev. 1	EPIP 1.5
EOF - 19	Drill Announcement Message	Rev. 0	EPIP 1.4, 1.5
EOF - 20	Emergency Announcement Message	Rev. 0	EPIP 1.4, 1.5
EOF - 21	Personnel Access Log	Rev. 1	EPIP 1.4, 1.5
EOF - 22	Registration Form	Rev. 0	EPIP 14, 1.5
EOF - 23	Security Post Log	Rev. 1	EPIP 1.4, 1.5
EOF - 24	First Floor Security Post Description	Rev. 1	EPIP 1.4, 1.5
EOF - 25	Fourteenth Floor Security Post Description	Rev. 1	EPIP 1.5
EOF - 26	deleted		
EOF - 27	Status Update Message - EOF Communicator	Rev. 0	EPIP 1.5
EOF - 28	Verbal Closeout Summary	Rev. 0	EPIP 1.5
EOP - 29	Written Closeout Summary	Rev. 0	EPIP 1.5
EOF - 30	Status Board	Rev. 0	EPIP 1.5
EOF - 31	Access B adge Example	Rev. 0	EPIP 1.5
EOF - 32	EOF Staff Response	Rev. 1	EPIP .15
EOF - 33	Recovery Issues	Rev. 0	EPIP 5.2
EOF - 34	EOF Activities	Rev. 0	EPIP 5.2
EOF - 35	Recovery Phase Plan Outline Guidance	Rev. 0	EPIP .52
EOF - 36	RE-Entry Briefing Guide	Rev. 0	EPIP 5.2
EOF - 37	RE-Entry Debriefing Guide	Rev. 0	EPIP 5.2
JPIC - 01	JPIC Manager Checklist	Rev. 2	EPIP 1.4

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 3 of 6

JPIC - 02	Alliant Energy Switchboard Emergency Instructions for DAEC	Rev. 1	EPIP 1.4
JPIC - 03	Alliant Spokesperson Checklist	Rev. 2	EPIP 1.4
JPIC - 04	Technical Liaison Checklist	Rev. 2	EPIP 1.4
JPIC - 05	Sequence of Events	Rev. 0	EPIP 1.4
JPIC - 06	Public Information Officer Support Checklist	Rev. 3	EPIP 1.4
JPIC - 07	Logistics Coordinator Checklist	Rev. 2	EPIP 1.4
JPIC - 08	Logistics Support Specialist Checklist	Rev. 2	EPIP 1.4
JPIC - 09	Audiovisual Specialist Checklist	Rev. 2	EPIP 1.4
JPIC - 10	<i>Deleted</i>		
JPIC - 11	Rumor Control Coordinator I Checklist	Rev. 2	EPIP 1.4
JPIC - 12	Rumor Control Event Summary Log	Rev. 1	EPIP 1.4
JPIC - 13	Rumor Control Coordinator II Checklist	Rev. 1	EPIP 1.4
JPIC - 14	Public Rumor Control Checklist	Rev. 1	EPIP 1.4
JPIC - 15	News Media Rumor Control Checklist	Rev. 2	EPIP 1.4
JPIC - 16	Assistant JPIC Manager	Rev. 1	EPIP 1.4
JPIC - 17	JPIC Security Access Clerk Checklist	Rev. 1	EPIP 1.4
JPIC - 18	Sixth Floor Security Post Description	Rev. 1	EPIP 1.4
JPIC - 19	JPIC Distribution List	Rev. 0	EPIP 1.4
NOTE-01	ERO Notification - Off-hours Phone System Callout	Rev. 2	EPIP 1.2
NOTE-02	ERO Notification - Alphanumeric Paging System Callout	Rev. 1	EPIP 1.2
NOTE-03	Event Notification Worksheet	Rev. 1	EPIP 1.2
NOTE-04	Plant Assembly Notification	Rev. 1	EPIP 1.2
NOTE-05	Emergency Action Level Notification	Rev. 2	EPIP 1.2

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 4 of 6

NOTE-06	Plant Page for Emergency Classification Changes	Rev.0	EPIP 1.2
ODEF-01	ODEF Decontamination Waiting Area	Rev. 0	EPIP 2.7
ODEF-02	Floor Plan for ORAL/ODEF	Rev. 0	EPIP 2.7
ODEF-03	Travel Route to ORAL/ODEF	Rev. 0	EPIP 2.7
ODEF-04	12th Avenue Entrance to ORAL/ODEF	Rev. 0	EPIP 2.7
ORAA-01	Offsite Relocation and Assembly Area Supervisor's Checklist	Rev. 1	EPIP 2.4
ORAA-02	Health Physics Support for the Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-03	Security Support for the Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-04	Offsite Relocation and Assembly Area	Rev. 0	EPIP 2.4
ORAA-05	Offsite Relocation and Assembly Area Parking and Vehicle Monitoring	Rev. 0	EPIP 2.4
OSC-01	OSC Layout	Rev. 0	EPIP 2.1
OSC-02	OSC Organization Chart	Rev. 0	EPIP 2.1
OSC-03	Minimum Staffing Level	Rev. 0	EPIP 2.1
OSC-04	Recommended Log Entry Topics	Rev. 0	EPIP 2.1
OSC-05	Emergency Event Log Sheet	Rev. 0	EPIP 2.1
OSC-06	Personal Statement Concerning Incident	Rev. 0	EPIP 2.1
OSC-07	Emergency Exposure Tracking Log	Rev. 0	EPIP 2.1
OSC-08	OSC Supervisor Checklist	Rev. 0	EPIP 2.1
OSC-09	Health Physics Supervisor Checklist	Rev. 0	EPIP 2.1
OSC-10	Electrical, Mechanical, I&C Maintenance Supervisor Checklist	Rev. 0	EPIP 2.1

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 5 of 6

OSC-11	Emergency Assignment Staffing Board Duties	Rev. 0	EPIP 2.1
PASE-02	Onsite Assembly Locations	Rev. 2	EPIP 1.3
PASE-05	Site Evacuation Routes	Rev. 0	EPIP 1.3
SAM-01	EOP-SAG Transition Checklist	Rev. 0	EPIP 2.2
TSC-01	Emergency Coordinator Checklist	Rev. 0	EPIP 2.2
TSC-02	TSC Supervisor Checklist	Rev. 0	EPIP 2.2
TSC-03	Site Radiation Protection Coordinator Checklist	Rev. 0	EPIP 2.2
TSC-04	Technical & Engineering Supervisor Checklist	Rev. 0	EPIP 2.2
TSC-05	Quality Assurance Checklist	Rev. 0	EPIP 2.2
TSC-06	Security & Support Supervisor Checklist	Rev. 0	EPIP 2.2
TSC-07	Administrative Supervisor Checklist	Rev. 0	EPIP 2.2
TSC-08	Material Management Supervisor Checklist	Rev. 0	EPIP 2.2
TSC-09	TSC-CR-OSC Communicator Checklist	Rev. 1	EPIP 2.2
TSC-10	CR-TSC-OSC Communicator Checklist	Rev. 1	EPIP 2.2
TSC-11	TSC-EOF-JPIC Communicator Checklist	Rev. 0	EPIP 2.2
TSC-12	ENS Communicator Checklist	Rev. 0	EPIP 2.2
TSC-13	HPN Communicator Checklist	Rev. 0	EPIP 2.2
TSC-14	TSC/OSC Operations Liaison Checklist	Rev. 1	EPIP 2.2
TSC-15	Radiological Support Staff Checklist	Rev. 1	EPIP 2.2
TSC-16	Radio Operator - Offsite Checklist	Rev. 0	EPIP 2.2
TSC-17	Radio Operator - Onsite Checklist	Rev. 0	EPIP 2.2
TSC-18	TSC MIDAS Operator Checklist	Rev. 0	EPIP 2.2
TSC-19	Technical & Analysis Engineer Checklist	Rev. 1	EPIP 2.2
TSC-20	TSC Operations Supervisor	Rev. 2	EPIP 2.2
TSC-21	Electrical Engineer Checklist	Rev. 0	EPIP 2.2

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 15
EPIP Forms	Page 6 of 6

TSC-22	I & C Engineer Checklist	Rev. 0	EPIP 2.2
TSC-23	Mechanical Engineer Checklist	Rev. 0	EPIP 2.2
TSC-24	Reactor Engineer Checklist	Rev. 1	EPIP 2.2
TSC-25	SPDS Operator Checklist	Rev. 1	EPIP 2.2
TSC-26	Information Services Representative Checklist	Rev. 1	EPIP 2.2
TSC-27	Fire Marshall Checklist	Rev. 0	EPIP 2.2
TSC-28	NRC Roles During A Nuclear Power Plant Emergency Checklist	Rev. 0	EPIP 2.2
TSC-29	TSC Minimum Staffing Level	Rev. 1	EPIP 2.2
TSC-30	Emergency Action Request Log	Rev. 0	EPIP 2.2
TSC-31	Radio Operator Log	Rev. 0	EPIP 2.2
TSC-32	Status Board Recorder	Rev. 0	EPIP 2.2
TSC-33	Typical Organization of the NRC Site Team	Rev. 0	EPIP 2.2
TSC-34	TSC Organization Chart	Rev. 0	EPIP 2.2
TSC-35	Assignment Form	Rev. 0	EPIP 5.2
TSC-36	Deactivation Report	Rev. 0	EPIP 5.2
TSC-37	Plant Operations Status	Rev. 0	EPIP 5.2
TSC-38	TSC/Control Room/OSC Activities	Rev. 0	EPIP 5.2
TSC-39	TSC Clerical Checklist	Rev. 0	EPIP 2.2

EMERGENCY ACTION LEVEL NOTIFICATION FORM

INITIAL ROLL CALL <input type="checkbox"/> Benton County <input type="checkbox"/> Linn County <input type="checkbox"/> Iowa EMD	MESSAGE INITIATED Time: _____ Date: _____	1. STATUS <input type="checkbox"/> [A] ACTUAL <input type="checkbox"/> [B] DRILL <input type="checkbox"/> [C] TERMINATION <input type="checkbox"/> [D] UPDATE	2. FACILITY IN COMMAND & CONTROL <input type="checkbox"/> [A] Control Room.....2222 <input type="checkbox"/> [B]TSC.....3333 <input type="checkbox"/> [C]EOF.....4444 <input type="checkbox"/> [D]Simulator.....1111	3. ACCIDENT CLASSIFICATION <input type="checkbox"/> [A] UNUSUAL EVENT <input type="checkbox"/> [B] ALERT <input type="checkbox"/> [C] SITE AREA EMERGENCY <input type="checkbox"/> [D] GENERAL EMERGENCY <input type="checkbox"/> [E] RECOVERY <input type="checkbox"/> [F] CANCELLATION
---	--	--	---	---

4. **EAL CLASSIFIED @ TIME:** _____ **DATE:** _____ **OR** **ACCIDENT TERMINATED @ TIME:** _____ **DATE:** _____
 (Fill in the EAL blank below AND circle appropriate letters from "Category" and Classification groups and number from the Sequence group.)

EAL _____

Category (circle one)				Classification (circle one)				Sequence # (circle one)						
A	F	H	S	U	A	S	G	1	2	3	4	5	6	7

5. RELEASE TO ENVIRONMENT <input type="checkbox"/> [A] POTENTIAL (meets FS1 criteria) <input type="checkbox"/> [B] NONE (no High High KAMAN alarm) <input type="checkbox"/> [C] OCCURRING (High High KAMAN alarm) <input type="checkbox"/> [D] TERMINATED	6. TYPE OF RELEASE <input type="checkbox"/> [A] NOT APPLICABLE <input type="checkbox"/> [B] RADIOACTIVE GAS (FILTERED) <input type="checkbox"/> [C] RADIOACTIVE GAS (UNFILTERED) <input type="checkbox"/> [D] RADIOACTIVE LIQUID	7. PROJECTED DURATION OF RELEASE: <input type="checkbox"/> [A] NOT APPLICABLE <input type="checkbox"/> [B] UNKNOWN (4 hour default) <input type="checkbox"/> [C] RELEASE DURATION _____ hour(s)
--	---	---

8. WIND DIRECTION: FROM _____ DEGREES	9. WIND SPEED: _____ MILES/HR
--	--------------------------------------

10. UTILITY PROTECTIVE ACTION RECOMMENDATIONS

Unusual Event	Alert	Site Area Emergency
<input type="checkbox"/> [A] None	<input type="checkbox"/> [B] None	<input type="checkbox"/> [C] Activate the Prompt Alert and Notification System AND Place dairy animals within the entire EPZ on stored feed and covered water.

General Emergency

<input type="checkbox"/> [D] <i>Default Recommendations from Table 1, Table 2, OR dose projections ≥ 1 REM TEDE or 5 REM CDE @ 0-2 miles from site boundary.</i>	<input type="checkbox"/> [E] <i>Dose projections ≥ 1 REM TEDE or 5 REM CDE @ 2-5 miles from site boundary.</i>	<input type="checkbox"/> [F] <i>Dose projections ≥ 1 REM TEDE or 5 REM CDE @ 5-10 miles from site boundary.</i>
Activate the Prompt Alert and Notification System, Place dairy animals within the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius and to 5 miles in the downwind subareas.	Activate the Prompt Alert and Notification System, Place dairy animals within the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius and to 5 miles in the downwind subareas, and shelter downwind subareas from 5 miles to EPZ edge.	Activate the Prompt Alert and Notification System, Place dairy animals in the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius, evacuate from 2 miles to EPZ edge in downwind subareas, and shelter as appropriate beyond EPZ edge.

11. **ADDITIONAL INFORMATION:**

12. **APPROVED BY:** _____ (OSM, EC, or ER&RD) (DATE) _____ (TIME) _____

13. STATE PROTECTIVE ACTIONS	0-2	2-5	5-10	10-EPZ
Shelter Subareas (circle appropriate subareas)	1	2, 3, 4, 5, 6, 7, 8	9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22	23, 24
Evacuate Subareas (circle appropriate subareas)	1	2, 3, 4, 5, 6, 7, 8	9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22	23, 24

MESSAGE TRANSMITTED BY: Name: _____ Facility: _____	MESSAGE COMPLETED: Time: _____ Date: _____	Final Roll-Call (initials) Benton County _____ Linn County _____ IEMD _____
--	---	---

EMERGENCY ACTION LEVEL NOTIFICATION FORM

NOTIFICATIONS TO BE MADE AS SOON AS POSSIBLE

The OSM/OSS shall direct the Security Lt., to make notifications to the Emergency Coordinator, ER&RD and the resident NRC. Control Room personnel shall document the name of the person and time contacted, if any of these notifications were completed prior to Security arriving to assist.

Notification to be made:	Name of person contacted:	Time:
Emergency Coordinator		
ER&RD		
NRC On-Call Resident		

NOTIFICATIONS TO BE MADE AS SOON AS PRACTICAL (N/A for an UNUSUAL EVENT)

INPO: _____ (name) _____ (time)

Comments: _____

Operating Shift Manager's Signature

Date

EMERGENCY ACTION LEVEL NOTIFICATION FORM (NOTE 5)

NOTE 5 - INSTRUCTIONS FOR USE

Complete the notification form as follows:

INITIAL ROLL CALL - Dial 9999 and mark appropriate box for the applicable agency as they answer the initial roll call.

MESSAGE INITIATED - Document the time and date at the completion of the initial roll call.

Read Items 1-12 on Notification Message Above - Read message starting at Item 1 at the top of the page through to Item 12.

1. **STATUS** - Mark the letter corresponding to the appropriate status description. "Update" would be used for examples listed in "Additional Information" under item # 11.

2. **FACILITY IN COMMAND & CONTROL** - Mark letter corresponding to the facility in command & control. Phone numbers listed are Microwave numbers for the facility.

3. **ON-SITE ACCIDENT CLASSIFICATION** - Mark the letter corresponding to the latest classification issued by the ERO facility.

4. **EAL CLASSIFIED** - Fill in the time and date at which this new accident classification was determined. Enter "N/A" if this notification is not for a new classification.

ACCIDENT TERMINATED - Fill in the time and date of the accident termination. Enter "N/A" if this is not a termination message.

EAL - Fill in and circle the current On-Site Emergency Action Level (EAL) code number. If this is a termination message, leave this portion of the section blank.

5. **RELEASE TO ENVIRONMENT** - Mark the letter corresponding to the appropriate description.

6. **TYPE OF RELEASE** - Mark the letter(s) corresponding to the appropriate release type(s). Filtered releases flow through any operable Standby Gas Treatment System to Offgas stack. An unfiltered release is one that is entering the environment by a path other than the SGBT System. If the release has multiple paths to the environment, mark ALL appropriate types of releases.

7. **PROJECTED DURATION OF RELEASE** - Mark the letter corresponding to the appropriate release duration. If the release duration is known, indicate appropriate hours and minutes that the release will last.

8. **WIND DIRECTION** - Fill in the direction in degrees, from where the wind is originating.

9. **WIND SPEED** - Fill in the wind speed in miles/hour.

10. **PROTECTIVE ACTION RECOMMENDATIONS** - Check one of the boxes corresponding to the appropriate default protective action recommendation. Refer to EPIP 3.3, Attachment 1 for guidance on Protective Action decision making.

11. **ADDITIONAL INFORMATION** - Additional information should be included when:

- * Abnormal radioactive releases begin or terminate,
- * A wind shift results in additional downwind subareas,
- * Changes to PARs,
- * Corrections to the current State/County notification are made.

12. **APPROVED BY** - Authorizing signature of OSM, EC or ER&RD.

13. **STATE PROTECTIVE ACTIONS** - IF the State Government provides this information, THEN circle subareas the STATE has chosen to Shelter or Evacuate. If not available, leave this section blank.

MESSAGE TRANSMITTED BY - Fill in name of communicator and ERO facility.

MESSAGE COMPLETED - Enter Time and Date the message was completed prior to the Final Roll Call.

FINAL ROLL CALL (initials) - Enter initials of agency representative as they answer the final roll call.

TSC Clerical Position Checklist

Page 1 of 1

TSC ACTIVATION

- Report to the TSC.
- Swipe in the emergency accountability card reader, sign in on the Emergency Assignment Staffing Board, acquire the appropriate badge.

TSC STAFFING

- Locate and utilize the appropriate handbook and checklist.
- Don appropriate dosimetry.

OPERATION

- Unlock and open Emergency Locker #9 in the TSC
- Close hallway entrance doors to the TSC/OSC. Place drill signs on these doors if this is a drill.
- After receiving the NOTE-05 fax from the Control Room (or Sim-CR) switch the fax phone line to 'emergency'.
- Place microphone on EC's desk
- Turn on PA speakers in TSC and radio room
- Give all NOTE-05 faxes to the TSC Ops Liaison
- As directed, copy and fax ARM data sheets to the OSC HP Supv, Access Control, and the EOF.
- As directed, ensure that all TSC/OSC personnel have the forms they need.
- Copy down the information on the Priority Board and Repair Team Board periodically for informational purposes.
- Assist the TSC/OSC as directed

RECOVERY

- At the completion of the event (or drill), ensure that the TSC and OSC is returned to its original condition and that all Position Specific Books are ready for the next event (or drill).
- At the completion of the event (or drill) collect all the paperwork generated within the TSC/OSC, three-hole punch them, and place them in a three-ring binder for record retention for the Plant and for the NRC.